



EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 18th MARCH 2015

Subject	2014/15 Assurance Framework
Lead	Neil Riley, Assistant Chief Executive
Author	Andy Challands, Assurance Manager
Status	To approve

PURPOSE OF THE REPORT

To present the updated 2014/15 Board Assurance Framework and proposals for future development.

KEY POINTS

- The Trust is required to have an Assurance Framework in place that considers the strategic risks that threaten the achievement of its high level objectives, the controls in place to mitigate and manage the risks, the assurances that are in place to indicate that the controls are effective and any actions required. The framework also identifies gaps in controls or assurances.
- The Board of Directors is required to review the assurance framework at least annually whilst maintaining ongoing monitoring on the effectiveness of internal control systems. This is a prerequisite for the Chief Executive as Accounting Officer to sign off the Annual Governance Statement.
- The Assurance Framework was last approved by the Board of Directors in March 2014.
- Following established practice, the Assurance Manager held a series of meetings with the Executive Directors (and relevant managers) to review and refresh their portfolio risks based on the previous Assurance Framework objectives.
- It is established practice for the Assurance Framework to be considered by the Audit Committee prior to submission to the Board for approval. Due to unforeseen circumstances, the 2014/15 Assurance Framework was not considered by the Audit Committee.
- Whilst the Trust's Assurance Framework is fit for purpose and meets required criteria as assessed by Internal Audit, there is scope for improvement in both its format and in the way it is used. The Assurance Manager will lead on a major review of the Board assurance and risk management in 2015/16.

IMPLICATIONS

AIMS OF MAKING A DIFFERENCE : Corporate Strategy 2012-17		Assurances Received (Tick as appropriate)
1	Deliver the best clinical outcomes	x
2	Provide patient centred services	x
3	Employ caring and cared for staff	x
4	Spend public money wisely	x
5	Deliver excellent research, education and innovation	x

RECOMMENDATIONS

The Board of Directors is asked to **APPROVE** the 2014/15 Assurance Framework and the proposals to develop and implement a quarterly Integrated Risk and Assurance Report.

BOARD ASSURANCE FRAMEWORK 2014/15

INTRODUCTION

The Trust is required to have an Assurance Framework in place that considers the strategic risks that threaten the achievement of its high level objectives, the controls in place to mitigate and manage the risks, the assurances that are in place to indicate that the controls are effective and any actions required. The framework also identifies gaps in controls or assurances.

The Board of Directors is required to review the assurance framework at least annually whilst maintaining ongoing monitoring on the effectiveness of internal control systems. This is a prerequisite for the Chief Executive as Accounting Officer to sign off the Annual Governance Statement.

2014/15 ASSURANCE FRAMEWORK

The Assurance Framework was last approved by the Board of Directors in March 2014.

The 2014/15 Assurance Framework has been refreshed following a series of meetings held with Executive Directors (and relevant managers) and the Assurance Manager to review their portfolio risks and:

- risks have been removed because it was felt the risk no longer poses a threat to the achievement of the objectives,
- the risk definition has been updated to reflect changed circumstances
- the controls and assurances (and any gaps) have been updated
- new risks have been added to reflect new risks or where the risk has intensified

It is established practice for the Assurance Framework to be considered by the Audit Committee prior to submission to the Board for approval. Due to unforeseen circumstances, the 2014/15 Assurance Framework was not considered by the Audit Committee.

FUTURE DEVELOPMENTS

It has long been recognised that whilst the Trust's Assurance Framework is fit for purpose and meets required criteria as assessed by Internal Audit, there is scope for improvement in both its format and in the way it is used.

The Assurance Manager will lead on a major review of the Assurance Framework in 2015/16.

Guiding principles for change:

- Risk Integration

Unfortunately there is a disconnect between how the Board considers the management of its strategic risks and relevant assurances via the annual Assurance Framework and how it considers the management of its high-level operational risks via the quarterly Top Risk Report. Both reports were designed and have developed separately. In order to the strengthen coherence of Board risk management and Board assurance, the Board will receive an Integrated Risk and Assurance Report which will provide assurance about risk management and performance management and how the two interact.

The Integrated Risk and Assurance Report will also incorporate other standard Board risk and assurance reports such as the Quarterly Assurance on the Board Statements.

- Oversight

In line with the revised Board way of working introduced in February 2015, the Audit Committee will assume a more focussed role in providing assurance about risk management to the Board. The Integrated Risk and Assurance Report will be considered in detail by TEG and the Audit Committee and relevant issues escalated to the Board.

In addition, the Audit Committee will also receive a Risk Management Annual Report and be responsible for ratifying the Trust's Risk Management Policy.

In the past, the Assurance Framework has not been considered by other Board committees. In order to embed the Integrated Risk and Assurance Report within the organisation and strengthen oversight, in the future other Board committees will be expected consider emergent strategic and high-level operational risks that fall within their remit for inclusion in the report and that relevant assurances received by the committees are effectively scrutinised and systematically assessed and reported in the committee minutes.

