Board Assurance Framework (BAF): July 2017

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 the 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 Director as well as to a Lead Committee:

➢ The Lead Director is responsible for assessing any Principal Risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the Lead Committee

➢ The role of the Lead Committee is to review the Lead Director's assessment of their Principal Risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to recommend to the Lead Director any changes to the BAF to ensure that it continues to reflect the extent of risk exposure at that time

➢ The Board Risk Committee is responsible for reviewing the whole BAF in order to provide assurance to the Board that Principal Risks are appropriately rated and are being effectively managed; and for advising the Board as to the 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): July 2017

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS								
Ref	**Lead Director / Lead Committee**	**Principal risk**	**Inherent risk rating**	**Primary controls**	**Assurances**	**Residual risk rating**	**Gaps in control or assurance**	**Planned actions**	**Target risk rating**
AF1	Medical Director & Chief Nurse Last reviewed: July 2017 Quality Committee Last reviewed: July 2017	**Safe & effective patient care** If the Trust is unable to achieve and maintain the required levels of safe and effective patient care; Caused by inadequate clinical practice and / or ineffective governance; 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.	Inherent likelihood: 5 (Very likely) Inherent consequence: 4 (High) **Inherent risk rating:** **20** **(Significant)**	Patient Safety & Quality Board (PSQB) monthly meetings and accountability structure of divisions and sub-groups. Senior leadership walk round programme. Clinical service structures, resources and governance arrangements in place at Trust, division and service line levels. Clinical policies, guidelines & pathways (Trust and national). Clinical audit programme and monitoring arrangements. Clinical staff recruitment, induction & mandatory training. Defined safe medical and nurse staffing levels for all wards and departments. Advancing Quality Programme (AQP) established Nurse staffing safeguards, monitored twice daily by the Chief Nurse	Chief Executive's Report to Board (November 2016): ▪ The Trust is now rated as 'Good' for Safety and Caring by the CQC Single Oversight Framework Report (June 2017): ▪ As expected the rise in crude mortality seen over the winter period has reduced to well within the expected norm ▪ The Trust remains within the lowest 3rd nationally with regards to HSMR ▪ The rate of patient falls with harm per 1,000 bed days for May 2017 was 5.69 against the national average of 6.63 ▪ A zero threshold has been set for patients who fall more than once as these falls should be preventable ▪ The Trust continues to exceed the harm free care threshold of 95% ▪ In-patient and out-patient response rates to the Friends & Family Test (FFT) continue to improve ▪ Targeted work is on-going to improve response rates in ED	Residual likelihood: 3 (Possible) Residual consequence: 4 (High) **Residual risk rating:** **12** **(High)** Previous residual risk rating: **8 (Medium)** Residual risk rating last changed: **July 2016**	Addressing the potential for variation in outcomes (mortality, patient experience, length of stay and readmission rates) for patients admitted to hospital as an emergency. Building a safety culture to advance patient safety management. Identification and elimination of avoidable factors associated with inpatient mortality. Minimisation of risk associated with sudden and unexpected clinical deterioration. Reducing risk associated with medicines by focussing on senior review and controls for managing high-risk medicines. Delivery of safe, seamless care for those admitted to hospital as an emergency who are learning disabled or have ongoing mental health needs. Empowering and engaging service users by improving the quality of and access to patient information	Hospital 24 project (AQP), including standardisation of hospital management out of hours and partnership work as part of the Better Care Fund Seven Day Services Programme. Patient safety culture project (AQP), including implementation of Schwartz Rounding to maximise learning opportunities; & reinvigoration of the 'Sign Up to Safety' Campaign. Mortality project (AQP) including implementation of a standardised approach to the Review of Mortality across all clinical areas. Nerve Centre project (AQP) - implementation of a Trust-wide system for identifying and responding to the deteriorating patient. Safe medicine prescribing project (AQP) including implementation of a pharmaceutical record for all patients and prevention of antimicrobial resistance. Mental health & learning disabilities project (AQP) including creation of an 'In your shoes' approach to fully understand the patient journey, and partnership working to agree appropriate pathways. Patient information project (AQP) including creation of a single point of access in line with the Trust Digital Strategy.	Target likelihood: 2 (Unlikely) Target consequence: 4 (High) **Target risk rating:** **8** **(Medium)** Forecast trajectory (next 12 months):

