



York Teaching Hospital
NHS Foundation Trust

Board Assurance Framework



Board Assurance Framework – At a glance

Strategic Goals

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

Goal	Strategic Risks	Original Risk Score	Residual Risk Score	Target Risk Score
Patient Care	1. Failure to maintain and improve patient safety and quality of care	25	25	6
Patient Care	2. Failure to maintain and transform services to ensure sustainability	20	20	6
Patient Care	3. Failure to meet national standards	25	20 ↔	1
Patient Care	4. Failure to maintain and develop the Trust's estate	25	16	9
Patient Care	5. Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care	20	16 2 ↔	6
Workforce	6. Failure to ensure the Trust has the required number of staff with the right skills in the right location	25	20	9
Workforce	7. Failure to ensure a healthy, engaged and resilient workforce	20	16	6↑
Workforce	8. Failure to ensure there is engaged leadership and strong, effective succession planning systems in place	16	12 ↔	1
Finance	9. Failure to achieve the Trust's financial plan	25	9 ↔↑	6
Finance	10. Failure to develop and maintain engagement with partners	16	9 ↔	4
Finance	11. Failure to develop a trust wide environmental sustainability agenda	20	12 8 ↑	1
Finance	12. Failure to achieve the System's financial plan	25	9 ↔↑	6

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Board Assurance Framework

BAF definition adopted by the Governance, Assurance & Risk Network (GARNet): ‘the key source of information that links the strategic objectives to risk and assurance’.

Introduction

All Trusts are required to prepare public statements to confirm that they have done their reasonable best to maintain a sound system of internal control to manage the risks to achieving their objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the Trust. The evidence to back up this Statement is supported by the Board Assurance Framework.

The Trust’s Board Assurance Framework is based upon the identification of the Trust’s strategic goals, the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the Board of Directors to resolve issues or concerns and to improve control mechanisms.

The risk scoring matrix (appendix 1) is part of the Trust’s Risk Management Framework and will be used to score risks. Risk Appetite (appendix 2) is part of the Trust’s Risk Management Framework

Strategic Goals	The planned objectives which an organisation strives to achieve
Principal Risks	The key risks the organisation perceives to achieving its strategic goals
Key Controls	The controls or systems in place to assist in addressing the risk
Assurances on Controls	Sources of information (usually documented) which service to assure the Board that the controls are having an impact, are effective and comprehensive
Gaps in Controls	Where we are failing to put control/systems in place
Gaps in Assurance	Where we are failing to gain evidence that our control systems, on which we place reliance are effective
Risk Appetite	The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives – appendix 2: Trust Risk Appetite.

Temporary governance arrangements in relation to the Covid 19 pandemic which follow national guidance

- The Trust has introduced a bronze, silver and gold command structure to co-ordinate efforts for the pandemic – all decisions are logged
- Bronze, silver and gold meetings are held every day with a weekly gold group which has replaced the Executive Committee during this period – Executive Committee planned to restart in June
- The Board and sub-committees are following the 'reducing the burden' national guidance and meetings have been limited to a one hour meeting which discusses Covid issues and then there is a section for papers which are for information.
- Any documents still requiring approval of the Committees/Board are covered under any matters of urgency – due to large number of items for approval in March, this was done by email (all emails retained) a paper detailing the approvals was taken to the April Board.
- The Board is introducing a bi-monthly workshop which is longer in order to discuss Covid issues in more detail – this is initially planned until September 2020
- Board and Committee Action Logs dates continue to be scrutinised to ensure that elements are covered or reviewed periodically
- Audit Committee in May streamlined to focus on year-end only – the July time out meeting will now be a normal agenda incorporating the time out elements
- The Council of Governors has been stood down, but communications are still being sent from the Chair and FT Secretary – in May 2020 a plan was agreed to look at how technology could be used to get the governors around a virtual table.
- Covid capital and revenue spend processes have been put in place

Strategic Goal: To deliver safe and high quality patient care as part of an integrated system Principal Risk: (1) Failure to maintain and improve patient safety and quality of care CRR Ref: MD 2a&b, 3, 4, 5, 6a&b, 7, 8, 10, 11 – CN 2, 7, 8, 17, 20 , 22, 23 , 24, 25, 26 – COO 2, 3, 6, 7, 8, 17, 18, 19, 20, 23 – HR 1a&b, 4, 9, 15, 18 – CE 5a&b, 9 – DE1, 2 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Quality) Director Lead: Medical Director, Chief Nurse, Chief Operating Officer	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5 Score: 25	Likelihood = 5 Severity= 5 Score: 25	Likelihood = 2 Severity= 3 Score: 6

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structure including <ul style="list-style-type: none"> o Assigned Director Portfolios, Structures & Teams o Ward to board nursing structures & teams o Patient Experience Steering Group o Safeguarding Children & Adults Teams & Internal & External Structures o Health & Safety Systems & Groups o Infection Prevention & Control meeting structures - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Nursing and Midwifery Strategy, Patient Experience Strategy, Sign up to Safety Campaign pledges and Patient Safety Strategy. o Risk Management Framework o Performance Management Framework - Systems &Monitoring <ul style="list-style-type: none"> o Incident Reporting, SIs/Never Event Reports, Claims, Quality Priorities o CQUINs & contract monitoring o Recording of escalation systems NEWS etc o Medicines Management/EPMA implementation o National Surveys o NICE, NSF and Clinical Audit o Capital Programme o Maternity CNST 	<ul style="list-style-type: none"> - External inspections including CQC Reports - Internal Audit Programme - CQC and Choices website feedback - SHMI - National Survey Action Plans, Friends & Family Test - Premises Assurance Model, PLACE/TAPE Reports - Patient Experience Work Plan & Quarterly Reports - Quarterly Pressure Ulcer & Falls Reports - Mortality Reports – Learning from Deaths - IPC Quarterly Report & Annual Report - Patient Safety, Quality, Workforce, Finance and Performance Report to Board/Committees - Annual Complaints Report to Board - Quality Report - Patient Safety Walk Rounds - NICE, NSF and Clinical Audits/Effectiveness Reports - Safeguarding Children & Adult Reports to Board - Maternity Reports - Staffing Reports - Learning Hub Data - Health & Safety Reporting - 7 day audit – 7 day task & finish group & plan - Integrated Board Report 	<ul style="list-style-type: none"> - Implementation of 7 day working systems and controls <ul style="list-style-type: none"> - Jnr Drs Contract (National) - 2003 Consultants Contract does not facilitate 7 day working(National) - Mortality Reporting - Staffing Vacancies (CQC Report following unannounced visits – further CQC requests in Dec 19) - Infection Rates - Limited capital - Under performance against key national targets and standards - Safeguarding – specifically Adult MCA/DoLS - The potential risk of harm to patients in light of the issues raised by the CQC report/letters - Surge plan if social distancing ineffective - Critical care capacity – establishment of Nightingale Y&H facility – transfer of care

