

Executive Summary
Report to the Board of Directors
held on 24 September 2024

Subject	Board Assurance Framework (BAF) – September 2024
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
Author	Judith Green, Head of Corporate Governance
Status	For Discussion

PURPOSE OF THE REPORT

To present the updated BAF populated by Strategic Risk Owners. The BAF aims to provide the Board of Directors with assurance that the key risks agreed by the Board relating to the delivery of the Trust’s Strategic Aims are being managed appropriately.

KEY POINTS

BAF Ratings Dashboard – Risk and Assurance Profile

The BAF document comprises of a Ratings Dashboard supported by commentary for each Strategic Risk drafted by the Strategic Risk Owner outlining key changes in the systems / processes in place to mitigate the risk (Controls) and the availability of evidence around their effectiveness (Assurance).

Tables of controls and assurances and action plans supporting the BAF are available separately and published within the [Convene Document Library](#) / saved within the [shared drive](#) for all Board members to use a reference source. Changes / additions from the May 2024 version are noted in **bold**.

Board Action - To hold discussion on:

- **Whether across the agendas of the Board and its Committees there is adequate focus on the following three Strategic Risks:**

Aggregated Assurance Rating Risk Likelihood Rating

Strategic Risk 2: Operational Recovery and Delivery	LIMITED	ALMOST CERTAIN
Strategic Risk 5: Digital	LIMITED	LIKELY
Strategic Risk 7: Research and Innovation	LIMITED	LIKELY

- **Across all Strategic Risks discuss the content of Strategic Risk Owner commentaries to identify any areas for future deep dive focus, also using reference to the supporting BAF tables ([Convene Document Library](#) / saved within the [shared drive](#)).**

Changes / Movement in ratings

The Dashboard also highlights that a recommendation is being made for a change in rating as noted below:

Board Action – To agree the proposed rating change for:

- **Strategic Risk 1 (Quality of Care): Risk Likelihood Rating to move from ‘Likely’ to ‘Possible’ based on strength of third level assurance around effectiveness of controls.**

While there are no further recommendations for changes to ratings, a suggestion is being made following deep dive discussion for a small change to the articulation of Strategic Risk 1.

Board Action – To agree the proposed wording change for:

- **Strategic Risk 1 (Quality of Care): Fail to **consistently** provide compassionate, effective and safe patient centred care that delivers the best clinical outcomes**

Cross Referencing with the Corporate Risk Register Report

Review of the Corporate Risk Register Report (CRRR), presented as a separate agenda item, can be used to identify alignment between Extreme Operational Risks and Strategic Risks, consideration of which informs judgement on the effectiveness of BAF Controls and potential emerging areas of Strategic Risk.

Board Action:

To consider, during review of the content of the Corporate Risk Register Report presented under agenda item (5), whether there are any themes which should feed into future deep dive discussion.

BAF User Guide

Discussion of the BAF in May 2024 included a number of reflections around using the BAF and how this aligned with wider risk management processes. These specific points have been noted and are feeding into the development of a BAF User Guide which has been agreed as an 2024/25 objective by the Audit Committee and will be launched during the next cycle of the BAF.

IMPLICATIONS

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

The Board of Directors is asked to use the prompts noted above to **DISCUSS** levels of assurance in place and current levels of Strategic Risk.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Risk Management Executive Committee	12 September 2024	Y
Board of Directors	24 September 2024	

Board Assurance Framework

September 2024



Sheffield Teaching Hospitals

NHS Foundation Trust

This update of the BAF follows review by Strategic Risk Owners of individual risks entered onto the framework.

The BAF is structured around eight Strategic Risks approved by the Board of Directors in September 2023. Each Strategic Risk has:

- An Aggregated Assurance Rating based on the level of Assurance that demonstrates the Controls in place are effectively managing the risk and its key causes; and
- A Risk Likelihood Rating based on the probability that the risk will happen / recur.

Current Strategic Risk profile

Across the Trust's current Strategic Risk profile presented in the Ratings Dashboard three Strategic Risks have a 'Limited' Aggregated Assurance Rating, and a Current Risk Likelihood Rating of 'Likely' or 'Almost Certain'.

	Aggregated Assurance Rating	Risk Likelihood Rating
Strategic Risk 2: Operational Recovery and Delivery	LIMITED	ALMOST CERTAIN
Strategic Risk 5: Digital	LIMITED	LIKELY
Strategic Risk 7: Research and Innovation	LIMITED	LIKELY

One proposal is made for a change in rating since presentation of the BAF to the Board of Directors in May 2024. This relates to the Risk Likelihood Rating for Strategic Risk 1 (Quality of Care) being reduced from Likely (4) to Possible (3). No further recommendations for changes to ratings are being made through this update.

