Board assurance framework summary for 14-15 corporate objectives

	Corp objective	The risk of failure……	Caused by…	Which could result in…	Primary Lead	Initial score	Today's	Acceptable	Committee oversight	Links to risks on risk register
						S x L	S x L	S x L		
1	Transforming care	A failure to achieve good clinical outcomes and compassionate care	lack of adequate progress transform the way we work	unintended harm to patients (severe permanent harm or death).	JD	4 x 5 = 20	5 x 3 = 15	3 x 3 = 9	Quality Committee	4783 HSMR / SHMI 5806 Privacy & dignity 2827 Middle grade recruitment in A&E
2	Keeping the base safe	A failure of sufficient clinical leadership to inspire and facilitate change	a lack of capacity to engage	unintended harm to patients (severe permanent harm or death).	DB	0	4 x 4 = 16	3 x 3 = 6	Quality Committee [Well Led Group]	6234 Appraisal & Mandatory training
3	Keeping the base safe	A failure to deploy sufficient, talented staff	an inability to attract, recruit, retain, reward and develop them	unintended harm to patients (severe permanent harm or death).	JD	0	4 x 4 = 16	3 x 3 = 9	Quality Committee	2827 Middle grade recruitment in A&E
4	Keeping the base safe	A failure to remain financially sustainable	national austerity and slow transformation	unplanned financial deficit (and Special	KG	5 x 3 = 15	5 x 5 = 25	3 x 4 = 12	Finance and Performance Committee	6150 Breach of licence 4706 Failure to meet CIP
5	Improvement & innovation	A failure to compete vigorously	being too focussed internally	missed opportunities to retain or acquire	AB	0	4 x 4 = 16	3 x 3 = 9	Finance & Performance	6178 THIS modernisation programme 6143
6	Improvement & innovation	A failure to obtain stakeholder commitment to initiate change	political uncertainty and commissioners' own priorities	an exacerbation of all other significant risks (may result in regulatory escalation and	AB	5 x 5 = 25	5 x 5 = 25	3 x 5 = 15	Board	

Plan on a page 2014-15.

Calderdale and Huddersfield NHS
NHS Foundation Trust

We will work with partner organisations to understand the individual needs of patients and together, deliver outstanding, compassionate care which transforms the welfare of the communities we serve.

We put the patient first

Our patients and our staff will be able to describe what our vision and mission means to them. We will treat our patients, staff and partners in a way that we would be expected to be treated ourselves. We will use our resources (financial, human and estate) as a driver for change, rather than as a constraint.	We will improve access to care for patients and prioritise their safety, thereby also ensuring our regulatory compliance. We will improve real time patient information being at hand for us and our partners to provide the best and seamless care.	We will improve patient outcomes and experience through active and strategic collaboration within and outside CHFT.

We go see

TRANSFORMING CARE	KEEPING THE BASE SAFE	IMPROVEMENT & INNOVATION THROUGH STRATEGIC ALLIANCE
1. We're rolling out the Courage to Put the Patient First lean action plan. (LH, MB) 2. We're implementing the Colleague Engagement Plan (LH) 3. We're developing state of the art outpatient services at Acre Mill. (LH) 4. We're working to deliver the Trust's Efficiency Programme Board (EPB) activity for 2013-15 (MB) 5. We're modernising and prioritising our approach to patient engagement and complaints handling. (JD)	6. We're implementing action plans for both the Urgent Care Board and the Care of the Acutely Ill patient. (MB). 7. We're actively seeking a partner to modernise our IM & T systems and install an Electronic Patient Record. (JR) 8. We're reviewing and making changes to governance (VP) 9. We're implementing a Health & Safety action plan to make sure we have safe and suitable premises (LH) 10. We're improving our commercial intelligence about future commissioning risks / opportunities. (AB)	11. We're working with stakeholders including CCGs / HWB / NHS England to gain support for consultation to begin on the case for change (AB) We're working in collaboration with partners to improves services such as: 12. Bariatric surgery with Mid Yorkshire; (AB) 13. Sexual health services with Mid Yorkshire and Locala; (AB) 14. Psychiatric liaison services with South West Yorkshire Partnership (AB).