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<ul style="list-style-type: none"> o Performance reporting and accountability/ performance reviews/ performance dashboards - Statutory and mandatory training – trained professional staff - A number of local adaptations in relation to 7 day working - Lead medical examiner role introduced - Covid 19 command structure - Daily bronze, silver and gold meetings - Action Log and Loggists in place - Weekly gold strategic meeting chaired by CEO - HCV & North Yorks & York command structure in place - Processes, pathways and SOPs in place 	<ul style="list-style-type: none"> - COO led monthly operational performance meetings with each Care Group - CEO led efficiency meetings with each Care Group - QIA of each efficiency scheme signed off by MD and Chief Nurse. - Medical Examiner appointed - Local ownership of MCA/DoLS – matrons audit carried out – Nothing raised by CQC - Performance recovery plans - Performance framework (OPAMs) - Daily and weekly Covid 19 actions logs - Review at weekly gold CEO led group - Covid 19 dashboard - Submission of required Covid 19 returns for assurance - <u>MCA/DoLS action plans/reaudit- took place in Nov 19 with action plans now in place & no significant concern raised.</u> 	<ul style="list-style-type: none"> - Access & maintenance of adequate oxygen supply - Access to appropriate supply & distribution of PPE - Increased risk of secondary deaths due to services not being accessed - Possible increased risk to children & adults in community due to social distancing - Possible increased risk that some routine elements may be negatively impacted due to reduced reporting or staff absence <p>Actions (Identify plans to address gaps)</p> <ul style="list-style-type: none"> - Mortality – Team to support Medical Examiner also linked to PS & HCG Team restructure (Apr 20) - Staffing – East Coast Review looking at sustainability – CQC weekly monitoring <u>continues (review Oct 20)</u> - Infection Control - NHSE/I Lead Review & Report – HPV Business Case approved & machines on site (<u>completed Jan 20</u>) - Care Group improvement programmes & performance recovery plans developed by each Care Group (reviewed & updated monthly) - CQC Unannounced visit & Well Led responses and action plans (monthly monitoring at Board & Quality Committee) - MCA/DoLS action plans/reaudit- took place in Nov 19 with action plans now in place & no significant concern raised- - Safeguarding Team aware of risk to vulnerable adults & children – access to team for advice & support established during this period
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		<u>(review Oct 20)</u>
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Strategic Goal: To deliver safe and high quality patient care as part of an integrated system Principal Risk: (2) Failure to maintain and transform services to ensure sustainability CRR Ref: MD 8, 10 – CE 3, 5a&b, 8, 9 – COO 2, 3, 6, 7, 8, 13, 17, 18, 19, 20, <u>24</u> – DE1, 2 Lead Committee: Board (last formal review – Apr <u>Jan</u> 20)(Jun <u>Jun</u> 20 – Quality) Director Lead: Chief Operating Officer	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 2 Severity= 3 Score: 6

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee & Governance Structure <ul style="list-style-type: none"> o Directors Portfolios – Transformation Lead o Business case management system o System Transformation Board o Care Group Structure implemented - Strategies Policies & Procedures <ul style="list-style-type: none"> o Development of Trust Strategy and supporting strategies o Development of Care Group Service Plans and associated Business Cases - Partnership working <ul style="list-style-type: none"> o HCV HCP engagement o ECIST Support o McKinsey Engagement o Partnerships & Alliances o Health & Wellbeing Board & Place Based Boards o Peer Review 	<ul style="list-style-type: none"> - Reports from E & Y – McKinsey Reports - HCV HCP Reports/Papers - External Review - Scarborough - Peer Review - External Benchmarking of systems and pathways - Executive/ Board Papers - Care Group Pathway Redesign - Performance data - Partnership & Alliance Reports - <u>Y & H Clinical Senate review of Urology and Paeds proposals</u> 	<ul style="list-style-type: none"> - Stakeholder Session to review Phase 2 of McKinsey Review due to be held on 31.01.20 - Programme of work agreed with NHSI & Stakeholders (commenced May 2019) <p>Actions <small>(Identify plans to address gaps)</small></p> <ul style="list-style-type: none"> - Developed specs and tendered for a partner to support the review - McKinsey appointed and commenced the phase 2 review in May 2019 – concluded in Oct 19 - Acute services review phase 2 steering group established with multi stakeholder representation - 2 Clinical reference groups undertaken to date which include hospital clinicians & GPs. - McKinsey Review – oversight now by Programme Director (<u>recruitment in Jul 20</u>) (<u>review Sept 20</u>) - <u>NY CCG to lead East Coast Redesign (Aug 20)</u> - Finance Group established - Comms Group established - Presentation to Trust Board and Stakeholders following completion of the second phase (31.07.19) – planned for Nov 19 - <u>completed</u> - Yorks & Humber Clinical Senate Review of proposed paediatric & urology clinical/service models - <u>Clinical senate review document to Board (Feb 20)</u> -

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		<u>completed</u> <u>- Phase 3 commenced Jun 20 – Development of an East Coast narrative and engagement (Aug 20)</u> <u>- Engage public with proposed service models (review Oct 20)</u>
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<p>Strategic Goal: To deliver safe and high quality patient care as part of an integrated system</p> <p>Principal Risk: (3) Failure to meet national standards</p> <p>CRR Ref: COO 2, 3, 6, 7, 8, 13, 17, 18, 19, 20, <u>24</u> – CE 8 – MD 6a&b, 7, 8, 10</p> <p>Lead Committee: Board (last formal review – <u>Apr</u>Jan 20)(<u>Jun</u>an 20 – Quality)</p> <p>Director Lead: Chief Operating Officer, Chief Nurse, Medical Director</p>	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5 Score: 25	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 1 Severity= 1 Score: 1

