

Board Assurance Framework (BAF): January 2018

Introduction

The Board of Directors has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate risks which may threaten the achievement of the Trust's objectives. The Board achieves this primarily through the work of its Assurance committees, through use of Internal Audit and other independent inspection and by systematic collection and scrutiny of performance data to evidence the achievement of those objectives.

The Board Assurance Framework (BAF) is designed to provide the Board with a simple but comprehensive method for the effective and focussed management of Principal Risks to Trust objectives. The Board defines the Principal Risks and ensures that each is assigned to a Lead Committee as well as to a Lead Director:

- The Lead Director is responsible for assessing any Principal Risks assigned to them by the Board and for providing evidence as to the effectiveness of primary risk controls to the Lead Committee; they are also responsible for ensuring that the BAF entries for their Principal Risks are kept up to date
- The role of the Lead Committee is to review the Lead Director's assessment of their Principal Risks, consider the range of evidence received as to the effectiveness of primary risk controls, and to recommend to the Lead Director any changes required to the BAF to ensure that it continues to reflect the extent of risk exposure at that time; the level of assurance that the Lead Committee takes from the Lead Director's assessment is then provided to the Board of Directors
- The Risk Committee is responsible for reviewing the whole BAF and confirming that Principal Risks are appropriately rated and are being effectively managed; the Risk Committee is also responsible for advising the Executive as to the possible inclusion within the BAF of additional risks that are of strategic significance
- The Audit and Assurance Committee is responsible for providing assurance to the Board that the BAF continues to be an effective component of the Trust's control and assurance environment

A guide to the criteria used to grade all risks within the Trust is provided in **Appendix I**.

Details of the Trust's vision, values and strategic priorities are provided in **Appendix II**.

OUR VISION

Dedicated people, delivering outstanding healthcare for our patients and communities

OUR STRATEGIC PRIORITIES

STRATEGIC PRIORITY 1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS


STRATEGIC PRIORITY 2: TO SUPPORT EACH OTHER TO DO A GREAT JOB

STRATEGIC PRIORITY 3: TO INSPIRE EXCELLENCE


STRATEGIC PRIORITY 4: TO GET THE MOST FROM OUR RESOURCES

STRATEGIC PRIORITY 5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES


Board Assurance Framework (BAF): January 2018

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS							
Principal risk	Lead Director / Lead Committee	Inherent risk rating	Primary controls	Assurance indicators	Residual risk rating	Gaps in control or assurance	Risk treatment strategy	Target risk rating
<p>AF1: Safe & effective patient care If the Trust is unable to achieve and maintain the required levels of safe and effective patient care;</p> <p>Caused by inadequate clinical practice and / or ineffective governance;</p> <p>It may result in widespread instances of avoidable patient harm, leading to regulatory intervention and adverse publicity that damage the Trust's reputation and could affect CQC registration.</p>	<p>Medical Director & Chief Nurse</p> <p>Quality Committee</p> <p>Last reviewed: November 2017</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p>Inherent risk rating:</p> <div style="background-color: red; color: white; text-align: center; padding: 5px; width: 40px; margin: 5px auto;">20</div> <p>(Significant)</p>	<p>Patient Safety & Quality Board (PSQB) monthly meetings and accountability structure of divisions and sub-groups.</p> <p>Senior leadership walk round programme.</p> <p>Clinical service structures, resources and governance arrangements in place at Trust, division and service line levels.</p> <p>Clinical policies, guidelines & pathways (Trust and national).</p> <p>Clinical audit programme and monitoring arrangements.</p> <p>Clinical staff recruitment, induction & mandatory training.</p> <p>Defined safe medical and nurse staffing levels for all wards and departments.</p> <p>Advancing Quality Programme (AQP) established.</p> <p>Nurse staffing safeguards, monitored twice daily by the Chief Nurse.</p>	<p>Single Oversight Framework Report (December 2017):</p> <ul style="list-style-type: none"> ▪ A decrease in crude mortality is expected to continue moving the Trust's HSMR from within the expected range to below the national average ▪ Increased inpatient falls per 1,000 bed days in November 2017 ▪ One case of MRSA Bacteraemia in Emergency Department in November 2017; two cases of Clostridium Difficile Infection (CDI) (27 YTD) ▪ Zero avoidable Pressure Ulcers in November ▪ The Trust reported 94.76% harm free care during November against the standard of 95%; 11 of 40 harms were acquired during admission, 29 were present on admission ▪ 98.3% of inpatients would recommend the hospital (Friends & Family Test) <p>Chief Executive's Report to Board (November 2016):</p> <ul style="list-style-type: none"> ▪ The Trust is now rated as 'Good' for Safety and Caring by the CQC 	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 4 (High)</p> <p>Residual risk rating:</p> <div style="background-color: orange; color: white; text-align: center; padding: 5px; width: 40px; margin: 5px auto;">12</div> <p>(High)</p> <p>Previous residual risk rating: 8 (Medium)</p> <p>Residual risk rating last changed: July 2016</p>	<p>Potential for a decline in quality standards if the current level of focus is not maintained.</p> <p>The 2018/19 AQP needs to identify and agree quality improvements that can be clearly defined and measured; improvements that have a high impact on the overall delivery of patient care and generate value for service users.</p>	<p>Regular oversight & review of quality metrics through Patient Safety & Quality Board (PSQB). Oversight of ward-level metrics at Ward Assurance.</p> <p>Process for development of the AQP for 2018/19, overseen by the AQP Board:</p> <ul style="list-style-type: none"> ▪ Series of focus groups to capture contributions from across a wide range of staff groups at all 3 sites ▪ Increased alignment with the Cost Improvement Programme (CIP) and the Service Improvement agenda 	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (High)</p> <p>Target risk rating:</p> <div style="background-color: yellow; color: black; text-align: center; padding: 5px; width: 40px; margin: 5px auto;">8</div> <p>(Medium)</p> <p>Forecast trajectory (next 12 months):</p> <div style="text-align: center; margin-top: 10px;">  </div>


