

BOARD ASSURANCE FRAMEWORK

(April 2011)

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 Statement of Internal Control.

Building upon the recommendations following a major review in October 2008, the Assurance Framework was refreshed and reported to the Board on a 6-monthly basis.

Further planned improvements were delayed pending consideration of a number of relevant developments such as Monitor Compliance Framework, CQC registration, Audit Commission *Taking it on Trust*, the Mid-Staffordshire Investigation and Francis Inquiry, Internal Audit reviews and Moore Carter & Associated review of risk management. In November 2010, TEG approved proposals for further improvements to the framework:

Previous iterations of the framework were based upon inherited objectives developed back in 2004. Although it was possible to map the framework objectives to the Corporate Strategy and Patient Services Plan, it was agreed that the objectives from Excellence as Standard should be adapted and adopted for the 2011 framework. The new agreed objectives are:

- To achieve clinical excellence
- To be patient focused
- To engage with our staff
- To invest in Leadership Development
- To optimise clinical configuration of clinical services
- To ensure financial strength and stability

This provided an ideal opportunity to *rebuild* rather than merely *refresh* the framework. The Trust Secretary and Assurance Manager have held a series of meetings with executives (and relevant managers) to review the revised objectives and the risks that fall within their portfolios. The prime considerations were to focus upon identifying strategic risks, (avoiding operational risks that had crept in to previous versions), to better define and describe the risks and to update and sharpen the high level controls and assurances. The 2011 Assurance Framework is the outcome of the meetings

In terms of future developments, further work will be undertaken with the Director of Service Development to align the Assurance Framework with the refresh/review of the corporate strategy.

The draft Assurance Framework was presented to the Audit Committee on 11 April and to TEG on 12 April 2011.

Andy Challands
Assurance Manager

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STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Safe and high quality care and treatment of children and young people in an acute adult hospital (463)
Executive Lead	Chief Nurse/ Chief Operating Officer
CQC Outcome	1, 2, 4, 6, 7, 10

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
Sheffield Safeguarding Childrens Board Children and Young Peoples Services Group Lead Nurse for Children and Young People Named Nurse and Named Doctor for Safeguarding A&E information system highlights last 5 attendances for children Transitional Care Task Group Serious Case Review Group CQC Registration STH CQC Assurance Framework	Sheffield Safeguarding Childrens Board minutes and STHFT reports Children and Young Peoples Services Group minutes Reports to Healthcare Governance Committee, TEG and Board Trust-wide audit – Caring for Children and Young People within STHFT Teenage Cancer Unit annual patient survey Care Quality Commission Registration and Quality and Risk profile Transitional Care Task Group minutes Serious Case Review Group notes Ofsted gradings on Serious Case Reviews CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Teenage Cancer Unit annual patient survey results Completion of recommendations from serious case reviews CQC Registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

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/ Chief Operating Officer
CQC Outcome	All

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 database Clinical Assessment Toolkit Dr Foster Real Time Monitoring Picker Real Time Patient Experience Monitoring Governor Visits Estates Record Information Collection (ERIC) Patient Environment Action Team (PEAT) Quality Report CQUIN element in contracts Patient Reported Outcome Measures CQC Registration STH CQC Assurance Framework	Minutes from Clinical Management Board, Business Planning Team, Capital Investment Team, Patient Experience Committee Healthcare Governance Committee, Safety and Risk Management Board Reports to Safety and Risk Management Board, Healthcare Governance Committee, TEG and Board Intelligent Board Dashboard Dr Foster Real Time Monitoring data Picker Real Time Patient Experience Monitoring Data Survey Governor Visit Reports ERIC reports PEAT reports CQUIN performance management by NHSS Patient Experience Report CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Governor Visit Reports CQC Maternity User Survey Department of Health Cleaner Hospitals report Care Quality Commission Hygiene Code visit report Best in Class' national award Healthcare Acquired Infection Technology Innovation Programme Full compliance with CQUINs requirement 09/10. CQC National Inpatient Survey National Cancer Survey CQC Registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Lack of formal agreement on quality standards and national initiatives between healthcare organisations (167)
Executive Lead	Chief Nurse/ Chief Operating Officer
CQC Outcome	1,4, 6, 16