Dedicated to Outstanding care

Board Assurance Framework (BAF): July 2017

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS							
Ref	**Lead Director / Lead Committee**	**Principal risk**	**Inherent risk rating**	**Primary controls**	**Assurances**	**Residual risk rating**	**Gaps in control or assurance**	**Planned actions**	**Target risk rating**
AF2	Chief Operating Officer Last reviewed: July 2017 Quality Committee Last reviewed: July 2017	**Managing emergency demand** If the Trust is unable to manage the level of emergency demand; Caused by insufficient resources and / or fundamental process issues; 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.	Inherent likelihood: 5 (Very likely) Inherent consequence: 4 (High) **Inherent risk rating:** **20** **(Significant)**	Emergency demand & patient flow management arrangements: ▪ 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 Emergency Department (ED) standard operating procedures. Single streaming process for ED & Primary Care. Monthly performance management meetings between Divisions and Service Lines, and between Divisions and Executive Team. ▪ 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 Bi-weekly System Resilience Group meeting (multi-agency). Trust attendance at A&E Board and regular engagement with the Chair	Chief Executive's Report to Board (November 2016): ▪ SFH is currently recognised as one of the best performing Trusts for emergency waiting times in the country Single Oversight Framework Report (June 2017): ▪ The Trust was 12th in the Country for emergency access performance in April 2017 and has achieved the 4 Hour Target of 95% for 3 consecutive months ▪ Performance continues to be strong with current Q1 position at 96.18% (as of 19th June) ▪ As a consequence of improving flow, ambulance turn-around times are improving ▪ 1 patient breached the 12 hour trolley wait standard, due to a lack of available acute mental health beds	Residual likelihood: 3 (Possible) Residual consequence: 4 (High) **Residual risk rating:** **12** **(High)** Previous residual risk rating: **16 (Significant)** Residual risk rating last changed: **August 2016**	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. Impact of year on year rise in emergency demand & ability of the Trust to respond with current resources. Increased patient acuity leading to more admissions & longer length of stay.	Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board. Rolling recruitment programmes in place to address vacancy issues. Exploration of the potential for joint clinical working between NUH and SFH in some services. Length of stay work-stream project (AQP) focussing on proactive discharge planning, with schemes to increase ambulatory care and admission avoidance. Implementation and embedding of admission avoidance schemes: ▪ Respiratory Assessment Unit - implemented ▪ Frailty Assessment Unit (pilot being planned) ▪ Clinical Decisions Unit (CDU)	Target likelihood: 2 (Unlikely) Target consequence: 4 (Low) **Target risk rating:** **8** **(Medium)** Forecast trajectory (next 12 months):