Board Assurance Framework (BAF): January 2018

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS							
Principal risk	Lead Director / Lead Committee	Inherent risk rating	Primary controls	Assurance indicators	Residual risk rating	Gaps in control or assurance	Risk treatment strategy	Target risk rating
<p>AF2: Managing emergency demand If the Trust is unable to manage the level of emergency demand;</p> <p>Caused by insufficient resources and / or fundamental process issues;</p> <p>It may result in sustained failure to achieve constitutional standards in relation to A&E; significantly reduced patient flow throughout the hospital; disruption to multiple services across divisions; reduced quality of care for large numbers of patients; unmanageable staff workloads; and increased costs.</p>	<p>Chief Operating Officer</p> <p>Quality Committee</p> <p>Last reviewed: November 2017</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p>Inherent risk rating:</p> <div style="background-color: red; color: white; text-align: center; padding: 5px;">20</div> <p>(Significant)</p>	<p>Emergency demand & patient flow management arrangements:</p> <ul style="list-style-type: none"> ▪ Patient flow team ▪ 4 times a day Flow meetings chaired by DNM, silver or Gold depending upon level of escalation. ▪ Daily Board rounds ▪ Weekly Breach meetings ▪ Daily review of DTOCs & process for medically optimised patients ▪ Robust escalation protocols ▪ DTOC meetings 3 times per week with system wide partners ▪ Review of all patients with a length of stay of over 10 days <p>Emergency Department (ED) standard operating procedures. Single streaming process for ED & Primary Care.</p> <p>Monthly performance management meetings between Divisions and Service Lines, & Divisions and Executive Team.</p> <ul style="list-style-type: none"> ▪ Daily monitoring of performance against the 4 hour A&E standard ▪ Weekly monitoring of information on re-admissions ▪ Weekly monitoring of information on average length of stay and bed occupancy ▪ Daily monitoring of information on Delayed Transfer of Care (DTOC) ▪ Quarterly monitoring of patient satisfaction (compliments, concerns & complaints) <p>Bi-weekly System Resilience Group meeting (multi-agency).</p> <p>Trust attendance at A&E Board and regular engagement with the Chair.</p>	<p>Single Oversight Framework Report (December 2017):</p> <ul style="list-style-type: none"> ▪ Overall, 91.9% of patients had a maximum waiting time of four hours from arrival to admission / transfer / discharge in November 2017 ▪ At Kings Mill Hospital performance was 88.2% and at Newark Hospital performance was 99.2% ▪ In November, 11.4% of ambulance handovers took longer than 30 minutes; 0.4% took 60 minutes or longer 	<p>Residual likelihood: 4 (Somewhat likely)</p> <p>Residual consequence: 4 (High)</p> <p>Residual risk rating:</p> <div style="background-color: red; color: white; text-align: center; padding: 5px;">16</div> <p>(Significant)</p> <p>Previous residual risk rating: 12 (High)</p> <p>Residual risk rating last changed: September 2017</p>	<p>Impact of year on year rise in emergency demand & ability of the Trust to respond with current resources.</p> <p>Increased patient acuity leading to more admissions & longer length of stay.</p> <p>Planned system-wide actions may not have the desired outcomes of reducing ED attendances and reducing delays in discharging or transferring patients. Impact of reduced social care funding.</p>	<p>Rolling recruitment programmes in place to address vacancy issues.</p> <p>Exploration of the potential for joint clinical working between NUH and SFH in some services.</p> <p>Implementation and embedding of admission avoidance schemes.</p> <p>Patient Flow Programme.</p> <p>Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (Low)</p> <p>Target risk rating:</p> <div style="background-color: orange; color: black; text-align: center; padding: 5px;">8</div> <p>(Medium)</p> <p>Forecast trajectory (next 12 months):</p> <div style="text-align: center;"></div>