The Integrated Risk and Assurance Report will be accessible for review by all Board members via the BoardPad Reading Room.

- Controls and assurances

Currently the strength of controls and assurances is not formally assessed or reported. In order to strengthen the effectiveness of the Integrated Risk and Assurance Report controls and assurances will be RAG rated.

- Report frequency

Although the Board is required to review the Assurance Framework annually, many Trusts review the framework more regularly. In future, the Integrated Risk and Assurance Report will be a quarterly report.

- Strategy Development

The development of the Corporate Strategy is integral to building an effective Assurance Framework which is dynamic and meaningful to the Board. In the past, the Corporate Strategy has been developed in isolation of the Assurance Framework.

In future, consideration of potential risks to achievement of strategic objectives and relevant assurances should be identified at the outset in any strategy development and the Integrated Risk and Assurance Report adjusted accordingly.

Proposed timetable for the introduction of Integrated Risk and Assurance Report

	TEG	Audit Committee	Board of Directors
Mar			▪ Assurance Framework (2014/15)
Apr	▪ Top Risk Report (Mar)		▪ Top Risk Report (Jun)
May			
Jun			
Jul	<ul style="list-style-type: none"> ▪ Top Risk Report (Jun) ▪ Paper on Integrated Risk and Assurance Report including example Report ▪ Risk Management Annual Report (2014/15) ▪ Risk Management Policy 	<ul style="list-style-type: none"> ▪ Paper on Integrated Risk and Assurance Report including Q1 example report ▪ Risk Management Annual Report (2014/15) ▪ Risk Management Policy 	▪ Top Risk Report (Jun)
Aug			

STHFT Board Assurance Framework (March 2015)

	TEG	Audit Committee	Board of Directors
Sept			
Oct	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q2) 	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q2) 	
Nov			
Dec			
Jan	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q3) 	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q3) 	
Feb			
Mar			
Apr	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q4) ▪ Risk Management Annual Report (2015/16) ▪ Risk Management Policy 	<ul style="list-style-type: none"> ▪ Integrated Risk and Assurance Report (Q4) ▪ Risk Management Annual Report (2015/16) ▪ Risk Management Policy 	

RECOMMENDATION

The Board is asked to approve the 2014/15 Assurance Framework and the proposals to develop and implement a quarterly Integrated Risk and Assurance Report.

Andy Challands
 Assurance Manager
 March 2015

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3	Maintaining compliance with Monitor's Code of Governance	20
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STHFT Board Assurance Framework (March 2015)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Inability to maintain and improve care quality standards, services and outcomes (111)
Executive Lead	Chief Nurse

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Clinical Management Board Business Planning Team Capital Investment Team Patient Experience Committee Healthcare Governance Committee Safety and Risk Management Board External Visits and Inspections database Clinical Assurance Toolkit CQC National Patient Surveys Friends and Family Test Dr Foster Real Time Monitoring Picker Real Time Patient Experience Monitoring Governor Visits Cancer Peer Review Estates Record Information Collection (ERIC) Patient-Led Inspections of Hospital Environment Quality Report CQUIN element in contracts Patient Reported Outcome Measures CQC Registration and Inspections STH CQC Compliance workstream	Minutes from Clinical Management Board, Business Planning Team, Capital Investment Team, Patient Experience Committee, Healthcare Governance Committee Safety and Risk Management Board Reports to Board and TEG, Healthcare Governance Committee and Safety and Risk Management Board Friends and Family Test results Integrated Performance Report National Patient Survey results Dr Foster Real Time Monitoring data Picker Real Time Patient Experience Monitoring Data Governor Visit Reports Cancer Peer Review Reports ERIC reports Patient-Led Inspections of Care Environment reports CQUIN performance management by NHSSCCG/NHSE Patient Experience Report CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	Governor Visit Reports CQC Maternity User Survey National Cancer Survey Successful Cancer Peer Review Continuing compliance with CQUINs requirement. CQC National Inpatient Survey CQC National A&E Survey CQC Registration CQC Inspection Reports	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to maintain and invest adequately in medical equipment (59)
Executive Lead	Medical Director

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Capital Investment Team Business Planning Team Medical Equipment Management Group Major Medical Equipment Group Healthcare Governance Committee Policy on the Introduction of New Techniques Decontamination of equipment and medical devices Policy Decontamination Taskforce Joint Advisory Group (JAG) on Endoscopy Equipment Library Clinical Engineering Equipment Inventory CQC Registration and Inspection STH CQC Compliance workstream	Minutes from Capital Investment Team, Business Planning Team, Medical Equipment Management Group, Major Medical Equipment Group, Decontamination Taskforce Healthcare Governance Committee Approval process for introduction of new techniques CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	CQC Registration CQC unannounced inspections	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Managing the implications of the new commissioning arrangements under the Health & Social Care Act 2012 (Clinical Commissioning Groups, NHS England and Sheffield City Council) (122)
Executive Lead	Director of Strategy and Operations

