

Board Assurance Framework (BAF): 2018/19 (April 2018)

Introduction

This draft Board Assurance Framework (BAF) 2018/19 has been prepared to allow the Board of Directors to consider a proposed refreshed BAF for implementation from the start of the next financial year.




This proposed BAF includes the following Principal Risks (PRs) to the Trust's core objectives:

- PR1 Catastrophic failure in standards of safety & care
- PR2 Demand that overwhelms capacity
- PR3 Critical shortage of workforce capacity & capability
- PR4 Failure to maintain financial sustainability
- PR5 Fundamental loss of stakeholder confidence (NEW)
- PR6 Breakdown of strategic partnerships (NEW)
- PR7 Major disruptive incident (NEW)

The key elements in this re-design for the Board to consider are as follows:

- A simplified description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- A simplified way of displaying the risk rating (current residual risk and tolerable level of risk)
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk within a 5 year horizon, along with the anticipated proximity within which they are expected to materialise and the degree of certainty that the level of risk will change (**High certainty** = change in likelihood is expected; **Uncertain** = unable to predict change; **Stable** = likelihood not expected to change)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on) ; (2) **Risk & compliance** functions (internal but independent of the area reported on); and (3) **Internal audit** (independent)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales
- Relevant Key Risk Indicators(KRIs) for each strategic risk, taken from the Trust performance management framework to provide evidential data that informs the regular re-assessment of the risk

Key to lead committee assurance ratings:

-  Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
-  Amber = Inconclusive assurance: the Committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
-  Red = Negative assurance: the Committee has received reliable evidence that the current risk treatment strategy is not appropriate to the nature and / or scale of the threat or opportunity

Implementation of this approach should then inform the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

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Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS
Principal risk (in the next 5 years)	PR 1: Catastrophic failure in standards of safety & care A catastrophic failure in standards of safety and quality of patient care across the Trust resulting in multiple incidents of severe, avoidable harm and poor clinical outcomes for a large number of patients

Current risk exposure		Tolerable risk
Likelihood	3. Possible	1. Very unlikely
Severity	4. High	4. High
Risk rating	12. High	4. Low

Lead Committee	Quality
Last reviewed	21/03/18
Last changed	19/04/18
Details of change	Risk exposures amended to align with agreement on previous BAF

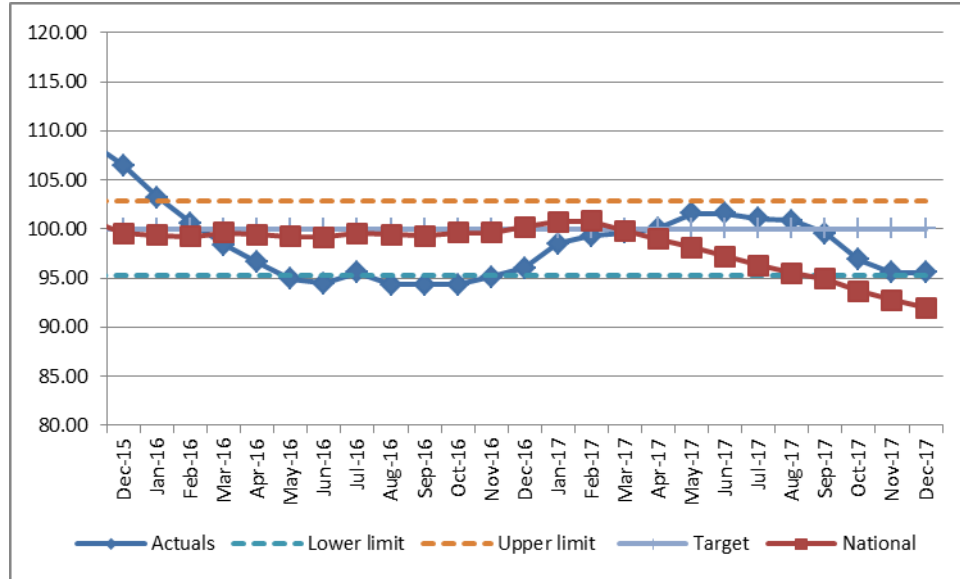
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's Assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Minimal Insistence upon low risk options	Patient Safety & Quality Board (PSQB) work programme aligned to CQC registration regulations Quality Committee Work Programme Senior leadership walk arounds	Medical Director & Chief Nurse	Management: PSQB assurance report (monthly) Management: Quality Dashboard (monthly) Internal Audit: CQC Insight tool; Internal audit plan (ref 10,11,12)	Tbc at next Quality Committee – 16th May
Threat: An outbreak of infectious disease (such as pandemic influenza; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Minimal Insistence upon low risk options	Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits	Medical Director	Risk & Compliance: IPC Committee report (Quarterly) Internal audit plan (ref 3)	Tbc at next Quality Committee – 16th May
Opportunity: Availability and implementation of new technologies as a clinical or diagnostic aid (such as: electronic patient records, e-prescribing and patient tracking; artificial intelligence; telemedicine; genomic medicine)	←	▬	▬	▬	→	Uncertain Risk exposure could reduce if opportunities are exploited	Open Prepared to accept some risk in pursuit of benefits	Digital Strategy & investment programme	Director of SPCD	Management: Digital Strategy Board Report (date tbc) Internal audit plan (ref 4)	Tbc at next Quality Committee – 16th May

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> ▪ Patient Safety & Quality Board (PSQB) monthly meetings & accountability structure of divisions & sub-groups ▪ Clinical service structures, resources & quality governance arrangements at Trust, division & service levels ▪ Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems ▪ Clinical audit programme & monitoring arrangements ▪ Clinical staff recruitment, induction, mandatory training, registration & re-validation ▪ Defined safe medical & nurse staffing levels for all wards & departments (safeguards monitored by Ch. Nurse) ▪ Ward assurance & accreditation programme 	Culture of patient safety at ward level is still developing & becoming fully embedded	Patient Safety Culture (PSC) programme	Deputy Chief Nurse	End of 2018/19
	Website & intranet currently contain some out of date clinical information	Website & intranet redevelopment project	Head of Communications	End of 2018/19

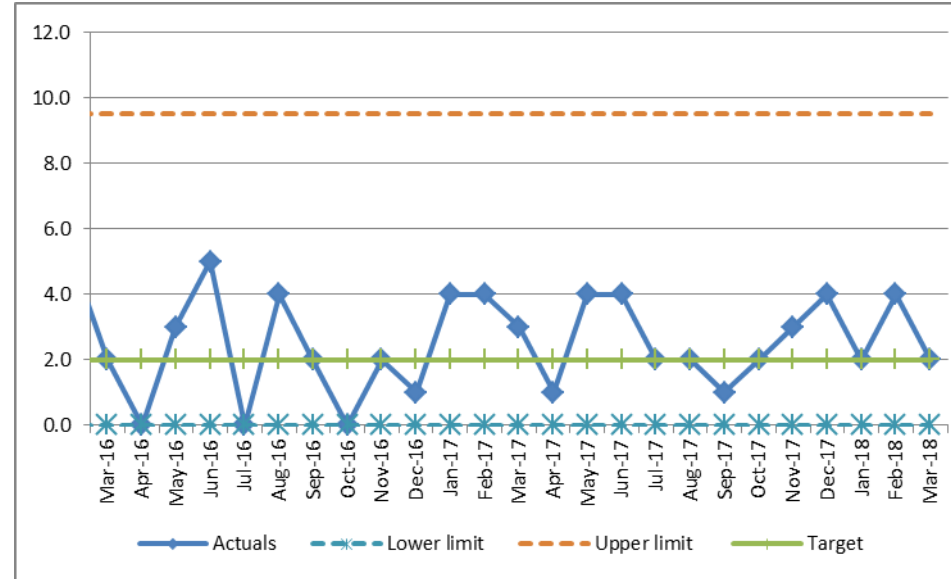
Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)