Dedicated to *Outstanding* care

Board Assurance Framework (BAF): July 2017

Strategic priority	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS								
Ref	**Lead Director / Lead Committee**	**Principal risk**	**Inherent risk rating**	**Primary controls**	**Assurances**	**Residual risk rating**	**Gaps in control or assurance**	**Planned actions**	**Target risk rating**
AF3	Chief Operating Officer Last reviewed: July 2017 Quality Committee Last reviewed: July 2017	**Managing elective demand** If the Trust is unable to manage the level of elective demand; Caused by insufficient resources and / or fundamental process issues; 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.	Inherent likelihood: 5 (Very likely) Inherent consequence: 4 (High) **Inherent risk rating:** **20** **(Significant)**	Patient pathway management arrangements: ▪ Medway PAS – Patient Administration System ▪ Patient Tracking List (PTL) - weekly meetings & associated training ▪ Validation process & dedicated resources Standard operating procedures for diagnostic services. Monthly performance management meetings between Divisions and Service Lines, and between Divisions and Executive Team: ▪ Monitoring of performance against Referral to Treatment (RTT) standards ▪ Monitoring of performance against diagnostic (DM01) standards ▪ Monthly information on cancellations of elective activity Monthly Cancer Management Board meetings: ▪ Monitoring of performance against cancer standards Bi-weekly System Resilience Group meeting (multi-agency membership).	Single Oversight Framework Report (June 2017): ▪ The Trust consistently achieves above the 92% standard for 18 weeks Referral to Treatment (RTT) ▪ Overall position 93% ▪ Currently failing in 5 specialties – actions required involve system wide or partnership solutions ▪ Diagnostic standard (DM01) of 99% achieved in May ▪ Cancer 2 week wait performance is consistently above the national average – forecast to be achieved in Quarter 1 ▪ 14 days referral for breast symptoms forecast to be achieved in Quarter 1 ▪ 62 day standard achieved for 6 consecutive months but at risk in Q1 (primarily due to 20% increase in demand for Gastroenterology)	Residual likelihood: 3 (Possible) Residual consequence: 4 (High) **Residual risk rating:** **12** **(High)** Previous residual risk rating: 16 (Significant) Residual risk rating last changed: May 2016	Sustainability of Urology, Neurology and ENT services. Vacancy and resilience issues within some clinical services. Not all clinical services are currently performing to the same level. Clinical services delivered in partnership: Vascular; Oncology; Stroke. Resilience of Central Sterile Services Department (CSSD).	Mobilisation of revised clinical models for Urology and Neurology (subject to Board approval). Development of joint SFH / NUH model for ENT. 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. Development & implementation of action plans for all areas which are currently not meeting required standards. Action plan for cancer recovery. Action plans for RTT & DM01. Strengthening of Service Level Agreements (SLAs) via Strategic Partnership Board for affected services. CSSD options appraisal being carried out through the Strategic Partnership Board.	Target likelihood: 2 (Unlikely) Target consequence: 4 (Low) **Target risk rating:** **8** **(Medium)** Forecast trajectory (next 12 months): ⟷

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Strategic priority	4: TO GET THE MOST FROM OUR RESOURCES							
Ref	**Lead Director / Lead Committee**	**Principal risk**	**Inherent risk rating**	**Primary controls**	**Assurances**	**Residual risk rating**	**Gaps in control or assurance**	**Planned actions**	**Target risk rating**
AF4	Chief Financial Officer Last reviewed: July 2017 Finance Committee Last reviewed: July 2017	**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.	Inherent likelihood: 5 (Very likely) Inherent consequence: 5 (Very high) **Inherent risk rating:** **25** **(Significant)**	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. CIP Board, CIP planning processes and PMO coordination of delivery.	NHS Improvement monthly Performance Review Meeting (PRM) & PRM letter. NHSI have approved a £1.8m increase in the Trust's Control Total for 2017/18. Single Oversight Framework Report (June 2017): ▪ The Trust is reporting a position £0.07m worse than control total plan for the month of May bringing the year to date (YTD) deficit to plan to £0.15m ▪ Full delivery of the 2017/18 financial plan and ongoing ED performance are forecast and therefore receipt of Sustainability and Transformation Funding (STF) of £0.88m YTD is assumed ▪ In month pay was overspent by £0.26m and is in line with plan YTD ▪ Agency spend increased by £0.15m in month to a total of £1.7m, primarily in medical pay as anticipated ▪ Non pay was underspent by £0.62m in month and £0.11m YTD ▪ YTD CIP delivery is £0.1m better than plan	Residual likelihood: 3 (Possible) Residual consequence: 5 (Very high) **Residual risk rating:** **15** **(Significant)** Previous residual risk rating: **10 (High)** Residual risk rating last changed: **November 2016**	2017/18 CIP requires £6m savings driven by STP actions. No long term commitment received for liquidity / cash support. Premium pay costs associated with using temporary staff to cover medical vacancies. Effectiveness of budget management and control at division and service line levels. CCGs' QIPP and Better Together alliance initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs. 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.	Close working with STP partners and the Alliance framework to identify system-wide cost reductions that will enable achievement of the CIP. Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support. Development & implementation of a Medical Pay Task Force action plan. Continued delivery of budget holder training workshops and enhancements to financial reporting. Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated. 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.	Target likelihood: 2 (Unlikely) Target consequence: 5 (Very high) **Target risk rating:** **10** **(High)** Forecast trajectory (next 12 months): ⬌