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Board of Directors TEG Clinical Management Board Planning and Contracting meetings between contracting and finance teams within STH and commissioners. Director level contract negotiation meetings with all commissioners. Contracts with the PCT Consortium and the Specialised Commissioning Group. Business Planning Meetings Contracting task and risk register South Yorkshire Commissioning (SYCOM)	Minutes from BoD, TEG and CMB Business Planning Meetings. Documentation supporting the negotiation and management of contracts with commissioners Risk and task register. Contracts with commissioners Notes from SYCOM meetings	Continuity of contract terms and income	Remaining uncertainty on contract guidance and further reorganisation of key personnel and ongoing uncertainty about the implications of integrated commissioning. <u>Action plan:</u> Await further guidance	Nil

STHFT Board Assurance Framework (March 2015)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to implement a Technology Strategy that supports the Trust's strategic objectives (141)
Executive Lead	Medical Director

Key Controls What controls/systems we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/ systems on which we place reliance are effective
Technology Board Technology Assurance and Planning Committee Programme / Project Boards for significant investments (currently TTT and PACS) Technology Strategy and Roadmap Informatics Programme Board Informatics Programme Office Senior Information Risk Officer Clinical Safety Officer Chief Clinical Information Officer Information Governance Committee Information Governance Assurance Framework (IGAF) Health Advisory Board Internal Audit	Minutes from Technology Board, Technology Assurance and Planning Committee and Information Governance Committee Reports to Board, Finance, Performance and Workforce Committee, Capital Invest Team, Business Planning Team Technology Roadmap 2013/18 Information Governance Toolkit submission Clinical Digital Maturity Index HSCIC monitoring Electronic Health Record project (External Auditors assigned) Lessons learned Post Implementation Reviews Root Cause Analyses External Audit reports Internal Audit reports	Information Governance Toolkit results Internal Audit reports	"Shadow IT" i.e. hardware, software and technical staff not supported by Informatics Directorate with consequent risks to security, compliance and performance of software and network <u>Action Plan:</u> Review by Director of Informatics underway	Nil

STHFT Board Assurance Framework (March 2015)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to maintain and invest adequately in the IT infrastructure required to run clinical systems, medical devices and corporate systems (tbc)
Executive Lead	Medical Director

Key Controls What controls/systems we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/ systems on which we place reliance are effective
Technology Board Technology Assurance and Planning Committee	Minutes from Technology Board, Technology Assurance and Planning Committee and Information Governance Committee Reports to Business Planning Team and Capital Investment Team Performance reporting External Audit reports Internal Audit reports	No system outages, data losses, security or access breaches Downtime on applications within agreed SLA Successful monitoring of infrastructure and pre-emption of problems	Absence of formal Trust governance of IT performance including servers, storage and networks and reliance on directorate reporting and oversight. <u>Action Plan:</u> Review by Director of Informatics underway Limitations of Disaster Recovery Plan e.g. Sever estate, storage and data centre currently not supported <u>Action plan:</u> Infrastructure Project led by Director of Informatics Absence of Trust-wide training plan to keep non-Informatics staff updated with technology <u>Action Plan:</u> Review by Head of Learning and Development underway.	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Failure to meet Infection Control targets with consequential funding implications (458)
Executive Lead	Chief Nurse

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Infection Control Policies Infection Control Programme and Action Plan Infection Control Committee Infection Control Accreditation Programme C diff Cohort Ward Infection Control Screening Clinical Assurance Toolkit Public information and Staff Engagement campaigns Surveillance Scheme – Public Health England CQC Registration and Inspections STH CQC Compliance workstream Deep Clean Programme	Infection Control Committee Minutes and Annual Report Monthly Infection Control reports to Healthcare Governance Committee, TEG and CMB Integrated Performance Report Weekly IC Reports Clinical Assurance Toolkit reports IC Accreditation Root cause analyses Surveillance Scheme reports Top Risk Report CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	Monthly Infection Control reports to Board, TEG, Healthcare Governance Committee Care Quality Commission CQC Registration	Intermittent availability of deep clean decant ward at NGH to maximise the impact of deep cleaning <u>Action Plan</u> : See Infection Control Programme and Top Risk Report	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Maintaining public confidence in the clinical services provided by the Trust (145)
Executive Lead	Chief Nurse

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Patient and Public Involvement Strategy Complaints Policy Patient Experience Committee Healthcare Governance Committee Governors Council and Governor representation on STH committees Picker Real Time Monitoring of Patient Experience Directorate PPI Leads Patient Partnership Coordinators Interpretation Service CQC Registration and Inspections STH CQC Compliance workstream Patient Reported Outcome Measures (PROMS) Healthwatch Training in patient and public involvement skills and customer service training Friends and Family Test Internal Audit <i>Good Health</i> newsletter Clinical Assurance Toolkit Patient-Led Inspections of Care Environment Joint public health campaigns with health and social care providers CQC National Patient Surveys "You said / We did" feedback posters	Minutes from Governor Council, Patient Experience Committee, Healthcare Governance Committee, Governor Visit reports to TEG Quarterly Complaints and patient Experience reports to Healthcare Governance Committee Real time Monitoring of Patient Experience reports Healthwatch reports Patient-Led Inspections of Care Environment reports PROMs reports Clinical Assurance Toolkit reports CQC National Patient Surveys reports CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee Friends and Family Test results Internal Audit reports	Involvement of lay people and disability groups in service development and planning. Results from national patient surveys and real-time monitoring surveys. Friends and Family Test results CQC registration	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Meeting statutory obligations and good practice guidance for Equality and Inclusion (637)
Executive Lead	Assistant Chief Executive