RATINGS DASHBOARD

	Current Aggregated Assurance Rating	Current Risk Likelihood Rating
Strategic Risk 1: Quality of Care - Fail to provide compassionate, effective and safe patient centred care that delivers the best clinical outcomes	ADEQUATE	POSSIBLE ↓
Strategic Risk 2: Operational Delivery and Recovery - Fail to deliver operational performance in line with agreed recovery trajectories	LIMITED	ALMOST CERTAIN
Strategic Risk 3: Workforce - Fail to ensure the Trust can train, recruit and retain the right people to deliver patient centred services and the best clinical outcomes	ADEQUATE	POSSIBLE
Strategic Risk 4: Finance - Fail to manage our finances effectively and deliver value for money to ensure the long-term sustainability of care provision	ADEQUATE	POSSIBLE
Strategic Risk 5: Digital - Fail to deliver the digital capability required to support safe, effective and efficient patient care	LIMITED	LIKELY
Strategic Risk 6: Sustainable Healthcare - Fail to deliver sustainable healthcare and be a key partner in our Integrated Care System and the wider healthcare system in England	ADEQUATE	POSSIBLE
Strategic Risk 7: Research and Innovation - Fail to ensure the Trust has the ability to deliver excellent research and innovation	LIMITED	LIKELY
Strategic Risk 8: Well-led - Fail to ensure appropriate and effective governance arrangements are in place that support the achievement of our Corporate Strategy (Making a Difference – The Next Chapter)	ADEQUATE	UNLIKELY

KEY:

Assurance Rating	Details
SUBSTANTIAL	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk / Cause.
ADEQUATE	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
LIMITED	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk / Cause and action is required to address and / or there are gaps in Assurance.
NONE	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address / improve the sufficiency of Controls and Assurance provided.

Risk Likelihood	Details
RARE	This will probably never happen / recur
UNLIKELY	Do not expect to happen / recur but is possible
POSSIBLE	Might happen / recur occasionally
LIKELY	Will probably happen / recur, but is not a persistent issue
ALMOST CERTAIN	Will undoubtedly happen / recur, possibly frequently

Strategic Aims	
Deliver the best clinical outcomes	Spend public money wisely
Provide patient centred services	Create a sustainable organisation
Employ caring and cared for staff	Deliver excellent research, education and innovation

STRATEGIC RISK OWNER COMMENTARY



Strategic Risk 1: Quality of Care - Fail to provide compassionate, effective and safe patient centred care that delivers the best clinical outcomes

Current Assurance Rating: **ADEQUATE**

Current Risk Likelihood Rating: **POSSIBLE** ↓

The Quality Governance Framework for directorates will be re-audited in Summer 2024 for assurance of adherence to the process.

The Trust went live with the new Patient Safety Incident Response Framework (PSIRF) in January 2024, and investigations are now monitored by the Safety Panel. Training is being delivered on the new types of investigation. The Learning from Incidents report continues to be developed to provide assurance of learning being shared across the organisation.

Internal Audit will review governance surrounding NICE guidance this year to clarify whether the work undertaken has improved the assurance rating.

The Board of Directors and Governors EDI Development Programme has concluded, and initial feedback has been very positive. A full evaluation report has been produced. It has been recognised that this is a topic which will require ongoing update and reflection and other opportunities for engagement in this agenda will be made available for Board of Directors and Governors going forward. The Board of Directors has agreed a new EDI objective for 2024-25. A new EDI Strategy for 2025-29 is currently being developed with a launch date of early April 2025. This new strategy will be supported by annual implementation plans that focus on the Trust's main priorities for action. STH has concluded a review into its Language Translation and Interpretation Services and the procurement of a new supplier is in progress, prioritising quality of services and ensuring that the Trust's needs can be better met.

An Estates Strategy for 2023-28 has been published with associated delivery plans. An ISO 14001 certificate was issued in June 2024. The Fire Authorising Engineer has produced a draft audit report which will be updated and issued following a meeting with the TEG sponsor. Delivery of the action plan has commenced, and regular meetings are in place with the Authorising Engineer.