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
Care Collaborative NHS Standard Contract for acute services Yorkshire and Humber Specialised Commissioning Group (South) North Trent Cancer Network Cancer Board Sub-contract arrangements Independent Regulation Cancer Peer Review Working partnerships across local health and social care e.g Sheffield Safeguarding Children's Board South Yorkshire Overview and Scrutiny Committee CQC Registration STH CQC Assurance Framework	Minutes from Specialised Commissioning Group (South), Cancer Board, Sheffield Safeguarding Children's Board, South Yorkshire Overview and Scrutiny Committee Contract monitoring arrangements Collaborative agreements Cancer Peer Review reports CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile Minutes from Health Compact meetings Minutes from Partners for Inclusion meetings	Successful Cancer Peer Review CQC Registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to implement the Trust Health Informatics Strategy (141)
Executive Lead	Director of Service Development
CQC Outcome	14,16

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
TBC	TBC	TBC	TBC	TBC

Currently under review by newly appointed Director of Service Development with the support of the soon to be appointed Informatics Director

STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Managing the transition to practice-based commissioning and the National Commissioning Board (122)
Executive Lead	Director of Service Development
CQC Outcome	14,16

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 JNCC Board to Board meetings with NHSS Leadership Development Programme Management Arrangements CQC National Staff Survey CQC Registration STH CQC Assurance Framework Management of Organisational Change Policy	Minutes from TEG, JNCC Leadership Conference Review of Management Arrangements Care Quality Commission CQC National Staff Survey results Contract monitoring meetings CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Delivery of CQIN Health Community Recovery Plan CQC Registration	Managing the paradox of competition and collaboration Leadership capacity	Nil

STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to maintain and invest adequately in medical equipment (59)
Executive Lead	Medical Director
CQC Outcome	4, 8, 11, 12

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 Healthcare Governance Committee Policy on the Introduction of New Techniques Decontamination of equipment and medical devices policy Decontamination Taskforce Care Quality Commission registration assurance process Equipment Library BME maintenance register CQC Registration STH CQC Assurance Framework	Minutes from Capital Investment Team, Business Planning Team, Medical Equipment Management Group, Decontamination taskforce Healthcare Governance Committee Approval process for introduction of new techniques CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	CQC Registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 1:	To achieve Clinical Excellence
Strategic Risk (Datix ID):	Failure to develop a strategic alignment between the Trust and Academic Organisations (153)
Executive Lead	Medical Director
CQC Outcome	6

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 Committee Research Executive Group Healthcare Governance Committee Memorandum of Understanding with University of Sheffield Collaborative strategic approach with local academic partners Cross representation on University/Trust committees South Yorkshire Comprehensive Local Research Network National Institute for Health Research	Minutes from Research Committee, Research Executive Group and Healthcare Governance Committee Annual report to Healthcare Governance Committee Intelligent Board Dashboard Reports from South Yorkshire Comprehensive Local Research Network and National Institute for Health Research	South Yorkshire Collaborations for Leadership in Applied Health Research and Care Biomedical Research Units (Musculoskeletal and Cardiovascular) STH Director R&D is represented on University of Sheffield Medical School Council MHRA inspection report (03/08)	The need to finalise new governance arrangements with Universities to progress BRUs and other academic issues. Action Plan: To be addressed by Medical Director.	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Failure to ensure medication continuity on admission and discharge (114)
Executive Lead	Medical Director
CQC Outcome	9, 16

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
Medicines Safety Committee Medicines Management and Therapeutics Committee Medicines Code Use of Unlicensed and Off-license Medicines Policy Dispensing for Discharge Policy Self administration Policy Controlled drugs SOPs and Accountable Officer status Clinical Assurance Toolkit Central Alert System Ward based pharmacist and medicines management technicians Out-of-hours resident pharmacist Pharmacy-led stock system Medicines Information system Education and Training CQC Registration STH CQC Assurance Framework	Medicines Safety Committee minutes and Annual Report to Medicines Management and Therapeutics and to Healthcare Governance Committee Medicines Management and Therapeutics minutes Scheduled review of all policies and procedures SFBH compliance declaration Clinical Assessment Toolkit reports to Healthcare Governance Committee Central Alert System audit Clinical Audits Inpatient prescription eLearning Top Risk Report CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Acute Hospital Portfolio report 2006 CQC registration	Outstanding work re electronic prescribing system; provision of pharmacist and technician service to all wards and compliance aids; improved arrangements for self administration, drug budget control and to reductions in delays in discharge Action Plan: see Top Risk Report	Nil