We work together to get results

We do the must dos

This excerpt is taken from: 'Assurance Frameworks'; HM Treasury, December 2012.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270485/assurance_frameworks_191212.pdf

Assurance mapping

2.6 Assurance mapping is a mechanism for linking assurances from various sources to the risks that threaten the achievement of an organisation's outcomes and objectives. They can be at various levels, dependent upon the scope of the mapping. An overview of the process is provided at Annex A.

Three Lines of Defence

2.7 Assurance can come from many sources within an organisation. A concept for helping to identify and understand the different contributions the various sources can provide is the Three Lines of Defence model. By defining the sources of assurance in three broad categories, it helps to understand how each contributes to the overall level of assurance provided and how best they can be integrated and mutually supportive. For example, management assurances could be harnessed to provide coverage of routine operations, with internal audit activity targeted at riskier or more complex areas.

2.8 It is likely to be helpful to adopt a common assurance "language" or set of definitions across the three lines to ease understanding, for example, in defining what is an acceptable level of control or a significant control weakness.

First line

2.9 Within the 'front-line' or business operational areas, there will be many arrangements established that can be used to derive assurance on how well objectives are being met and risks managed; for example, good policy and performance data, monitoring statistics, risk registers, reports on the routine system controls and other management information.

Nature of assurance

2.10 This comes direct from those responsible for delivering specific objectives or operation; it provides assurance that performance is monitored, risks identified and addressed and objectives are being achieved. This type of assurance may lack independence and objectivity, but its value is that it comes from those who know the business, culture and day-to-day challenges.

Second line

2.11 This work is associated with oversight of management activity. It is separate from those responsible for delivery, but not independent of the organisation's management chain. This could typically include compliance assessments or reviews carried out to determine that policy or quality arrangements are being met in line with expectations for specific areas of risk across the organisation; for example, purchase to pay systems, health and safety, information assurance, security and the delivery of key strategic objectives.

[1] Institute of Internal Auditors Practice Advisory 2050-2

2.12 The developing discipline of Portfolio Management may be of particular use in supporting the second line regarding the assurance of major business change. Portfolio Management aims to provide a co-ordinated approach to enable the most effective balance of organisational change and business as usual. It seeks to take a strategic viewpoint, focused on key issues, to build on and better co-ordinate existing processes such as strategic planning, investment appraisal and project and programme management.

Nature of assurance

2.13 The assurance provides valuable management insight into how well work is being carried out in line with set expectations and policy or regulatory considerations. It will be distinct from and more objective than first line assurance.

Third line

2.14 This relates to independent and more objective assurance and focuses on the role of internal audit, which carries out a programme of work specifically designed to provide the Accounting Officer with an independent and objective opinion on the framework of governance, risk management and control. Internal audit will place reliance upon assurance mechanisms in the first and second lines of defence, where possible, to enable it to direct its resources most effectively, on areas of highest risk or where there are gaps or weaknesses in other assurance arrangements. It may also take assurance from other independent assurance providers operating in the third line, such as those provided by independent regulators, for example.

2.15 Other sources of independent assurance available include Major Projects Authority Integrated Assurance Reviews, external system accreditation reviews/certification (e.g. ISO/Risk Management Accreditation Document Sets), European Commission/European Court of Auditors and Treasury/Cabinet Office/Parliamentary scrutiny processes.

2.16 As an additional line of assurance, sitting outside of the internal assurance framework and the Three Lines of Defence model, are external auditors, chiefly the NAO[2], who are external to the organisation with a statutory responsibility for certification audit of the financial statements. It is important that internal audit and external audit work effectively together to the maximum benefit of the organisation and in line with international standards[3].

Nature of assurance

2.17 Independent of the first and second lines of defence. Internal audit operates to professional and ethical standards in carrying out its work, independent of the management line and associated responsibilities. External audit operates similarly and reports mainly to Parliament.

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
NHS Foundation Trust

Corporate objective no.	1. Transforming care
Risk description:	A failure to achieve good clinical outcomes and compassionate care caused by lack of adequate progress to transform the way we work, may result in unintended harm to patients (severe permanent harm or death).