Controls/Mitigation (What controls/ responses we have in place to assist in securing delivery of our objectives)	Assurance (Where our controls/ systems on which we are placing reliance, are effective)	Gaps in Control/ Assurance (Where we are failing to put control/ systems in place)
<ul style="list-style-type: none"> - Trust Committee Structure/Governance <ul style="list-style-type: none"> o Corporate Performance Team o Integrated Acute & Planned Care Board (York & SGH) o Care Group Structure implemented - Partnership Working <ul style="list-style-type: none"> o Ernst & Young Diagnostic Work o ECIST engagement o YAS engagement o Health & Care Resilience Board o HCV HCP Cancer Alliance Board o Complex Discharge Working Group o System Planned Care Steering Group - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Trust Strategy, Clinical Strategy and Care Group Strategies o Policies & Procedures/Standard Operating Procedures o Performance Recovery Initiatives o Winter Planning/System Resilience/Winter Plan o Trust Operational Plan - Training & Development <p>Elements of assurance framework deferred ie: work plans, engagement with Internal Audit and 'routine' operational planning In line with national guidance, usual reporting</p>	<ul style="list-style-type: none"> - E & Y Reports - External Benchmarking of systems and pathways - Internal Audit Programme - Performance Reports - Operational Performance Recovery Plan - Winter Plan/System Resilience Plan - SAFER Local Delivery Plan - Planned Care Transformation Plan - Validation - Operational Plan - Learning Hub Data 	<ul style="list-style-type: none"> - Continued challenges around achieving the ECS on a sustainable basis - Need to develop primary care and community services – East Coast Review – to include a system plan for out of hospital services. - Recruitment - Robust process required to identify harm - Due to pause in required reporting nationally during Covid, oversight of previous priorities may be lost. <p>Actions (Identify plans to address gaps)</p> <ul style="list-style-type: none"> - East Coast Review Phase 2 (31.07.19) – presentation to Board (Nov 19) <u>completed</u> - HCV HCP capital bid for SGH – business case approved & machines on site – <u>Trust working to national timetable for submissions (review quarterly Jan 20)</u> - Recruitment - Initiatives linked to strategic staffing risk <u>(6) actions</u> - Single integrated improvement plans being developed with regular monitoring via PAMs (from 1.8.19 onwards) – <u>Y & S refreshed post Covid (review quarterly)</u> - Daily reporting of ECS performance & ED breach analysis – identification of learning or areas for improvement (new format from Jul 19) – continues to be refined with support from ECIST) <u>ECIST due back</u>

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<p>arrangements have been suspended. Current reports as per national requirements but minimal.</p> <p> </p> <p> </p>		<p><u>in Jul 20 (Sept 20)</u></p> <ul style="list-style-type: none"> - Development of an ECS recovery plan for both sites – which continues to be refined with weekly monitoring by COO – <u>ECIST due back in Jul 20 to support single implementation plans (Sept 20)</u> - CEO led Acute Board responsible for oversight of York & Scarborough improvement plans - Performance recovery plans developed for under performing areas (Jul 19 Board Subcommittee) – refresh & forecast to Board (Nov 19) – <u>Recovery Plan being drafted – to Board (Jul 20)</u> - Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Board sub committee
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Strategic Goal: To deliver safe and high quality patient care as part of an integrated system Principal Risk: (4) Failure to maintain and develop the Trust's estate CRR Ref: DE 1, 2 – CN 8, 17; 20, 23 – MD 7 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Resources) Director Lead: Director of Estates and Facilities	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5 Score: 25	Likelihood = 4 Severity= 4 Score: 16	Likelihood = 3 Severity= 3 Score: 9

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structures <ul style="list-style-type: none"> o Estates Operational Management Structures o Health & Safety Systems & Groups o Capital Programme Executive Group o HCV HCP Capital Group Representation o SLAs between Trust and LLP o LLP Committees/Governance Structure - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Capital Programme o Estates Strategy o PLACE/TAPE Programme o Compliance Report Schedule o HCV Estates Strategy 	<ul style="list-style-type: none"> - Compliance with P21+ and DH approved process for specific capital schemes - Condition Surveys - HCV HCP Capital Group Reports & Minutes - Internal Audit Programme - NHS Premises Assurance Model - Capital Programme Reports - PLACE/TAPE Reports - PLACE Report to Council of Governors - Sustainable Development Reports - Health & Safety and Fire Reports - Capital Programme Executive Group Reports - Monthly Facilities Management Report - Board/Committee Reports - Health & Safety Reports - First Party Audit Process - EPAM terms of reference - EPAM minutes to Resources Committee 	<ul style="list-style-type: none"> - Contract management arrangements – structure in place (premeet Sept – 1st meeting Oct) - Lack of capital - Work associated with realigning wards for Covid has meant some minor works have been deferred (although some work has taken place) - Some key projects aligned to the CQC plan have been put on hold ie ligature and childrens area in York ED - Assurance meetings associated with Estates & Health & Safety have been deferred due to delivery of Covid actions. <p style="text-align: center;">Actions</p> <p style="text-align: center;"><small>(Identify plans to address gaps)</small></p> <ul style="list-style-type: none"> - Condition Survey finalised -link to capital programme (Aug 19) (Resource Committee meeting being organised for Oct 19 – scrutiny at Resources Committee – Capital/Backlog maintenance discussion at Aug 20 Board - MSA (Apr 19) (+200 day review) - completed - Lack of capital put on CRR following Board discussion – management of programme through CPEG – Capital/Backlog maintenance discussion at Aug 20 - Management Group – Executive Perf ToRs to Board (Sept 19) (Pre-Oct 19) (Commence Nov 19) EPAMs commenced – approved minutes to Resources