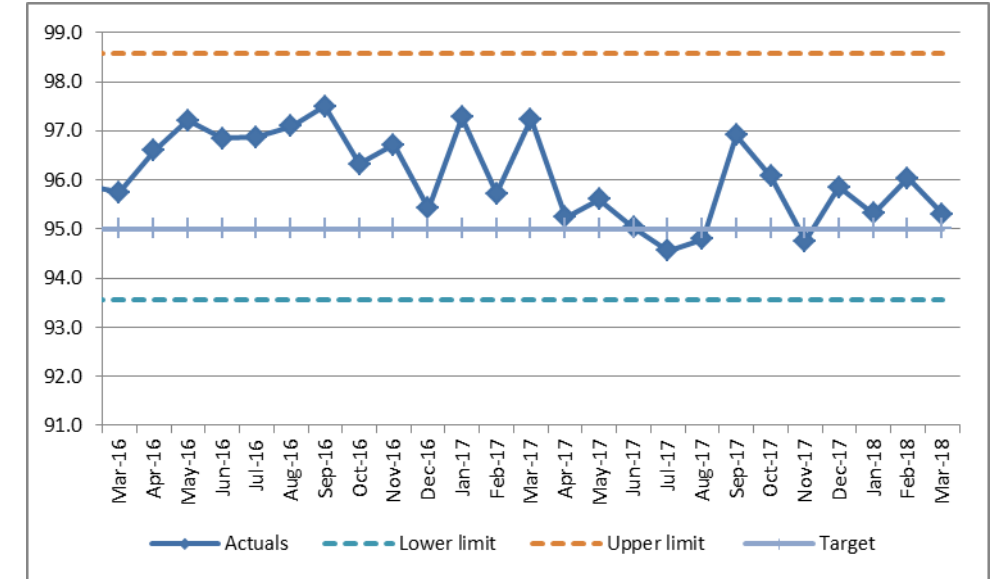
HSMR (basket of 56 diagnosis groups)



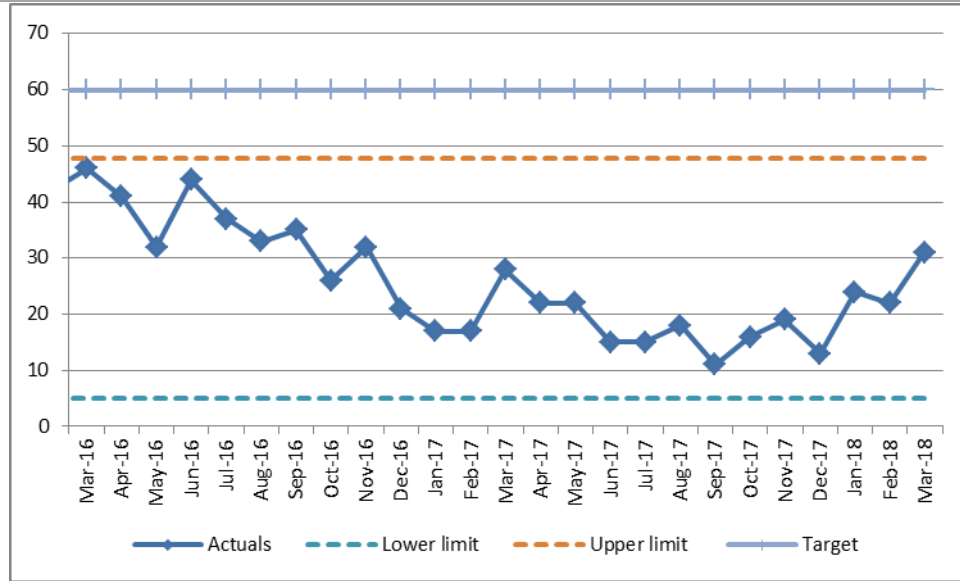
Serious Incidents including Never Events (STEIS reportable)



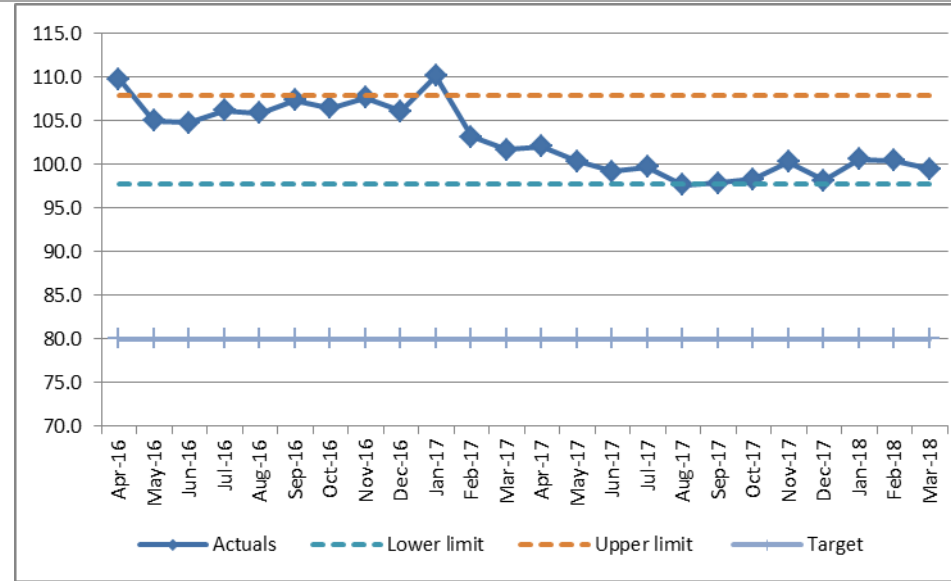
Harm-free SFH care



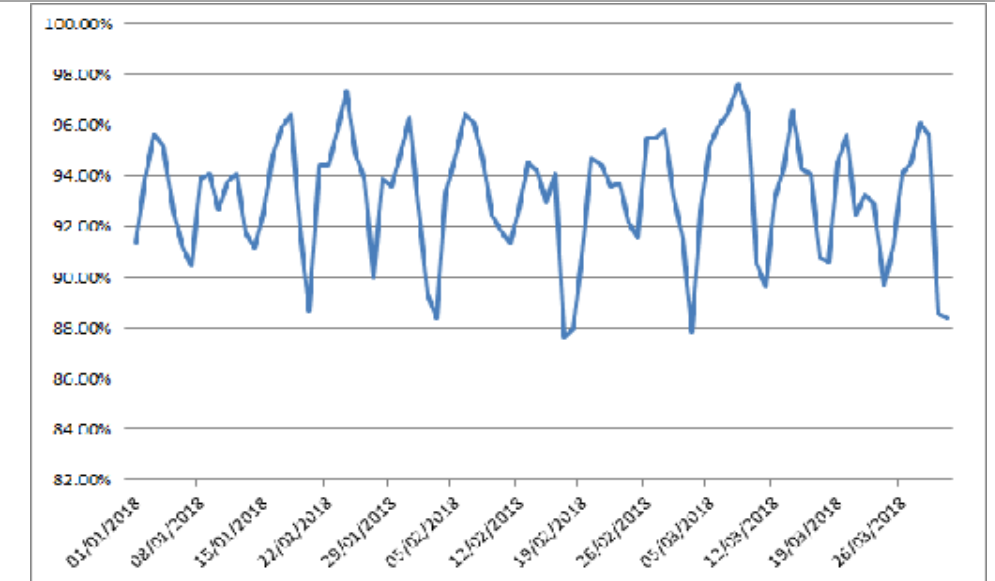
Number of complaints



Safe Staffing Levels - overall fill rate



Daily bed occupancy percentage



Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS
Principal risk (in the next 5 years)	PR 2: Demand that overwhelms capacity A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards

Current risk exposure	Tolerable risk
Likelihood	4. Somewhat likely
Severity	4. High
Risk rating	16. Significant

Lead Committee	Quality
Last reviewed	21/03/18
Last changed	19/04/18
Details of change	Additional source of assurance/ update of terminology/ New KRI's