BAF risk no	1	Scoring	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Links to risks on risk register
			4 x 5 = 20	5 x 3 = 15	3 x 3 = 9			4783 HSMR / SHMI 5806 Privacy & dignity 2827 Middle grade recruitment in A&E
Risk owner	JD					A	Quality Committee	

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)		Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	The culture in which our people work.	Not yet completed the roll out of the colleague engagement strategy. Further work required on embedding the four pillars	Metrics on Induction, personal appraisal; mandatory training; attendance rates; staff turnover; discipline and grievance rates; staff and patient complaint analysis and response.	Staff survey result for 'Overall Staff Engagement'; Localised staff survey question on four pillars; Friends & Family test results. We have planned and trained for pressured and emergency situations, including winter pressures.	Patient feedback; CQC risk profile. CQC inspection reports. Picker Institute's national Staff survey result for 'Overall Staff Engagement'. Whistleblowing evidence.	Below trajectory on mandatory training and appraisal across the Trust.	Staff survey action plan due for sign off, to include response to four pillars question [Well Led Group- April; Board - April]. Integrated Board report for end of year to check if improvement in position regarding mandatory training and appraisal [Board - March] Colleague engagement update as part
2	The context in which our people work.	Work to embed the governance arrangements in divisions to ensure clear line of sight from board to ward. Development of the leadership walkabout and team brief cascade process required.	Clarity of job descriptions; role boundaries; escalation and performance management frameworks. Local induction of locum and agency clinical staff.	Policy and procedures over Registration; credentialling and privileging of clinicians; revalidation. Staff survey results in relation to effective appraisal.	Examples of whistleblowing; notification of whistleblowing from CQC; Foresight review of governance arrangements	No recent internal audit of HR processes; induction arrangements.	Independent assurance required over local clinical induction arrangements [Quality Committee - May] Development programme to introduce 7 day working [Quality Committee - June] Well Led Governance Review self assessment re divisional governance and leadership profile [Board - April]
3	Our medical devices and equipment (and mandatory training in how to use them) are registered, tracked, maintained and replaced in line with Trust and manufacturers guidelines.		Verbal feedback from staff during walk rounds by Execs and NEDs.	Monitoring reports on the effectiveness of the Medical Devices policy. Capital planning programme prioritised and risk assessed.	Internal Audit review of governance of medical devices & equipment.	Need further assurance that risks on register above 15 as at Nov 14 have been mitigated ? They include: No 5998 urodynamics equipment; No 3991 fluoroscopy equipment; and No 6115 hysteroscopy	Risks to be reviewed [Risk and Compliance Group - April]
4	Clinical practice meets standards deemed appropriate by professional bodies; NICE, MRHA, commissioners; NHS England etc.	Patient Safety and Quality Boards to track implementation and compliance of best practice and external directives	Ward to Board metrics in monthly Quality Account. Safety Thermometer. Reviews of incidents causing harm, near misses etc. (morbidity & mortality reviews).	Compliance with clinical guidelines, policies and procedures. To include adoption of National Early Warning Scores backed with clear escalation and response criteria. Monitoring of HSMR; SHMI and crude mortality rates in monthly Quality Account. SUI monitoring; reporting and learning. Care of the Acutely Ill Patient report to Board	Independent assurance on clinical audit strategy, programme, activity and results. External review of A&E.	SHMI and SHMR Mortality metrics suggest our results are worst than peer. We have too many vacancies in A & E to which we have failed to recruit. Assurance required about the effectiveness of the design and operation of new controls within the reorganised division. NCAT review of emergency care July 2013 showed risks.	Review of clinical audit plan for 15-16 to ensure appropriate linkages to challenged services and Board assurance framework and internal audit plan [Quality Committee - April] Stroke services review [Quality Committee - April].
5	Programmes; Acutely ill patient; patient flow and discharge improvement programmes; 'Courage to put the patient first' lean action plan; fractured neck of femur best practice; improvements to complaint handling; improved patient engagement; improvements to stroke service; macular & glaucoma services; diabetic service. Infection prevention & control programmes.	Need a formalised framework for recognising the characteristics of a potentially unsafe (under-resourced or under-performing) ward or service and escalating it.	PSQB reports; quality indicators; implementation of Nerve Centre.	Clinical Effectiveness and Outcomes Group reports; Urgent Care Board papers; 'Nursing & Medical directorate action plans. IPC team report low levels of HCAI and high levels of compliance against IPC practice standards. Post infection review & Root causes analyses. Compliance with Resuscitation training. Learning from Dec-Jan 'Our Perfect Week'. Bi-monthly Care of the Acutely Ill Patient report to Board. Compliance with anti-microbial prescribing policy and formulary controls.	Verbal feedback from patients and carers when Execs and NEDs undertake walkabouts. Coding data quality audits.	Need assurance that contingencies for critical care overload have been planned for and tested.	Care of the Acutely Ill Patient plan needs robust review [Board - March] Sept 14 Board report identified slippage in Put the Patient First lean action plan - requires follow up against 7 indicators. {Board - May] IA report CH04 / 2015 limited assurance on discharge planning, with 13 recommendations due for completion by Dec 14. Update required. [Audit and Risk Committee April]. Critical care review [PSQB - Surgery and Anaesthetics]
6	Clinical decisions and care we provide are based on high quality data.	We lack an Electronic Patient Record (EPR). We had 15 subsidiary risks on the risk register relating to controls within the purview of THIS in Jan 15.	Verbal feedback from staff during walk rounds by Execs and NEDs. Medical Records Policy compliance.	Transformation Board; IT enabled modernisation programme Board. IG Toolkit self assessment. Complaint, claims and incident analysis. Diagnostic reporting statistics reported to Board.	Clinical coding review	Cashable benefits' register has been assessed and attenuated after discussion with independent experts. West Yorkshire Audit Consortium are to provide independent assurance on the design and programme for our EPR. S28 received.	Monthly reporting by EPR Transformation Board. [Finance and Performance Committee - April] Regulation 28 report [Quality Committee - March]