STHFT Board Assurance Framework (April 2011)

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/ Chief Operating Officer
CQC Outcome	8, 11, 16

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
Infection Control Policies Infection Control Programme and Action Plan Infection Control Committee Infection Control Accreditation Programme C diff Cohort Ward Infection Control Screening Clinical Assessment Tool Public information and Staff Engagement campaigns Surveillance Scheme – coordinated by Health Protection Agency and reports to Strategic Health Authority CQC Registration and inspections STH CQC Assurance Framework	Infection Control Committee Minutes and Annual Report Monthly Infection Control reports to Trust Board, TEG, Healthcare Governance Committee Intelligent Board Dashboard Weekly IC Reports Clinical Assessment Tool reports IC Accreditation Root cause analyses Surveillance Scheme reports Top Risk Report CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Monthly Infection Control reports to Board, TEG, Healthcare Governance Committee Care Quality Commission Hygiene Code visit report Best in Class' national award Healthcare Acquired Infection Technology Innovation Programme CQC Registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Failure to adhere to best practice guidance on mixed sex accommodation (679)
Executive Lead	Chief Nurse/ Chief Operating Officer
CQC Outcome	1, 10

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
Patient Environment Group Healthcare Governance Committee Monitoring current position against best practice guidance at Care Group Level Capital Investment Team / Business Planning Team Patient Experience Committee Incident Management Policy Nurse Directors objectives Care Quality Commission National patient Surveys Realtime patient experience - Picker Protocols re Length of Stay in Assessment Units Breaches Tracking System CQC Registration and inspections STH CQC Assurance Framework Performance Management Framework	Patient Environment Group minutes and reports to Healthcare Governance Committee Papers to Board of Directors and TEG Capital Investment Team / Business Planning Team Capital programme Complaints analysis and reports to Healthcare Governance Committee National Patient Survey results Feedback from real time patient experience Action Plan to Board Monthly Breach Report CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Completion of MAU's and Renal schemes Trust-wide self assessments CAT assessments Real time patient monitoring. CQC Registration	Lack of a policy to describe the Trust approach to Delivering Same Sex Accommodation. Action Plan: Policy to be developed and implemented a Safeguarding Privacy and Dignity through Delivering Same Sex Accommodation	

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Major incident (590)
Executive Lead	Chief Nurse/ Chief Operating Officer
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
Majax Plan Major Incident Communications Strategy 1st on call Manual Review of BC Action Cards following an incident Annual Civil Protection Self-Assessment Tool (Cabinet Office) Two-yearly National Capability Survey (Cabinet Office) Strategic Health Authority visits and performance management SHA Assurance Framework for Emergency preparedness Yorkshire Ambulance Services – CBRN review Emergency Preparedness Operational Group Emergency Planning Team CQC Registration and inspections STH CQC Assurance Framework	Majax Plan reviewed Policy for dealing with suspect packages reviewed National Capability Survey report Strategic Health Authority reports and feedback Yorkshire Ambulance Services – CBRN review report Emergency Preparedness Operational Group minutes Reports to Healthcare Governance Committee, TEG and the Board CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Review and update of Majax Plan to include planning for mass casualties and lockdown Operation Obelisk – South Yorkshire multi-agency response to Liberal Democrat Conference Yorkshire Ambulance Services – CBRN review report CQC registration	TBC	TBC

