

## Board Assurance Framework (BAF): November 2016

### 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**.


### Trust Objectives 2016/17




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Trust Objective(s)		<ul style="list-style-type: none"> <li>➤ Ensure the highest standards of safe care are consistently delivered by, and for individuals, teams and departments</li> <li>➤ Ensure that patients experience the very best care, building on good practice, &amp; listening and learning from both negative and positive feedback and events</li> </ul>								
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	<p>Medical Director &amp; Chief Nurse Last reviewed: Due for review November 2016</p> <p>Quality Committee Last reviewed: Due for review 16<sup>th</sup> November 2016</p>	<p><b>Safe &amp; effective patient care</b> 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 damages the Trust's reputation and could affect CQC registration.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p><b>Inherent risk rating:</b> <b>20</b> (Significant)</p>	<p>Patient Safety &amp; Quality Board (PSQB) monthly meetings and supporting structure of sub-groups.</p> <p>Clinical service structures, resources and governance arrangements in place at Trust, division and service line levels.</p> <p>Clinical policies, guidelines &amp; pathways (Trust and national).</p> <p>Clinical audit programme and monitoring arrangements.</p> <p>Clinical staff recruitment, induction &amp; mandatory training.</p>	<p>Patient Safety &amp; Quality Board (PSQB) Report (October 2016):</p> <ul style="list-style-type: none"> <li>▪ Excellent performance for Sepsis HSMR with HSMR below the expected range; seen by the CQC as 'outstanding'</li> <li>▪ Assurance that serious incident investigations are being managed effectively</li> <li>▪ Assurance that hospital discharges from the Trust were safe with the relative risk of patient harm being low</li> <li>▪ Assurance that there are robust systems and processes in place to manage risks the associated with loose patient documentation</li> </ul> <p>Single Oversight Framework Performance Report to Board (October 2016):</p> <ul style="list-style-type: none"> <li>▪ Harm free care rate has remained above the 95% target since November 2015</li> <li>▪ HSMR 90.9 (weekend 96.6)</li> <li>▪ No Never Events since October 2015</li> <li>▪ Serious incident rate 0.1 per 1,000 Occupied Bed Days</li> <li>▪ Hospital acquired C.Diff below monthly target of 4 since October 2015; no MRSA</li> <li>▪ No NHSE / NHSI Patient Safety Alerts overdue</li> <li>▪ Safe staffing levels (overall fill rate) 93.2% against target 80%</li> </ul> <p>Senior leadership walk round programme.</p>	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 4 (High)</p> <p><b>Residual risk rating:</b> <b>12</b> (High)</p> <p>Forecast trajectory: </p>	<p>Divisional quality governance structures re-shaped but not yet fully embedded.</p> <p>Ability to maintain safe staffing levels across clinical services.</p> <p>Lack of systematised shared learning.</p> <p>Culture of ownership of safety at ward level is still developing.</p> <p>Additional support, advice and training are required to improve staff understanding of the Mental Health Act; the Mental Capacity Act; Deprivation of Liberty Safeguards (DoLS); and safeguarding.</p>	<p>Development &amp; embedding of strengthened quality governance structures at divisional level.</p> <p>Rolling recruitment programmes in place to address vacancy issues; continued exploration of opportunities for clinical working with NUH in some services.</p> <p>Development and implementation of enhanced mechanisms for learning from incidents, complaints and claims.</p> <p>Complete roll-out of annual ward accreditation process following successful pilot.</p> <p>Continued roll-out of the safety culture programme.</p> <p>Understanding of MHA, MCA, DoLS and safeguarding requirements to be tested through divisional visits as part of the internal assurance process.</p>	<p>Target likelihood: 1 (Very unlikely)</p> <p>Target consequence: 4 (High)</p> <p><b>Target risk rating:</b> <b>4</b> (Low)</p>	