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
NHS Foundation Trust

Corporate objective no.	2. Keeping the base safe
Risk description:	A failure of sufficient clinical leaders to have the capacity to inspire and facilitate change caused by a lack of engagement may result in unintended harm to patients (severe permanent harm or death).

BAF risk no	2	Scoring	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Links to risks on risk register
Risk owner	DB	S x L		4 x 4 = 16	3 x 3 = 6	A	Quality Committee [Well Led Group]	6234 Appraisal & Mandatory training

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)	Assurance from third line of defence (independent evidence)	Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	Recognised, engaged divisional leadership.		Staff survey results; participation in developing strategic review;	There are programmes to support leaders behind the 4 pillars of behaviour; and an engaged leaders toolkit. Colleague engagement strategy;	Integrated Board Report showing performance against key metrics	Review of divisional governance to be undertaken. Assessment of to what degree our clinical leaders are engaged externally and joined up in the health economy and participating in multi-organisation initiatives; and taking on leadership roles in service development across the region.	Well Led Governance Review self assessment {Board - April] Well Led Group agenda item [May]
2	The devolved clinical structure incentivises and rewards clinical leaders to have an impact upon service design and quality of outcomes.	Lack of clarity of service improvement and redesign responsibilities	Staff survey results; participation in developing strategic review;	Established escalation framework for prioritising action to address weak services. Clinical level development and presentation of business cases. Clinical leads for all CIPs		Need a clear, communicated escalation framework which has been shown to be effective	Service redesign review - Weekly Executive Board [April] Escalation framework for clinical services to be considered [Quality Committee - TBC]
3	Clinical leaders lead on quality metric achievement (focussed on outcomes not activity)		Ward to Board quality metrics are used throughout the organisation to drive improvement	Escalation and performance management frameworks are used by clinicians to hold peers to account. PSQB reports to Quality Committee; Quality Account process which involved clinicians and public members	The clinical audit strategy is focussed on areas of clinical risk to support improvement in weak services.		Quality Account [Quality Committee - April] PSQB report [Quality Committee - May]
4	Clinical leaders are involved in the design and risk assessment of CIP programmes and service reconfiguration.		CIP programmes are consulted upon with the clinical body to determine quality impacts.	The PMO can demonstrate that CIP tactics have been qualitatively and quantitatively assessed for quality impact.	Internal Audit review of PMO process and the inclusion and use of quality impacts when CIP programmes are designed and implemented		Quality Impact Assessment process review [Quality Committee - ?]
5	Clinical leadership development - there is a formal development programme	Need clearly articulated clinical leadership development plan. Assessment to be done of the time clinical leaders have for leadership responsibilities.	Coaching circle; mentoring programme are in place. A clinical director leadership programme is being made available. Development programmes are being widened to Bands 1-4 and 8+.	We have developed the engaged leaders toolkit.		Acquire independent review from GMC of leadership arrangements.	Clinical leadership review [Well Led Governance Group - Quality Committee - May]
6	Clinical frameworks	Policies and guidelines remain out of date and need reviewing	Appraisal and training information shared and included in divisional level reports;	Revalidation report to Board	IIP accreditation	Clinical leadership framework to be reviewed	Clinical leadership review [Well Led Governance Group - Quality Committee - May]

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
NHS Foundation Trust

Corporate objective no.	2. Keeping the base safe
Risk description:	A failure to deploy sufficient, talented staff caused by an inability to attract, recruit, retain, reward and develop them, may result in unintended harm to patients (severe permanent harm or death).