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Business continuity following loss of key dependency (600)
Executive Lead	Chief Nurse/ Chief Operating Officer
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
Internal Incident Plan Business Continuity Calendar Business Continuity Planning Template Major Incident Communications Strategy Emergency Preparedness Operational Group Business Continuity Leads Emergency Planning Team Clinical Assurance Toolkit Strategic Health Authority visits and performance management CQC Registration and inspections STH CQC Assurance Framework	Monitoring of Business Continuity Lead Action Plans Minutes from Emergency Preparedness Operational Group and Business Continuity Leads Clinical Assurance Toolkit and Reports to Healthcare Governance Committee, TEG and the Board Strategic Health Authority reports and feedback Review and update of BC Action Cards for existing and new key dependencies CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	STHFT Action Cards cited as good practice in DH Business Continuity Planning Guidance, (June 2008) Improved working relationship between Emergency Planning Team and Estates for planned and unplanned disruptions CQC registration	Table-top exercise to test lockdown procedures Action Plan: To be arranged by Emergency Planning Manager	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Influenza Pandemic (590)
Executive Lead	Chief Nurse/ Chief Operating Officer
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
Pandemic Influenza Plan Major Incident Communications Strategy Pandemic Operation Management Team Emergency Preparedness Operational Group Strategic Health Authority visits and performance management Department of Health Annual self-assessment CQC Registration and inspections STH CQC Assurance Framework	Minutes from Pandemic Operation Management Team and Emergency Preparedness Operational Group Reports to Healthcare Governance Committee, TEG and the Board Strategic Health Authority reports and feedback Department of Health self assessment results CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Short review lessons learned from recent Flu outbreak CQC registration	FFP3 Mask fit testing Action Plan: To be arranged by Emergency Planning Officer Respond to low flu vaccine uptake by front-line staff in winter of 2010. Action Plan: Options to be explored by COO, Human Resources and Occupational Health	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Failure to implement an effective and efficient communication strategy with patients and carers (145)
Executive Lead	Chief Nurse/ Chief Operating Officer
CQC Outcome	1

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 Governors Council and Governor representation on various Trust Committees Healthcare Governance Committee Picker Institute real time monitoring of patient experience Directorate PPI Leads Patient Partnership Coordinators Interpretation Service CQC Registration and inspections STH CQC Assurance Framework Patient Reported Outcome Measures (PROMS) Internal Audit <i>Good Health</i> newsletter Local Involvement Networks (LINKs) Training in patient and public involvement skills	Minutes from Governor Council, Patient Experience Committee, Healthcare Governance Committee, Governor Visit reports to TEG Quarterly Complaints reports to Healthcare Governance Committee Real time monitoring of patient experience reports LINK reports PEAT reports PROMs reports Clinical Assessment Toolkit reports Care Quality Commission National Patient Surveys reports CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile 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. CQC registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

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
Joint public health campaigns with health and social care providers Patient Environment Action Team ((PEAT) programme Clinical Assessment Toolkit Care Quality Commission National Patient Surveys "You said / We did" feedback posters	As above			

STHFT Board Assurance Framework (April 2011)

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 (796)
Executive Lead	Director of Service Development
CQC Outcome	10

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
Capital Planning and prioritisation process Capital Investment Team Periodic testing and inspection PPM System Central Alerting System Estates Return Information Collection External consultants appraisal of Estates condition High Voltage external independent Authorising Engineer audit External insurance inspections Internal Audit Health and Safety Executive visits and inspections CQC Registration STH CQC Assurance Framework	Authorising Engineer annual audit report Insurance reports Independent lift contractors assessment reports Internal Audit reports PPM Reports Estates Return Information Collection benchmarking data Six Facet Survey Top Risk Report Reports to Healthcare Governance Committee, TEG and the Board Health and Safety Executive reports CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Black Start Generator Test Reports Essential Maintenance Programme agreed by TEG. CQC Registration	Recurrent funding for comprehensive risk-assessed maintenance programme of the estate to meet statutory requirements <u>Action Plan:</u> See Top Risk Report	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Uncertainties around the impact of climate change on public health and healthcare delivery and 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	Director of Service Development
CQC Outcome	10

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 Board Sustainability Champions (NED and CEO) Sustainable Development Strategy Group Sustainable Development Partnership Group Be Green Workforce Group Be Green representatives Service Improvement Board Sustainable Development Management Plan Capital Investment Team approved Strategic energy/carbon reduction schemes Service Improvement Board Plan and Programme Travel Plan Internal Audit	Minutes of Sustainable Development Strategy Group and Partnership Group, Capital Investment Team, Service Improvement Board Reports to TEG, Healthcare Governance Committee and Board Briefing reports to Board Sustainability Champions Review and update of Sustainable Development Management Plan Energy and emissions monitoring data Carbon foot-printing for Energy, Water, Waste, Business Travel Internal Audit reports	Be Green campaign	Board approval of revised Sustainable Development Management Plan Action Plan: FAO Sustainable Development Manager	Nil

STHFT Board Assurance Framework (April 2011)

Objective 2:	To be patient focused
Strategic Risk (Datix ID):	Failure to meet statutory obligations and good practice guidance for Equality and Human Rights (637)
Executive Lead	Trust Secretary
CQC Outcome	All