The view of the Quality Committee at its June 2024 meeting was that a lot has changed since the risk was initially assessed as LIKELY in Sept 2022 and that the score is now too high, and risk should probably move to POSSIBLE (most third level assurance is good). There was a discussion about the wording of the risk. The view is that we will always have individual incidents signifying poor care, and perhaps it should better be worded as 'fail to CONSISTENTLY provide compassionate, effective and safe patient centred care that delivers the best clinical outcomes.' The committee noted its keenness to see evidence of culturally competent services and a hope that EDS2022 will provide some of that in due course.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
2	1	0

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 1

- [769] Failure to safeguard patients in mental health crisis within A&E and provide care in an appropriate / safe environment
- [458] Increased incidence of healthcare associated infection due to failure to implement or lack of adherence to IPC measures

Extreme Risks no longer Extreme and / or closed since May 2024 – None



Strategic Risk 2: Operational Delivery and Recovery - Fail to deliver operational performance in line with agreed recovery trajectories

Current Assurance Rating: **LIMITED**

Current Risk Likelihood Rating: **ALMOST CERTAIN**

This Strategic Risk was newly entered onto the BAF from November 2023. It reflects the challenges, post Covid-19, of delivering patient activity. It covers all planned care, including cancer.

STH was in Tier 1 of the System Oversight Framework (SOF) for Elective performance (number of patients waiting over 78wks and 104wks) and Cancer performance (62day backlog). The Elective agenda was stepped out of NHS England Tier 1 from May 2024.

We are seeing continued challenges with our operational position relating to Cancer Wait Times and we remain in Tier 1 oversight. We will be taking a renewed approach to recovering our position, by continuing to focus on and support teams delivering our high volume challenged tumour sites; while also introducing a new Cancer Recovery Board to ensure grip across our cancer pathways.

The Aggregated Assurance Rating for this Strategic Risk remains as 'Limited'.

The first deep dive was discussed at the March 2024 meeting of the Finance and Performance Committee. This was very well received and the risk scores allocated were acknowledged and agreed with.

There continue to be operational risks reported on the Corporate Risk Register Report which describe the impact of current demand and capacity constraints on waiting times. These included a newly validated Extreme Risk relating to clinical delays in Breast Oncology [Risk ID 5403].

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
6	0	0

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 2

- [1180] A&E Capacity due to increased bed waits for inpatient care
- [5403] Workforce shortages in Breast service resulting in clinical delays and potential patient harm – *Newly validated risk since last BAF update*
- [2298] Potential breach of contract due to a failure to meeting Cancer Waiting Times (CWT) targets resulting in patient harm
- [5378] Staff shortage in Maternity Ultrasound scanning resulting in suboptimal patient care – *Newly validated risk since last BAF update*
- [5286] Patients referred to Dermatology on cancer pathway delayed resulting in potential harm (Communicable Diseases and Specialised Medicine)
- [5145] Shortage of Consultant Oncologists in Specialised Cancer Services resulting in clinical delays and potential patient harm

Extreme Risks no longer Extreme and / or closed since May 2024

- [1877] Failure to recover national performance access targets – *Agreed duplication between operational and strategic risk*
- [5278] Delays across Urological pathways (including cancer), potentially leading to patient harm - *Risk score reduced from Extreme to High*
- [5149] Delays in reviewing patients leading to potential delay in treatment/diagnosis of cancer (OMFS) - *Risk score reduced from Extreme to High*



Strategic Risk 3: Workforce - Fail to ensure the Trust can train, recruit and retain the right people to deliver patient centred services and the best clinical outcomes

Current Assurance Rating: **ADEQUATE**

Current Risk Likelihood Rating: **POSSIBLE**

Following review of this risk, assurance ratings for each of the individual key cause statements are deemed to remain as 'Adequate' and there is therefore no recommended change to the overall assurance level, which also remains at 'Adequate'.

In relation to Controls in place to monitor and support the health and wellbeing of our staff, Cause (1), whilst the core elements of our wellbeing offer such as VIVUP and Staff Physiotherapy remain in place part of the temporary external funding ended in March 2024 with the remaining element supporting the Wellbeing Champion model ending in October 2025. This will limit ongoing development of the offer and some work areas have stopped or reduced. As described in action 1.3 of the aggregated action plan, we will be making a further bid to Sheffield Teaching Hospitals Charity in September 2024 to request a further extension of the Wellbeing Champion model. Sheffield Teaching Hospitals Charity have recently approved a small amount of funding to continue to support provision of our on-site counsellor for 1 day per week for the next two years. This provides access to in the moment support for colleagues on site with signposting to other sources of support. The counsellor is also able to provide support for teams following an incident.