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		Committee (feb 20) - <u>completed</u> - Business Case – computer aided facilities management system (Jul 19) – approved now being implemented – goes live (<u>review Oct 20</u> Apr 20) - CQC Plan areas ie: ligature and childrens area in York ED will be delivered immediately post Covid 19
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Strategic Goal: To deliver safe and high quality patient care as part of an integrated system Principal Risk: (5) Failure to develop, maintain/replace and secure digital systems impacting on security, functionality and clinical care CRR Ref: SNS 1, 74, DE2 Lead Committee: Board (last formal review – <u>AprJan</u> 20)(Resources – <u>Junan</u> 20) Director Lead: <u>Director of Finance</u> Chief Executive	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 4 Severity= 4 Score: 1	Likelihood = 3 Severity= 2 Score: 6

Controls/Mitigation (What controls/ responses we have in place to assist in securing delivery of our objectives)	Assurance (Where our controls/ systems on which we are placing reliance, are effective)	Gaps in Control/ Assurance (Where we are failing to put control/ systems in place)
<ul style="list-style-type: none"> - Systems & Networks Team - governance structure <ul style="list-style-type: none"> o Senior Management team meetings o Project Management Group o Technical Steering Group o Security Focus Group o Change Board o Information Governance Executive Group o Named SIRO and Caldicott Guardian o Attendance at Operational meetings o Capital Programme Executive Group o <u>Digital Strategy Group</u> o <u>Performance Management Group</u> o <u>CCIO/CSO</u> o <u>Clinical Safety process</u> - Systems <ul style="list-style-type: none"> o Capital Programme o Risk management o On-call Service o Internal monitoring/alerting systems o Third Party Monitoring o Ongoing User Awareness Programme - External <ul style="list-style-type: none"> o DSP Toolkit o NHS Digital Cyber Security Support Model o Third party support & maintenance contracts - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Digital Strategy 	<ul style="list-style-type: none"> - External & Internal Audit Reports - Resources Committee and Board Reports - Board NHSI Declaration – Data Security & Protection Requirements - Learning Hub Data - DSP Toolkit Compliance - Cyber Incident Handling Process - Disaster recovery plans - SNS Information Asset Register - Risk Register - Cyber Security Assessment & Action Plan - SUS Data Quality - Development Programme – infrastructure, information & clinical systems - Digital maturity assessment - Benchmarking data (<u>Model Hospital</u>) - User engagement and feedback - Incident Management reporting 	<ul style="list-style-type: none"> - Continued challenges around end user experience - Lack of capital - Digital readiness (NHS Long Term Plan) - Lack of explicitly Named CIO - Lack of CCIO available capacity - There are no nominated Digital leads in Care Groups and across the entire MDT structure - A structured programme of user engagement - greater demand on the team's time, IT infrastructure and network due to Covid 19 - Opportunities for transformational working lost once the pandemic is over <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Actions</p> <p style="text-align: center;">(Identify plans to address gaps)</p> <ul style="list-style-type: none"> - Lack of capital put on CRR, managed via CPEG - Resources Committee to oversee digital - <u>completed</u> - Digital Strategy Group to meet monthly as part of <u>Executive Committee Corporate Directors</u> meeting (<u>review OctJan</u> 20) - CDIO appointment in progress (Apr 20) – <u>CDIO commences (Aug 20)</u> - Building a Digital Ready Workforce engagement ongoing (<u>Sept 20review tbe</u>) - User feedback to be gained via a number of methods; surveys, email, roadshows, user training (ongoing, </div>

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<ul style="list-style-type: none"> ○ Information Security Management System - Training and induction of staff 		<p>review Feb 20 inc. Clever Together feedback) <u>(review Sept 20)</u></p> <ul style="list-style-type: none"> - Cyber Essentials+ <u>accreditation by</u> (June 2021) - Staffing increased <u>to be reviewed</u> (SeptMay 20) - Infrastructure and networks adjustments being continually made (Jul 20) - Transformational working to be picked up by Digital Strategy Group and Care Group Leads to ensure opportunities are not lost (Oct 20)
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<p>Strategic Goal: To support an engaged, healthy and resilient workforce</p> <p>Principal Risk: (6) Failure to ensure the Trust has the required number of staff with the right skills in the right location</p> <p>CRR Ref: HR 1a&b, 4, 9, 15,187 – CN 2, 24 - MD 2a&b, 8 – CE3, 5a&b, 9</p> <p>Lead Committee: Board (last formal review – AprJan 20)(Junan 20 – Resources)</p> <p>Director Lead: Director of Workforce and OD</p>	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5	Likelihood = 5 Severity= 4	Likelihood = 3 Severity= 3
	Score: 25	Score: 20	Score: 9

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structure - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Supportive policies and processes o Workforce & OD Strategy - Processes & Systems <ul style="list-style-type: none"> o HCV HCP Workforce Strategy o Workforce redesign including ACPs, Nurse Practitioners, Nursing Associates and Physicians Associates o Bank Management and Governance o Appraisal processes – Job Plans o Apprenticeship Programme o Overseas Recruitment o Employer Brand including Partnership with FE/HE providers o Volunteering Programme o HYMS Expansion - Statutory and Mandatory Training <ul style="list-style-type: none"> o Development Opportunities ie: Leadership o Mentoring, Coaching/Mediation & training o Learning Management System development o Post & Undergraduate Medical Education o Medical library -Covid19 specifically Skills questionnaire circulated to clinical staff – collating responses to enable safe deployment of staff 	<ul style="list-style-type: none"> - Staff Survey/Staff FFT - National Apprenticeship standards - ROA reporting to HEE - Internal audit programme - National accreditation schemes - Annual quality assurance visits from HEE/HYMS - Library quality standards - Programmes designed and evaluated by HEI and NHS Elect - National Leadership Academy assurance - SSW/FTSUG Monitoring Reports - Turnover analysis (quantitative and qualitative) - Board & Committee reports covering turnover, vacancy rates, stat & mand take up, sickness absence data - Portfolios of learning evidence available - Staffing reports - E-rostering Data/CHPPD Data - Learning Hub Data including training course material - Exit Questionnaire Data - NHSI maintaining workforce safeguards - QIA for new nurse roles 	<ul style="list-style-type: none"> - Work/life balance expectations of the future workforce - Brexit/ Immigration Policy - Public Sector pay restraint - Removal of nurse bursary - Objective Structural Clinical Exam (OSCKE) - Age Profile - National changes to standards, applications & implementation of new policies. - Effective utilisation of E Rostering Tool - Implementation of electronic job planning - HEE Policy/FE/HE varied uptake - Medical rostering system <p>Actions (Identify plans to address gaps)</p> <ul style="list-style-type: none"> - Workforce redesign in partnership with FE/HE (Sept 20) - Staff Survey Action Plan in place & being implemented (SeptJun 20) - Health & Wellbeing Initiatives being implemented (Sept 20) - Workforce Plan (Oct 20) - Apprenticeship Steering Group Outputs (Jul 20) - Implementation of e-Job Planning (Oct 20) - Continue to develop Bank (Dec 20) - HCV HCP Workforce Action Plan (Oct 20) - East Coast medical recruitment project (Dec 20) - NHSE response to pension tax (Apr 20)