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 Human Rights Steering Group Equality and Human Rights Operational Group Trust Controlled Documents Group Equality Schemes (Race, Disability and Gender) Equality Impact Assessment Toolkit Policy on Trust Controlled Documents CQC national Staff Survey and patient Surveys CQC Registration STH CQC Assurance Framework Internal Audit	Minutes from Equality and Human Rights Steering Group and Operational Group, Trust Controlled Document Group Reports to Healthcare Governance Committee, TEG and Board Equality Schemes (Race, Disability and Gender) Equality Impact Assessments CQC national Staff Survey results Care Quality Commission Registration and Quality and Risk Profile Kingswood review CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile Internal Audit reports	Appointment of Equality and Human Rights Manager Achieved Job Centre Two Ticks Disability Assessment Learning Disability Annual Report CQC registration	Develop a Equality and Human Rights Strategy and Annual Report Action plan: To be completed by Equality and Human Rights Manager	Nil

STHFT Board Assurance Framework (April 2011)

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 (606)
Executive Lead	Trust Secretary
CQC Outcome	All

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
Patient and Public Involvement Strategy Governors Council Governors Forum Governor Visit Programme Governor Timeouts Local Involvement Network (LINKs) Governor membership on various committees e.g. Disability Steering Group Senior Independent Director Governors Induction and Training Programme South Yorkshire Overview and Scrutiny Committee Monitor guidance e.g. <i>Statutory Role of the Governors</i> Joint Board and Governors meetings CQC Registration STH CQC Assurance Framework	Minutes from Governors Council, Governors Forum and various Trust committees With Governor representation Governors Visit reports to TEG Annual Plan and Report Governors Training Records CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Joint Board and Governors meetings CQC registration	Recognised need to grow FT membership with focus on recruiting from "hard to reach" groups Action Plan: Active recruitment of new members. Links established with local BME fora and other Sheffield FTs	Nil

STHFT Board Assurance Framework (April 2011)

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 significant financial constraint in the NHS (124)
Executive Lead	Director of Human Resources
CQC Outcome	12, 13, 14

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
Human Resources Committee Staff Engagement Strategy Staff Engagement Steering Group and workstream groups - Health and Wellbeing Group, Staff Journey Group, Staff Involvement Group Care Group/Directorate Lets Talk events JNCC Staff Side Policy development process including appropriate consultation and involvement Local Negotiating Committee CQC Registration STH CQC Assurance Framework CQC National Staff Survey Staff Engagement / Staff Survey action plan Workforce Key Performance Indicators e.g. absenteeism, sickness, grievance Trust communications Equality and Human Rights Steering Group and Operational Group	Human Resources Committee, Staff Engagement Steering Group / workstream group, JNCC minutes Briefing reports to TEG and Board Care Group/Directorate Lets Talk feedback reports and action planning CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile CQC National Staff Survey results and action plan CQC Quality and Risk Profile Kingswood Review Minutes from Equality and Human Rights Steering Group and Operational Group	CQC registration	Industrial relations implications of TCS Action Plan: Human Resources directorate to explore potential solutions to secure comprehensive IR engagement..	Nil

STHFT Board Assurance Framework (April 2011)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Failure to develop robust processes for succession and talent management and to manage failures to recruit (128)
Executive Lead	Director of Human Resources
CQC Outcome	12, 13, 14

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
Human Resources Committee Workforce profiling in terms of turnover, age, ethnicity and gender Staff appraisals	Minutes of Human Resources Committee Workforce profiling data reports to Human Resources Committee	Nil	Inconsistent implementation of KSF across the Trust Action Plan: Review the appropriateness of KSF Inconsistent implementation of appraisal across the Trust Action Plan: See Assurance Framework	Further develop Key Performance Indicators to capture relative external to internal appointment data to report to Human Resources Committee

STHFT Board Assurance Framework (April 2011)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Inconsistent implementation of staff appraisal across the organisation and consequential failure to identify job-specific training needs and deliver training (130)
Executive Lead	Director of Human Resources
CQC Outcome	12, 14