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Trust Objective(s)		<ul style="list-style-type: none"> <li>➤ Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital</li> <li>➤ Work in partnership to keep people well in the community and enable them to return as soon as they are ready to leave hospital</li> </ul>								
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	<p>Chief Operating Officer</p> <p>Last reviewed: 10<sup>th</sup> November 2016</p> <p>Quality Committee</p> <p>Last reviewed: Due for review 16<sup>th</sup> November 2016</p>	<p><b>Managing emergency demand</b></p> <p>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&amp;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>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p><b>Inherent risk rating: 20 (Significant)</b></p>	<p>Emergency demand &amp; patient flow management arrangements:</p> <ul style="list-style-type: none"> <li>▪ Patient flow team</li> <li>▪ 4 times a day Flow meetings chaired by DNM, silver or Gold depending upon level of escalation.</li> <li>▪ Daily Board rounds</li> <li>▪ Weekly Breach meetings</li> <li>▪ Robust escalation protocols</li> <li>▪ DTOC meetings 3 times per week with system wide partners</li> <li>▪ Review of all patients with a length of stay of over 10 days</li> </ul> <p>Emergency Department (ED) standard operating procedures.</p> <p>Single streaming process for Emergency Department and Primary Care.</p> <p>Monthly performance management meetings between Divisions and Service Lines, and between Divisions and Executive Team.</p> <p>Bi-weekly System Resilience Group meeting (multi-agency membership).</p>	<p>Single Oversight Framework Performance Report to Board (October 2016):</p> <p>Daily monitoring of performance against the 4 hour A&amp;E standard:</p> <ul style="list-style-type: none"> <li>▪ 94.9% in September</li> <li>▪ Recognised as one of the best performing Trusts in the country</li> </ul> <p>Weekly monitoring of information on re-admissions:</p> <ul style="list-style-type: none"> <li>▪ Standardised readmission ratio 96.9 (consistently around 95 since June 2015)</li> </ul> <p>Weekly monitoring of information on average length of stay and bed occupancy.</p> <p>Daily monitoring of information on Delayed Transfer of Care (DTOC).</p> <p>Quarterly monitoring of information on levels of patient satisfaction (compliments, concerns &amp; complaints):</p> <ul style="list-style-type: none"> <li>▪ 96% of complaint responses in September dispatched within an appropriate number of days</li> </ul>	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 4 (High)</p> <p><b>Residual risk rating: 12 (High)</b></p> <p>Forecast trajectory: </p>	<p>Increase in instances of delayed transfer of care (DTOC) and impact of reduced social care funding.</p> <p>Impact of year on year rise in emergency demand &amp; ability of the Trust to respond with current resources.</p> <p>Increased acuity leading to more admissions.</p> <p>Planned system-wide actions may not have the desired outcomes of reducing ED attendances and reducing delays in discharging patients.</p>	<p>Daily review of DTOCs &amp; process for medically optimised patients to be established.</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> <ul style="list-style-type: none"> <li>▪ Respiratory Assessment Unit</li> <li>▪ Frailty Assessment Unit</li> <li>▪ Clinical Decisions Unit (CDU)</li> </ul> <p>Trust attendance at A&amp;E Board and regular engagement with the Chair of the A&amp;E Board in order to drive necessary and effective change.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (Low)</p> <p><b>Target risk rating: 8 (Medium)</b></p>	