The deep dive of this risk took place at the 10 June 2024 People Committee. After reviewing the documentation and following discussion, the Committee confirmed its assurance that the appropriate controls were in place and were correctly reflected in the assurance rating. All gaps in controls and assurance have an appropriate action plan in place and were progressing as planned.

The Board of Directors and Governors EDI Development Programme has now concluded, and initial feedback has been very positive. A full evaluation report has been produced.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
6	2	0

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 3

- [5145] Shortage of Consultant Oncologists in Specialised Cancer Services resulting in clinical delays and potential patient harm
- [3200] Staff Shortages across Ultrasound Services leading to patient delays, delayed diagnosis and treatment
- [800] Staff exposure to violent and aggressive incidents in Accident and Emergency Medicine (AEM) affecting their physical and mental health
- [3407] Reduced Medical Staffing in Clinical Haematology resulting in clinical delays, and potential patient harm
- [4975] Staff balloting for and taking strike action resulting in difficulty in planning and delivery our services
- [5254] Limited AHP and Psychology interventions impacting patient care in Critical Care (Therapeutics and Palliative Care)

Extreme Risks no longer Extreme and / or closed since May 2024

- [4555] Lack of resilience and robustness in A&C Staffing and Process (Oncology) - *Risk score reduced from Extreme to High*



Strategic Risk 4: Finance - Fail to manage our finances effectively and deliver value for money to ensure the long-term sustainability of care provision

Current Assurance Rating: **ADEQUATE**

Current Risk Likelihood Rating: **POSSIBLE**

The first four months of 2024/25 has seen a concerning performance in respect of delivery of the Trust’s 2024/25 financial plan. At Month 4 the Trust is £8.5m behind plan. This indicates that the £12m underlying deficit brought into 2024/25 is not being addressed, and the improvements in the financial position required to deliver the 2024/25 financial plan are not being seen, and in fact the financial position has further deteriorated. It is key that this is tackled in 2024/25 to return the organisation to financial sustainability.

The underlying deficit position is a combination of under delivery of P&E against set targets and overspends within Directorates in specific areas of spend. To help address the under delivery of P&E an improvement consultant has been bought into the organisation who has both an operational and financial background and experience of working with the organisation in the past. This person will work with the directorates to support the identification and delivery of further P&E and drive forward the cross cutting workstreams that have been identified to assist in the delivery of savings.

A refreshed recovery plan is being implemented 2024/25, which includes an enhancing of the Trust’s controls in respect of pay and non pay expenditure, which has also been required as part of the Investigation and Intervention process the system has been placed into.

The system continues to be in a deficit position, and this alongside the fact that there is flat real funding in the NHS in 2024/25, and the application of convergence targets on Specialised Commissioning spend for the first year (with SY being over allocation) has resulted in a much smaller increase in funding to the Trust in 2024/25 than in previous years. Therefore this is a challenging financial position to deliver this year requiring sufficient focus on delivery.

The 2024/25 Capital Programme appears manageable but there will be the usual risks around new commitments/increased costs and slippage. The plan for 2025/26 already looks very challenging with implementation of the LIMS project which has a shortfall in national funding creating a further pressure. Further conversations about national funding for this shortfall are ongoing.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
1	0	1

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 4

- [3042] Unavailability or shortages in the medicine supply chain leading to patient harm and / or cost increases.

Extreme Risks no longer Extreme and / or closed since May 2024 – None



Strategic Risk 5: Digital - Fail to deliver the digital capability required to support safe, effective and efficient patient care.

Current Assurance Rating: **LIMITED**

Current Risk Likelihood Rating: **LIKELY**

From November 2023 this Strategic Risk has been newly refocussed around Digital Infrastructure following approval by the Board of a revised set of Strategic Risks in September 2023.

With the successful implementation of the new Connect Electronic Patient Record at the heart of delivering the digital capability required to support safe, effective and efficient patient care and 'go live' planned for 14 October 2024, then the digital infrastructure (encompassing the new Connect EPR) required is very prominent in this strategic risk. The importance of also ensuring effective controls and assurance regarding the Digital, Data and Technology Strategy is recognised and whilst there has been a decision to put the DDaT Executive Committee on hold to focus on EPR implementation, it is acknowledged that as the Trust moves into the stabilisation and optimisation phase post go-live, there is a requirement for governance at an executive level in order to maintain, stabilise and optimise the Connect Electronic Patient Record (EPR). This is to monitor benefits realisation and the degree to which the new system is being utilised to maximise benefits to patients, staff and the trust, address any issues, prioritise action and to communicate and reinforce benefits achieved. Currently, as go-live approaches, the delivery of the DDaT strategy is focussed on the Connect phase 1 programme as successful implementation of the new EPR will be the foundation of DDaT strategy delivery. This is overseen by the Connect Programme Board, weekly reporting into TEG and regular updates the Digital Committee. Moreover, there is an Operational Readiness Group that ensures the trust is prepared for go-live that reports to the Connect Programme Board.