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
Human Resources Committee Workforce & Education Governance Board Mandatory Training and Job-specific Training Policy Mandatory Training intranet site ESR Oracle Learning Module Training Leave database NHSLA Risk Management Standards Knowledge and Skills Framework Mentorship and clinical supervision Ofsted inspection Internal Audit CQC Registration STH CQC Assurance Framework	Minutes of Human Resources Committee and Workforce and Education Governance Board Directorate Training Plans and records NHSLA Level 1 Ofsted report CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Sheffield Health and Social Care Academy Open Learning Service Education, Training and Development Directory Working agreements with local universities CQC Registration	Partial implementation of OLM Action Plan: Rollout of OLM underway to be implemented by June 2011	Further develop Key Performance Indicators to capture appraisal – corporate and directorate to report to Human Resources Committee

STHFT Board Assurance Framework (April 2011)

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
CQC Outcome	12, 14

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 Policies and SOPs Research Executive Group Inspections by Medicines and Healthcare Regulatory Agency (MHRA), Human Tissue Authority National Institute for Health Research and Comprehensive Local Research Network governance systems Incident Management and Learning from Incidents Policies DATIX QA systems for laboratories, pharmacy, imaging and medical records etc Research Department “for cause” audit and routine monitoring for drug studies	Minutes from Research Executive Group and Healthcare Governance Committee Annual R&D report to Healthcare Governance Committee Quarterly Incident, Claims and Complaints report to healthcare Governance Committee MHRA and Human Tissue Authority inspection reports	Nil	Inadequate resource to enable: <ul style="list-style-type: none"> • full monitoring service • routine audit of intervention studies Action Plan: As a result of this audit, the following actions are now in place:- <ul style="list-style-type: none"> • Authorisation of studies • Monitoring and audit • Training 	Nil

STHFT Board Assurance Framework (April 2011)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Ineffective joined-up working between the Board and its committees (339)
Executive Lead	Trust Secretary
CQC Outcome	16

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
Audit Committee Healthcare Governance Committee Finance Committee Human Resources Committee Trust Executive Group Internal Audit	Minutes from Management Audit Committee, Healthcare Governance Committee, Finance Committee and Human Resources Committee To Board TEG minutes and reports Internal Audit reports	Annual meetings of Chairs of Board committees	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 3:	To engage with our staff
Strategic Risk (Datix ID):	Maintaining compliance with Monitor's Code of Governance (605)
Executive Lead	Trust Secretary
CQC Outcome	4, 16

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 Foundation Trust Constitution Foundation Trust Office Standing Orders Annual Plan Governors Council Nominations Committee Management Audit Committee Internal Audit External Audit CQC Registration STH CQC Assurance Framework	Internal review of Constitution and membership FT Authorisation Minutes from Board of Directors, Governors Council, Nominations Committee, Management Audit Committee, Annual Report, Annual Accounts and Statement on Internal Control Reports from Monitor and Health Care Commission Internal Audit reports External Audit opinion CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Internal Audit report on Assurance Framework Head of Internal Audit opinion Internal Audit Monitor Code of Governance report CQC registration	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 4:	To invest in leadership development
Strategic Risk (Datix ID):	Lack of high level integrated governance (339)
Executive Lead	Trust Secretary
CQC Outcome	1, 4, 6.16

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
Audit Committee Healthcare Governance Committee Internal Audit	Minutes from Audit Committee and Healthcare Governance Committee Internal Audit reports Annual Report including Statement on Internal Control Moore/Carter Review of Risk Management Effectiveness	Annual meeting of Chairs of Board Committees	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 4:	To invest in leadership development
Strategic Risk (Datix ID):	Lack of framework and collaborative system for wider Governance arrangements (166)
Executive Lead	Trust Secretary
CQC Outcome	6.16

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
Sheffield Executives Board Board to Board meetings with NHSS NHS Standard Contract for acute services Sub-contract arrangements Board approved policy on the use of independency sector Independent regulation of Private Hospitals CQC Registration STH CQC Assurance Framework	Minutes of Sheffield Executives Board, Yorkshire and Humber Specialised Commissioning Group (South CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	Board to Board meetings with NHSS CQC registration	Need to continue to address system wide implications of the downturn Action Plan: Trust Secretary to review options.	Nil

STHFT Board Assurance Framework (April 2011)

Objective 4:	To invest in leadership development
Strategic Risk (Datix ID):	Non-compliance with statutory and regulatory requirements (603)
Executive Lead	Trust Secretary
CQC Outcome	4, 16