Board Assurance Framework (BAF): January 2018

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS							
Principal risk	Lead Director / Lead Committee	Inherent risk rating	Primary controls	Assurance indicators	Residual risk rating	Gaps in control or assurance	Risk treatment strategy	Target risk rating
<p>AF3: Managing elective demand If the Trust is unable to manage the level of elective demand;</p> <p>Caused by insufficient resources and / or fundamental process issues;</p> <p>It may result in sustained failure to achieve constitutional standards in relation to access; substantial delays to the assessment and treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads; and possible breach of license.</p>	<p>Chief Operating Officer</p> <p>Quality Committee</p> <p>Last reviewed: November 2017</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p>Inherent risk rating:</p> <p>20</p> <p>(Significant)</p>	<p>Patient pathway management arrangements:</p> <ul style="list-style-type: none"> Medway PAS – Patient Administration System Patient Tracking List (PTL) - weekly meetings & associated training Validation process & dedicated resources <p>Standard operating procedures for diagnostic services.</p> <p>Monthly performance management meetings between Divisions and Service Lines, and between Divisions and Executive Team:</p> <ul style="list-style-type: none"> Monitoring of performance against Referral to Treatment (RTT) standards Monitoring of performance against diagnostic (DM01) standards Monthly information on cancellations of elective activity <p>Monthly Cancer Management Board meetings:</p> <ul style="list-style-type: none"> Monitoring of performance against cancer standards <p>Bi-weekly System Resilience Group meeting (multi-agency membership).</p>	<p>Single Oversight Framework Report (December 2017):</p> <ul style="list-style-type: none"> In November, 7 specialties failed to achieve the 18 week RTT standard and overall the Trust failed the standard of 92%, achieving 91.6% In October 2017 5 patients waited longer than 52 weeks from referral to treatment 62 days urgent RTT for suspected cancer performance in October 2017 was 83.9 % against the standard of 85% (14 breaches which related to 18 patients) 	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 4 (High)</p> <p>Residual risk rating:</p> <p>12</p> <p>(High)</p> <p>Previous residual risk rating: 16 (Significant)</p> <p>Residual risk rating last changed: May 2016</p>	<p>Not all clinical services are currently performing to the same level. Particular concern with 62 day cancer standard.</p>	<p>Strengthened governance & action plans for recovery of cancer performance.</p> <p>Working towards 7 day diagnostic standards for radiology & endoscopy. Reduction of 62 day backlog.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (Low)</p>
						<p>Potential for further 52 week breaches to be identified through the on-going validation process.</p>	<p>Progress the validation programme and appoint patients as soon as any breaches are identified.</p>	<p>Target risk rating:</p> <p>8</p> <p>(Medium)</p> <p>Forecast trajectory (next 12 months):</p> 
						<p>Sustainability of Urology, Neurology and ENT services.</p>	<p>Mobilisation of revised clinical models for Urology and Neurology (subject to Board approval). Development of joint SFH / NUH model for ENT.</p>	
						<p>Vacancy and resilience issues within some clinical services.</p>	<p>Rolling recruitment programmes in place to address vacancy issues. Exploration with NUH and other providers of the potential for joint clinical working and support in certain services.</p>	
						<p>Clinical services delivered in partnership: Vascular; Oncology; Stroke.</p>	<p>Strengthening of Service Level Agreements (SLAs) via Strategic Partnership Board for affected services.</p>	
						<p>Operational resilience of the Central Sterile Services Department (CSSD).</p>	<p>CSSD options appraisal being carried out through the Strategic Partnership Board.</p>	