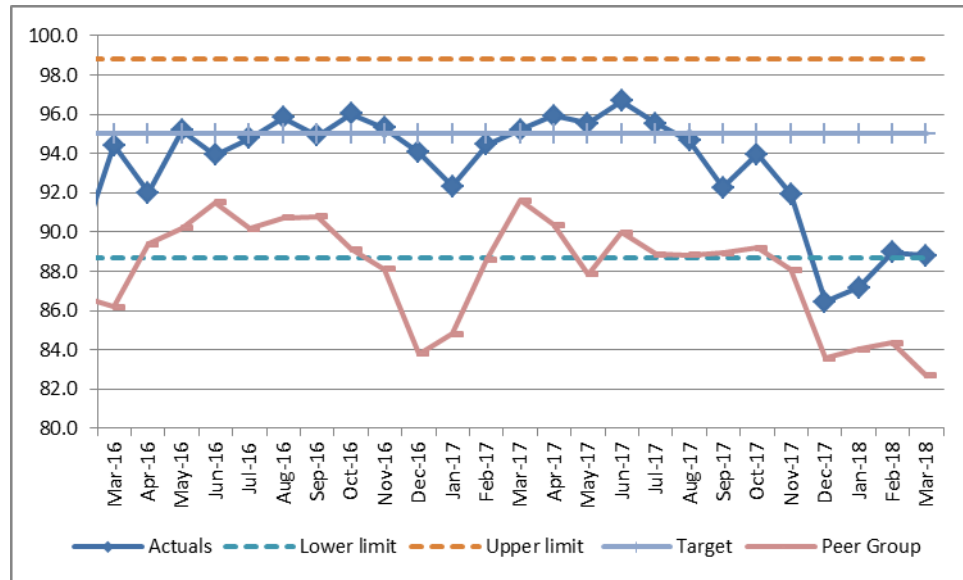
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: Exponential growth in demand for care caused by an ageing population (forecast annual increase in emergency demand of 4-5% per annum); reduced social care funding and increased acuity leading to more admissions & longer length of stay	←	—	—	—	→	High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	Patient Flow Programme & Better Together Alliance admission reduction initiatives	Chief Operating Officer	Management: Chief Operating Officer's Report (tbc) Management: SOF -access targets (monthly)	Tbc at next Quality Committee – 16th May
Threat & Opportunity: Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'		←	—	—	→	High certainty Increase in risk exposure expected	Open Prepared to accept some risk in pursuit of benefits	Engagement with Sustainability & Transformation Partnership (STP) developments of an Integrated Care System (ICS)	Director of SPCD	Management: STP update report (date tbc)	Tbc at next Quality Committee – 16th May
Threat & Opportunity: Operational failure of a neighbouring acute provider that creates a large-scale shift in the flow of patients and referrals to SFH			←	—	→	Uncertain Risk exposure could increase if threat materialises	Open Prepared to accept some risk in pursuit of benefits	Engagement with Sustainability & Transformation Partnership (STP) developments of an Integrated Care System (ICS)	Director of SPCD	Management: STP update report (date tbc)	Tbc at next Quality Committee – 16th May

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Emergency demand & patient flow management arrangements Single streaming process for ED & Primary Care Multi-agency System Resilience Group meeting Trust attendance at A&E Board and regular engagement with the Chair Patient pathway management arrangements Standard operating procedures for diagnostic services Performance management arrangements between Divisions, Service Lines and Executive Team 	Planned system-wide actions may not have the desired outcomes of reducing ED attendances and delays in discharging or transferring patients	Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board	Divisional General Manager, Emergency & Urgent Care	2018/19
	Not all clinical services are currently performing to the same level; particular concern with 62 day cancer standard	Strengthened governance & action plans for recovery of cancer performance; working towards 7 day diagnostic standards for Radiology & Endoscopy; reduction of 62 day backlog	Divisional General Manager, Surgery	2018/19
	Sustainability of Urology, Neurology and ENT services; strength of clinical services delivered in partnership (Vascular; Oncology; Stroke)	Revised clinical models for Urology and Neurology; development of joint SFH / NUH model for ENT; strengthening of Service Level Agreements (SLAs) via Strategic Partnership Board for joint services	Divisional General Manager, Surgery	2018/19

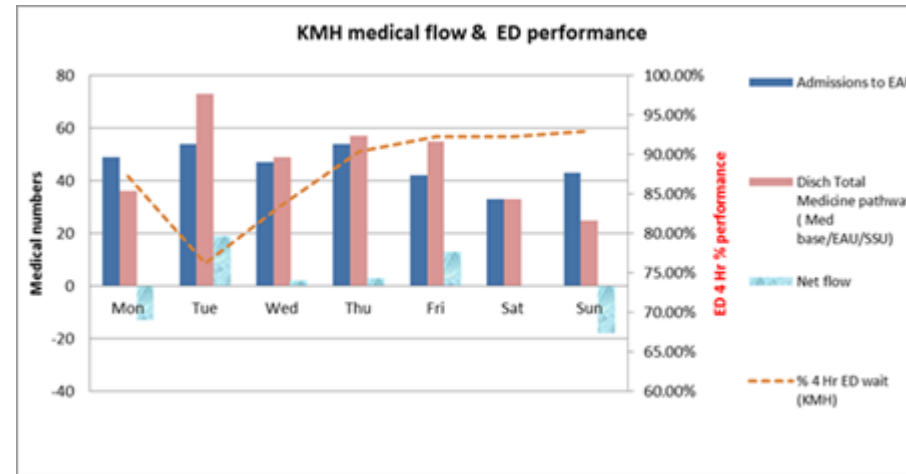
Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)

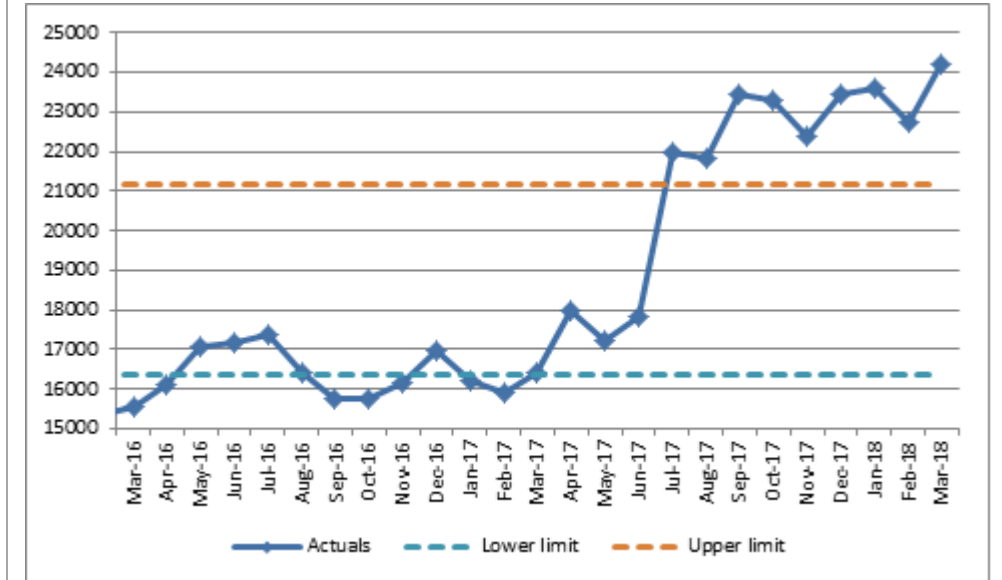
Emergency access within 4 hours (total Trust)



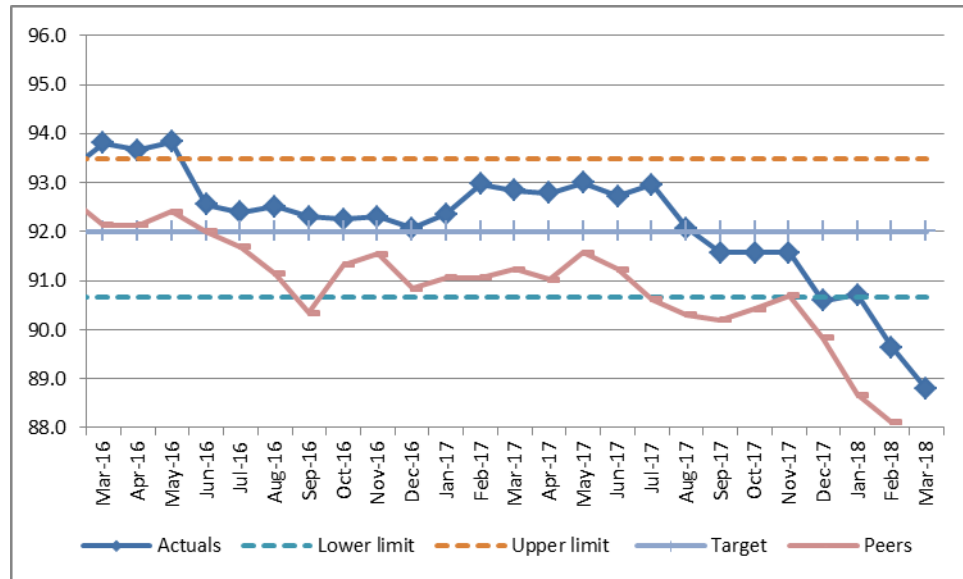
Weekly admission & discharge surplus/deficit