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Equality and Inclusion Steering Group Equality and Inclusion Operational Leads HR Equality and Diversity Group Equality and Inclusion Programme Lesbian, Gay, Bisexual and Transgender Staff Network Equality Impact Analysis Policy Equality Delivery System 2 Trust Controlled Documents Group Policy on Trust Controlled Documents National Staff Survey and Patient Surveys CQC Registration and Inspections STH CQC Compliance workstream Internal Audit	Minutes from Equality and Inclusion Steering Group Equality and Inclusion Operational Leads reporting process Trust Controlled Document Group Reports to Healthcare Governance Committee, TEG and Board Equality and Human Rights Annual Report Equality and Inclusion Programme Equality Impact Analyses National Staff Survey and Patient Surveys reports Stonewall Annual Benchmarking Report CQC Registration CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee Internal Audit reports	Job Centre Two Ticks Disability Assessment Learning Disability Annual Report CQC registration Equality and Inclusion Programme Quarterly Reporting Launch of Lesbian, Gay, Bisexual and Transgender Staff Network Commissioning Contract compliance	Insufficient capacity in Human Resources to effectively manage employment issues around Equality and Inclusion. Action Plan: Director of Human Resources and Organisational Development, in liaison with the Assistant Chief Executive, to lead on plans to further improve equality and inclusion arrangements within the Trust.	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Business continuity following a Major Incident or the loss of a key dependency (tbc)
Executive Lead	Director of Strategy and Operations
CQC Outcome	4

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
<p>Emergency Preparedness Operational Group, Emergency Planning Team, Pandemic Operation Management Team</p> <p>Business Continuity Leads</p> <p>Safety and Risk Management Board</p> <p>Majax Plan (and Communications Strategy), Internal Incident Plan, specific plans and groups e.g. Snow, Industrial Action</p> <p>Preparedness, Winter, Pandemic</p> <p>Influenza, Ebola</p> <p>1st on call Manual</p> <p>Business Continuity Action Cards, Continuity Calendar and Planning Template</p> <p>Cabinet Office Civil Protection Self-Assessment Tool National</p> <p>Capability Survey</p> <p>NHSE Local Health Resilience Partnerships</p> <p>NHSE National Standards for EPR</p> <p>YAS – CBRN review</p> <p>DH annual Flu Self-assessment</p> <p>CQC Registration and Inspections</p> <p>STH CQC Compliance workstream</p> <p>Internal Audit</p>	<p>Reports to Healthcare Governance Committee, TEG and the Board</p> <p>Minutes from Emergency Preparedness Operational Group, Pandemic Operation Management Team, Safety and Risk Management Board and Business Continuity Leads</p> <p>BC Leads Business Impact Analyses</p> <p>Winter Planning Meetings</p> <p>Reports and feedback from National Capability Survey, YAS, NHSE LHRP self assessment and Peer Review against NHSE National Standards</p> <p>CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee</p> <p>Internal Audit reports</p>	<p>Table Top exercises (e.g. mass casualties, burns etc)</p> <p>Sheffield Evacuation and Rest Centre capacity exercise</p> <p>Mass casualty live exercise</p> <p>Successful Tour de France planning and exercises</p> <p>MAJAX Plan re-write</p> <p>Successful test of plans for confirmed ebola cases</p> <p>Black Start generator tests</p> <p>Plan completed to ensure readiness for mass vaccination/ prophylaxis.</p> <p>Successful review of automated Major Incident</p> <p>Call telephone call-out system</p> <p>Effective working relationship between Emergency Planning Team and Council / Police/ Ambulance planning for city-wide events</p>	<p>Develop an Evacuation Plan</p> <p><u>Action Plan:</u> Underway - Team objective</p> <p>Flu Plan due for review</p> <p><u>Action Plan:</u> Review underway</p> <p>Burns Plan due for review</p> <p><u>Action Plan:</u> Awaiting Burns Network Plan</p> <p>Ensure comprehensive resilience plan for hospital bleep system</p> <p><u>Action Plan:</u> Options appraisal underway to cover known gaps e.g. cardiac arrest</p>	<p>Nil</p>

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	A breakdown in relationship and loss of trust between the Governors, the Board and the public since the 2012 Act (606)
Executive Lead	Assistant Chief Executive

