

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref.	Ref BAF	Risk Description	Exec lead	Trust Objective	Current risk Rating	Movement from Last Review	Lead Assurance Committee	Old BAF ref	Page of Report
Board of Directors									
Need new risk	1	Inability to implement effectively Trust strategic change plans	Chief Executive (Director Strategy & Change)	Clinical Strategy	16	↔	Board of Directors	11	4
1348	2	200 year old clinical infrastructure at RSCH and 75 years old infrastructure at HWP which is no longer fit for purpose. Failure to obtain approval FBC for 3t's development or delayed further will affect long term management.	Director Strategy & Change (Director of 3Ts)	Financial Targets Organisational and Board Development	15	↔	Board of Directors	1348	6
Need new risk	3	Challenging strategic environment prevents delivery of clinical strategy and long term clinical and financial sustainability	Chief Executive (Director Strategy & Change)	Clinical Strategy	12	↔	Board of Directors	1346	8
Finance and Workforce committee									
	4	Failure to support staff to deliver safe and high quality care because of poor uptake of appraisal and mandatory training.	Director Strategy & Change (Operational Director of HR) & Medical Director & Chief Nurse	Culture of Quality	16	↔	Finance and Workforce Committee		11

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Datix Ref.	Ref BAF	Risk Description	Exec lead	Trust Objective	Current risk Rating	Movement from Last Review	Lead Assurance Committee	Old BAF ref	Page of Report
1352	5	Financial targets may not be met due to underperformance against plans	Chief Financial Officer	Financial Targets	20	↔	Finance and Workforce Committee	1352	13
	6	Insufficient skills, capacity and capability to address scope and complexity of Trust agenda	Director of Strategy and Change (Operational Director of HR)	Culture of Quality Organisational and Board Development Clinical Strategy Foundations for Success	16	↔	Finance and Workforce Committee	12 1345,	16
	7	Failure to deliver cultural change through Values and Behaviour programme	Chief Executive (Director of Strategy and Change)	Foundations for Success	12	↔	Finance and Workforce Committee	1345	19
1350	8	Staff and patients may be put at risk from failure to maintain adequately the estate, equipment and soft FM services	Chief Financial Officer	Organisational and Board Development (Statutory Compliance)	16	↔	Finance and Workforce Committee	1350	21
Quality and Risk Committee									
	9	Failure to ensure that there is enough suitably qualified, skilled and experienced staff to meet the needs of all patients across all services.	Medical Director & Chief Nurse	Culture of Quality	20	↔	Quality and Risk Committee	1345 / 1354	24

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Datix Ref.	Ref BAF	Risk Description	Exec lead	Trust Objective	Current risk Rating	Movement from Last Review	Lead Assurance Committee	Old BAF ref	Page of Report
Clinical Management Board									
	10	Ability of the Trust and Local Health Economy partners to consistently deliver performance standards	Director of Strategy and Change & Chief Financial Officer	Financial Targets	20	↑	Clinical Management Board	1354, 1359 12	27
1347	11	Poor data quality may have adverse impact on planning, delivery and assurance	Chief Financial Officer	Financial Targets Performance Targets	12	↔	Clinical Management Board	1347	31

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Datix Ref:	Objective	Clinical Strategy	Assurance Committee	Board of Directors		
Ref: 1 BAF 14/ 15	Risk Description	Inability to implement effectively Trust strategic change plans				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> Lack of management capacity Clinical and managerial consensus behind strategic choices Insufficient clinical and operational engagement Constraints in operational capital programme 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Failure to realise patient, clinical and financial benefits Loss of clinical confidence in change programmes Loss of Major Trauma status Organisational reputation Impact on revenue and capital budgets Loss of commissioner confidence Non-compliance with regulatory standards 					
Risk Owner	Chief Executive (Director of Strategy and Change)					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 16	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> Programme Boards for EPR, 3Ts and Site Reconfiguration Governance and Assurance of Major Programmes Action plan for Booking Hub Programme risk management processes Detailed project plans Transformation Board 					
Current Risk	Current Impact 4	4	Current Likelihood 4	4	Current Severity 16	High

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Approval of revised business case for EPR	EPR Programme Board	Monthly	Medical Director	Adequate	September 2014 (completed)
Implementation of Transformation Board as part of new executive management structure	Output of Transformation Board; Reporting to Clinical Management Board	Monthly	Chief Executive	Inadequate	December 2014
Development programme for leaders in new Clinical Structure	Development and delivery of programme	Monthly	Director of Strategy and Change	Adequate	September 2014 (in delivery)
Project mapping and prioritisation undertaken together with revised business planning process. Further work to be undertaken to revise decision-making and governance processes	Assurance process aligned with nature of projects	Monthly	Director of Strategy and Change	Inadequate	December 2014
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Inadequate		
Risk assigned to:	Chief Executive	Signed	Matthew Kershaw	Date	January 2015

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	2	Severity	8	Significant
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Justification for risk appetite: Need to implement and monitor effectiveness of key programmes and gain assurance that controls are adequate before the risk appetite can be reduced further.