BAF risk no	3	Scores	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Links to risks on risk register
Risk owner	JD	S x L		4 x 4 = 16	3 x 3 = 9	A	Quality Committee	2827 Middle grade recruitment in A&E

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)	Assurance from third line of defence (independent evidence)	Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	Workforce planning and forecasting tools owned by Executive Team	Need clearly defined framework for recognising the characteristics of a potentially unsafe (under-resourced or under-performing) ward or service and escalating it.	reports to leadership walk rounds;	We are working to formalise a medical staffing tool to identify planned establishment of doctors by service. Consultant Recruitment Forum is being or will be engaged in its development and application.		Assurances we receive on staffing numbers show that long term gaps in teams continues, despite recruitment efforts. Need to ensure metrics are embedded in divisional performance framework. Comparisons could be made of the medical staffing model to Royal College, NICE staffing algorithms.	Workforce reporting through Integrated Board Report [Board - March]
2	e-rostering systems	Not yet fully implemented ? Doesn't yet apply across the optimum number of services and staff groups	e-rostering system delivery group.	Weekly staffing meetings. Nursing Workforce Group and Nursing and Midwifery Committee. Six weekly Divisional Business meetings.		Audit Committee report from Internal Audit Jan 2015 stated e-rostering not yet fully implemented; 13 recommendations of an earlier audit (CH014/2015)into bank and agency usage remain incomplete. Peer review of e-rostering system to be considered.	E-rostering implementation report to be reviewed [Quality Committee -
3	Access to flexible staffing back fill arrangements (bank and agency)		Staffing exceptions reported	Bank and staffing levels reported to WEB		12 overdue actions reported at Jan 15 Audit Committee.	Quality Committee to review actions from 13-14 limited assurance review by IA and ensure are resolved and effective
4	Multi-stranded and continuous recruitment activities	Recruitment and retention strategy to be developed	We are recruiting to numbers above establishment and we recruit based on values and organisational fit, rather than specific vacancies.	Hard Truths monthly Board report. Nursing Workforce Group and Nursing and Midwifery Committee. Staff turnover metrics in Integrated board report		Exit interview data to be shared; consider HR metrics from advert to induction. Number of leavers and staff turnover remains high.	Recruitment and retention report [Well Led Group - April]
5	Trust-wide engagement and participation initiatives	Don't have a mechanism for monitoring and reporting on engagement	Collect and report staff turnover data; Staff survey shows positive reports of communication from senior management	Colleague engagement strategy report to Board and quarterly follow-up report. Whistleblowing policy revised and re-launched; Staff FFT and survey reports to Board; Whistleblowing letter to Board members.	PCAW signed up to First 100.	Leavers information; staff perception information	PPI Plan [WEB - March]
6	Embedding and recruiting to the Trust's four behaviours		Development programmes are being rolled out to be accessible to all Trust staff.	We are devising new expressions or responsibility frameworks for communication;			

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
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Corporate objective no.	2. Keeping the base safe
Risk description:	A failure to remain financially sustainable caused by national austerity and slow transformation may result in unplanned financial deficit (and enforcement).

BAF risk no	4	Scoring	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Links to risks on risk register
			5 x 3 = 15	5 x 5 = 25	3 x 4 = 12		Finance and Performance Committee	6150 Breach of licence 4706 Failure to meet CIP
Risk owner	KG					A		