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Patient and Public Involvement Strategy Council of Governors Governors Forum Governor Visit Programme Governor Timeouts Monthly Governors Holding the Board to Account meetings Pre-Council of Governors meeting between NEDs and Governors Healthwatch Governor membership on various committees e.g. Disability Steering Group, Quality Report Steering Group etc Governor attendance at meetings of the Board and its committees Trust Constitution Senior Independent Director Governors Induction and Training Programme Overview and Scrutiny Committee Joint Board and Governors meetings CQC Registration and Inspections STH CQC Compliance workstream Board Governance Review – Internal Audit	Minutes from Council of Governors, Governors Forum and Trust committees with Governor representation Governors Visit reports to TEG Annual Report and Accounts and Annual Plan Governors Training Records Membership survey Trust Constitution Review Steering Group minutes CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee Internal Audit reports	Trust Constitution Review Holding NEDs to Account Board Paper	Develop and adopt a formal Membership Strategy <u>Action Plan:</u> Working party established Fully understand the implications of the 2012 Act <u>Action Plan:</u> Board Development programme scheduled for late 2015 led by Assistant Chief Executive.	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Ensuring that service users and others, having access to premises where a regulated activity is carried out, are protected against the risks associated with unsafe or unsuitable premises (1222)
Executive Lead	Chief Nurse

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Healthcare Governance Committee Electrical Safety Group, Water Quality Steering Group, Ventilation Group Capital Investment Team Capital Planning and prioritisation process Periodic testing and inspection Planned Preventative Maintenance (PPM) System Essential Maintenance Programme (EMP) Central Alerting System Estates Return Information Collection (ERIC) Premises Assurance Model (PAM) External consultants for Electricity, Water, Lifts, Medical Gases, Ventilation etc External insurance inspections Engineering Inspection regime Internal Audit Health and Safety Executive visits and inspections CQC Registration and Inspections STH CQC Compliance workstream	Reports to Healthcare Governance Committee, TEG and CIT Authorising Engineer reports Insurance Inspection reports Engineering Inspection regime reports Independent lift contractors assessment reports Internal Audit reports PQAM reports PPM Reports ERIC benchmarking data Health and Safety Executive reports Top Risk Report CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	Black Start Generator Test Reports Decant implementation of TEG approved EMP	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 2:	To be patient focused			
Strategic Risk (Datix ID):	Failure of the Trust to develop as a sustainable organisation able to deliver its services and meet challenging carbon reduction targets set out in Climate Change Act (700)			
Executive Lead	Chief Nurse			
Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
NHS Strategy – Saving Carbon Improving Health EU Emissions Trading System Energy Strategy including various schemes e.g. Power transformer replacements, Low Temperature Hot Water, conversion to Low Energy lighting etc Travel Plan Waste Management Plan Internal Audit	Sustainability Annual Report to Healthcare Governance Committee Updates to Council of Governors CIT approval for strategic energy/carbon reduction schemes Energy and emissions monitoring data EU ETS audit ERIC returns Carbon foot-printing for energy consumption Internal Audit reports	STH 2013/14 CO2 Emissions due to energy consumption equates to 70% reduction since 2007/08 and has exceeded NHS target of 64% reduction.	Absence of a Trust Sustainable Development Action Plan approved by Board of Directors <u>Action Plan</u> : Following a paper taken to TEG by Chief Nurse in August 2014 TEG agreed to maintain status quo.	Nil

STHFT Board Assurance Framework (March 2015)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Securing meaningful engagement with staff, including good industrial relations, may be difficult to achieve in the face of a challenging workforce agenda which may be necessary to deliver required efficiency savings (124)
Executive Lead	Director of Human Resources and Organisational Development

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Finance, Performance and Workforce Committee HR and Care Group Strategic Business Partnership meetings Staff Engagement Strategy, Steering Group and Operational Groups Health and Wellbeing Group Care Group/Directorate Lets Talk events Listening into Action (LIA) LIA Pulsecheck Survey Engaging Leader Programme Policy development process including appropriate consultation and involvement of JNCC Local Negotiating Committee CQC Registration and Inspections STH CQC Compliance workstream National Staff Survey Staff Engagement / Staff Survey action plan Workforce KPIs e.g. absenteeism, sickness, grievance Trust communications Equality and Human Rights Steering Group and Operational Leads Workforce Equality and Diversity Group	Minutes of Finance, Performance and Workforce Committee , Staff Engagement Steering and Operational Groups, JNCC minutes Briefing reports to Board, TEG and Care Group/Directorates LIA reports to Board and TEG Lets Talk feedback reports and action planning CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee National Staff Survey results and action plan Equality and Human Rights Annual Report Minutes from Equality and Human Rights Steering Group and Operational Leads reporting process	National Staff Survey results 2013/14 LIA Pulse Survey baseline results Agreement on new and revised policies and procedures with JNCC Staff turnover rates	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Inconsistent implementation of staff appraisal across the organisation and consequential failure to identify mandatory and job-specific training needs and deliver training to meet operational pressures (130)
Executive Lead	Director of Human Resources and Organisational Development