The operational risks previously added to the risk register continue to be monitored and ID 5380 [Patient, reputational or financial harm due to delayed implementation of the Connect EPR] is still validated as an Extreme Risk.

An EPR Programme Assurance Review carried out by Cloud21 is in place, including development of an action plan considering the report findings and recommendations, as it is noted that the Connect Programme represents a significant investment of resource and its success is critical to the future of the acute healthcare across the region. The Trust continues to work closely with the provider to ensure that Full dress-rehearsals progresses.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
3	0	1

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 5

- [4957] No Maternity specific Electronic Patient Record (EPR) impacting on patient safety and quality
- [3827] Risk of Cyber Security Attack
- [5380] Patient, reputational or financial harm due to delayed implementation of the Connect24 Electronic Patient Record (EPR)

Extreme Risks no longer Extreme and / or closed since May 2024 – None



Strategic Risk 6: Sustainable Healthcare - Fail to deliver sustainable healthcare and be a key partner in our Integrated Care System and the wider healthcare system in England

Current Assurance Rating:
ADEQUATE

Current Risk Likelihood Rating:
POSSIBLE

Since the last update of the BAF the following should be noted by Board members as being relevant to assessing the effective management of this Strategic Risk:

- Health inequalities: Work to develop a more detailed analysis of the health inequalities within our patient population has progressed and will provide more granular operational detail to inform future plans. Partnership conversations with Sheffield Place and SY ICB on health inequalities are underway to inform STH specific action plans, as well as learning from other local Trusts about impactful actions they have taken and where there are opportunities for collaboration (e.g. in shared approaches to health inequalities training).
- Sustainability: Planning work has commenced to refresh the Sustainability Plan, as the current plan runs to 2025. Detailed carbon accounting work to baseline from is nearly complete and will inform the refreshed Sustainability Plan. Conversations with University of Sheffield underway to identify collaboration opportunities to support development and delivery of this Plan. There is an upcoming meeting with Governors scheduled to brief them on our progress on sustainability
- Partnerships (1): strong partnership relationships continue to develop with the Acute Federation. We are fully engaged in the Acute Federation’s Clinical Service Sustainability Review, which will inform prioritisation of clinical services within South Yorkshire that require stronger partnership working to ensure we collectively have sufficient resilience across our care pathways
- Partnerships (2): we are working with Sheffield Children’s NHS Foundation Trust to develop a city-wide Genomics Board and genomics strategy, which will be part of regional NEY genomics governance and feed into the NEY Genomics Partnership Board. This Board will involve the University of Sheffield as a key partner, along with representation from both Trusts, to ensure we collectively have appropriate plans in place to develop genomics capabilities in the city.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
1	0	0

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 6

- [5368] SYBP – Threat to key paediatric and adult mortuary services due to inability to recruit qualified APT staff at all sites.

Extreme Risks no longer Extreme and / or closed since May 2024 – None



Strategic Risk 7: Research and Innovation - Fail to ensure the Trust has the ability to deliver excellent research and innovation

Current Assurance Rating: **LIMITED**

Current Risk Likelihood Rating: **LIKELY**

The appointment of a Managing Director for Research and Innovation was successful, and Wendy Baird took up post on 1 July 2024. There is also a need to review delivery of research and innovation by the admitting directorates; an internal audit by 360 Assurance has commenced. It is noted that support services for research do not have a systematic approach to resource planning and are reflected in the operational risks. Initial discussions and a meeting with Leeds Teaching Hospitals is being taken forward by the Research Director to understand their research portfolio, infrastructure and financial governance. Intelligence is being gathered internally and externally to inform the R&I Strategy implementation plan.

Further workforce and succession planning will be considered to address the leadership of the National Institute for Health and Care Research (NIHR) Clinical Research Facility (CRF) and the NIHR Biomedical Research Centre (BRC) as part of preparations for their next renewal due 2027. Preparations are being taken forward by the BRC Director for the BRC who will report into the Tier 2 STH Research Executive Committee which has been established. Discussions for the CRF have yet to commence.