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Datix Ref:	Objective	Financial Targets Organisational and Board Development	Assurance Committee	Board of Directors		
Ref: 2 BAF 14/ 15	Risk Description	200 year old clinical infrastructure at RSCH and 75 years old infrastructure at HWP which is no longer fit for purpose. Failure to obtain approval FBC for 3Ts development or delayed further will affect long term management.				
Cause (What might cause the risk to occur?)	> Non-approval of FBC					
Consequences (What are the possible consequences if the risk occurs?)	> Inability to meet strategic and developmental goals as the Regional Tertiary Centre > Inability to meet forthcoming clinical challenges > Poorer patient experience, especially in DGH services for the Brighton & Hove population > Significant impact on immediate operational capacity and delivery. > Loss of reputation					
Risk Owner	Director of Strategy and Change (Director of 3Ts)					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	5	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 20	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	> HM Treasury approved OBC in May 2014. > Relentless focus in pursuit of approval of 3Ts FBC across the whole organisation. > Regular update to 3Ts, Programme Board, Clinical Management Board and Trust Board. > Site Reconfiguration Programme will assist in managing medium term risk at Hurstwood Park.					
Current Risk	Current Impact 5	5	Current Likelihood 3	3	Current Severity 15	High

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Continue briefing meetings with key stakeholders	Regular reports to 3Ts Programme Board, CMB and Board.	Monthly	Duane Passman, Director of 3Ts	Adequate	Completed and on-going
Approval required for FBC from HM Treasury	Regular reports to 3Ts Programme Board, CMB and Board	Monthly	Duane Passman, Director of 3Ts	Adequate	February 2015
SHA has approved 3 schemes in the decant FBC. Loan being sought for remobilisation of main scheme and remaining decant schemes, which was approved by Board of Directors 30/6/ 2014.	Business Case has been submitted to internal and external due diligence processes. Loan application currently subjected to TDA due diligence.	Monthly	Duane Passman, Director of 3Ts	Adequate	Decant FBC approved by TB March 12 and SHA (for 3 schemes) in January 2013. Funds received and pre-commencement works underway.
National Programme Board constituted to manage FBC approval process.	Monthly meeting, with an associated National Working Group	Monthly	Duane Passman, Director of 3Ts	Adequate	First meeting of Working Group 24 July 2014. First meeting of Programme Board 8 August 2014.
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Adequate		
Risk assigned to:	Director of Strategy and Change (Director of 3T's)	Signed	Amanda Fadero Duane Passman	Date	January 2015

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	2	Severity	8	Significant
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Justification for Risk Appetite: Outcome is to secure funding for whole development. On-going risk is the ability to maintain financial sustainability before, during and after construction.

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Clinical Strategy	Assurance Committee	Board of Directors		
Ref: 3 BAF 14/ 15	Risk Description	Challenging strategic environment prevents delivery of clinical strategy and long term clinical and financial sustainability				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> Tendering of high or interdependent services to other providers Non-delivery of commissioner lower activity, length of stay and bed occupancy projections in unscheduled care, relating to Better Care Fund, leading to ongoing lack of capacity at RSCH site Higher than projected income reduction or stranded costs from Better Care Fund initiatives Neighbouring providers do not support Sussex-wide role for Trust and seek other partners 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Changed nature of portfolio of services leads to underlying financial deficit Services become limited in scope and scale, leading to recruitment, retention and training difficulties Quality and breadth of education opportunities is diminished including undergraduate medical provision for BSMS Research opportunities are lost Strategic case for 3Ts is undermined 					
Risk Owner	Director of Strategy and Change					
Gross Risk (Initial)	Gross Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Gross Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Gross Severity 16	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> Development, with commissioner partners, of clinical strategy and subsequent circulation across Sussex health economy Service Tender Review Group to formulate strategy and respond to commercial opportunities Engagement with Better Care Fund in each locality Speciality-level engagement with partner providers around each Sussex-wide service area (Neurology, Oncology, Renal, Vascular etc.) Joint work with NHS England Area Team on 3Ts commissioner support 					
Net Risk (Current)	Net Impact 4	4	Net Likelihood 3	3	Net Severity 12	Significant

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Agreement with partner CEOs to more formalised networks of care on Sussex	Board of Directors updates	Monthly	CEO	Inadequate	March 2015
Agreement of system redesign work programme with LHE Planned Care Group	Board of Directors updates	Monthly	DS&C	Inadequate	December 2014
Establishment of BSUH Transformation Board to drive clinical strategy implementation and manage interdependencies and partner relationships	Transformation Board updates to CMB and BoD	Monthly	DS&C	Inadequate	December 2014
Rapid signoff of 3Ts FBC	3Ts Programme Board	Monthly	3Ts PD	Adequate	Board approval (completed)
Early engagement with commissioning finance leads regarding BCF 2015/16 and need to seek system financial support if new models of care not fully implemented	Board of Directors updates	Monthly	CFO	Inadequate	End November
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Inadequate		
Risk assigned to:	Director of Strategy and Change	Signed	Amanda Fadero	Date	January 2015

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	2	Severity	8	Significant
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Justification for risk appetite: Need to implement and monitor effectiveness of clinical strategy, impact on financial sustainability, and adequacy of controls before the risk appetite can be reduced further.