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/ systems on which we place reliance are effective
Finance, Performance and Workforce Committee Care Group and HR Strategic Business Partnership meetings Workforce & Education Governance Board Mandatory Training and Job-specific Training Policy Training Needs Analysis process Mandatory Training intranet site PALMS Appraisal and Mandatory Training Summits chaired by CEO Training & Leave database Mentorship and clinical supervision National Staff Survey National Patient Surveys including Friends and Family Test Ofsted inspection Internal Audit CQC Registration and Inspections STH CQC Compliance workstream	Minutes of Finance, Performance and Workforce Committee and Workforce and Education Governance Board Directorate Training Plans and records PALM reports as part of KPI report to Finance, Performance and Workforce Committee Briefing reports to Operational Board, TEG and Board National Staff Survey results and action plan Fortnightly appraisal performance reporting to directorates and TEG National Patient Surveys including Friends and Family Test results Ofsted report Internal Audit reports CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	National Staff Survey results 2013/14 CQC Registration	Gap between Mandatory Training target and uptake <u>Action Plan:</u> Working with directorates via CEO-led summits and ED Performance Review to focus on delivery and improve compliance recording on PALMS Anticipated reduction in Appraisal rate in 15/16 <u>Action Plan:</u> Director of HR to lead work with Nurse Directors and Operational Directors to re-timetable appraisals more evenly throughout the year. Staff Engagement lead to undertake a Quality Assurance Audit	Nil

STHFT Board Assurance Framework (March 2015)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Maintaining compliance with Monitor Code of Governance (605)
Executive Lead	Assistant Chief Executive

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Monitor self-assessments Quarterly conference calls with Monitor Trust Constitution, Standing Orders, Standing Financial Instructions and Scheme of Delegation Foundation Trust Office Annual Planning process Council of Governors Nominations and Remuneration Committees Audit Committee Internal Audit External Audit CQC Registration and Inspections STH CQC Compliance workstream Board Governance Review – Internal Audit	Monitor Authorisation and Provider License Minutes from Board of Directors, Council of Governors, Nominations and Remuneration Committees, Audit Committee Annual Report and Accounts including Quality Report and Annual Governance Statement Reports from Monitor and Care Quality Commission Internal Audit reports External Audit opinion CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	Monitor Quarterly Governance ratings Internal Audit report on Assurance Framework and Head of Internal Audit opinion Internal Audit Code of Governance report Trust Constitution review	Strengthening Board Development <u>Action Plan:</u> Assistant Chief Executive to take forward Board Development Programme in late 2015	Nil

STHFT Board Assurance Framework (March 2015)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Failure to fully implement and manage a meaningful and realistic research governance process (154)
Executive Lead	Medical Director

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Research Strategy Research policies and SOPs Research Executive and Research Committee Inspections by Medicines and Healthcare Regulatory Agency (MHRA), Human Tissue Authority Compliance Reporting to MHRA National Institute for Health Research and Local Comprehensive Research Network governance systems Incident Management and Learning from Incidents Policies DATIX QA systems for laboratories, pharmacy, imaging and medical records etc Research Office “for cause” audit and monitoring arrangements for drug studies Research Office risk assessment and monitoring arrangements for STH	Minutes from Research Executive, Research Leads Committee and Healthcare Governance Committee Annual R&D report to Healthcare Governance Committee Review of governance checks by Local Comprehensive Research Network MHRA and Human Tissue Authority inspection reports	MHRA found no critical findings at the recent inspection in Feb 2014. A formal report has been received and actioned. HTA confirmed that it was satisfied that the Trust is suitable to be licensed for storage of relevant material for scheduled purposes under the Human Tissue Act (Sept 2010)	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 4:	To invest in leadership development
Strategic Risk (Datix ID):	Non-compliance with statutory and regulatory requirements (603)
Executive Lead	Assistant Chief Executive

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Leadership Executive Group Audit Committee Healthcare Governance Committee Finance, Performance and Workforce Committee Monitor reports Monthly Integrated Performance Report to TEG and Board Performance Management Framework Coroner Health and Safety Executive CQC Registration and inspections STH CQC Compliance workstream Mandatory Training Internal Audit SUI Group	Performance reports to TEG and Board Minutes from and reports to Audit Committee, Healthcare Governance Committee, Finance, Performance and Workforce Committee Quarterly letter to Monitor CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee Mandatory Training Plans and Records Internal Audit reports	Monitor feedback reports Board-led Quality Governance Framework Review External review of Never Events led by Brian Toft commissioned in 2013 CQC KLOE mapping across Trust	No Leadership and Organisational Development Strategy <u>Action Plan:</u> Assistant Chief Executive to lead on the development of a Leadership and OD Strategy to meet performance challenges and system-wide issues.	Absence of measures of impact of Leadership and OD intervention <u>Action Plan:</u> Assistant Chief Executive to lead on development of appropriate measures of impact.