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<p>Training of non-stat and man stepped down; Retirees being contacted to facilitate returning Students (nursing – final year and medical 4th yr HYMS) being asked to volunteer Accommodation being sought for clinical staff whose families are in isolation Homeworking enabled where possible (max 250 if VPN token required)</p>	<p>- Covid 19 update Realtime sickness data being captured through central 'hub' Staff requiring isolation to be signed off via OH and placed on medical suspension</p>	<p>- International Nurse recruitment (Sept 20) BAME risk assessment (Jan 21) -</p>
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Strategic Goal: To support an engaged, healthy and resilient workforce Principal Risk: (7) Failure to ensure a healthy engaged and resilient workforce CRR Ref: HR 1a&b, 4, 15 – CE8, 9 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Resources) Director Lead: Director of Workforce & OD	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 4 Severity= 4 Score: 16	Likelihood = 3 Severity= 2 Score: 6

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structure <ul style="list-style-type: none"> o Occupational Health Service/EAP o Junior Doctor Forum o LNC/JNCC - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Supportive policies and processes o Workforce & OD Strategy - Processes & Systems <ul style="list-style-type: none"> o Star Awards/Celebration of Achievement o Recruitment and Retention Processes o Workforce redesign including ACPs, Nurse Practitioners, Nursing Associates and Physicians Associates o Appraisal processes – Job Plans o Schwartz Rounds & RAFT o HYMS expansion o LIVEX - Statutory and Mandatory Training <ul style="list-style-type: none"> o Development Opportunities including Leadership o Mentoring, Coaching/Mediation & training <p>Covid 19 update: Psychological support increased – drop in sessions (now virtual) for staff working in cohorted areas. Tailored Schwartz rounds Headspace app being pursued Clear daily communication updating staff</p>	<ul style="list-style-type: none"> - Staff Friends and Family Test - Sickness absence analysis, Turnover analysis (quantitative and qualitative) - Board & Committee reports covering turnover, vacancy rates, stat & mand take up and appraisal rates - E-rostering Data/Flexible working data - Health & Wellbeing Data - Learning Hub Data - Staff Survey - Health Assured Data - RAFT evaluation - FTSU/SWG monitoring data - Staff Benefits Programme - Fairness Champions <p>Covid 19 Real-time sickness data collated via central 'hub'. <u>Support for Managers for virtual working</u></p>	<p>Work/life balance expectations of the future workforce Shift patterns and impact on Health & Wellbeing and HEE national policy Insufficient training places <u>Consultant contract negotiations</u> Increased staff testing capacity for Covid 19 <u>Delayed values and behaviours implementation due to Covid 19</u></p> <p style="text-align: center;">Actions <small>(Identify plans to address gaps)</small></p> <p>Staff survey action plan in place & being implemented (SeptJun 20) Continued Implementation of RAFT (Nov20) Implementation of Health & Well being Strategy (Dec 20) Workforce Plan implementation (Oct 20) Flu Vaccinations (Feb 20) Safer Working Group Feedback initiatives (continuous) Line Manager Competency Training (Oct 20) Clever Together Programme (Sept 20) <u>Staff testing capacity for Covid 19 to be increased (Apr 20)</u> <u>Increase staff swabbing (Aug 20)</u> <u>Test & Trace set up (Sept 20)</u></p>

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Staff testing for Covid 19 Helpline and support sessions staffed by Clinical Psychologists RAFT/TiPi Apps to support mental wellbeing (Headspace, unmind and Sleepio).		
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Strategic Goal: To support an engaged, healthy and resilient workforce Principal Risk: (8) Failure to ensure there is engaged leadership and strong, effective succession planning CRR Ref: CE3, 8, 9 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Resources) Director Lead: Chief Executive	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 4 Severity= 4 Score: 16	Likelihood = 4 Severity= 3 Score: 12	Likelihood = 1 Severity= 1 Score: 1

Controls/Mitigation (What controls/ responses we have in place to assist in securing delivery of our objectives)	Assurance (Where our controls/ systems on which we are placing reliance, are effective)	Gaps in Control/ Assurance (Where we are failing to put control/ systems in place)
<ul style="list-style-type: none"> - Trust Committee/Governance Structure <ul style="list-style-type: none"> o Remuneration Committee o Nomination & Remuneration Committee - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Workforce & OD Strategy o Gender Pay Analysis o WRES/WDES o HCV HCP workforce plan - Statutory & Mandatory Training <ul style="list-style-type: none"> o Training and Development including various leadership courses - Processes & Systems <ul style="list-style-type: none"> o Facilities Career Pathway development o Appraisal Processes <p>e <u>Talent Management Framework</u> <u>Covid</u> <u>Guidance for Managers for remote working</u></p>	<ul style="list-style-type: none"> - Succession Planning Papers - Directors Portfolios - Team Structures - Learning Hub Data - Board/Committee HR Reports - Internal Leadership Programmes - Internal Managerial Programmes - Revalidation data - AIC Contract Monitoring across system 	<p>HEE National Policy Pension Tax Implications Board gaps Board Development Up to date Succession Plan <u>BAME representation at Board and in senior management</u></p> <p style="text-align: center;">Actions</p> <p style="text-align: center;">(Identify plans to address gaps)</p> <p>Humber, Coast & Vale Leadership being implemented NY & York System Leadership Group being implemented Progression and evaluation of internal leadership courses (SeptApr 20)</p> <p>Board development – Programme agreed at the December Board – Programme starts (Jan 2120) Development of Talent Management Framework (Jun 20) CQC Action Plan in place – monitored monthly at Board (monthly) Clever Together portal Report in February to inform future plans (SeptFeb 20) Board recruitment in progress (Apr 20) Succession Plan being developed (SeptMay 20)</p>