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Datix Ref:	Objective	Culture of Quality	Assurance Committee	Finance and WorkForce	
Ref: 4 BAF 14/ 15	Risk Description	Failure to support staff to deliver safe and high quality care because of poor uptake of appraisal and mandatory training; and failure to ensure feedback and communication of learning from incidents			
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> Lack of availability of appropriate training. Failure to attract / retain appropriate staff. Inability to release staff to attend training Staff do not value the appraisal process. All levels of management within Trust do not fully understand responsibilities to their staff i.e. appraisals. Inability of staff to access electronic communications; failure of 'handlers' to feed back to staff reporting incidents 				
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Significant reputational costs / risk Non compliance with CQC standards and statutory requirements Multiple complaints and patient care and experience affected. Staff feel under valued and become deskilled. Unable to implement Trust objectives and service developments. Potential under-reporting of incidents if staff lose confidence in incident reporting Loss of opportunities to learn from incidents and consequent impact on patient safety 				
Risk Owner	Director Strategy & Change (appraisal and mandatory training); Medical Director and Chief Nurse (feedback and learning from incidents)				
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4 Initial Severity 16	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> Mandatory training days accessible to all levels of staff. RAG rated report to management of appraisal dates monthly RAG rated mandatory training attendance rates reviewed quarterly. Training need analysis completed for all mandatory training. Trust policies for appraisal and mandatory training approved and regularly reviewed. Incident reporting (datix - risk management) system Incident reports submitted monthly to supernumerary band 7s and available in communication folders 'Patients first' serious incident case study published monthly Serious incident investigation reports published on the intranet 				

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	<ul style="list-style-type: none"> Specialty and directorate clinical governance Ward-based feedback mechanisms 						
Current Risk	Current Impact	4	Current Likelihood	4	Current Severity	16	High

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Mandatory training to be rolled out as per plan	Finance and Workforce committee	Bi -Monthly	Operational Director of HR	Inadequate	Monthly review until completed
Improve up take of mandatory training by use of e-learning and other learning methods where appropriate.	HR dashboard	Monthly	Operational Director of HR	Inadequate	Monthly review
Reduce excessive hours worked by staff month on month so unable to release staff to attend training. Cross referenced to BAF risk 9 re action relating to roister pro.	Monthly review of all staff working in excess of 48 hours. Report findings and actions to Finance and Workforce Committee.	Bi -Monthly	Operational Director of HR	Inadequate	Bi Monthly review
Implement the staff engagement plan.	People Strategy agreed by the Trust Board and then quarterly updates	Annual	Director of Comms / Operational Director of HR	Adequate	Priority actions taken forward through Values and Behaviours programme (RAG report)
Review the required roles, responsibilities and skill sets of all staff. Create from this a modularised development programme that will enhance the key areas of all BSUH managers. Improve line managers' ability to identify and implement change by rolling out specific change management development interventions. Recently completed	Update to Finance and Workforce Committee confirming outcome of review and actions taken. Clinical Management Board	As report completed.	Operational Director of HR	Adequate	On-going process of continuous review of roles. Currently reviewing Super 7's, Ward Clerks, HCA's Band 2 and 3's and some admin roles.

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Hub review.					
Implementation of plan to improve appraisal rates	Finance and Workforce Committee Clinical Management Board	Monthly	Operational Director of HR	Inadequate	March 2015
New version of Datix now implemented which will further enable electronic feedback	Monthly reports to specialty and directorate clinical governance committees	Monthly	Head of Risk Management	Adequate	Completed
Serious incident audio and sound recordings, including lessons learnt and actions taken published on info-net following all SI investigations	Team brief feedback	Monthly	Deputy Medical Director (Safety and Quality)	Adequate	Completed
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Inadequate		
Risk assigned to:	Director Strategy & Change; Medical Director & Chief Nurse	Signed	Amanda Fadero, Sherree Fagge, Steve Holmberg	Date	2015
To be agreed by Trust Board					
Risk Appetite	Impact	3	Likelihood	2	Severity 6 Moderate
Justification for risk appetite The risk needs to be well managed for the Trust to meet its statutory obligations to it staff; and enable learning and improvement.					

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Datix Ref:	Objective	Financial Targets	Assurance Committee	Finance and Workforce		
Ref: 5 BAF 14/ 15	Risk Description	Financial targets may not be met due to underperformance against plans				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> • Efficiency Savings cannot be achieved • Failure of planned service changes - inability to control costs • Failure of 2014/15 contractual arrangements to deliver local health economy objectives • Income from local contracts decreases • Activity level below expectations • Inability to recover income from commissioners • Fragmented and uncertain commissioning landscape • Internal budgets are not managed and delivered 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> • FT application delayed • 3Ts project could be impacted • Major service developments delayed or inability to proceed • Impact on Cash – inability to pay creditors/workforce 					
Risk Owner	Chief Financial Officer					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	5	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 20	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> • CIPS (Cost Improvement Programmes) delivery units monitoring non-delivery of CIPS. • Financial Performance Review with CFO and COO. • Efficiency Programme steering group to ensure delivery of major change programme including the Efficiency Programme. • Collaborative working with Commissioners on LHE delivery plans. • Contract negotiations have an objective of reducing Trust exposure to risk via LHE Heads of Agreement. • Joint working on redefined pathways with commissioners and other local providers. • Proactive work to ensure Trust service plans and strategies align with Trust ambitions. • Investment and Prioritisation group – scrutiny and approval process. 					
Current Risk	Current Impact 5	5	Current Likelihood 4	4	Current Severity 20↔	High