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
Audit Committee Healthcare Governance Committee Finance Committee Human Resources Committee Monitor reports Performance Management Framework Coroner Health and Safety Executive CQC Registration STH CQC Assurance Framework Mandatory Training Internal Audit	Performance Report to TEG and Board Minutes from and reports to Audit Committee, Healthcare Governance Committee, Finance Committee Human Resources Committee Quarterly letter to Monitor CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile Mandatory Training Plans and Records – directorate and corporate Internal Audit reports	Monitor feedback reports No Rule 43 or neglect verdict CQC registration	Limited early warning system Action Plan: Trust Secretary to explore how to encourage early reporting of potential non-compliance Effective response to NQB Quality Governance in NHS and Monitor Quality Governance Framework Action Plan: Trust Secretary to ensure key points are integrated into Trust governance arrangements	Comprehensive reporting of assurance Action Plan: Trust Secretary to lead on development of monthly Board Assurance Report to collate, summarise and assess all assurances received by or reported in the the Trust

STHFT Board Assurance Framework (April 2011)

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	Chief Nurse/Chief Operating Officer
CQC Outcome	6, 8, 16, 26

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
Bed Management System Ward based working A&E Tracking Utility Patient Champion Role Matron/ Site management 1 st on call and TEG on call arrangements Quality Emergency Care Group Intermediate Care Programme NHS Standard Contract for Acute Services Annual Business Planning Discharge Lounges at RHH and NGH Winter Action Plan Infection Control Programme Additional discharge ambulance capacity Information services; 18 week pathways CQC Registration STH CQC Assurance Framework	Minutes from Quality Emergency Care Group, SitRep report Contract monitoring data Annual Business Plans Intelligent Board Dashboard Top Risk report Liz Nixon Associates report Care Quality Commission Annual Healthcheck rating and Review of Existing Commitments and National Priorities CQC compliance reports to Healthcare Governance Committee CQC Quality and Risk Profile	SitRep reports Weekly Delayed Transfers of Care statement CQC Registration	Failure to meet A&E 4-hour wait target; Failure to achieve 18 week referral to completed treatment Action Plan: See Top Risk Report Demand and capacity planning Action Plan: 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 • review of sub-contract capacity 	Nil

STHFT Board Assurance Framework (April 2011)

Objective 5:	To optimise the configuration of clinical services
Strategic Risk (Datix ID):	Threat to current portfolio of specialised services and integrating with demands for secondary non-elective care (112)
Executive Lead	Director of Service Development
CQC Outcome	6, 16

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 and Humber Specialised Commissioning Group (South) North Trent Cancer Network Cancer Board South Yorkshire Overview and Scrutiny Committee Intermediate Care Programme Delayed Transfers of Care monitoring arrangements Annual Business Planning	Minutes from Specialised Commissioning Group (South), North Trent Cancer Board. Critical incident reporting South Yorkshire Overview and Scrutiny Committee reports Delayed Transfers of Care monitoring data, activity and access reports.	Strong relationship with Yorkshire and Humber Specialised Services Commissioning Group Lead provider role	Delayed transfers of care Action Plan: See Top Risk Report	Nil

STHFT Board Assurance Framework (April 2011)

Objective 5:	To optimise the configuration of clinical services
Strategic Risk (Datix ID):	Managing the impact of Transforming Community Services (848)
Executive Lead	Corporate Development Director
CQC Outcome	All

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
Investment Committee Service Transition Team Partnership Board Transitional management arrangements Monitor guidance – financial and governance CQC guidance – ongoing registration NHSLA guidance – ongoing risk management accreditation Internal Audit Top Risk Report	Investment Committee minutes and reports to TEG and Board Partnership Board minutes to Investment Committee Service Transition Team reports to TEG Monitor, CQC and NHSLA advice Internal Audit reports Top Risk Report	Successful delivery of TCS project due diligence leading to Board approval of Full Business Case, Finance Plan and Business Transfer Agreement.	Absence of overarching cross-city and cross-cutting management plan for TCS.	Nil

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Delivery of financial balance / surpluses to ensure stability and necessary investment and capital expenditure (459)
Executive Lead	Director of Finance
CQC Outcome	Not applicable