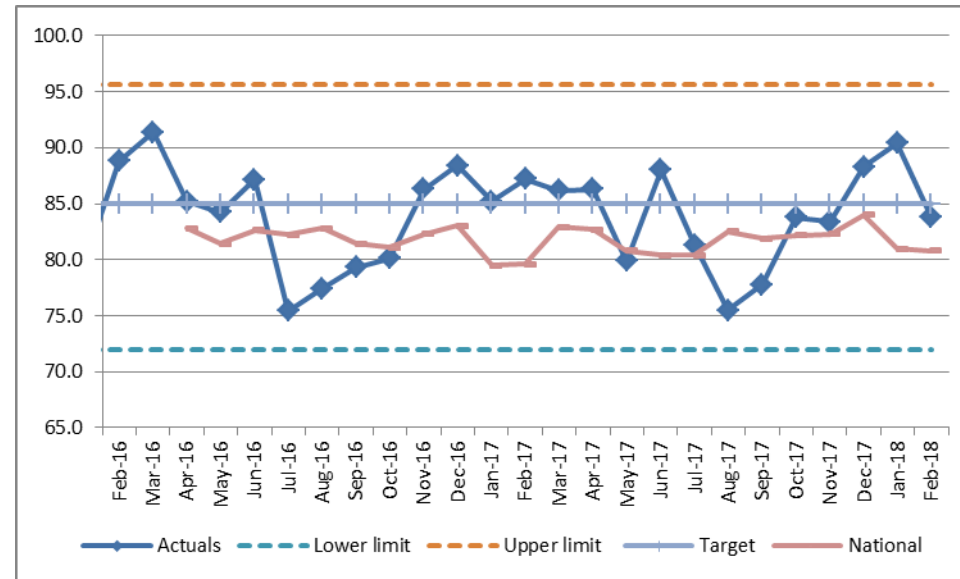
18 weeks - number of incomplete pathways



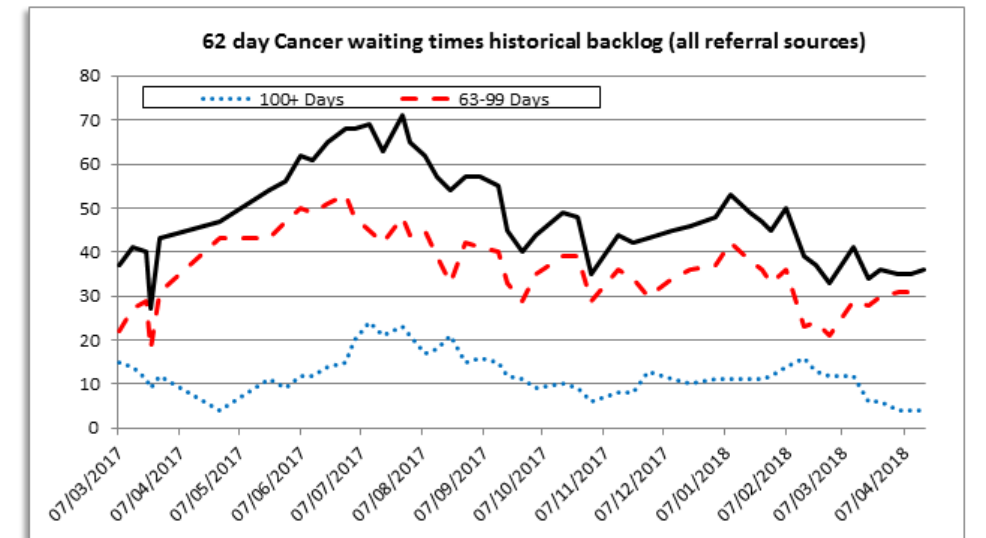
18 weeks Referral to Treatment (RTT) time – incomplete pathways



62 days urgent Referral to Treatment (RTT) for suspected cancer



Size of the Cancer backlog



Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	2: TO SUPPORT EACH OTHER TO DO A GREAT JOB	Current risk exposure	Tolerable risk	Lead Committee	Quality
Principal risk (in the next 5 years)	PR 3: Critical shortage of workforce capacity & capability A critical shortage of workforce capacity with the required skills to manage demand resulting in a prolonged, widespread reduction in the quality of services and repeated failure to achieve constitutional standards	Likelihood	4. Somewhat likely	Last reviewed	21/03/18
		Severity	4. High	Last changed	19/04/18
		Risk rating	16. Significant	8. Medium	Details of change
					Update to sources of assurance/ Additional KRI

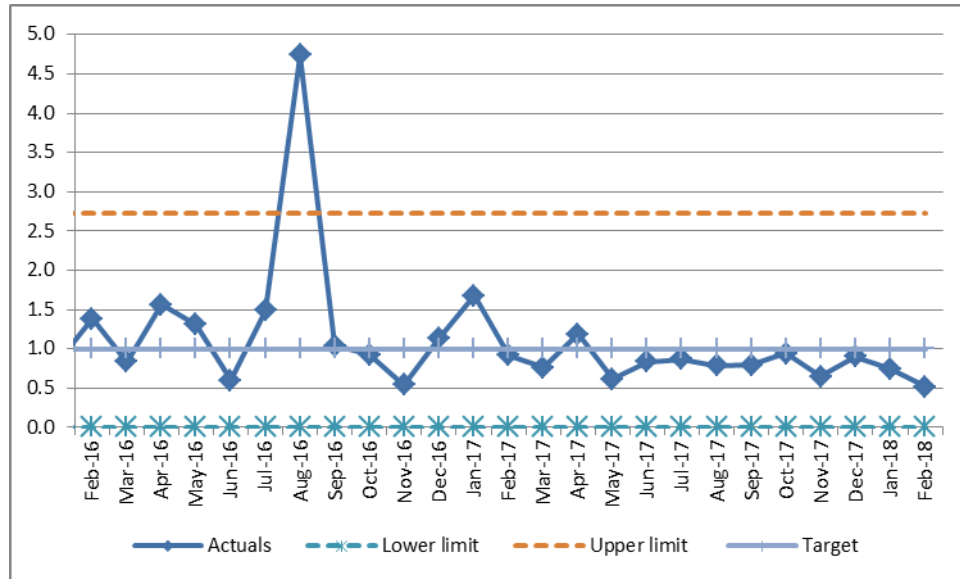
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: Demographic changes (including the impact of Brexit) and shifting cultural attitudes to careers, combined with employment market factors (such as reduced availability and increased competition) resulting in critical workforce gaps in some clinical services	←	▬	▬	▬	→	High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	'Maximising our Potential' workforce strategy – Attract & Retain pillars Medical and Nursing task force Workforce planning group Exec Talent Management Group	Director of HR & OD	Management: Workforce Strategy Performance (RAG) Report (Quarterly) SOF – Workforce Indicators (Monthly) Bank and agency report Internal Audit – Internal audit plan (Ref 13)	Tbc at next Quality Committee – 16th May
Threat: A significant loss of workforce productivity arising from a reduction in discretionary effort amongst substantial proportion of the workforce and/or loss of experienced colleagues from the service, or caused by other factors such as poor job satisfaction, lack of opportunities for personal development, on-going pay restraint or workforce fatigue	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	'Maximising our Potential' workforce strategy – Engage, Develop, Nurture, Perform pillars	Director of HR & OD	Management: Workforce Strategy Performance (RAG) Report (Quarterly) Staff survey and action plan Divisional Performance review meeting reports (monthly) Internal Audit – Internal audit plan (Ref 13)	Tbc at next Quality Committee – 16th May
								Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event)	Chief Operating Officer	Risk & Compliance: EPRR Report (bi-annually)	Tbc at next Quality Committee – 16th May

Primary risk controls	Gaps in control framework	Planned response to improve control	SLT lead	Timescales
<ul style="list-style-type: none"> 5 year workforce plan supported by Workforce Planning Group & review processes (consultant job planning; workforce modelling; winter capacity plans) Vacancy management and recruitment systems & processes TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation Defined safe medical & nurse staffing levels for all wards & departments Temporary staffing approval and recruitment processes with defined authorisation levels 	Trust wide co-ordination of new roles is not sufficiently robust	Workforce planning group to review co-ordination of new roles and develop, introduce and roll-out plan	Deputy Director of HR Operations	2018/19
	Lack of co-ordinated approach to nurse recruitment	Identification of lead agency to support overseas recruitment	Deputy Director of HR	2018/19

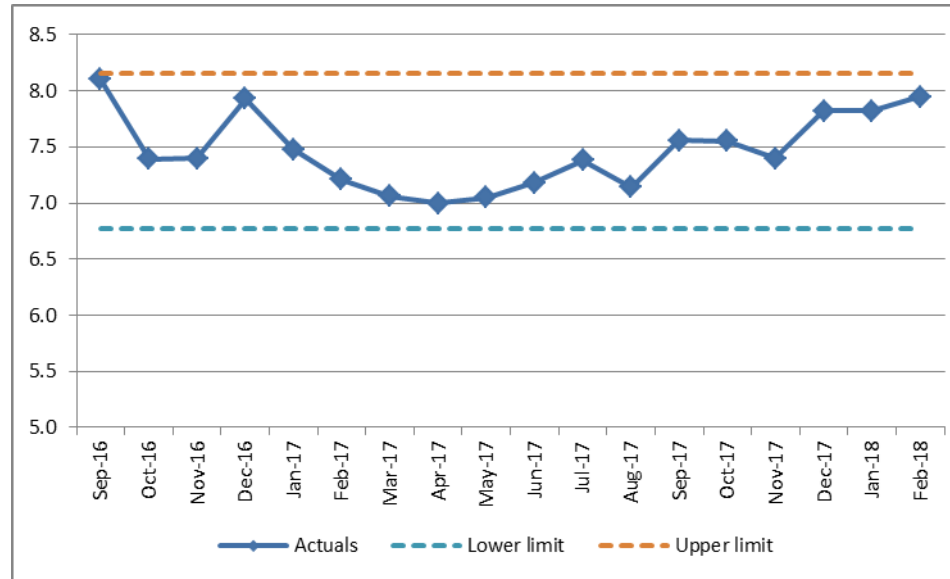
Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)