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Strategic priority	2. TO SUPPORT EACH OTHER TO DO A GREAT JOB							
Ref	Lead Director / Lead Committee	Principal risk	Inherent risk rating	Primary controls	Assurances	Residual risk rating	Gaps in control or assurance	Planned actions	Target risk rating
AF6	Director of HR & OD Last reviewed: July 2017 OD & Workforce Committee Last reviewed: July 2017	**Staff engagement & morale** If the Trust loses the engagement of a substantial proportion of its workforce; Caused by ineffective leadership or inadequate management practice; It may result in low staff morale, leading to poor outcomes & experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.	Inherent likelihood: 5 (Very likely) Inherent consequence: 3 (Moderate) **Inherent risk rating:** **15** **(Significant)**	An over-arching Workforce Strategy – Maximising our Potential – in place with 6 implementation plans including one for OD and Staff Engagement (monitored quarterly by the OD and Workforce Committee). Leadership and people management policies, processes & professional support (including management training & toolkits). Staff support and occupational health and welfare arrangements at Trust, divisional and service levels. Monthly and quarterly monitoring of workforce performance. Deep dive reports to Committee investigating specific issues when required. Staff communication & engagement forum.	Single Oversight Framework Report (May 2017): ▪ Sickness absence figures reduced by 0.01% in May to 3.70% (0.24% lower than the absence rate in the same month a year ago) ▪ The breakdown of short term sickness at 1.90% and long term sickness at 1.80% was almost the same as in April ▪ Sickness absence in D&O division has reduced by 0.82% to 2.89% ▪ Emergency & Urgent Care increased by 0.55% to 3.90%; Surgery has increase by 0.51% to 4.44% ▪ In a recent survey 100% of staff thought that the care they had received from SFH Occupational Health was excellent, good or very good ▪ Trust wide appraisal compliance was 92% for May 2017, increasing by 1% from April 2017 (91%). The new target from April 2017 is 95% ▪ Mandatory training remains at 91% NHS Staff Survey (2016): ▪ The overall indicator of staff engagement for the Trust was 3.86, above average when compared to trusts of a similar type (compared to 3.68 0 below average) last year ▪ The Trust had 16 key findings above average in 2016, compared with only 5 in 2015 ▪ Only 10 were below average in 2016 as opposed to 18 in 2015 ▪ There was improvement in 10 key findings and there no change in the remaining 22	Residual likelihood: 2 (Unlikely) Residual consequence: 3 (Moderate) **Residual risk rating:** **6** **(Low)** Previous residual risk rating: 9 (Medium) Residual risk rating last changed: **October 2016**	Some leaders lack skills in communication and engagement. Appraisal rates improving but still below desired levels in some areas. Quality of appraisals can be further improved. Although absence due to stress and anxiety is showing a downward trend, there are identified hot spot areas. Lack of control over the setting of external funding levels for training. A substantial reduction is expected for 2017/18 - anticipated to be a £140k shortfall, however budgets have yet to be finalised nationally.	Development of enhanced communication and engagement skills in the leadership team. Development of new managers' induction and master classes following outcomes of TNA. Review of appraisal process during 2017, to include a focus on performance & talent management. Implementation of a targeted action plan for hot spot areas. Monitor development in National Commissioning and continually re-assess the potential impact on the Trust. Conduct training needs analysis to identify the level of staff disruption that may occur & enable mitigation plans to be developed.	Target likelihood: 1 (Very unlikely) Target consequence: 3 (Moderate) **Target risk rating:** **3** **(Very low)** Forecast trajectory (next 12 months):