Board Assurance Framework (BAF): January 2018

Strategic priority		4: TO GET THE MOST FROM OUR RESOURCES						
Principal risk	Lead Director / Lead Committee	Inherent risk rating	Primary controls	Assurance indicators	Residual risk rating	Gaps in control or assurance	Risk treatment strategy	Target risk rating
AF4: Financial sustainability If the Trust is unable to achieve and maintain financial sustainability; Caused by the scale of the deficit and the effectiveness of plans to reduce it; It may result in widespread loss of public and stakeholder confidence with potential for regulatory action such as financial special measures or parliamentary intervention.	Chief Financial Officer	Inherent likelihood: 5 (Very likely)	5 year long term financial model.	Single Oversight Framework Report (November 2017):	Residual likelihood: 4 (Somewhat likely)	2017/18 CIP requires £6m savings driven by STP actions.	Close working with STP partners and the Alliance framework to identify system-wide cost reductions that will enable achievement of the CIP.	Target likelihood: 2 (Unlikely)
	Finance Committee	Inherent consequence: 5 (Very high)	Working capital support through agreed loan arrangements.	<ul style="list-style-type: none"> In month 8 against control total excluding STF the Trust was £0.60m worse than plan and cumulatively £0.92m worse than plan Including STF the Trust was £2.10m worse than plan and cumulatively £3.21m worse than plan, due to 4 hour access target not achieving and finances worse than the YTD control total 	Residual consequence: 5 (Very high)	2018/19 planning indicates risk of £18.6m in addition to £17.3m CIP required to achieve control total.	Planning process to identify further mitigations and actions. 2017/18 non recurrent CIP to be considered for recurrent delivery, PMO processes to be utilised for service changes cost reductions, CIP planning to consider additional opportunities, baseline budgets and run rate review by Deputy CFO, Divisional business case process to be complete by 31/1/18, to understand system expectations and plans.	Target consequence: 5 (Very high)
	Last reviewed: December 2017	Inherent risk rating: 25 (Significant)	Annual plan, including control total consideration and reduction of underlying financial deficit.	<ul style="list-style-type: none"> CIP YTD delivery is below plan by £0.07m, but forecasting to achieve the overall CIP plan for 17/18 YTD Capex expenditure position is £4.27m below plan, whilst awaiting approval by NHSI for the additional borrowing required to support the full year plan; as a result the Trust is forecasting to underspend the capital plan by £0.88m. 	Residual risk rating: 20 (Significant)	Premium pay costs associated with using temporary staff to cover medical vacancies.	Development & implementation of a Medical Pay Task Force action plan.	Target risk rating: 10 (High)
			Engagement with the Better Together alliance programme.	<ul style="list-style-type: none"> CIP Board, CIP planning processes and PMO coordination of delivery. NHSI have approved a £1.8m increase in the Trust's Control Total for 2017/18. NHS Improvement monthly Performance Review Meeting (PRM) & PRM letter. 	Previous residual risk rating: 15 (Significant)	CCGs' QIPP and Better Together alliance 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.	Forecast trajectory (next 12 months): 
			<ul style="list-style-type: none"> Financial governance and performance arrangements in place at Trust, divisional and service line levels and with contracted partners. 	<ul style="list-style-type: none"> Closing cash at 30th November was in line with plan and is forecast to remain in line with plan for the next quarter YTD agency spend at M8 totalled £11.31m against the profiled NHSI ceiling of £12.03m (within the NHSI ceiling for the 5th month in a row) 	Residual risk rating last changed: December 2017	The CCG has issued notice on services supported by block funded income; if the Trust is unable to strip out the associated capacity and related costs this will impact on financial performance; if the Trust does strip out the associated capacity, this may impact on quality and operational performance, which may lead to further cost pressures.	PMO leading completion of business impact assessments by divisions. CCG/Trust Exec Teams discussions on-going to ensure that the CCG is clear on risks associated with the notices, that any financial implications (such as redundancy) are met by the Mid-Notts Health Economy, and to gain assurance that the quality and performance risks are fully understood and managed.	