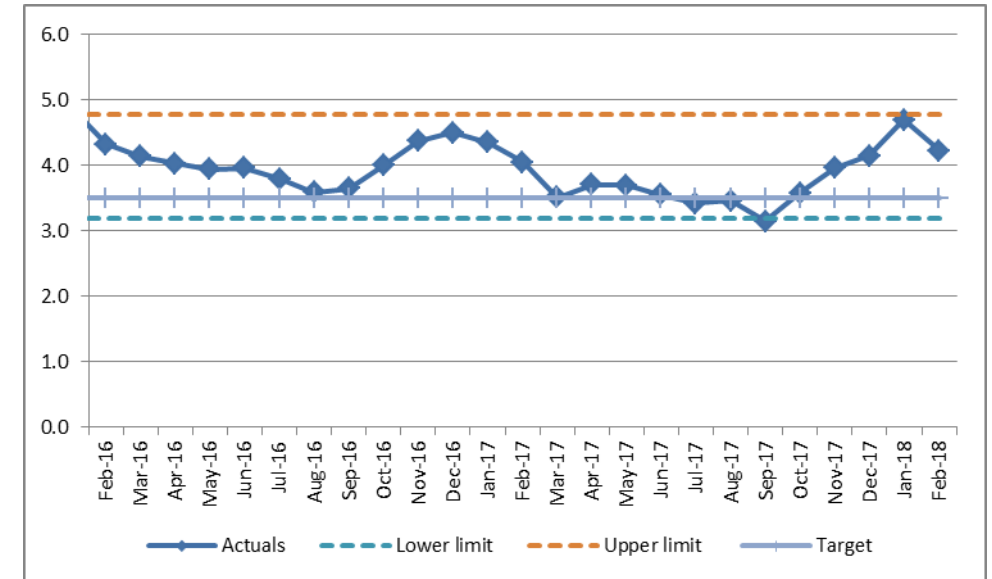
Staff turnover



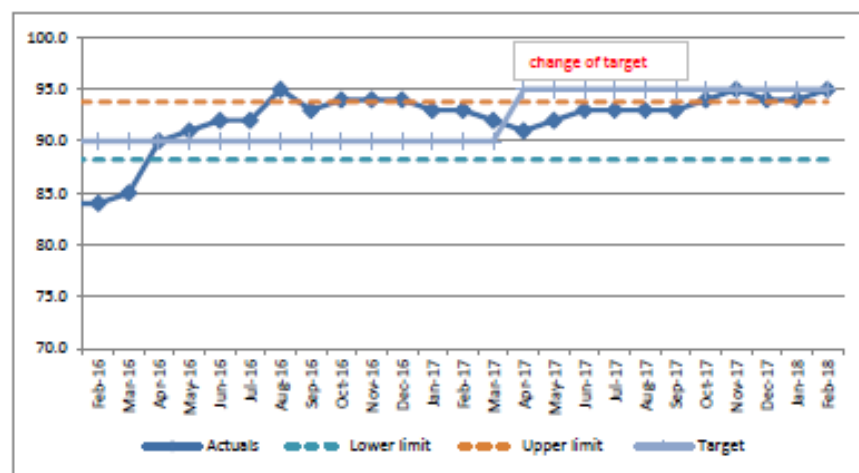
Proportion of temporary staff



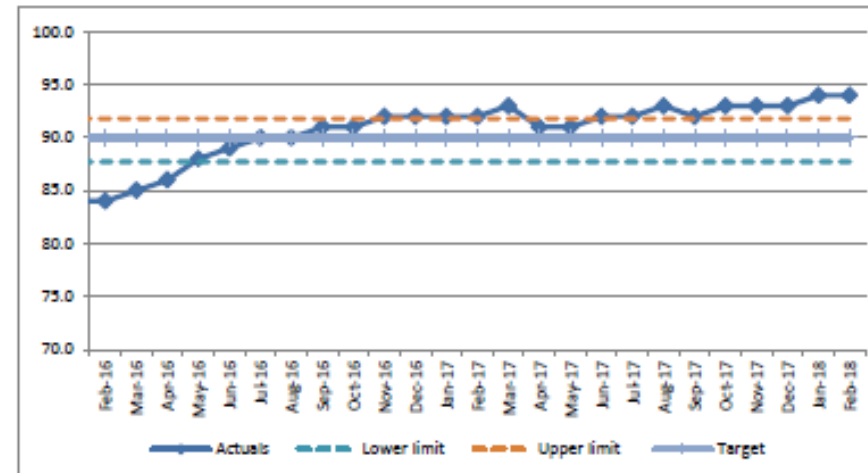
Sickness absence



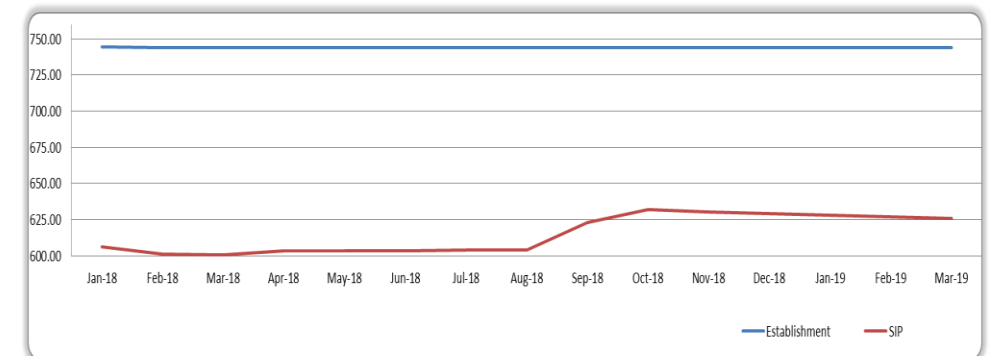
Staff appraisal completion



Core mandatory training completion



Nurse Trajectory



Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	3: TO INSPIRE EXCELLENCE
Principal risk (in the next 5 years)	PR 4: Fundamental loss of stakeholder confidence Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public

Current risk exposure		Tolerable risk
Likelihood	2. Unlikely	1. Very unlikely
Consequence	5. Very high	5. Very high
Risk rating	10. High	5. Low