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
New monthly Directorate Performance Reviews – Escalation process to review underperforming services and agree mitigation as part of performance meetings.	Clinical Management Board	Monthly	CFO	Adequate	Commenced following new clinical structure and review monthly
Proactive contract management and processes for review and intervention.	Monthly contract monitoring report to Management Board	Monthly	Gareth Hall	Adequate	Review Monthly
Collaborative working to assess finance drivers across all providers & commissioners in LHE via LHE PMO	SEG – Local Chief executive steering Group	Monthly	CFO / CEO	Inadequate	On-going – Drive and delivery is not robust.
Clinical Management Board meeting focused on delivery of operational and financial plans	Clinical Management Board	Fortnightly	Clinical Management Board	Adequate	Bi-monthly report
Checkpoint and Exec Dashboard produced on a weekly basis to provide Executive regular update on performance of the Efficiency Programme including significant risks and issues to delivery	CIPS, Weekly Efficiency Programme Steering Group	Fortnightly	Efficiency Programme Steering Group	Adequate	Weekly
Trust Financial and Business Planning process agreed and now in place. Led by Chief Financial Officer supported by Deputy Chief Financial Officer.	Executive Team	Monthly and then business planning quarterly	CFO	Adequate	Review Monthly
Develop Business planning process for 2015/16.	Clinical Management Board	Fortnightly	Director of Strategy and Change	Adequate	March 2015
	Board of Directors	Monthly			
Efficiency Programme for 2015/16 to be developed and be further refined to including key milestones and KPI's.	Efficiency Programme Steering group.	Fortnightly	Programme Delivery Unit Lead	Adequate	Fortnightly
Service line management enabling	Finance and Workforce	Bi monthly	Clinical Chief of	Adequate	Quarterly review.

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
service development of business plan for current and future financial sustainability.	Committee	review	Finance		Next review Q3
Review and strengthen the Efficiency programme Steering Group	Finance and Workforce Committee	Bi monthly review	Clinical Chief of Finance	Adequate	February 2015
Impose additional controls around use of temporary staff and non-pay send.	Finance and Workforce Committee	Bi monthly review	Clinical Chief of Finance	Adequate	February 2015
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Adequate		
Risk assigned to:	Chief Financial Officer	Signed	Spencer Prosser	Date	January 2015

To be agreed by Trust Board

Risk Appetite	Impact	5	Likelihood	2	Severity	10	Significant
Justification for Risk: The consequence of not meeting financial targets will always be extreme. Due to current financial climate unable to reduce the likelihood of the risk occurring of below unlikely. This will always remain a significant risk but need to ensure adequate controls are in place to mitigate the risk where possible.							

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Culture of Quality Organisational and Board Development Clinical Strategy Foundations for Success			Assurance Committee	Finance and Workforce		
Ref: 6 BAF 14/ 15	Risk Description	Insufficient skills, capacity and capability to address scope and complexity of Trust agenda (Management Capacity)						
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> • Inability to attract and retain high quality staff. • Insufficient leadership and management development. • Insufficient succession planning for clinical and managerial leaders • Shortfalls in appraisal and consequently agreed development plans are not implemented and staff supported to achieve. 							
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> • Adverse impact on quality, safety and operational delivery which will impact of patient care and experience. • Failure to deliver Trust objectives and targets • Clinical Strategy not fully implemented • Potential breaches of Statutory compliance • Impact on Financial targets both short and long term • Loss of reputation • Financial cost of fines, replacement of staff etc 							
Risk Owner	Director of Strategy and Change							
Initial Risk	Initial Impact	4	Initial Likelihood	4	Initial Severity	16	HIGH	
	1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme		1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain					
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> • Education and Learning Strategy • Education Directorate created in a new model. • Clinical Strategy – developed and agreed. Needs to be fully embedded. • Appraisal systems in place with monthly RAG report. 							
Current Risk	Current Impact	4	Current Likelihood	4	Current Severity	16	HIGH	

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Revised clinical structure – and appointment to clinical and managerial roles within the structure	Finance and Workforce Committee Clinical Management Board	Bi Monthly Monthly	Chief Executive & Operational Director of HR	Adequate	September 2014 (completed)
Enhanced Executive Director capability and capacity through appointment of Director of Strategy and Change	Clinical Management Board Board of Directors	Monthly	Chief Executive	Adequate	September 2014 (completed)
Implementation of Education and Learning Strategy.	Clinical Management Board Board of Directors	Monthly	Director of Education and Knowledge	Inadequate	Monthly review until implemented
Review the required roles, responsibilities and skill sets of all managers. Create from this a modularised development programme that will enhance the key areas of all BSUH managers. Improve line managers' ability to identify and implement change by rolling out specific change management development interventions.	Finance and Workforce Committee Clinical Management Board	Quarterly Quarterly	Director of Strategy and Change	Adequate	Review until fully implemented.
Implementation of revised Executive Director structure and responsibilities.	Performance appraisal	Monthly	CEO and Director of Corporate Affairs and Company Secretary	Adequate	Completed
Agreement and implementation of succession planning process which is under construction for all area. Successful process for secession planning already in place for Medical staff.	Finance and Workforce Committee Remuneration Committee	Bi Monthly Quarterly	Director of Strategy and Change (Operational Director of HR)	Inadequate	Bi - monthly review until implemented

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
New internal staff survey results reviewed and actions implemented	Finance and Workforce Committee	Bi Annually	Operational Director of HR	Adequate	April 2015
Core Project Mapping and Prioritisation	Board of Directors	Bi Annually	Director of Strategy and Change	Adequate	March 2015
New business planning process	Clinical Management Board Board of Directors	Annually	Director of Strategy and Change	Adequate	March 2015
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Adequate		
Risk assigned to:	Director of Strategy and Change	Signed	Amanda Fadero	Date	2015

To be agreed by Trust Board

Risk Appetite	Impact	3	Likelihood	2	Severity	6	Moderate
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Justification for risk appetite: The risk needs to be well managed for the Trust to meet its objective and imbedded any strategic development.