Board Assurance Framework (BAF): January 2018

Strategic priority	2. TO SUPPORT EACH OTHER TO DO A GREAT JOB							
Principal risk	Lead Director / Lead Committee	Inherent risk rating	Primary controls	Assurance indicators	Residual risk rating	Gaps in control or assurance	Risk treatment strategy	Target risk rating
<p>AF7: Staffing levels If the Trust is unable to achieve and maintain staffing levels that meet service requirements;</p> <p>Caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience;</p> <p>It may result in extended unplanned service closures and disruption to services across divisions, leading to poor clinical outcomes & experience for large numbers of patients; failure to achieve constitutional standards; unmanageable staff workloads; and increased costs.</p>	<p>Director of HR & OD</p> <p>Quality Committee</p> <p>Last reviewed: November 2017</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p>Inherent risk rating:</p> <div style="background-color: red; color: white; text-align: center; padding: 5px;">20</div> <p>(Significant)</p>	<p>Workforce Strategy supported by vacancy management and recruitment systems & processes.</p> <p>Updated recruitment branding and approach involving social media and assessment days.</p> <p>Annual workforce plan supported by Workforce Planning Group & review processes:</p> <ul style="list-style-type: none"> ▪ Consultant job planning matching capacity to demand ▪ Detailed modelling of nurse staff & HCSW's in post v establishment, to predict future vacancy trajectory - monthly ▪ Nurse staffing establishment review – 6 monthly ▪ 6 monthly acuity & dependency assessments to ensure staffing is targeted to demand ▪ Winter capacity plans ▪ Increased use of Clinical Fellows to c50 in the Trust <p>Defined safe medical & nurse staffing levels for all wards & departments; 36 WTE HCSW's above establishment in virtual ward.</p> <p>TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation.</p> <p>Temporary staffing approval and recruitment processes with defined authorisation levels.</p>	<p>Single Oversight Framework Report (December 2017):</p> <ul style="list-style-type: none"> ▪ Sickness absence increased in November 2017 by 0.38% to 3.96% (still 0.42% lower than November 2016) ▪ Short term sickness increased by 0.15% to 2.31%, long term sickness increased by 0.23% to 1.65% ▪ There were 23.34 FTE more starters than leavers in November 2017 ▪ The turnover rate decreased to 0.65%, well below the threshold of 1% ▪ Registered Nurse vacancies have decreased in November 2017 to 10.64% ▪ Medical staff vacancy levels increased to 13.00% (still 10.3% below the August 2016 baseline) ▪ Trust wide appraisal compliance was 95% for November 2017; this is the first time that the target of 95% has been achieved ▪ Mandatory training has increased to 93% for November 2017 and has been above the 90% target for over a year 	<p>Residual likelihood: 4 (Somewhat likely)</p> <p>Residual consequence: 4 (High)</p> <p>Residual risk rating:</p> <div style="background-color: red; color: white; text-align: center; padding: 5px;">16</div> <p>(Significant)</p> <p>Previous residual risk rating: Unchanged</p> <p>Residual risk rating last changed: Unchanged</p>	<p>Significant issues with workforce supply in many services, locally and nationally.</p> <p>Opportunity: If we can get even a small amount of extra expertise, talent and effort from each member of our 4,000 staff, it will add up to a huge impact on the Trusts journey to outstanding.</p> <p>Variability of Deanery supply creates junior doctor vacancies that have to be filled using locums.</p>	<p>Development of a dynamic workforce plan that can model and respond to changing workforce requirements and identify and address critical workforce gaps.</p> <p>'Maximising our potential' approach, which aims to attract, engage, develop, nurture and enable good performance and retain staff at all levels.</p> <p>Annual implementation plans to support delivery of the strategy.</p> <p>Approved strategy of over-recruitment to create a pool of junior doctors that is more resilient to Deanery variations.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (High)</p> <p>Target risk rating:</p> <div style="background-color: orange; color: black; text-align: center; padding: 5px;">8</div> <p>(Medium)</p> <p>Forecast trajectory (next 12 months):</p> <div style="text-align: center;"></div>

Board Assurance Framework (BAF): January 2018

Appendix I: Risk grading criteria

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its Consequence (the scale of impact on objectives if the risk event occurs) and its Likelihood (the probability that the risk event will occur). The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level.