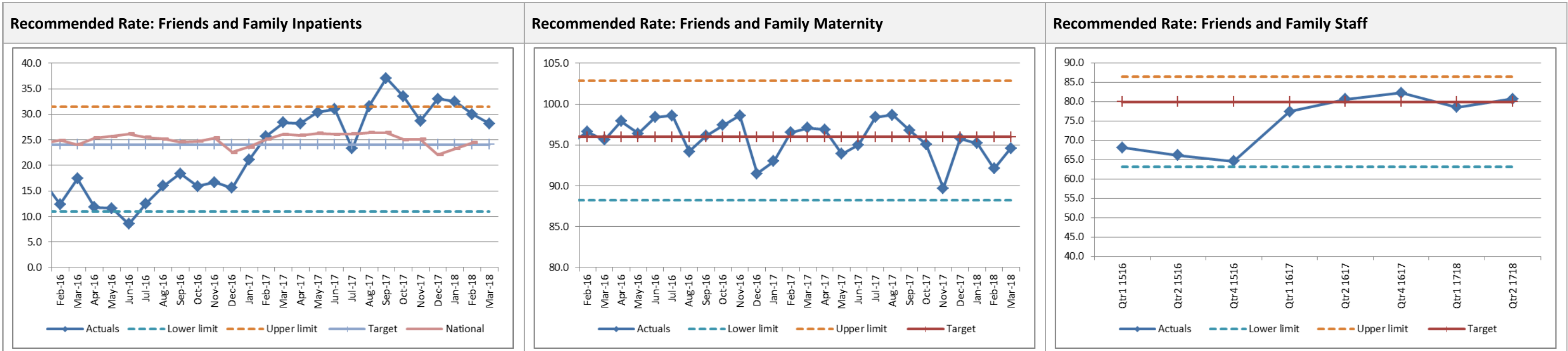
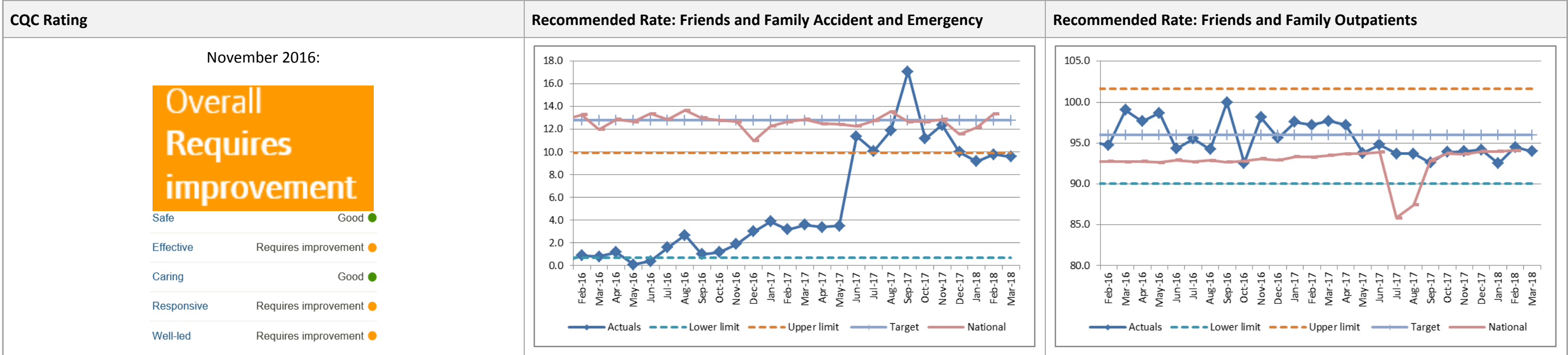
Lead Committee	Quality
Last reviewed	New
Last changed	19/04/18
Details of change	Update to risk treatment strategy/ Source of Assurance and plans to improve control/ assurance

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: Failure to make sufficient progress on agreed quality improvement actions which support the Trust's journey to outstanding	←	▬	▬	▬	→	Stable Risk exposure not likely to increase	Cautious Low risk options are preferred	Advancing Quality Programme (AQP) Quality Strategy implementation	Director of Governance	Management: AQP Board report (Monthly) Internal Audit –IA plan (Ref 9)	Tbc at next Quality Committee – 16 th May
Threat: Failure to take account of shifts in public & stakeholder expectations resulting in unpopular decisions and widespread dissatisfaction with services with potential for sustained publicity in local, national or social media that has a long-term influence on public opinion of the Trust	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued public & stakeholder engagement utilising a wide range of consultation & communication channels; increasing social capital by taking advantage of good news stories to strengthen reputation Involvement & Engagement Strategy	Chief Executive / Head of Communications	Management: Quarterly Comms report to Board; bi-annual Forum for Public Involvement report to PQSB; Annual Patient Experience Report Internal Audit –IA plan (Ref 11) External -External Stakeholder Audit	Tbc at next Quality Committee – 16th May
Threat: Changing regulatory demands (including potential impact of Brexit) or reduced effectiveness of internal controls resulting in widespread instances of non-compliance with regulations and standards leading to breach of CQC Registration, Licence Conditions or other statutory obligations			←	▬	→	Uncertain May increase risk exposure if gaps in control emerge	Minimal Insistence upon low risk options	Routine oversight of quality governance arrangements & maintenance of positive relationships with regulators	Director of Governance	Management: SOF Quality Indicators Management: National Clinical audit programme Internal Audit –IA plan (Ref 16) Independent – CQC/ Well led assessment	Tbc at next Quality Committee – 16th May

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Trust website & social media presence Internal communications channels Communications department to handle media relations: Forum for Public Involvement meeting Regular stakeholder engagement meetings Quality & corporate governance & internal control arrangements Established relationships with regulators Internal audit (360 Assurance)/External audit (PWC) Counter fraud arrangements / Local Counter Fraud Specialist (LCFS) Conflicts of interest & whistleblowing management arrangements 	Improving understanding of stakeholder confidence in the Trust	Stakeholder audit completed March 2018 (possibly to repeat every 12-18 months) Development of action plan from audit (Apr/May) and implementation	Head of Communications	TBD by action plan

Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)



Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	4: TO GET THE MOST FROM OUR RESOURCES	Current risk exposure	Tolerable risk	Lead Committee	Finance
Principal risk (in the next 5 years)	PR 5: Failure to maintain financial sustainability Repeated inability to deliver the annual control total resulting in a failure to achieve and maintain financial sustainability	Likelihood	4. Somewhat likely	Last reviewed	27/03/18
		Consequence	5. Very high	Last changed	17/04/18
		Risk rating	20. Significant	10. High	Details of change
					Entered timelines as per risk register/ Change in terminology

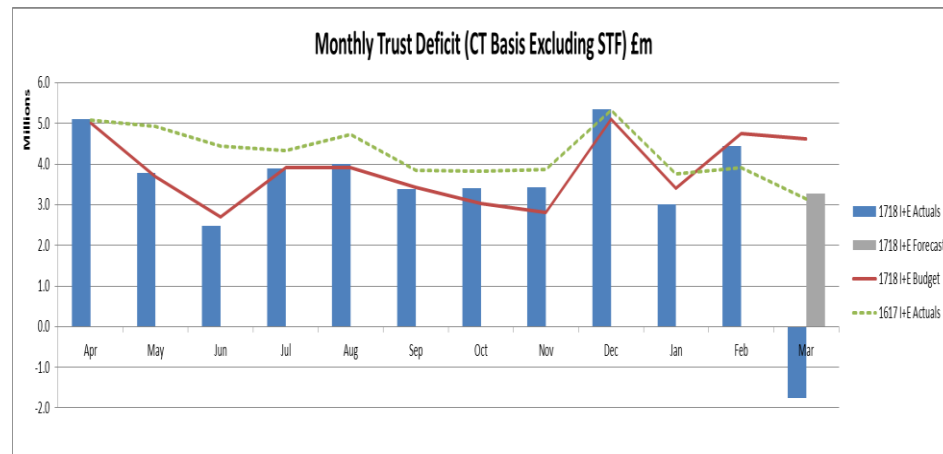
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
A reduction in funding (including potential impact of a general election and Brexit) resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality & safety	←	—	—	—	→	High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	Delivery of annual control totals until break-even is reached	Chief Financial Officer	Management: CFO's Financial Reports & FIP Summary (Monthly)	Tbc at next meeting – 24th April
								Close working with STP partners and the Alliance framework to identify system-wide cost reductions	Director of SPCD	Management: Alliance Progress Report & STP FIP (at each finance committee meeting)	Tbc at next meeting – 24th April
Threat: Growth in the burden of backlog maintenance and medical equipment replacement costs to unaffordable levels			←	—	→	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Capital investment programme (estates, medical equipment & IT)	Director of SPCD	Management: Capital Planning Group Summary Report (at each finance committee meeting)	Tbc at next meeting – 24th April
								PFI management of estates & facilities	Director of SPCD	Management: PFI Report (at each finance committee meeting)	Tbc at next meeting – 24th April

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> 5 year long term financial model Working capital support through agreed loan arrangements Annual plan, including control total consideration and reduction of underlying financial deficit Engagement with the Better Together alliance programme Financial governance and performance arrangements in place at Trust, divisional and service line levels and with contracted partners FIP Board, FIP planning processes and PMO coordination of delivery NHS Improvement monthly Performance Review Meeting (PRM) 	2018/19 planning indicates £17.3m FIP required to achieve control total	FIP Board to ensure workstream plans have values and assure delivery	Deputy Chief Financial Officer	30/04/18
	No long term commitment received for liquidity / cash support	Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support	Deputy Chief Financial Officer	30/09/18
	Premium pay costs associated with using temporary staff to cover medical vacancies	Development & implementation of a Medical Pay Task Force action plan	Deputy Chief Financial Officer	30/09/18
	CCGs' QIPP initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs	Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated	Deputy Director of Income & Performance	30/09/18
	Effectiveness of budget management and control at division and service line levels	Enhanced Divisional responsibility for in-year delivery & forecasting Delivery of budget holder training workshops and enhancements to financial reporting	Deputy Chief Financial Officer	30/04/18

Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)

Financial position against annual control total



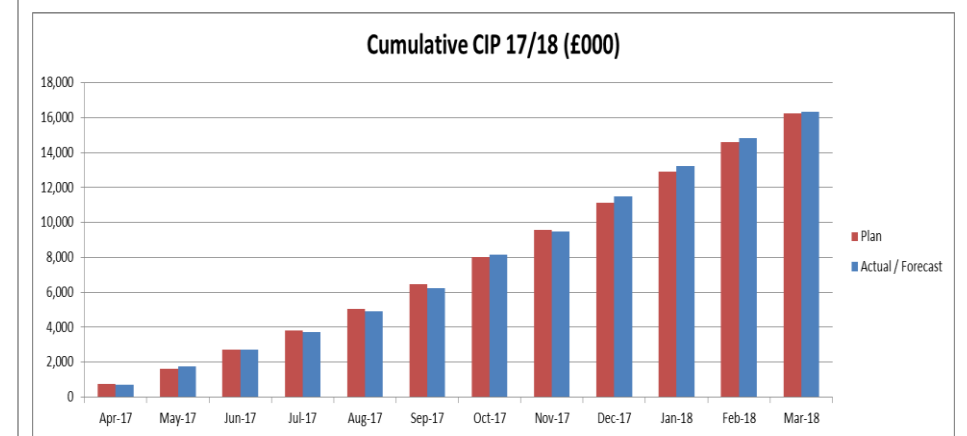
Against control total excluding STF the Trust was £6.4m better than plan in M12 and cumulatively £5.9m better than plan.