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Datix Ref:	Objective	Foundations for Success	Assurance Committee	Finance and Workforce Committee		
Ref: 7 BAF 14/ 15	Risk Description	11. Failure to deliver desired cultural change through the Values and Behaviour programme.				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> • Failure to develop and implement effective performance management process • Inability to address organisational factors which contribute to poor behaviours • Failure to challenge poor behaviours • Impact of programme does not meet staff expectations 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> • Disengagement of staff from the programme • Ongoing issues of poor team-working • Negative impact on patient safety and experience • Ongoing issues of harassment and bullying • Poor staff survey outcomes • Negative impact on regulatory compliance 					
Risk Owner	Chief Executive					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	3	Initial Severity 12	Significant
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> • Programme governance, resourcing and project plan • Resourcing of project teams • Regular communication of the purpose of the programme and its progress • Training and development of project team including change coaches 					
Current Risk	Current Impact 4	4	Current Likelihood 3	3	Current Severity 12	Significant

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Appointment of internal and external project team members	Programme Board	Monthly	Chief Executive	Adequate	Completed
Development of detailed project plan	Programme Board	Monthly	Project Manager	Adequate	Completed
Workshops for project teams	Programme Board	Monthly	Project Manager	Adequate	Completed
Programme of communications and engagement	Programme Board	Monthly	Director of Communications	Adequate	Completed
Leadership development programme implemented and in train	Programme Board	Monthly	Director of Strategy and Change	Adequate	On-going
Re-phasing of Programme and utilisation of internal and external resource	Board of Directors	Quarterly	Director of Strategy and Change	Adequate	On-going
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Adequate		
Risk assigned to:	Chief Executive	Signed	Matthew Kershaw	Date	2015

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	2	Severity	8	Significant
Justification for risk appetite:							

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Organisational and Board Development (statutory compliance)	Assurance Committee	Finance and WorkForce		
Ref: 8 BAF 14/ 15	Risk Description	12. Staff and patients may be put at risk from failure to maintain adequately the estate, equipment and soft FM services				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> • Reductions in funding impact backlog maintenance; • Inability to monitor and improve service performance of FM providers • Training competence process / procedures inadequate 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> • Impact on patient experience • Risk of action from statutory bodies e.g. CQC, Fire & Rescue Service, Health & Safety Executive etc. • Reputational issue quality of FM provision . 					
Risk Owner	Chief Financial Officer					
Initial Risk Rating	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	5	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 20	HIGH
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> • A full 6 facet survey of the Estate has been completed to inform the revised Estates Strategy and update the quantum of backlog maintenance and the level of risk inherent therein. • The performance of FM providers is monitored closely, with annual PLACE inspections to provide additional assurance. • Policies and Procedures in place and up to date. • Clear roles and responsibilities with Executive lead. • Action plans and risk assessments available for Fire and other key issues e.g. Asbestos, Safe Water Management. • Clear line reporting from H&S committee to FWC and Trust Board. • Approval of Estates Strategy which includes key actions & KPI's by Trust Board in Oct 2012 • Action plan in place and committees monitor water management issues effectively. Additional advice to resolve persistent water safety issues from expert in water management issues. • Audit tool for enhanced monitoring of Facilities contractor performance. • CQC visit action plan review. 					
Current Risk Rating	Current Impact 4	4	Current Likelihood 4	4	Current Severity 16	High

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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Ensure action plans re: statutory compliance following visit are being implemented and escalated if any delay to the Executive lead and /or assurance committee. Lead executive and reporting structure in place.	Health and Safety Committee reporting to CMB	Bi Monthly	Director of Corporate Affairs and Company Secretary ODofF&E	Adequate	July 2013. Completed
Continue regular PLACE Audits	PLACE Reports for each building	Annually	ODofF&E	Adequate	
Monitoring FM contact with Sodexo as payments based on quality of service. Additional controls measures have been put in place to monitor the contract since Q2 2013/14. There have been discussions at Board re sustained improvement in standards agreed for the FM contract.	Operational meetings Contract performance monitoring meetings CQC inspection	Daily Monthly	Operational Director of Facilities and Estates (ODofF&E)	Adequate	Measures are on-going and issues are still being resolved.
Further action required to ensure patients are consistently cared for in a clean and hygienic environment	Operational meetings Contract performance monitoring meetings CQC inspection	Daily Monthly	Operational Director of Facilities and Estates (ODofF&E)	Inadequate	Measures are on-going and issues are still being resolved.
Hydrop independent specialist audit re: water management report action plan being implemented and reviewed by WMC. This will be re audited by November 2014. Annual report provided to FWC. Outstanding issue which is being addressed ensuring all water outlets are regularly used. Implement action plans for management of Pseudomonas Aureginosa.	Action plan via Legionella action meeting. Water Management Committee and Health and Safety Committee	Monthly Monthly Bi-monthly	Operational Director of Facilities and Estates (ODofF&E)	Adequate	Hydrop report due review Dec 2014
Review and revision of 2012 Estate Strategy and KPI's.	Performance review	Monthly	Operational Director of Facilities and Estates	Adequate	To be approved by Trust Board Date July 2015

Board Assurance Framework (BAF) Control Template Quarter 3

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
			(ODofF&E)		
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control				Adequate	

Risk assigned to: Chief Financial Officer **Signed** Spencer Prosser **Date** January 2015

To be agreed by Trust Board

Risk Appetite **Impact** 3 **Likelihood** 3 **Severity** 9 **Significant**

Justification for Risk Appetite: Agreed revised estates strategy will provide prioritisation for future investment given known resource envelopes and ongoing Capital Investment Programs.