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)	Assurance from third line of defence (independent evidence)	Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	CIP programme governance		Engagement plan for all staff around PMO; Trust staff working alongside PWC staff in PMO.	Turnaround Executive reports;	Turnaround Director and PMO reports. PMO is staffed by PWC. Fortnightly monitoring and reporting.	Well-led governance review in 2015 will address a gap in assurance but identify new controls. Finance & Performance Committee established late 2014.	Well Led Governance review self assessment [Board - April] Finance and Performance Committee effectiveness review [F&PC - April; Audit and Risk Committee - May]
2	Budgetary control processes		Clinicians actively engaged in coding. Service manages have access to activity reports.	Reviewed of coding capability and performance. We actively negotiate contracts allowing over-performance.	Internal Audit report on budgetary control (limited assurance). NHS England Intensive Support Team have been engaged to assist in improving capacity models for elective surgery.	Further improvement to budgetary controls required (see Jan 15 IA report CH10/2015). Monitor have launched investigation as it is not assured.	
3	Effective financial strategy.			Progress reviewed monthly by Board. Divisional performance reviews result in action to address variances.	internal audit review of divisional and performance management arrangements		Finance and Performance Committee to acquire assurance as to plans to put in place a working capital facility.
4	Performance management framework		Performance management undertaken at Divisional Business meetings;	Integrated Board report and finance paper to Board; Turnaround executive reports; Reports to finance and performance committee.	Foresight report into governance; PWC review of financial performance (December 2014)		
5	Quality Directorate overview of CQUIN and other discretionary reward schemes		CQUIN information in divisional reports	CQUIN information in integrated Board Report		CQUINs not achieved for 2014/15	Review of CQUINs at Quality Committee [April]
6	Capital allocation & rationing			Capital plan for 15-16 evidences prioritising on a risk based approach and addresses risks of failure identified in risk register. Report to Finance and Performance Committee on capital plan and draw down facility.			Capital plan risk report to Finance and Performance Committee [April]

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
NHS Foundation Trust

Corporate objective no.	3. Improvement and innovation
Risk description:	A failure to compete vigorously caused by being too focussed internally may result in missed opportunities to retain or acquire activity, talent, capital, services (losses of £1-£5M). (Competitive forces).

		Scoring	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Link to risks on the risk register
BAF risk no	5			4 x 4 = 16	3 x 3 = 9	A	Finance & Performance	
Risk owner	AB							

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)	Assurance from third line of defence (independent evidence)	Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	Clear, communicated and well understood corporate strategy; and with specific, measurable objectives and KPIs.		Staff feedback shows clear understanding of OBC.	Management engaging with NHS England Intensive Support Team to improve the elective surgery competitiveness.	Picker Institute staff surveys. Monitor engagement with health economy.	As at Feb 2015 the plan on a page for 2015-16 and objectives with smart KPIs are still under discussion.	Strategy development process dates planned in [April / May]
2	A robust system of governance enables risk to be identified, treated, taken or avoided.	Risk management process not fully embedded	Better risk identification and reporting	The Trust has a revised the risk management policy. Committee review process in place.	Coscienza Consulting assisting Feb 15 in strengthening risk management and assurance processes and practice. Work has been progressed to strengthen divisional risk registers; tactics for improving the recording of controls gaps have been identified; the need for further training for staff has been identified and the Board's assurance framework has been refreshed.	Not all internal audit recommendations are completed on time; Well-led governance review 2015 will dig deeper. In late 2014-15 the non-executive involvement in chairing a wide range of assurance committees has been refreshed.	Committee effectiveness reviews taking place [All Committees - April] Review of internal audit recommendation implementation [Audit and Risk Committee - April]
3	A high performing Board is a source of competitive edge for the Trust.		Perfect Week led to greater senior management and executive visibility across the Trust;	Clear information from divisions up to the Board and back. New governance arrangements implemented in 2014. Remuneration Committee review Exec Team performance and establish 15-16 objectives for them. Membership Council review Non-Executive performance	Foresight Review of Board governance recommendations implemented. Timetable in place for Well Led Governance review in April / May.	Development plan for Board still outstanding from Foresight recommendations; Well Led Governance Review to take place; Leadership walk rounds programme to be implemented.	
4	Business intelligence activity and commercial strategy		Business plans and activity planning done 'bottom up' from Divisions based on clear business planning guidance and templates	In Sept - Oct 2014 management developed 3 strands of commercial strategy to mitigate delay in OBC progression: reconfiguration of services across hospital sites; reconfiguration to deliver best practice models of care; reconfiguration along patient pathways involving tertiary and community care providers	The Board approved a Commercial Strategy Sept 14 Board workshop on CC2H tender progress and update given on outcome of successful and unsuccessful tenders.	Commercial strategy requires update on progress Assurance required that commercial progress being made incrementally despite non-progression of the OBC	Commercial Strategy update [Board - May] Progress on tenders and OBC [Board - each meeting]

Board Assurance Framework 2014-15 year end position. Date on which data valid 16-Mar-15

Calderdale and Huddersfield NHS
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Corporate objective no.	3. Improvement & innovation.
Risk description:	A failure to obtain stakeholder commitment to initiate change, political uncertainty and commissioners' own priorities may result in an exacerbation of all significant risks (may result in regulatory escalation and Special Administration). (Community and two site strategy).