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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	<p>Chief Operating Officer</p> <p>Last reviewed: 10<sup>th</sup> November 2016</p> <p>Quality Committee</p> <p>Last reviewed: Due for review 16<sup>th</sup> November 2016</p>	<p><b>Managing elective demand</b></p> <p>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>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p><b>Inherent risk rating:</b></p> <p><b>20</b></p> <p><b>(Significant)</b></p>	<p>Patient pathway management arrangements:</p> <ul style="list-style-type: none"> <li>Medway PAS – Patient Administration System</li> <li>Patient Tracking List (PTL) - weekly meetings &amp; associated training</li> </ul> <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> <p>Monthly Cancer Management Board meetings.</p> <p>Bi-weekly System Resilience Group meeting (multi-agency membership).</p>	<p>Single Oversight Framework Performance Report to Board (October 2016):</p> <p>Monitoring of performance against Referral to Treatment (RTT) standards:</p> <ul style="list-style-type: none"> <li>18 weeks RTT (incomplete pathways) 92.3% against a target of 92%</li> <li>1 case exceeding 52 weeks</li> </ul> <p>Monitoring of performance against cancer standards:</p> <ul style="list-style-type: none"> <li>2 week wait (from GP referral to 1<sup>st</sup> outpatient appointment) 94.6% against a target of 93%</li> <li>31 day diagnosis to treatment 97.2 % against a target of 96%</li> <li>62 days urgent referral to treatment 77.5% against a target of 85%</li> </ul> <p>Monitoring of performance against diagnostic (DM01) standards:</p> <ul style="list-style-type: none"> <li>6 week diagnostic wait 96% against a target of 99%</li> </ul> <p>Monthly information on cancellations of elective activity:</p> <ul style="list-style-type: none"> <li>Last minute non-clinical cancelled elective operations 0.6% against a target of 0.8%</li> </ul>	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 4 (High)</p> <p><b>Residual risk rating:</b></p> <p><b>12</b></p> <p><b>(High)</b></p> <p>Forecast trajectory:</p> 	<p>Residual validation process &amp; resource issues resulting in delayed / lost appointments.</p> <p>Vacancy and resilience issues within some clinical services.</p> <p>Not all clinical services are currently performing to the same level.</p>	<p>Additional resources approved to support the validation process; audit activity has been increased; Recurrent investment within the division has also been requested to enable on-going daily monitoring.</p> <p>Rolling recruitment programmes in place to address vacancy issues. Exploration of the potential for joint clinical working between NUH and SFH in some services.</p> <p>Development &amp; implementation of action plans for all areas which are currently not meeting required standards.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (Low)</p> <p><b>Target risk rating:</b></p> <p><b>8</b></p> <p><b>(Medium)</b></p>	


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Trust objective(s)		➤ Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money								
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: 10 <sup>th</sup> November 2016  Finance Committee Last reviewed: November 2016	<p><b>Financial sustainability</b> If the Trust is unable to achieve and maintain financial sustainability;</p> <p>Caused by the scale of the deficit and the effectiveness of plans to reduce it;</p> <p>It may result in widespread loss of public and stakeholder confidence with potential for regulatory action such as parliamentary intervention, special administration or suspension of CQC registration.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 5 (Very high)</p> <p><b>Inherent risk rating: 25 (Significant)</b></p>	<p>5 year long term financial model.</p> <p>Working capital support through agreed loan arrangements.</p> <p>Annual plan, including control total consideration and reduction of underlying financial deficit.</p> <p>Engagement with the Better Together alliance programme.</p> <p>Financial governance and performance arrangements in place at Trust, divisional and service line levels and with contracted partners.</p> <p>CIP Board, CIP planning processes and PMO coordination of delivery.</p>	<p>NHS Improvement monthly Performance Review Meeting (PRM) &amp; PRM letter.</p> <p>Monthly Financial and Capital Update Report, including forecast outturn:</p> <ul style="list-style-type: none"> <li>Deficit for September marginally better than plan and year to date performance excluding LTP costs £0.66m better than plan with a deficit of £22.35m</li> <li>Forecast Outturn as of October 2016 continued to demonstrate that planned deficit of £57.1m is achievable</li> </ul> <p>Monthly report of the CIP Board:</p> <ul style="list-style-type: none"> <li>CIP plan being exceeded for year to September 2016</li> <li>Assumptions and risks underlying the forecast have been tested and assurance received that actions and mitigations in place give reasonable confidence that the plan can be achieved with £2.2m of non-recurrent schemes</li> </ul>	<p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 5 (Very high)</p> <p><b>Residual risk rating: 15 (Significant)</b></p> <p>Forecast trajectory: </p>	<p>The Control Total for 2017/18 represents a CIP target of £16.3m (6% of turnover) which is considered to be unrealistic; the CIP target for 2018/19 is £17.3m.</p> <p>No long term commitment received for liquidity / cash support.</p> <p>Premium pay costs associated with using temporary staff to cover medical vacancies.</p> <p>Effectiveness of budget management and control at division and service line levels.</p> <p>Better Together alliance initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs.</p>	<p>Escalation to NHSI to request a review of the Control Total. Close working with STP partners to identify system-wide cost reductions that will enable achievement of the increased CIP.</p> <p>Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support.</p> <p>Development &amp; implementation of a Medical Pay Task Force action plan.</p> <p>Continued delivery of budget holder training workshops and enhancements to financial reporting.</p> <p>Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 5 (Very high)</p> <p><b>Target risk rating: 10 (High)</b></p>	