Income against plan



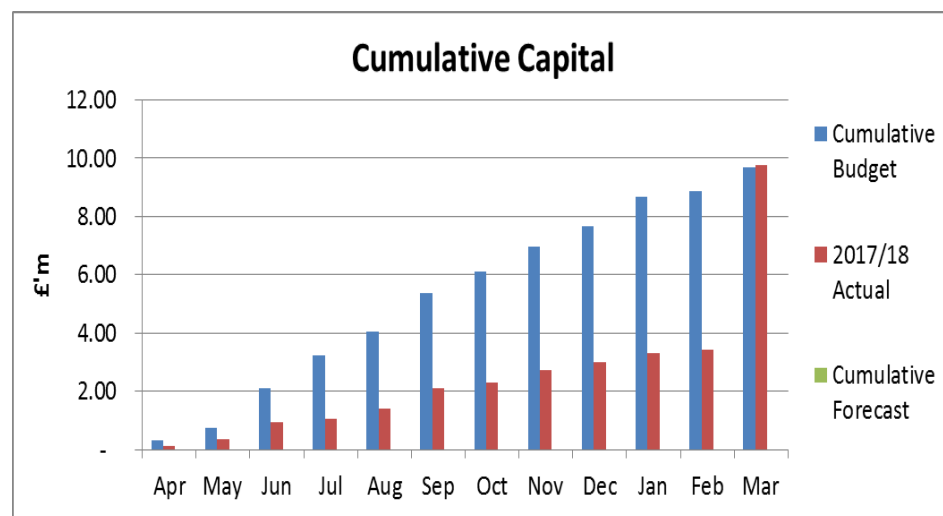
Total income (exc. STF) is £3.1m better than plan in M12 and cumulatively £6.3m better than plan.

Cost Improvement Plan (CIP) delivery against plan



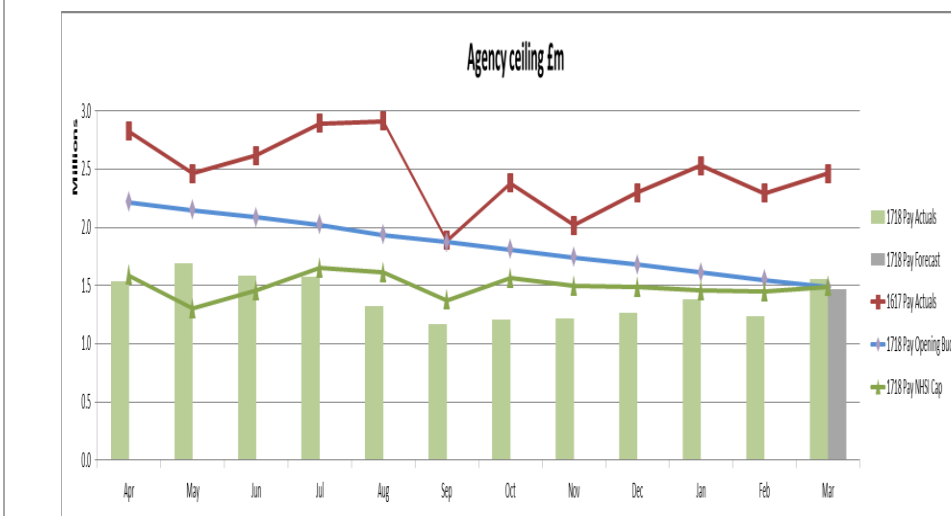
Cumulative CIP delivery was above the plan of £16.26m by £0.1m at year end.

CAPEX expenditure against plan



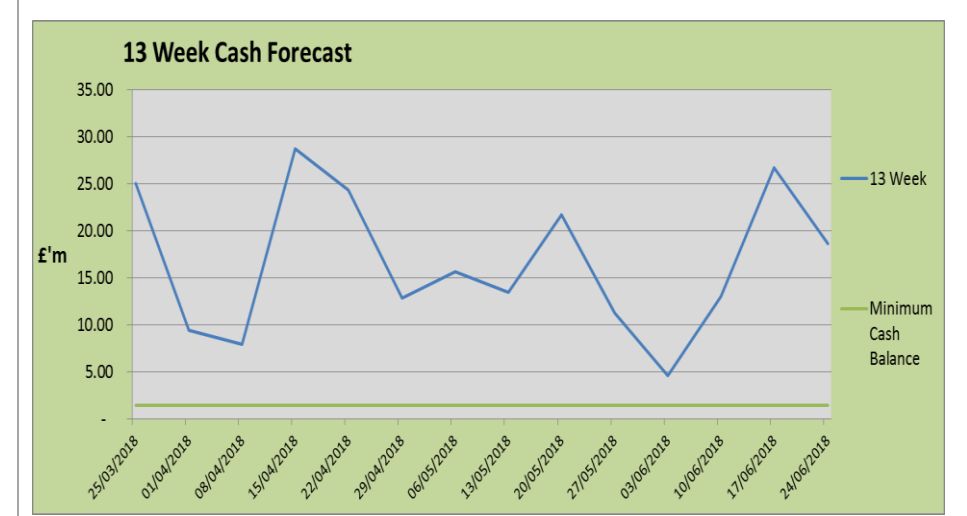
M12 Capex expenditure position was £9.77m, £0.1m above its capital plan of £9.67m (Excluding donated assets), due to additional PDC funded expenditure.

Agency spend against NHSI ceiling



Agency spend for the year totalled £16.7m against the NHSI ceiling of £17.9m.

Closing cash against plan



Closing cash at 31st March 2018 was £8.90m above the plan of £1.45m.

Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES
Principal risk (in the next 5 years)	PR 6: Breakdown of strategic partnerships A fundamental breakdown in one or more strategic partnerships, resulting in long-term disruption to plans for transforming local health & care services.

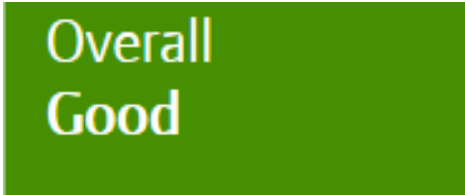
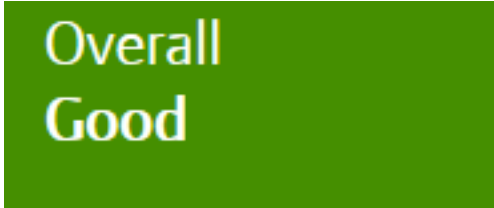
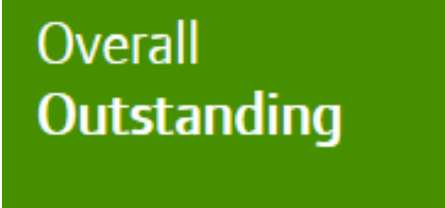
Current risk exposure		Tolerable risk
Likelihood	2. Unlikely	1. Very unlikely
Consequence	4. High	4. Very high
Risk rating	8. Medium	4. Low

Lead Committee	Finance Committee
Last reviewed	New
Last changed	New
Details of change	N/A

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: Conflicting priorities, financial pressures and/or ineffective governance resulting in a breakdown of relationships amongst STP partners and an inability to influence further integration of services across acute, primary & social care providers						Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued engagement with STP planning & governance arrangements	Director of SPCD	Management: STP update report (date tbc)	Tbc at next Finance Committee – 24th April
Threat & Opportunity: Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population (e.g. skin cancer, liver disease, diabetes)						Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued engagement with commissioners and STP developments in clinical service strategies focused on prevention	Director of SPCD	Management: Clinical Service Strategy update report (date tbc)	Tbc at next Finance Committee – 24th April
								Partnership working at a more local level, including active participation in the Better Together Alliance	Director of SPCD		