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Culture of Quality	Assurance Committee	Quality and Risk		
Ref: 9 BAF 14/ 15	Risk Description	2. Failure to ensure that there are enough suitably qualified, skilled and experienced staff to meet the needs of patients across all services.				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> National and local shortages of staff in hard to recruit areas, both nursing and medical Delays in recruitment processes from job application to working on the wards Delays in recruitment to increased nursing establishment High staff turnover rates Poor team working in some areas leading to staffing challenges 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Negative impact on patient safety and experience Continued non-compliance with regulatory standards 					
Risk Owner	Medical Director / Chief Nurse					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	5	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 20	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	<ul style="list-style-type: none"> Comprehensive review of nurse staffing levels and acuity and dependency of patients Prioritised investment in nurse staffing Appointment of supernumerary band 7s Implementation of E roistering on all wards Publication of planned and actual nurse staffing by shift Monitoring of shift by shift staffing levels to ensure safe staffing Monthly and six monthly Board reports on safe staffing Escalation of any staffing level which breaches the set ratios through the four times daily operational meetings Workforce element of site reconfiguration programme Short-term mitigation plans to address deficits in medical staffing New accelerated recruitment process in place including international recruitment. 					
Current Risk	Current Impact 5	5	Current Likelihood 4	4	Current Severity 20	High
Action for Further Control	Monitoring Method	Frequency	Action Owner	Effectiveness	Due Date /	

Board Assurance Framework (BAF) Control Template Quarter 3

(Summary)	(Assurance)				Complete
Recruitment plans to address current vacancy factors which will include a marketing plan to highlight BUSH as a place to live and work. Recruitment strategy being developed to look at innovated ways to recruit to address local and national issues with recruitment.	Monthly and six monthly reports on safe staffing to Board of Directors	Monthly	Chief Nurse	Adequate	50% of recruitment to be completed by Oct/Nov 2014 and then further 50% by Jan 15 Recruitment of 50 nurses but lead in time to be finalised.
Strategies to recruitment in medical staffing, including action plans in challenged specialties	Periodic reports from Medical Director to Quality and Risk Committee and Board of Directors	Bi-monthly	Medical Director	Inadequate	January 2015
Growing the BSUH workforce in hard to recruit areas. This will be linked to the recruitment plan. This a specific issue in acute or some speciality. This was successful in intensive care and will be expanded	Monthly and six monthly reports on safe staffing to Board of Directors	Monthly	Chief Nurse	Inadequate	To be linked to action above and will part of role of new B9 Head of Nursing - Education
Increasing the number of practice educators to support newly qualified nursing staff.	Monthly and six monthly reports on safe staffing to Board of Directors	TBC	Chief Nurse	Inadequate	Review Jan 2015
Further implementation of E rostering-rolled out to all nursing staff. Detailed action plan in progress to improve compliance	Internal Audit in August Divisional Performance reviews Audit Committee March 2015	Monthly	Chief Nurse	Inadequate	Actions to be completed by 31 st March 2015
External Consultants appointed to work with medical teams. External mediation in specific identified areas.	Safety & Quality review HR review Performance review	Monthly	Medical Director	Inadequate	On-going
Comprehensive end to end review of the recruitment process.	Finance and Workforce Committee	Bi Monthly	Operational Director of HR	Adequate	On-going
Self-assessment against 7 day working standards and actions developed in relation to medical	Clinical Management Board Board of Directors	Bi-monthly	Medical Director	Adequate	Review Bi-monthly until complete

Board Assurance Framework (BAF) Control Template Quarter 3

review at PRH; therapies services and interventional radiology and angiography. Re-assessment will be undertaken and priorities identified for implementation in 2015/16 and 2016/17					
Second stage of international recruitment to be undertaken	Clinical Management Board Finance and Workforce Committee	Bi-monthly	Deputy Chief Nurse	Inadequate	September 2015
Review cover for maternity leave and agree guidance	Clinical Management Board	Bi-monthly	Deputy Chief Nurse	Inadequate	March 2015
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Inadequate		
Risk assigned to:	Chief Nurse and Medical Director	Signed	Sherree Fagge Steve Holmberg	Date	

To be agreed by Trust Board

Risk Appetite	Impact 4	Likelihood 3	Severity 12	Significant
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Justification for risk appetite: This is a national issue which is impacted by the local economy and therefore will difficult to resolve impact or reduce likelihood to possible.

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Performance Targets	Assurance Committee	Clinical Management Board		
Ref: 10 BAF 14/ 15	Risk Description	Ability of the Trust and Local Health Economy partners to consistently deliver performance standards				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> Higher than expected growth in emergency surgery and trauma activity partly as a result of the reconfiguration of services at East Sussex Healthcare Trust (ESHT) Significant variation in daily attendances at the Royal Sussex County Hospital (RSCH) site, including ambulance conveyances High number of Medically Fit for Discharge patients Increased demand in primary care Shortage of physical capacity on the RSCH site Internal Trust processes are not suitable and sufficient to deliver sustained RTT performance Assurance processes for scheduled care are not sufficiently robust against best practice 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Negative impact on patient safety and experience Non-compliance with regulatory standards Potential financial penalties Organisational reputation Do not deliver sustainable 18 week (RTT) performance Organisational reputation 					
Risk Owner	CFO for scheduled care and Director of S&C for unscheduled care					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	4	Initial Severity 16	High
Existing Controls (What existing processes / controls are in place to manage the risk?)	Unscheduled care <ul style="list-style-type: none"> On-going programme of work which has included investment in senior decision making in the emergency departments (EDs); redesign of on call arrangements; Hospital Rapid Discharge Team (HRDT); improved use of space within EDs; changes to medical rota; direct admissions to AMU Operational Delivery Team led by interim Associate Director of Operations for Medicine Patient flow and escalation policy Cohorting policy 					