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Trust objective(s)		➤ Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital							
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
AF5	<p>Chief Executive Last reviewed: 9<sup>th</sup> November 2016</p> <p>Executive Team Last reviewed: 9<sup>th</sup> November 2016</p>	<p><b>Organisational sustainability</b> If the Trust fails to safeguard the future provision of local hospital services;</p> <p>Caused by an inability to establish a sustainable organisational model;</p> <p>It may result in widespread loss of public and stakeholder confidence and could lead to regulatory action such as parliamentary intervention, special administration or suspension of CQC registration.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 5 (Very high)</p> <p><b>Inherent risk rating:</b> <b>25</b> (Significant)</p>	<p>Trust corporate governance structure:</p> <ul style="list-style-type: none"> <li>Board of Directors</li> <li>Board Committees</li> <li>Management Boards</li> </ul> <p>SFHFT Summary Strategic Plan 2014-19.</p> <p>SFHFT Annual Plan 2016/17.</p> <p>Capital Planning Group, planning process &amp; monitoring of delivery.</p> <p>Vision &amp; Strategy for Newark Hospital.</p> <p>PFI partnership arrangements for management of estates and facilities.</p> <p>NHIS partnership arrangements for provision of IT services.</p> <p>Better Together Alliance (with involvement of key Trust personnel).</p> <p>Engagement and participation in STP.</p>	<p>CQC report (November 2016):</p> <ul style="list-style-type: none"> <li>Overall rating of Requires Improvement from Inadequate</li> <li>Safety Domain from Inadequate to Good</li> </ul> <p>Lifting of Special Measures.</p> <p>Annual Report &amp; Accounts 2015/16:</p> <ul style="list-style-type: none"> <li>Accounting Officer satisfied that all internal control issues raised have been, or are being, addressed by the Trust through appropriate action plans and that the implementation of these action plans is monitored.</li> </ul> <p>Staff &amp; public feedback on the future direction of the Trust.</p> <p>Better Together Alliance updates reported to Board.</p>	<p>Residual likelihood: 1 (Very unlikely)</p> <p>Residual consequence: 5 (Very high)</p> <p><b>Residual risk rating:</b> <b>5</b> (High)</p> <p>Forecast trajectory: </p>			<p>Target likelihood: 1 (Very unlikely)</p> <p>Target consequence: 5 (Low)</p> <p><b>Target risk rating:</b> <b>5</b> (Low)</p>