Primary controls	Gaps in control and assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Nottinghamshire's Sustainability & Transformation Partnership (STP) governance arrangements & plan Better Together Alliance of Mid-Nottinghamshire healthcare providers Governance arrangements for Estates & Facilities Management through Central Nottinghamshire Hospitals (CNH), delivered by Skanska Facilities Services (SFS) & Medirest Governance arrangements for IT services delivered by Nottinghamshire Health Informatics Service (NHIS) 	Insufficient granularity of plans that sufficiently meet the needs of the population and the statutory obligations of each individual organisation.	Development of a co-produced clinical services strategy for the STP footprint	Head of Strategic Planning	End of 2018/19

Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)																																
STP Partners current CQC Rating – Nottingham University Hospitals	STP Partners current CQC Rating – Nottinghamshire Healthcare	STP Partners current CQC Rating – Nottingham CityCare Partnership																														
<p>March 2016:</p> <div style="text-align: center;">  <p>Overall Good</p> </div> <table border="0"> <tr> <td>Safe</td> <td>Requires improvement ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Good ●</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Outstanding ☆</td> </tr> </table>	Safe	Requires improvement ●	Effective	Good ●	Caring	Good ●	Responsive	Good ●	Well-led	Outstanding ☆	<p>February 2018:</p> <div style="text-align: center;">  <p>Overall Good</p> </div> <table border="0"> <tr> <td>Safe</td> <td>Requires improvement ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Good ●</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Good ●</td> </tr> </table>	Safe	Requires improvement ●	Effective	Good ●	Caring	Good ●	Responsive	Good ●	Well-led	Good ●	<p>March 2017:</p> <div style="text-align: center;">  <p>Overall Outstanding</p> </div> <table border="0"> <tr> <td>Safe</td> <td>Good ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Outstanding ☆</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Outstanding ☆</td> </tr> </table>	Safe	Good ●	Effective	Good ●	Caring	Outstanding ☆	Responsive	Good ●	Well-led	Outstanding ☆
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Board Assurance Framework (BAF): 2018/19 (April 2018)

Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES
Principal risk (in the next 5 years)	PR 7: Major disruptive incident A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community

Current risk exposure		Tolerable risk
Likelihood	2. Unlikely	1. Very unlikely
Consequence	5. Very high	5. Very high
Risk rating	10. High	5. Low

Lead Committee	Quality Committee
Last reviewed	New
Last changed	New
Details of change	N/A

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
Threat: A large-scale cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period	←	▬	▬	▬	→	High certainty Increased risk exposure if gaps in control are not addressed	Cautious Low risk options are preferred	Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Cyber Security Programme Board & Cyber Security Project Group	Head of Corporate Affairs	Management: NHIS Cyber Security Strategy Report Management: NHIS Hygiene report Internal Audit: Audit plan (Ref 3,5,6)	Tbc at next Quality Committee – 16th May
Threat: A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water) or an uncontrolled fire or security incident that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period	←	▬	▬	▬	→	Stable Risk exposure not likely to increase	Minimal Desire to reduce risk to as low as possible	Fire Safety Strategy	Director of SPCD	Risk & Compliance: Fire Safety Report (date tbc) Internal Audit: Plan (Ref 3)	Tbc at next Quality Committee – 16th May
								Emergency Planning, Resilience & Response (EPRR) arrangements & Compliance with EPRR Core Standards	Director of SPCD	Risk & Compliance: EPRR Report EPRR Core standards compliance rating (Sept 2018) Internal Audit: Plan (Ref 3)	Tbc at next Quality Committee – 16th May
Threat: A critical supply chain failure (including the potential impact of Brexit on suppliers) that severely restricts the availability of essential goods, medicines or services for a prolonged period	←	▬	▬	▬	→	Uncertain May increase risk exposure if gaps in control are not addressed	Cautious Low risk options are preferred	NHS Supply Chain resilience planning Business Continuity Management System & Core standards	Director of SPCD	Management: Procurement Report (date tbc) Internal Audit: Plan (Ref 3)	Tbc at next Quality Committee – 16th May

Primary controls	Gaps in control and assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) Gold, Silver, Bronze command structure for major incidents Business Continuity, Emergency Planning & security policies Resilience Assurance Committee (RAC) oversight of EPRR Estates Governance arrangements with PFI Partners 	Operational resilience of the Central Sterile Services Department (CSSD)	CSSD options appraisal being carried out through the Strategic Partnership Board	Divisional General Manager - Surgery	End of 2018/19
	Lack of portal control presenting risk to network security	Development of white list and restriction imposed on unauthorised devices	Head of Corporate Affairs	End of June 2018

Board Assurance Framework (BAF): 2018/19 (April 2018)

Key risk indicators (KRIs)

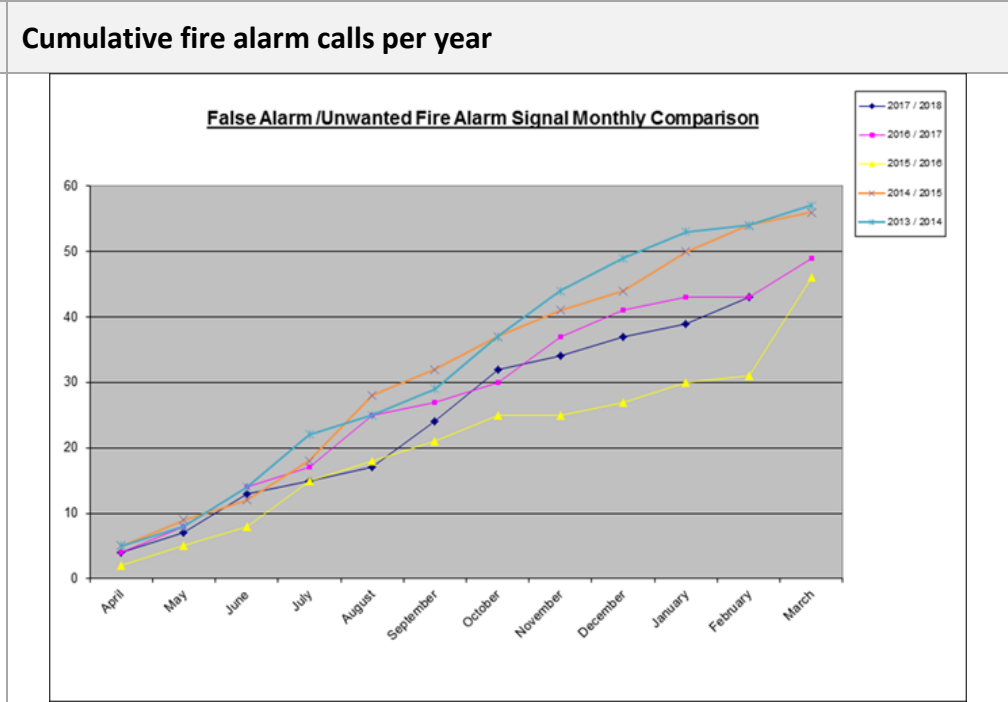
EPRR Core Standards

Confirm and Challenge by NHS England Regional team and CCGs
September 2017:

Full Compliance
Substantial Compliance
Partial Compliance
Not Compliant

Major disruptive incident

For discussion / agreement



Cyber security measures – Patching

Windows Desktops Patching Status < 3 Months. 02/01/18

Windows Server Patching Status < 3 Months. 02/01/18

Cyber security measures - email

Appliance: Entire cluster

Volume info	12/22-12/28	12/15-12/21	% change
Average daily mail	26,371	48,346	-58.82%
Average daily virus	0	1	n/a
Average daily spam	509	766	-40.31%
Average daily bulk messages	0	0	n/a
Average daily blocked connections	0	1	n/a
Total viruses identified	0	4	n/a
Total spam identified	3,562	5,363	-40.36%

Performance info (9am-5pm)	12/22-12/28	12/15-12/21	% change
Average hourly throughput	1,953	3,887	-66.23%
Average latency (seconds)	0.7	0.9	-20.25%

Traffic volume breakdown (average last seven days)

Cyber security measures - 222 CareCERT alerts

	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
A	17	17	27	7	11	9	11	10	13
B	11	15	5	8	6	13	15	7	2
C	1	1	0	0	0	0	0	7	9
TOTAL	29	33	32	15	17	22	26	24	24

A = Issues have been evaluated and are not applicable *
B = Issues have been evaluated and action advised by NHS Digital has been taken
C = Issues have been evaluated and action has been identified and assigned or is an ongoing programme of work