Board Assurance Framework (BAF) Control Template Quarter 3

- Capacity Management System to support daily management of capacity and flow across Sussex & Surrey
- On-going work to develop primary care and other alternatives to ED attendance
- Work with community providers to review nursing home capacity to improve access and response times of community services
- Daily support from SECamb to enable ambulance divers as required, and scrutiny of conveyances
- **Scheduled care**
- Patient Access Policy
- Twice weekly RTT meeting
- Weekly speciality meetings to review patients waiting for treatment and patients are dated according to clinical priority and time on list
- Engaging IST and working closely with CCG's

Current Risk	Current Impact	4	Current Likelihood	5	Current Severity	20 ↑	High ↑
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Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Emergency Care Intensive Support Team (ECIST) whole system review with the Trust, commissioners and other providers to advise on further improvement to our current systems	Bed state and Discharge meetings	Daily	Associate Director of Operations – Medicine Division	Adequate	Weekly review until complete
	ECIST action Plan and 5 work steams	Weekly	Chief Operating Officer		
Implementation of learning from Evergreen week – this needs to become normal status.	Hospital Management Board	Monthly	Chief Operating Officer	Inadequate	Monthly review until complete
Ensuring better alignment of senior clinical workforce to periods of peak demand -	Hospital Management Board	Monthly	Medical Director / Chief Operating Officer	Adequate	Monthly review until complete
	Quality and Risk	B- Monthly			
Continued focus on discharging patients earlier in the day	Bed state and Discharge meetings	Daily	Associate Director of Operations – Medicine Division	Inadequate	Monthly review until complete
	Hospital Management Board	Monthly	Chief Operating		

Board Assurance Framework (BAF) Control Template Quarter 3

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
			Officer		
Increasing the proportion of patients that are discharged to their usual place of residence	Bed state and Discharge meetings	Daily	Head of Nursing for Discharge and Partnership Chief of Safety (Medicine)	Inadequate	Monthly review until complete
Increasing operational control over the filling of bank nursing shifts to maintain staffing levels (Cross reference to risk : 9 BAF 2014/15)	Hospital Management Board	Monthly	Sherree Fagge – Chief Nurse Associate Chief Nurses	Inadequate	Monthly review until complete
Operational resilience bids sent but not allocated – need to implement before Winter pressures (8 Million bid submitted)	Task and Finish	Weekly	Operations Director	Inadequate	Monthly review until complete
	Hospital Management Board	Bi Monthly	COO		
Surgical summit – address extra work in Surgery which has wider implication for organisation. Implement agreed actions (Cross reference to Risk : 1 BAF 2014/15)	Hospital Management Board	Monthly	Medical Director / Chief Operating Officer	Inadequate	14 th July 2014
Implementation of Surgical Assessment Unit	Hospital Management Board	Monthly	Chief operating officer	Inadequate	Monthly review until complete
To restart Weekly Operational Look forward meetings with issues that affect the clinical and operational running of the Trust with key stakeholder		Weekly	Director of Strategy and Change	Inadequate	November 2014
Validation of clinical data for RTT with includes checking incomplete pathways are correctly stated and focus on clinical outcomes sheets for all patients.	Clinical Management Board and Executive Management Board	Bi Monthly	Sally Howard as lead Director and Jo Andrews as Clinical Lead	Adequate	Weekly review until complete

Board Assurance Framework (BAF) Control Template Quarter 3

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Increased use of independent sector providers (IS) and additional internal capacity to treat more patients in order to reduce waiting times	Clinical Management Board and Executive Management Board	Bi Monthly	Sally Howard as lead Director lead and Jo Andrews as Clinical Lead	Adequate	Weekly review until complete
IST have been invited to undertake Capacity and demand modelling to ensure sustained delivery of 18weeks performance starting with highest risk specialities.	Clinical Management Board and Executive Management Board	Bi Monthly	Sally Howard as Director lead and Jo Andrews as Clinical Lead	Adequate	Weekly review until complete
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			Inadequate		
Risk assigned to:	CFO for scheduled care and Director of S&C for unscheduled care	Signed		Date	

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	2	Severity	8	Significant
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Justification for risk appetite: When CQC and clinical restructure is fully embedded as a control rather than action likelihood could be reduced due to the level of control. There will always be an impact if patient does not receive appropriate care impacted by operational pressures. Therefore realistically the Trust would like to aim to unlikely. Rare would be an aspiration but currently not likely to achieve. Effective processes, controls and assurances in place but need to ensure not complacent.