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Strategic Goal: To ensure financial stability Principal Risk: (9) Failure to achieve the Trust's financial plan CRR Ref: DOF 1, 3, 4, 8, 9, 11 – COO 2, 8 – DE1, 2 Lead Committee: Board (last formal review – Apr Jan 20)(Jun 20 – Resources) Director Lead: Finance Director	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5	Likelihood = 3 Severity= 3	Likelihood = 2 Severity= 3
	Score: 25	Score: 9	Score: 6

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structure <ul style="list-style-type: none"> o Annual Planning Cycle and Business Planning Process o SFIs, Scheme of Delegation, Policies and Procedures o Efficiency Delivery Group and implementation of recommendations o Collective Board Ownership o Legally binding contracts o External and Internal Audit Services o PMM meetings - Partnership Working <ul style="list-style-type: none"> o Shared Risk Contract o HCV HCP and Partnership working ie: Contractual MOU o Local patch wide engagement through the System Delivery Board (SDB) o Medium Term Financial Plan for the system - Processes & Systems <ul style="list-style-type: none"> o Care Group CIP Delivery Plans o Sound financial systems, cost controls and monitoring o Capital Programme Executive Management o Control Total Agreement (multi-year) - COVID-19 Exceptional Measures 	<ul style="list-style-type: none"> - External and Internal Audit Programmes - NHSI Reporting - External Audit - Value for money review - NHSI Use of Resources Review - Monthly Accounts & Reports - Operational Plan - Business Cases and benefits monitoring - Committee Papers including Audit and Resources Committee - Capital Programme Reports and monitoring - Medium Term Financial Planning - East Coast Review - HCV Partnership work - North Yorkshire & York Leadership System - Primary Care Networks through CCGs - Engagement with stakeholders - Engagement with Local Authorities - Engagement with Partner Trusts (Harrogate, Hull & Leeds) 	<ul style="list-style-type: none"> - Continued recruitment difficulties placing financial pressure from agency and locum replacement staff resulting in pressure against the Trust's agency cap. - Failure to deliver system wide QIPP with financial pressure on the system partners and the Trust through the shared risk contract. - System affordability issues in relation to delivery of constitutional standards <p style="text-align: center;">Actions</p> <p style="text-align: center;"><small>(Identify plans to address gaps)</small></p> <ul style="list-style-type: none"> - Multiple Recruitment initiatives listed on strategic risk 6 – MD, CN & DoWF scrutiny & challenge of agency rates, structured review of long term commitments each week (ongoing review quarterly). - Development and refinement of a system wide medium term financial recovery plan with deliverable QIPP requirements by the SDB (final submission Nov 19) Awaiting planning guidance & financial operating framework post initial Covid response. Due July 20. - Work underway with ICS on understanding current financial positions and resource requirements going forwards. Expected plan submission Aug/Sept 20 - Continual review of constitutional standard delivery with system partners and regulators including the ID

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<ul style="list-style-type: none"> ○ Temporary suspension of PbR with nationally set block contracts recognising cost of services. ○ COVID-19 claims process for exceptional capital and revenue. ○ National cash process paying on 1 Apr and 15 Apr to ensure strong cash position for all providers. - Temporary suspension of efficiency requirements 		<p>of recovery plans where necessary.</p> <p>- <u>Restoration and recovery draft plan prepared and submitted. Awaiting national planning guidance for next and final iteration. Expected plan submission Aug/Sept 20.</u></p>
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Strategic Goal: To ensure financial stability Principal Risk: (10) Failure to develop and maintain engagement with partners CRR Ref: CE3 – DOF 4, 11 – COO 2, 3, 6, 7, 8 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Resources) Director Lead: Chief Operating Officer	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 4 Severity= 4	Likelihood = 3 Severity= 3	Likelihood = 2 Severity= 2
	Score: 16	Score: 9	Score: 4

Controls/Mitigation	Assurance	Gaps in Control/ Assurance
(What controls/ responses we have in place to assist in securing delivery of our objectives)	(Where our controls/ systems on which we are placing reliance, are effective)	(Where we are failing to put control/ systems in place)
<ul style="list-style-type: none"> - Partnership Working <ul style="list-style-type: none"> o York/Harrogate Alliance o HCV HCP Executive Group and subsidiary working groups o HCV HCP Place Based Boards o HCV HCP Cancer Alliance Board and subsidiary working groups o York Primary Care Home Steering Group and subsidiary working groups o HCV HCP Hospital Partnership Group o SGH Acute Service Review Steering Group o Health & Wellbeing Board o East Coast Strategic Review Group o Systems Transformation Board o OHC Services Strategy o HCV HCP Strategy & Place Based Plans o Complex Discharge Steering Group - Strategies, Policies & Procedures <ul style="list-style-type: none"> o Refreshed Trust & Clinical Strategies - HCV & NY & Y Covid 19 command & control structure in place to ensure all partners understand role & responsibilities during Covid 19 crisis - YTHFT engaged in all working groups. <u>Covid – system meetings being held to co-ordinate actions</u> 	<ul style="list-style-type: none"> - CQC System Report - Agendas, minutes and papers of the various HCV HCP and partnership groups - HCV Executive Group – CEO attendance - Hull/York Partnership Board - Harrogate/York Partnership meetings - Quarterly System Finance Meetings - OHC Services Reports - NHSI Action Plan 	<ul style="list-style-type: none"> - Place Based Plans - System governance arrangements that describe approach to delivery of the system transformation programme <div style="background-color: #cccccc; padding: 2px;">Actions</div> <p>(Identify plans to address gaps)</p> <ul style="list-style-type: none"> - Development of system plan <u>(part of ICS work – review quarterly)</u> - Proposal that sets out future ‘system’ governance, currently being developed by system partners – <u>SM attended a workshop in July (review quarterly)</u> - Clinical reference group (sponsored by Trust MD & CCGs Clinical Chairs) <u>established.</u> - Quarterly System Finance Meetings – <u>suspended due to Covid (review Nov 20)</u>