BAF risk no	6	Scoring	Initial	Today	Acceptable	RAG rating today's assurance position	Oversight	Links to risks on risk register
Risk owner	AB		5 x 5 = 25	5 x 5 = 25	3 x 5 = 15	A	Board	

Control No	Control description	Gaps in control	Assurance from first line of defence (front line evidence)	Assurance from second line of defence (management evidence)	Assurance from third line of defence (independent evidence)	Gaps in assurance position	Further action or assurance required by committee / Board, with dates
1	Outline Business Case makes compelling case for changing the service model ('OBC)'.	We can influence but not control the environment / CCG priorities.	We are unassured from first line of defence as we are aware of non-compliance against some standards (see risk 6131) incl. non-compliance with CYP in emergency care settings; paediatric medicine and surgery not co-located; high numbers of inter-hospital transfers; access to 7 day diagnostics for inpatients; and for mental health services.	Board has endorsed the OBC in 2014. Clear clinical engagement in the OBC. Risks associated with specific areas (e.g. A&E) considered by executive	The CCGs do not see the consultation on the 2 site strategy as more urgent that consulting on care closer to home and therefore it is not being prioritised. Monitor is supportive of the health economy engaging collectively. Meeting held with local commissioners, NHS England and Monitor in February 15.The Audit Committee commissioned an Internal Audit review of management of the risks of the OBC not progressing to implementation in 2014 (significant assurance).	Commissioners have declined to engage with the case for change before their other priorities are resolved. We must seek assurance that despite delays in external consultation, we make progress in addressing non-compliance in individual services.	Monitor convening multi-agency meeting follow up multi-agency meetings [Feedback to Board - April]
2	Tactical service reconfigurations led by relevant clinicians illustrate early success	Need to ensure that there is clarity on the identifiable elements of the governance structure are the forums for holding clinicians to account for leading on service sustainability	Clinical leads in PMO; clinical leaders for OBC.	Executive attendance at Divisional Boards.	Membership Council membership of DRGs.	What can be done to develop the arguments towards reconfiguring cardiology; respiratory; A&E; maternity; Paediatrics ?	
3	Media handling and reputation management		Staff survey reports good communication with senior management. Media handling policy in place;	Positive / negative assessment of media coverage shared with executive	Postive media coverage compares well across similar trusts.	Routine reporting of positive / negative media coverage no longer reported region wide.	
4	Action plan to address 6 facet review of the estate	Staff have access to a suggestion and can see visibility through communications of short and medium term investments.	Areas and services require investment which may not be available - e.g. Ward 18. Controlled by weekly environmental review.	PLACE inspection outcomes corroborate with patient feedback. Executive and Non-Executive leadership walk rounds. H & S Action Plan reviewed and progress chased by the H & S Committee	Ward 18 remains on risk register.	Leadership walk rounds to be developed further to include geographical areas	
5	Stakeholder engagement & management		Clear engagement and communications plan with staff pre-, during and post OBC	Engagement plan undertaken with Clinical Commissioners; Membership Council development plan to support their engagement with stakeholders and in holding the Board to account.	The Audit Committee commissioned an Internal Audit review of management of the risks of the OBC not progressing to implementation in 2014 (significant assurance). Positive feedback from stakeholders including Health watch on levels of engagement.		
6	Estates terrier	The estates terrier is incomplete. This exposes the Trust to income loss; capital loss; claims loss.	-	Management must provide assurances re strengthening the identified weaknesses at the H & S Committee.	Internal Audit review Jan 2015 identified weakness in the documentary record of the Trust's property assets, uses and income.	Finance and Performance Committee to acquire assurances that income opportunities are being systematically identified; terms benchmarked; legal advise used effectively to maximise opportunity and income.	Re-audit Sept 15. [Health and Safety Committee - tbc]

SEVERITY INDEX		LIKELIHOOD INDEX*		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Divisions; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Divisions; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months