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Strategic priority	2. TO SUPPORT EACH OTHER TO DO A GREAT JOB							
Ref	**Lead Director / Lead Committee**	**Principal risk**	**Inherent risk rating**	**Primary controls**	**Assurances**	**Residual risk rating**	**Gaps in control or assurance**	**Planned actions**	**Target risk rating**

Ref	Lead Director / Lead Committee	Principal risk	Inherent risk rating	Primary controls	Assurances	Residual risk rating	Gaps in control or assurance	Planned actions	Target risk rating
AF7	Director of HR & OD Last reviewed: July 2017 OD & Workforce Committee Last reviewed: July 2017	**Staffing levels** If the Trust is unable to achieve and maintain staffing levels that meet service requirements; Caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience; 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.	Inherent likelihood: 5 (Very likely) Inherent consequence: 4 (High) Inherent risk rating: **20** (Significant)	Workforce Strategy supported by vacancy management and recruitment systems & processes. Annual workforce plan supported by Workforce Planning Group & review processes: ▪ 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 ▪ Winter capacity plans ▪ 6 monthly acuity & dependency assessments to ensure staffing is targeted to demand ▪ Developing a plan for new roles Defined safe medical & nurse staffing levels for all wards & departments; 36 WTE HCSW's above establishment in virtual ward. Updated recruitment branding and approach involving social media and assessment days. Temporary staffing approval and recruitment processes with defined authorisation levels. TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation. Increased use of Clinical Fellows to c50 in the Trust	Single Oversight Framework Report (June 2017): ▪ The trend for the Trust attracting more starters than leavers continues with a net gain of 19.63 FTE (24.09 FTE leavers v 43.72 FTE starters) ▪ The turnover rate reduced to 0.62% which has brought it back into line with the established trends, with April as the outlier at 1.19% ▪ Medical vacancies are lower compared to previous months at 13.29%; however, the Trust is continuing to push medical recruitment ▪ Band 5 Registered Nurse vacancies have also come down to 15.80% which again is the lowest it has been for over a year	Residual likelihood: 4 (Somewhat likely) Residual consequence: 4 (High) **Residual risk rating:** **16** (Significant) Previous residual risk rating: **Unchanged** Residual risk rating last changed: **Unchanged**	Availability of required skills within the employment market; national shortage of some specialists. Robustness of the system for talent management and succession planning. Understanding of medical staffing models to enable planning for future supply to meet demand. Initiatives to increase nursing and medical locum bank. IR35 legislative changes (affecting intermediaries / contractors) require new systems to ensure compliance and may have an impact on locum / interim market. Variability of Deanery supply creates junior doctor vacancies that have to be filled using locums.	Alternative solutions being sought for 'Hard to Fill' medical posts. International recruitment of Registered Nurses and on-going recruitment of newly qualified nurses. Development of future talent management processes. CSAR scheme for medics – rotational training to develop future consultants. Detailed modelling of medical staff in post v establishment, attrition rates and recruitment plans to predict future supply. Roll-out of Clinical Activity Manager (CAM) system. Introduced a weekly payroll. Revised nursing and medical bank rates. Rolling out Allocate for medical locum bank management. IR 35 taskforce daily operational meeting mainly to address immediate medical workforce supply challenges. Approved strategy of over-recruitment to create a pool of junior doctors that is more resilient to Deanery variations.	Target likelihood: 2 (Unlikely) Target consequence: 4 (High) **Target risk rating:** **8** (Medium) Forecast trajectory (next 12 months):

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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 or3 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	

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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

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OUR STRATEGIC PRIORITIES

STRATEGIC PRIORITY 1	1
TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS	

- 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	2
TO SUPPORT EACH OTHER TO DO A GREAT JOB	

- 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	3
TO INSPIRE EXCELLENCE	

- 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	4
TO GET THE MOST FROM OUR RESOURCES	

- 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	5
TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES	

- 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.