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Strategic Goal: To ensure financial stability Principal Risk: (11) Failure to develop a trust wide environmental sustainability agenda CRR Ref: DOF 1, 3, 4, 8, 9, 11 – HR 1a&b, 4, 15, 18 – DE1, 2 Lead Committee: Board (last formal review – AprJan 20)(Jun 20 – Resources) – <u>now going to Quality Committee</u> Director Lead: Chief Nurse <u>Director of Estates and Facilities</u> (reviewed April 2020 <u>Oct 2018</u>)	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 4 Score: 20	Likelihood = 4 Severity= 3 Score: 12	Likelihood = 1 Severity= 1 Score: 1

Controls/Mitigation (What controls/ responses we have in place to assist in securing delivery of our objectives)	Assurance (Where our controls/ systems on which we are placing reliance, are effective)	Gaps in Control/ Assurance (Where we are failing to put control/ systems in place)
<ul style="list-style-type: none"> - Trust Committee/Governance Structure <ul style="list-style-type: none"> - Trust Sustainable Development Management Group <ul style="list-style-type: none"> o Board Commitment - Travel and Transport Group - Head of Sustainability - Processes & Systems <ul style="list-style-type: none"> o Good Corporate Citizen/ Sustainability Development Assessment Tool o Sustainable Development Unit Template (measures Carbon footprint) - Sustainability Champions - Consultancy Contract Phase 1 and 2 - 12 month sustainable awareness development programme - Partnership Working 	<ul style="list-style-type: none"> - Sustainable Development Management Plan/<u>Green paper under development to comply with Standard Contract 2020/21</u> - Sustainable Development (SD) Reports/Papers - Transport Group Reports/papers - Compliance with NICE - Sustainability Annual Report - Trust Annual Report Sustainability Section including extn. assessment against report content - Carbon Savings figures - Savings Cost Benefit Analysis - Travel Plan - Benchmarking using SD Assessment Tool - Travel Survey - <u>York Hospital selected as one of 12 in UK for Modern Energy Partners Programme to provide free sub-metering and pathway programme for buildings with aim of achieving 50% carbon reduction by 2032</u> - <u>Feasibility for electric vehicle charging at York Hospital</u> 	<ul style="list-style-type: none"> - Engagement of staff including Senior Management trust wide - Raised awareness when procuring <u>plus Covid 19 impact on waste</u> - Energy Reduction WorkingManagement Group – <u>est Oct 19 (work stopped in Mar 20 due to Covid 19 (SD Grp not held in May 20)Business Case being drafted</u> - National Clinical Waste Provision Issue - Travel Survey Analysis – <u>completed – Travel Plan being updated</u> - Long Term Climate Change Act target changed to 0 carbon by 2050 - <u>NHS operational planning guidance 2020 requires all new builds to be net zero carbon standard</u> - NHS Long Term Plan targets <u>2019</u> and draft NHS Standard Contract 2020-21 - <u>new risks highlighted – the contract requires a plan by Mar 21</u> - <u>New risks highlighted from the introduction of the above which have yet to be addressed</u> - <u>Capital budgets not yet allocated</u> <p>Actions</p> <p>(Identify plans to address gaps)</p> <ul style="list-style-type: none"> - <u>Restart Energy Reduction Working Group and SD Group (July 2020)</u> - <u>Green Plan to with projects to achieve Climate Change Act Targets – reviewed annually – Aug 20</u> - <u>Sustainable Development Management Action Plan (reviewed annually) to include Climate Change Act targets</u> - <u>Business cases then to be developed (March 2021)</u> - <u>Sustainable Development Assessment Tool Action Plan (reviewed annually) (last score Mar 20 62% - to improve by Mar 21</u>

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		<ul style="list-style-type: none"> - Clinical Waste – NHSI to monitor contract – <u>nationally agreed to Mar 21 - interim contract with Leeds signed</u> – awaiting further developments (<u>Jan 20</u>) <u>National Waste Strategy to be published in Summer of 2020 (delayed due to COVID 19 New frameworks expected, Improve recycling of waste for domestic black back and catering waste- new tenders delayed due to Covid 19 work - new contracts Oct 2020)</u> - Travel Survey actions to be included in the Travel Plan (<u>JunApr 20</u>) - Review being conducted against Long Term Plan targets (Apr 20) - Review of SD/Green plan including risks being conducted against Long Term Plan targets and NHS Standard Contract 2020-21 – <u>risks to be reviewed at SD Grp (Jul 20)</u> - <u>Comprehensive Business cases needed for electric vehicle charging infrastructure, reducing estate carbon emissions: reducing waste, water, vehicle use and procurement carbon impacts: & achieving Climate Change Act Targets 50% by 2032 from 2017 and net zero by 2050 (Mar 21)</u>
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Strategic Goal: To ensure financial stability Principal Risk: (12) Failure to achieve the system's financial plan CRR Ref: DOF 1, 3, 4, 8, 9, 11 – COO 2, 8 – CE3 Lead Committee: Board (last formal review – Apr Jan 20)(Jun Jun 20 – Resources) Director Lead: Finance Director	Assurance Level		
	Original Risk Score	Residual Risk Score	Target Risk Score
	RAG Rating – 5x5	RAG Rating – 5x5	RAG Rating – 5x5
	Likelihood = 5 Severity= 5	Likelihood = 3 Severity= 3	Likelihood = 2 Severity= 3
	Score: 25	Score: 9	Score: 6