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Trust objective(s)		➤ Raise the level of staff engagement through strong leadership, communication, feedback and recognition								
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	<p>Director of HR &amp; OD Last reviewed: 4<sup>th</sup> November 2016</p> <p>OD &amp; Workforce Committee Next due for review: 12<sup>th</sup> January 2017</p>	<p><b>Staff engagement &amp; morale</b> If the Trust loses the engagement of a substantial proportion of its workforce;</p> <p>Caused by ineffective leadership or inadequate management practice;</p> <p>It may result in low staff morale, leading to poor outcomes &amp; experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 3 (Moderate)</p> <p><b>Inherent risk rating: 15 (Significant)</b></p>	<p>Staff engagement strategy.</p> <p>Training, education and development (TED) strategy &amp; programmes based on training needs analysis.</p> <p>Organisational Development Strategy.</p> <p>Workforce Strategy.</p> <p>Leadership and people management policies, processes &amp; professional support (including management training &amp; toolkits).</p> <p>Staff support and occupational health and welfare arrangements at Trust, divisional and service levels.</p>	<p>Single Oversight Framework Performance Report to Board (October 2016):</p> <p>Monthly and quarterly monitoring of workforce performance:</p> <ul style="list-style-type: none"> <li>93% of eligible staff appraised within last 12 months (against a target of 98%)</li> <li>91% of eligible staff attending core mandatory training within last 12 months (against a target of 92% with a 2% tolerance)</li> <li>3.7% WTE lost to sickness absence within last 12 months (against a target of 3.5%)</li> </ul> <p>Annual Staff and quarterly Pulse Surveys:</p> <ul style="list-style-type: none"> <li>Positive results from the latest staff Pulse survey (Q1)</li> </ul> <p>Training, Education &amp; Development (TED) Annual Report 2016:</p> <ul style="list-style-type: none"> <li>Recognition of the Trust's strong reputation for medical &amp; nursing student experiences</li> </ul> <p>Annual Diversity &amp; Inclusivity Report 2016:</p> <ul style="list-style-type: none"> <li>Workforce Race Equality Standard (WRAS) ratified and submitted; action plan in place</li> </ul> <p>Annual Occupational Health Report 2016.</p> <p>Deep dive reports to Committee investigating specific issues when required.</p>	<p>Residual likelihood: 2 (Unlikely)</p> <p>Residual consequence: 3 (Moderate)</p> <p><b>Residual risk rating: 6 (Low)</b></p> <p>Forecast trajectory: </p>	<p>Separate strategies for aspects of workforce management &amp; development currently in place.</p> <p>Temporary status of staff in leadership roles can have an adverse impact on staff engagement.</p> <p>Appraisal rates improving but still below desired levels in some areas. Quality of appraisals can be further improved.</p> <p>Staff absence due to stress-related illness remains relatively high.</p> <p>External funding for training may be substantially cut in future budgets.</p>	<p>Development of a single, overarching workforce and talent management strategy for the Trust. Updates to existing people management policies where necessary.</p> <p>Recruitment plan for substantive posts. Development of enhanced communication and engagement skills in the leadership team.</p> <p>Development of new managers' induction and master classes following outcomes of TNA.</p> <p>Continue to provide an enhanced support mechanism for staff who are absent with stress related illness; recent changes to policy, training &amp; practice to be monitored for impact.</p> <p>Impact of reduction in external funding would be absorbed into a revised training plan. Plan to increase the number of apprentices will generate additional funding.</p>	<p>Target likelihood: 1 (Very unlikely)</p> <p>Target consequence: 3 (Moderate)</p> <p><b>Target risk rating: 3 (Very low)</b></p>	

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AF7	<p>Director of HR &amp; OD Last reviewed: 4<sup>th</sup> November 2016</p> <p>OD &amp; Workforce Committee Next due for review: 12<sup>th</sup> January 2017</p>	<p><b>Staffing levels</b> 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 closure and disruption to services across divisions, leading to poor clinical outcomes &amp; experience for large numbers of patients; failure to achieve constitutional standards; unmanageable staff workloads; and increased costs.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p><b>Inherent risk rating:</b></p> <p><b>20</b> (Significant)</p>	<p>Workforce Strategy supported by vacancy management and recruitment systems &amp; processes.</p> <p>Annual workforce plan &amp; workforce planning &amp; review processes:</p> <ul style="list-style-type: none"> <li>Detailed modelling of qualified nurse staff and HCSW's in post v establishment, attrition rates and recruitment plans to predict future vacancy trajectory - monthly</li> <li>Nurse staffing establishment review – 6 monthly</li> <li>Winter capacity plans</li> </ul> <p>Defined safe medical and nurse staffing levels for all wards and departments.</p> <p>6 monthly acuity and dependency assessments to ensure staffing is targeted to demand.</p> <p>Comprehensive consultant job planning matching capacity to demand.</p> <p>Short term staffing support from NUH in some services.</p> <p>Temporary staffing approval and recruitment processes with defined authorisation levels.</p> <p>TRAC system in place for recruitment; e-Rostering systems and procedures used to plan staff utilisation.</p>	<p>Single Oversight Framework Performance Report to Board (October 2016):</p> <ul style="list-style-type: none"> <li>Staff turnover was 1.04% to September (against a target of 1.0%)</li> </ul> <p>Nursing Staffing Report and trajectories:</p> <ul style="list-style-type: none"> <li>Gap between establishment and staff in post was 135 WTE in September for band 5 Registered Nurses</li> <li>Registered Nurse bank / agency requests increased by 9.47% between July and August; Unregistered Nurse requests by 6.81%</li> <li>The % of agency nurses supplied by the tier 1 and 2 (cheaper) agencies is still 95%+</li> </ul> <p>TED Annual Report:</p> <ul style="list-style-type: none"> <li>Successful hosting of the Nottinghamshire Work Experience Hub to support succession planning</li> </ul> <p>Annual Staff and quarterly Pulse Surveys:</p> <ul style="list-style-type: none"> <li>Positive results from the latest staff Pulse survey (Q1)</li> </ul> <p>Deep dive reports to Committee investigating specific issues when required.</p>	<p>Residual likelihood: 4 (Somewhat likely)</p> <p>Residual consequence: 4 (High)</p> <p><b>Residual risk rating:</b></p> <p><b>16</b> (Significant)</p> <p>Forecast trajectory:</p> 	<p>Local employment market factors and reputation which may make the Trust less appealing as an employer.</p> <p>Availability of required skills within the employment market; national shortage of some specialists.</p> <p>Robustness of the system for talent management and succession planning.</p> <p>Understanding of medical staffing models to enable planning for future supply to meet demand.</p> <p>Compliance with the temporary staffing approval and recruitment processes.</p>	<p>Re-launch of the Trust's recruitment strategy &amp; branding following the recent CQC report. Enhancement of the Trust's social media presence.</p> <p>Alternative solutions being sought for 'Hard to Fill' medical posts. International recruitment of Registered Nurses and on-going recruitment of newly qualified nurses.</p> <p>Development of future talent management processes. CSAR scheme for medics – rotational training to develop future consultants.</p> <p>Detailed modelling of medical staff in post v establishment, attrition rates and recruitment plans to predict future supply.</p> <p>HR review of recruitment processes for temporary staff and auditing of practices within divisions: Allocate for nursing; TempRE for medics.</p>	<p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 4 (High)</p> <p><b>Target risk rating:</b></p> <p><b>8</b> (Medium)</p>	