Board Assurance Framework (BAF) Control Template Quarter 3

Datix Ref:	Objective	Culture of Quality Performance Targets	Assurance Committee	Clinical Management Board		
Ref: 11 BAF 14/ 15	Risk Description	5. Poor data quality may have adverse impact on planning, delivery and assurance				
Cause (What might cause the risk to occur?)	<ul style="list-style-type: none"> Multiple systems which are not interfaced to the spine Inadequate capacity, training and supervision of system users. Inconsistent or lack of ownership of information and service/department level 					
Consequences (What are the possible consequences if the risk occurs?)	<ul style="list-style-type: none"> Efficiency Savings cannot be achieved/demonstrated Failure of service changes - inability to control costs In ability to develop future plans based on data and information that is not robust Inability to provide assurance internally and externally 					
Risk Owner	Chief Financial Officer					
Initial Risk	Initial Impact 1. Insignificant 2. Minor 3. Moderate 4. Major 5. Extreme	4	Initial Likelihood 1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost certain	3	Initial Severity 12	Significant

Existing Controls (What existing processes / controls are in place to manage the risk?)

- Information Governance Tool-kit – reviewed by Information Governance Committee routinely with assurance to Audit Committee
- Information Governance Tool-kit action plan to address weakness through IG committee.
- Information Governance committee – refreshed and chair, Director of Health Informatics
- Information Events e.g. provided by National Archive – inform key personnel of their responsibilities. Training completed on 19th June 2014.
- Spot check DQ audits – mandatory annual audits (internal audit tracker as part of annual audit plan as agenda item at Audit Committee). Also extend PSR (payment by results) Audit.
- Monthly/quarterly ‘clean-up’ of externally submitted corporate data
- Routine monitoring by corporate information of PAS/SUS related data quality for CDSs
- Centralisation of Admin and Clerical staff to enable consistent working practices across the Trust. This is linked to the Hub project.
- Coding work stream facilitates improvement in both data and information quality. Supported by focused action plans managed by Clinical Coding Performance Manager
- Service Line Management programme identifies service specific issues including data/information quality.

Board Assurance Framework (BAF) Control Template Quarter 3

	Identified issues are then included in SLM action plans and delivery monitored through reporting in SLM Blue Book (supported by SLM Project Manager) <ul style="list-style-type: none"> Trust submission of NHS TDA reports. Develop plan for re-provision of data warehouse – as part of Information Management Strategy HR Dashboard in place with data monthly review relating key HR themes to recruitment, retention, exit interviews etc. 						
Current Risk	Current Impact	4	Current Likelihood	3	Current Severity	12	Significant

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Complete actions from gap analysis following IG toolkit submission	Information Governance committee	Quarterly	Gareth Hall	Adequate	December 2014
Trust governance structure has been revised to provide adequate assurance behind the Board reported KPI's. Performance management structure to be revised by new Director of Strategy and Change when appointed. Corporate scrutiny of key data quality indices needs revision to provide robust assurance.	Audit Committee	Quarterly	Director of Strategy and Change	Inadequate	Appointment of S&C in September 2014
Delivery of objectives within Information Management Strategy accompanied by establishment of steering group to oversee action plan to improve access to and management of information	Strategy Implementation Plan Audit Committee	Monthly Quarterly	Gareth Hall/James Weller	Adequate	New Board and ToR in Place
Roll out of new Trust wide comparative benchmarking tool – Healthcare Evaluation Data- stage 1 complete	Information Governance Committee	Quarterly	Gareth Hall	Adequate	01/08/2013
Clinical Re-Structure: Programme	Information Management	6 Weekly	Ian Arbutnot	Inadequate	First Stage

Board Assurance Framework (BAF) Control Template Quarter 3

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
Delivery Manager incorporated clear Information and IG responsibilities in new management structures	Strategy Programme Board Workforce Plan and Training elements				01/09/2014
Small restructure of Central Information Unit – now specific training role.	Information Management Strategy Programme Board	6 Weekly	Gareth Hall	Adequate	01/09/2014
The Trust has developed a Data Quality Improvement Plan (DQIP) of which delivery will be monitored via the Information Management Strategy Programme Board; this will aim to improve the quality of both internally and externally reported data.	Information Management Strategy Programme Board	6 Weekly	Gareth Hall	Inadequate	On-going
Re-provision of IG Training – As part of IG work plan. A Virtual Learning Information and IG training module is being developed to replace the IG workbook.	Information Governance Committee	6 Weekly	Ian Arbuthnot	Inadequate	Revised 01/04/2015
Follow up actions to Data Quality Audit with Data Quality Patient Journey to clearly identify from initiation to final reporting externally. To inform an action plan to improve better collection of data and information at all stages to include: focused training, standard operating procedures	Information Management Strategy Programme Board	6 weekly	Ian Arbuthnot	Inadequate	31/01/2015
Establishment of Clinical Chief Information Officer – formal work plan to be advised.	Information Governance Committee	6 weekly	Heather Brown	Inadequate	On-going
Review and reprovision of Trust	Data warehouse project board	TBC	Spencer Prosser	TBC	Scoping with

Board Assurance Framework (BAF) Control Template Quarter 3

Action for Further Control (Summary)	Monitoring Method (Assurance)	Frequency	Action Owner	Effectiveness	Due Date / Complete
reporting solutions i.e. data warehouse					procurement
Overall Assessment of Control Effectiveness (Adequacy of Control) - 1. Adequate, 2. Inadequate, 3. Uncontrolled 4. Outside Trust's ability to control			1. Adequate		
Risk assigned to:	Chief Financial Officer	Signed	Spencer Prosser	Date	

To be agreed by Trust Board

Risk Appetite	Impact	4	Likelihood	3	Severity	12	Significant
Justification for Risk Appetite: Only significant reduction can be achieved when the IT infrastructure and EPR are upgraded. Current infrastructure is not robust enough to reduce likelihood. The important is to maintain an adequate level of control.							

Board Assurance Framework (BAF) Control Template Quarter 3