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 Committee Audit Committee Annual Financial Plan Annual Business Plan Annual Report and Accounts Service Improvement Programme Performance Management Framework Monitor report Internal and External Audit	Minutes from Finance Committee, Audit Committee Service Improvement Board Monthly Finance Report to TEG and Board Performance Management Framework Meetings Intelligent Board dashboard Top Risk Report Internal and External Audit reports	Annual Plan submission to Monitor Quarterly return to Monitor Monitor Feedback Annual Report and Accounts	Failure to maintain financial balance 2011-12 and onwards Action Plan: See Top Risk Report	Continuing uncertainty about the impact of MPET levy on the quality and quantity of undergraduate and postgraduate teaching and training. Action Plan: Await further clarification

STHFT Board Assurance Framework (April 2011)

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, the tariff system and contracts with commissioners (705)
Executive Lead	Director of Finance
CQC Outcome	Not applicable

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 Committee Monitor Reports Regular meetings with commissioners / CEO meetings Contract Management process Performance Reviews Service Line Reporting / Patient Level Costing Sense Check / Road Testing on Tariffs	Minutes of Finance Committee Reports to Monitor Finance briefing reports to TEG and Board Intelligent Board dashboard	Finance Committee reports to Board	Inadequate capacity to monitor commissioner and central government decisions and guidance Action Plan: Develop information and surveillance systems and supporting infrastructure to monitor and respond appropriately	Nil

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	The scale of required Productivity and Efficiency savings and effective delivery (120)
Executive Lead	Director of Finance
CQC Outcome	Not applicable

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 / Service Improvement Board Service Improvement Plan Service Improvement Programmes – Clinical Services, Corporate and Workforce, Clinical Service Improvement Board Workforce Programme Board Finance Committee Directorate P & E Plans Programme Management Office Performance Management Framework Service Line Reporting / Patient Level Costing	Minutes from TEG, Service Improvement Board, Finance Committee Service Improvement progress and performance reports to TEG, Finance Committee and the Board Performance Management meetings Directorate Performance Reviews	Trust financial position Benchmarking / Performance Reports	Impact of TCS Action Plan: see Top Risk Report	Inadequate performance information to support Service Improvement Programme Action Plan: Strengthen performance management reporting

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Maintaining control over expenditure through business planning/ decision making and effective engagement with key stakeholders and managing internal and external pressures and expectations (171)
Executive Lead	Director of Finance
CQC Outcome	Not applicable

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 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 / CEO meetings Internal Audit	Minutes from Finance 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 Service Improvement progress and performance reports to TEG, Finance Committee and the Board Performance Management meetings Intelligent Board dashboard Quarterly progress reports to Board on Patient Services Plan Internal Audit reports	Internal Audit: Business Planning Arrangements	Impact of TCS Action Plan: see Top Risk Report	Nil

STHFT Board Assurance Framework (April 2011)

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
CQC Outcome	Not applicable

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 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 Committee Briefing reports to TEG and Board Performance Management meetings Intelligent Board dashboard Internal Audit Reports	Nil	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Balance sheet / working capital compromising liquidity necessary to continue operations and flexibility to respond to unplanned financial pressure (119)
Executive Lead	Director of Finance
CQC Outcome	Not applicable

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 Committee Annual Report and Accounts Monitor reports Internal and External Audit	Minutes from Finance Committee Briefing reports to TEG and Board Reports to Monitor Intelligent Board dashboard Internal Audit reports	Going Concern review External Audit reports	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Inaccurate patient activity coding resulting in misrepresentation of activity provided resulting in sub-optimal income and over-stated reference costs (604)
Executive Lead	Trust Secretary
CQC Outcome	Not applicable

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 / Service Improvement Board Service Improvement Plan Clinical Coding Group Audit Commission annual PBR Assurance Audit Internal annual coding audit as part of Information Governance Toolkit	Minutes from TEG / Service Improvement Board and Clinical Coding Group Reports to TEG and Board PBR Assurance Audit report and action plan Intelligent Board Dashboard Information Services website	Audit Commission: Reference costs data quality audit 2010/11	Nil	Nil

STHFT Board Assurance Framework (April 2011)

Objective 6:	To ensure financial strength and stability
Strategic Risk (Datix ID):	Failure to effectively market the research potential of the Trust (157)
Executive Lead	Medical Director
CQC Outcome	Not applicable

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
Joint STH / SMIC initiative with pharma- and device industries Medipex D4D (Devices for Dignity) Internal Audit	Internal Audit reports Medipex reports D4D reports	Nil	Nil	Nil