Board level oversight of research and innovation has been established. The Research and Innovation Board Committee is meeting regularly, the Terms of Reference, workplan, and objectives have been agreed. Risk escalation and mitigation, and KPIs are under discussion in light of performance by STH to NIHR portfolio studies with trial participant recruitment and trial set up time that both fall short of target. This has resulted in subsequent significant funding cut for FY24/25 by the NIHR Clinical Research Network (CRN). The 2024/25 CRN (as of 01/10/2024 the CRN will be replaced by the NIHR Research Delivery Network (RDN)) funding allocation to STH will be based on a 10% reduction of the 2023/24 core funding allocation i.e. equating to a reduction of £340,653 giving STH an allocation of £3,065,880, since then we have received confirmation of non-recurrent additional funding totalling £104,547. Tier 2 Research Executive Committee and Innovation Executive Committee have been established and initial meetings have taken place and Terms of Reference agreed for each.

In addition to the £3m investment from the NIHR received by STH (to establish a new national HealthTech Research Centre (HRC) for innovative health technologies for people with long-term conditions which came into force on 1 April 2024), the HRC has been successful in its bid to lead the NIHR HealthTech Research Centres National Network of the 14 Centres across England. NIHR will award funding for the HRC Network of £4,999,275.97 from 1 September 2024 to 31 March 2029.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
0	0	0

Extreme Risks no longer Extreme and / or closed since May 2024 – None



Strategic Risk 8: Well-led - Fail to ensure appropriate and effective governance arrangements are in place that support the achievement of our Corporate Strategy (Making a Difference – The Next Chapter)

Current Assurance Rating: **ADEQUATE**

Current Risk Likelihood Rating: **UNLIKELY**

Assurance reporting against delivery of the Well-led development plan has driven the reduction in risk score for this Strategic Risk. Following reporting progress to the May 2023, November 2023 and January 2024 meetings of the Board, an impact report was considered by the May 2024 Board of Directors. Receipt of this impact report had been agreed as action required to address the identified gap in assurance. This will be further enhanced by receipt of third level assurance on sample of completed actions due to be reported to the September meeting of the Board of Directors.

The retained focus on well-led arrangements and reflection as a Strategic Risk has been driven by the Trust’s regulatory position and in particular the enforcement undertakings agreed with NHS England in November 2022. Key sources of new assurance entered onto the BAF in this update include the Trust’s exit from Maternity Safety Support Programme (MSSP) as confirmed by the National Quality Performance Committee in August 2024, and the move out of Tier 1 and performance tiering system in relation to elective performance.

At its August 2024 meeting the Board of Directors reviewed assurance information which could be presented to NHS England as evidence that enforcement undertakings have been complied with. The Board agreed this as the basis of the Trust’s application for a compliance certificate submitted following the meeting and under consideration by NHS England.

Alignment of Extreme Operational Risks on the Corporate Risk Register Report

Total number of Extreme Risks aligned	Number of Extreme Risks overdue for review	Number of Extreme Risks with actions overdue
1	0	0

Extreme Risks on the Corporate Risk Register Report aligned to Strategic Risk 8

- [5141] Lack of robust arrangements for managing Trust policies / guidelines means staff unable to access up to date standards / principles

Extreme Risks no longer Extreme and / or closed since May 2024 - None

STRATEGIC RISK DEEP DIVE SCHEDULE

Dates within the current cycle of Strategic Risk Deep Dives can be confirmed as:

Strategic Risk	Oversight Forum	Date	Date (all to be finalised)
Strategic Risk 1: Quality	Quality Committee	17 June 2024	18 November 2024
Strategic Risk 2: Operational Delivery and Recovery	Finance and Performance Committee	11 March 2024	11 November 2024
Strategic Risk 3: Workforce	People Committee	10 June 2024	9 December 2024
Strategic Risk 4: Finance	Finance and Performance Committee	10 June 2024	9 December 2024
Strategic Risk 5: Digital	Digital Committee	15 July 2024	10 February 2025
Strategic Risk 6: Sustainable Healthcare	Board of Directors (Private)	26 March 2024	25 March 2025
Strategic Risk 7: Research and Innovation	Research and Innovation Committee	17 June 2024	17 February 2025
Strategic Risk 8: Well-led	Board of Directors (Private)	23 July 2024	24 February 2025