STHFT Board Assurance Framework (March 2015)

Objective 5:	To optimise the configuration of clinical services
Strategic Risk (Datix ID):	Shortage of capacity in terms of beds, both general and specialist, compounded by variations in demand, inflexible intermediate care provision, high lengths of stay in some HRGs and incidental factors such as infection control (106)
Executive Lead	Director of Strategy and Operations

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Clinical Operations Team Bed Management System Ward based medical working A&E Tracking Utility Cancer tracking Patient Champion Role Matron/ Site management 1 st on call and TEG on call arrangements Intermediate Care Programme NHS Standard Contract for Acute Services Annual Business Planning Discharge Lounges at RHH and NGH Winter Action Plan and Business Continuity Policy Infection Control Programme Additional discharge ambulance capacity Information services; 18 week pathways Right First Time Internal Audit CQC Registration and Inspections STH CQC Compliance workstream	SitRep reports Contract monitoring data Annual Business Plans Integrated Performance Report Cancer Waiting Times Performance reports Health Community QIPP Programme Delays Report Review of breaches and patient flow delays Performance report CQC Inspection Reports, Intelligent Monitoring Reports and STH CQC Compliance reports to Healthcare Governance Committee	SitRep reports Weekly Delayed Transfers of Care statement Activity and Performance Reports Compliance with A&E, Cancer and 18-week Waiting Times Targets	Demand and capacity planning – particularly significant seasonal variation <u>Action Plan:</u> Ongoing work to <ul style="list-style-type: none"> • reduce length of stay in Directorates/ HRGs as part of Productivity and Efficiency programme • joint working with NHS Sheffield to improve demand management by referrers • joint working with NHS Sheffield and Sheffield City Council to improve intermediate care provision • development of Winter (seasonal Plans including identification of escalation capacity See Top Risk Report 	Nil

STHFT Board Assurance Framework (March 2015)

Objective 5:	To optimise the configuration of clinical services
Strategic Risk (Datix ID):	A model of health care across South Yorkshire that creates gaps and duplications in service delivery
Executive Lead	Director of Strategy and Operations

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Yorkshire & Humber Strategic Clinical Networks Delivery of key Operational Delivery Networks. Annual Business Planning by Clinical Directorates Collaboration with other health care providers (Working Together) Right First Time	Participation in Strategic Clinical Networks. Provision of Operational Delivery Networks in key clinical areas. Directorate Business Plans Working Together project plan Right First Time structures – participation in and minutes Delayed Transfers of Care monitoring data, activity and access reports	Specialised Service Specification compliance and satisfactory peer reviews.	Continued development of some service specifications. Developing wide range of new partnerships.	Nil

STHFT Board Assurance Framework (March 2015)

Objective 5:	To optimise the configuration of clinical services
Strategic Risk (Datix ID):	Clinical Directorates pursue disparate or conflicting approaches to common challenges
Executive Lead	Director of Strategy and Operations

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Making a Difference strategy Business Planning Process Care Group Reviews Performance Management Framework Clinical Management Board Operational Directors Group Nurse Directors Group Surgical Board Finance, Performance and Workforce Committee Operational Management Group Operational Board Support and Challenge P&E review Clinical Configuration Task and Finish Group	Minutes of Finance, Performance and Workforce Committee , Surgical Board, CMB, Operational Directors Group and Nurse Directors Group Directorate Business Plans Care Group Review Action Plans Performance Management Framework monitoring by TEG and Board	Common approaches adopted and clear evidence of problem solving in appropriate fora.	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Delivery of financial balance / surpluses to ensure stability and necessary revenue and capital investment (459)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Finance, Performance and Workforce Committee Audit Committee TEG Annual Financial Plan Annual Business Plan Annual Report and Accounts Service Improvement/Efficiency Programme Performance Management Framework Monitor Quarterly Returns Internal and External Audit	Minutes from Finance, Performance and Workforce Committee, TEG and Audit Committee. Monthly Finance Report to TEG and Board Quarterly Reports to Board on Capital Programme and Efficiency Plan Performance Management Framework Meetings Performance Management Framework Reports Top Risk Report Internal and External Audit reports	Robust Financial Plans each year Annual Plan submission to Monitor Monitor Feedback on Quarterly returns Annual Report and Accounts	Nil	Assurance that Efficiency Programmes/Plans are fully effective.

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Risks to income from the wider political environment including central government's austerity measures, changing commissioner responsibilities, increased competition, the tariff system and contract terms (705)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Finance, Performance and Workforce Committee TEG Business Planning Team Monitor Reports Regular meetings with commissioners Contracts with Clinical Commissioning Groups and NHS England Contract Management process Developing Commercial function/expertise Performance Reviews Service Line Reporting / Patient Level Costing Sense Check / Road Testing on Tariffs NHS Providers/Shelford Group	Minutes of Finance, Performance and Workforce Committee, TEG and Business Planning Team Reports to Monitor Finance reports to TEG and Board Finance, Performance and Workforce Committee reports to Board Performance Management Framework Reports Contract Monitoring results	Robust Financial Plans each year Annual Plan submission to Monitor Monitor Feedback on Quarterly returns Annual Report and Accounts	Inadequate capacity to monitor commissioner and central government decisions and guidance. Inadequate levers to avoid the imposition of unfair contract terms. <u>Action Plan:</u> Develop information and capacity in Contracting Team. Develop Commercial function and expertise.	Lack of clarity from commissioners on changes to services (i.e. Right First Time Programme, AQP developments, NHS England commissioning of specialised services, etc.). <u>Action Plan:</u> Continue to engage with commissioners and develop STH strategies. Limited ability to influence wider political environment. <u>Action Plan:</u> Engage with NHS Providers/Shelford Group and meetings with other relevant providers