Controls/Mitigation <small>(What controls/ responses we have in place to assist in securing delivery of our objectives)</small>	Assurance <small>(Where our controls/ systems on which we are placing reliance, are effective)</small>	Gaps in Control/ Assurance <small>(Where we are failing to put control/ systems in place)</small>
<ul style="list-style-type: none"> - Trust Committee/Governance Structure <ul style="list-style-type: none"> o Annual Planning Cycle and Business Planning Process o SFIs, Scheme of Delegation, Policies and Procedures o Efficiency Delivery Group and implementation of recommendations o Collective Board Ownership o Legally binding contracts o External and Internal Audit Services o PMM meetings - Partnership Working <ul style="list-style-type: none"> o Shared Risk Contract o HCV HCP and Partnership working ie: Contractual MOU o Local patch wide engagement through the System Delivery Board (SDB) o Medium Term Financial Plan for the system - Processes & Systems <ul style="list-style-type: none"> o Care Group CIP Delivery Plans o Sound financial systems, cost controls and monitoring o Capital Programme Executive Group o Control Total Agreement (multi-year) - COVID-19 Exceptional Measures <ul style="list-style-type: none"> o Temporary suspension of PbR with nationally set block contracts recognising cost of 	<ul style="list-style-type: none"> - NHSI&E Reporting - Quarterly System Finance Meetings - Monthly Accounts & Reports - Operational Plan - Medium Term Financial Planning - East Coast Review 	<ul style="list-style-type: none"> - Failure to deliver system wide QIPP with financial pressure on system partners and the Trust through the shared risk contract. - System affordability issues in relation to delivery of constitutional standards - Pressure on non-York FT CCG contract expenditure - Operational pressures for the Trust
		Actions <small>(Identify plans to address gaps)</small> <ul style="list-style-type: none"> - Continual review of constitutional standard delivery with system partners and regulators. - Development and refinement of the system wide medium term financial plan (Nov 19) - Engagement of financial turnaround delivery capacity in addition to core system teams. - Performance recovery plans developed as necessary. - System partner Board to Board meetings arranged to discuss financial issues. - Awaiting planning guidance & financial operating framework post initial Covid response. Due July 20. Work underway with ICS on understanding current financial positions and resource requirements going forwards. Expected plan submission Aug/Sept 20 - Restoration and recovery draft plan prepared and submitted. Awaiting national planning guidance for

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<p>services.</p> <ul style="list-style-type: none">o Commissioner allocations adjusted to reflect increased provider funding.o COVID-19 claims process for exceptional capital and revenue.o National cash process paying on 1 Apr and 15 Apr to ensure strong cash position for all providers.o Temporary suspension of efficiency requirements		<p><u>next and final iteration. Expected plan submission Aug/Sept 20.</u></p> <p>- <u>Full engagement with the ICS to develop and agree recovery plans for Aug/Sept 20 anticipated submission date.</u></p>
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Appendix 1: Calculating Risk

This section describes how to score risks by estimating severity of impact and likelihood of occurrence using a standard 5x5 matrix. Each risk can be measured by multiplying the severity of harm and the likelihood of that harm occurring.

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 Directorates; 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 Directorates; 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

*Use of relative frequency can be helpful in quantifying risk, but a judgment may be needed in circumstances where relative frequency measurement is not appropriate or limited by data.

Severity - Severity is graded using a 5-point scale in which 1 represents the least amount of harm, whilst 5 represents catastrophic harm/loss. Each level of severity looks at either the extent of personal injury, total financial loss, damage to reputation or service provision that could result. Consistent assessment requires assessors to be objective and realistic and to use their experience in setting these levels. Select whichever description best fits.

Likelihood - Likelihood is graded using a 5-point scale in which 1 represents an extremely unlikely probability of occurrence, whilst 5 represents a very likely occurrence. **In most cases likelihood should be determined by reflecting on the extent and effectiveness of control in place at the time of assessment, and using relative frequency where this is appropriate.**

Differing Risk Scenarios - In most cases the highest degree of severity (i.e. the worst case scenario) will be used in the calculation to determine the residual risk. However, this can be misleading when the probability of the worst case is extremely rare and where a lower degree of harm is more likely to occur. For example, multiple deaths from medication error are an extremely rare occurrence, but minor or moderate harm is more frequently reported and may therefore have a higher residual risk. **Whichever way the risk score is determined it is the highest I risk score that must be referred to on the risk register.**

Appendix 2 - Risk Appetite Statement (Risk Management Framework - Appendix 4)

- 1. Quality & Safety** - Delivering high quality services is at the heart of the Trust's way of working. The Trust is committed to the provision of consistent, personalised, high quality and safe services, a journey of continuous quality improvement and has an on-going commitment to being a learning organisation. The trust has a risk adverse (Low) appetite to risk which compromises the delivery of high quality and safe services which jeopardise compliance with its statutory duties for quality and safety.
- 2. Patient Centred Care** - This Trust has made a commitment to enable people to be at the centre of their care and treatment, and to empower and enable people and communities to be at the centre of the design and delivery of our services. The trust is risk adverse (Low) to enabling care without validating and verifying what outcomes are possible and desirable with all stakeholders.
- 3. Partnerships** - This trust is committed to developing partnerships with statutory, voluntary and private organisations that will bring value and opportunity to the trust's current and future services. The trust has a risk seeking (High) appetite for developing these partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with its statutory duties.
- 4. Financial Stability** - The Trust is committed to fulfilling its mandated responsibilities in terms of managing public funds for the purpose for which they were intended. This places tight controls around income and expenditure whilst at the same time ensuring public funds are used for evidence based purpose. The Trust is averse (Low risk appetite) to committing non evidence based expenditure without its agreed control limits.
- 5. Recovery** - As a Trust we look beyond clinical recovery through facilitating recovery and promoting social inclusion by measuring the effectiveness of treatments and interventions in terms of the impact of these on the goals and outcomes that matter to the person and their family. The trust is risk adverse (Low) to recovery that does not provide high levels of compliance with service user outcome measures.
- 6. Improvement and Innovation** - Innovation is at the heart of developing successful organisations that are capable of delivering improvements in quality, efficiency and value. The trust has a risk tolerant (Moderate) appetite to risk where benefits, improvement and value for money are demonstrated.
- 7. Leadership & Talent** - The trust is committed to developing its leadership and talent through its Organisational Development and Workforce strategy. The trust is committed to investment in developing leaders and nurturing talent through programmes of change and transformation. The trust has a tolerant (Moderate) appetite to risk where learning and development opportunities contribute to improvements in quality, efficiency and effectiveness.
- 8. Operational Delivery of Services** -The Trust is committed through its embedded strategy, governance and performance management frameworks to deliver the activity for which it has been commissioned. The Trust has an adverse (Low) appetite for failing to deliver the requirements outlined and agreed in commissioner contracts.