Risk type	Consequence score & descriptor with examples				
	Very low 1	Low 2	Moderate 3	High 4	Very high 5
a. Patient harm OR b. Staff harm OR c. Public harm	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort.	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid). e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or 3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb. Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.	Multiple fatal injuries or terminal illnesses.
d. Services	Minimal disruption to peripheral aspects of service.	Noticeable disruption to essential aspects of service.	Temporary service closure or disruption across one or more divisions.	Extended service closure or prolonged disruption across a division.	Hospital or site closure.
e. Reputation	Minimal reduction in public, commissioner and regulator confidence. e.g.: Concerns expressed.	Minor, short term reduction in public, commissioner and regulator confidence. e.g.: Recommendations for improvement.	Significant, medium term reduction in public, commissioner and regulator confidence. e.g.: Improvement / warning notice. Independent review.	Widespread reduction in public, commissioner and regulator confidence. e.g.: Prohibition notice.	Widespread loss of public, commissioner and regulator confidence. e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention.
f. Finances	Financial impact on achievement of annual control total of up to £50k	Financial impact on achievement of annual control total of between £50 - 100k	Financial impact on achievement of annual control total of between £100k - £1m	Financial impact on achievement of annual control total of between £1 - 5m	Financial impact on achievement of annual control total of more than £5m

Likelihood score & descriptor with examples				
Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Less than 1 chance in 1,000 Statistical probability below 0.1% Very good control	Between 1 chance in 1,000 and 1 in 100 Statistical probability between 0.1% - 1% Good control	Between 1 chance in 100 and 1 in 10 Statistical probability between 1% and 10% Limited effective control	Between 1 chance in 10 and 1 in 2 Statistical probability between 10% and 50% Weak control	Greater than 1 chance in 2 Statistical probability above 50% Ineffective control

Risk scoring matrix						
Consequence	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	Likelihood					
Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)	
Oversight	Specialty / Service level Annual review		Division Quarterly review		Committee / Board Monthly review	
Reporting	None			Board Risk Committee		

Board Assurance Framework (BAF): January 2018

Appendix II: Vision, values & strategic priorities

OUR VISION

Dedicated people, delivering outstanding healthcare for our patients and communities

OUR VALUES

In fulfilling our vision we will be guided by our organisational values

Communicating and working together

We will proactively engage with each other, share information, keep people informed, listen and involve people and work as one team

Aspiring and improving

We will set high standards, give and receive feedback in order to learn, keep improving and aspiring for excellence

Respectful and caring

We will treat everyone with courtesy and respect, show care and compassion, support and value each other

Efficient and safe

We will act competently and be reassuringly professional, demonstrate reliability and consistency to engender confidence, and be efficient and timely and respectful of other's time

Board Assurance Framework (BAF): January 2018

OUR STRATEGIC PRIORITIES

STRATEGIC PRIORITY 1 TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS	1
<ul style="list-style-type: none"> ▪ Through enabling and supporting our staff to deliver outstanding care to our patients and local communities that is recognised nationally as the very best clinical practice ▪ By listening to our patients, their relatives, and carers and our staff we will learn how we can improve their experience and the care we provide. ▪ Through caring for every patient in the timeliest fashion, listening to and understanding their needs, keeping them informed and ensuring they understand fully what is needed for their on-going care once they leave hospital. ▪ Through the commitment that admission avoidance and the timely flow of patients through our hospitals is everybody's job because it saves lives 	
STRATEGIC PRIORITY 2 TO SUPPORT EACH OTHER TO DO A GREAT JOB	2
<ul style="list-style-type: none"> ▪ We will aim to attract, nurture, develop and enable our people and teams to support each other and work together to deliver outstanding care. ▪ We will expect everyone and every team to do the very best for our patients, to live our values, to make positive change happen and to aspire to fulfil their potential and be the best they can. 	
STRATEGIC PRIORITY 3 TO INSPIRE EXCELLENCE	3
<ul style="list-style-type: none"> ▪ We will take pride in all we do, celebrate and share our success and achievements and build our reputation for outstanding care. ▪ We will constantly seek out and promote innovation, enhance our practice, optimise the use of technology and engage in clinical research for the benefit of patients and staff. 	
STRATEGIC PRIORITY 4 TO GET THE MOST FROM OUR RESOURCES	4
<ul style="list-style-type: none"> ▪ We will aim to get the most from our use of time and resources - being radical in our approach, challenging and supporting each other to do things differently to reduce costs and maximise our productivity and efficiency. 	
STRATEGIC PRIORITY 5 TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES	5
<ul style="list-style-type: none"> ▪ We will play a leading role, with our partners in health, local government and other sectors, in transforming services to improve the health and wellbeing of our communities, to support care at home and independent living. 	