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	The scale of required efficiency savings and ineffective delivery (120)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
TEG Efficiency Programmes– Clinical Services, Workforce Corporate and Commercial/IT. Annual/3 Year Efficiency Plan Service Improvement Team/Programme Management Office Finance, Performance and Workforce Committee Directorate Efficiency Plans Performance Management Framework Service Line Reporting / Patient Level Costing/ Reference Costs	Minutes from TEG and Finance, Performance and Workforce Committee Efficiency Plan progress reports to TEG, Finance, Performance and Workforce Committee and the Board Performance Management meetings Directorate Performance Reviews	Annual Efficiency Plan Directorate Financial/Efficiency plans Trust financial position Benchmarking / Performance Reports SLR/RCI results	Insufficient capacity in directorates to secure required performance improvements <u>Action Plan:</u> Ensure sufficient management capacity and clinical engagement in directorates to deliver agenda.	Inadequate performance information to support Efficiency Programme and demonstrate delivery of Efficiency Plans. Action Plan: Strengthen performance management of Programmes and Directorates. Ensure central oversight from SIT/PMO.

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Maintaining control over expenditure through business planning/ robust decision making, effective engagement with key stakeholders and managing internal and external pressures and expectations (171)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are reasonably managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
TEG Finance, Performance and Workforce Committee Business Planning Team Capital Investment Team Standing Financial Instructions Scheme of Reservation and Delegation (Corporate and directorate) Budget management arrangements Finance and business planning process Capital Programme Performance Reviews Performance Management Framework Annual Plan Annual Report and Accounts Patient Services Plan Regular meetings with Commissioners Internal Audit	Minutes from TEG, Finance, Performance and Workforce Committee , Business Planning Team, Capital Investment Team Annual Board review of Standing Financial Instructions Scheme of Reservation and Delegation (Corporate and directorate) Financial Plan Finance and performance reports to TEG, Finance, Performance and Workforce Committee and the Board Performance Management meetings Performance Management Framework Reports Progress reports to Board on Annual Plan/Strategy Internal Audit reports	Robust Financial Plan/Capital Programme each year. Annual Report and Accounts. Internal Audit: Business Planning Arrangements	Changes to Directorate / Group structures creates some uncertainty and lack of continuity in Business Planning processes. <u>Action Plan:</u> Continue to work on relationships and processes. Insufficient directorate capacity <u>Action Plan:</u> To strengthen Performance Management Framework and TEG oversight.	Links to management of Quality, Performance and Efficiency agendas. <u>Action Plan:</u> Ensure full awareness of all agenda by key decision makers.

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Inadequate information to support financial management / systems to allow effective prioritisation (125)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Finance, Performance and Workforce Committee Business Planning Team Capital Investment Team Finance and business planning process Business meetings at Directorate level Capital Programme Internal Audit Service Line Reporting / Patient Level Costing Performance Management Framework	Minutes of Finance, Performance and Workforce Committee Briefing reports to TEG and Board Performance Management meetings Performance Management Framework Reports Internal Audit Reports	Robust SLR/PLICS information.	Nil	Clinicians fully engaged. Action Plan: Developing clinician financial and business management skills. Ensuring appropriate clinical management in Directorates/Specialties.

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Balance sheet / working capital have insufficient flexibility to respond to unplanned financial pressure (119)
Executive Lead	Director of Finance

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Finance, Performance and Workforce Committee Annual Report and Accounts Monitor Quarterly Returns Internal and External Audit Working Capital Facility	Minutes from Finance, Performance and Workforce Committee Monthly Finance reports to TEG and Board Internal/External Audit reports	Going Concern review External Audit reports Monitor Continuity of Service Risk Rating	Nil	Nil

STHFT Board Assurance Framework (March 2015)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Failure to implement commercial opportunities appropriately (tbc)
Executive Lead	Director of Strategy and Operations

Key Controls What controls we have in place to assist in securing delivery of our objectives	Assurances on Key Controls Where we gain evidence that our controls/systems on which we are placing reliance are effective	Positive Assurance Evidence that shows we are <u>reasonably</u> managing our risks and objectives are being delivered	Gaps in Controls Where we are either failing to put controls/systems in place or failing to make them effective	Gaps in Assurances Where we are failing to gain evidence that our controls/systems on which we place reliance are effective
Board TEG Business Planning Team Operational Group Development of dedicated commercial function. Integral to business planning guidance and reviews for Directorates.	Papers to and minutes from Board, TEG, Business Planning Team and Operational Group Central review of all tenders on Tenders Electronic Daily and Contract Finder. Support to directorate P&E Schemes.	Commercial opportunities feature in Directorate and organisational plans.	Private Patient Policy Action: Draft policy awaiting approval.	Nil