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Trust objective(s)		➤ Raise the level of staff engagement through strong leadership, communication, feedback and recognition								
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	
AF8	<p>Chief Executive Last reviewed: 9<sup>th</sup> November 2016</p> <p>Executive Team Last reviewed: 9<sup>th</sup> November 2016</p>	<p><b>Senior leadership stability</b> If the Trust's fails to achieve and maintain senior leadership stability;</p> <p>Caused by an inability to recruit, retain and utilise sufficient senior leaders with the necessary skills and experience;</p> <p>It may result in a widespread loss of staff engagement; disruption to services; reduction in patient, public, staff and commissioner confidence in the Trust and potential for regulatory intervention.</p>	<p>Inherent likelihood: 5 (Very likely)</p> <p>Inherent consequence: 4 (High)</p> <p><b>Inherent risk rating:</b> <b>20</b> (Significant)</p>	<p>Established Trust <i>Quality for all</i> values.</p> <p>Established core of senior leaders.</p> <p>Definition of Board of Directors responsibilities and Board Development action plan.</p> <p>Multi-professional leadership development programmes.</p> <p>Appraisal, revalidation and job planning for senior medical workforce.</p>	<p>Chief Executive's Report to Board.</p> <p>Board &amp; Executive team monitoring of leadership roles:</p> <ul style="list-style-type: none"> <li>Recruitment of substantive HR Director</li> <li>Updates on recruitment plan for other senior posts</li> </ul> <p>TED Annual Report to OD &amp; Workforce Committee / summary report to Board (July 2016):</p> <ul style="list-style-type: none"> <li>Recognition by the CQC for the Trust's outstanding portfolio of multi-professional leadership development programmes</li> </ul>	<p>Residual likelihood: 2 (Unlikely)</p> <p>Residual consequence: 4 (High)</p> <p><b>Residual risk rating:</b> <b>8</b> (Medium)</p> <p>Forecast trajectory: </p>	<p>Robustness of the system for talent management and succession planning in senior leadership roles.</p> <p>Senior leadership roles not yet filled substantively.</p>	<p>Establishment of a leadership and management development programme to enable leaders to operate effectively in a service line management model.</p> <p>Active recruitment to key leadership roles: CEO, COO and Chair.</p> <p>Divisional and departmental posts also being recruited to.</p> <p>PMO posts being recruited to.</p>	<p>Target likelihood: 1 (Very unlikely)</p> <p>Target consequence: 4 (High)</p> <p><b>Target risk rating:</b> <b>4</b> (Low)</p>	

## Board Assurance Framework (BAF): November 2016

### 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
	Likelihood					
	1	2	3	4	5	
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		