

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

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

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

The key elements of the BAF to be considered are:

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

Key to lead committee assurance ratings:



Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity



Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy




Red = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and / or scale of the threat or opportunity

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

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Strategic priority	1. TO PROVIDE OUTSTANDING CARE
Principal risk (in the next 5 years)	PR1: Catastrophic failure in standards of safety & care A catastrophic failure in standards of safety and quality of patient care across the Trust resulting in multiple incidents of severe, avoidable harm and poor clinical outcomes for a large number of patients

Current risk exposure		 No change since 01/04/18	Tolerable risk
Likelihood	3. Possible		1. Very unlikely
Severity	4. High		4. High
Risk rating	12. High		4. Low

Lead Committee	Quality
Last reviewed	19/09/2018
Last changed	16/10/2018
Details of change	Updates assurances/ refreshed KRI's

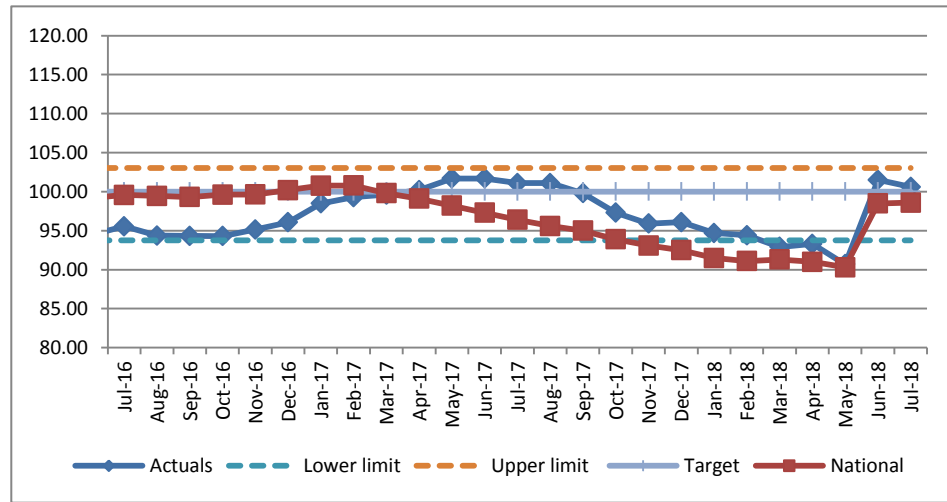
Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating										
Threat: A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td style="text-align: center;">←</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Minimal Insistence upon low risk options	Patient Safety & Quality Group (PSQG) work programme aligned to CQC registration regulations Quality Committee Work Programme Nursing & Midwifery Strategy Ward Assurance Metrics/ Accreditation Advancing Quality Programme	Medical Director & Chief Nurse	Management: DPRReport to Board (R) Monthly; PSQG assurance report to QC (R) Monthly; NM & AHP Board Update to QC (R) May '18; AQP Programme report to QC (R) Monthly; Learning from deaths Report QC (R) Monthly; Learning from deaths Report Board – Qtrly (R) Jul '18 & Annual (R) May'18; Quarterly Strategic Priority Report to Board (R) July'18; Annual Organisational Audit & Statement of Compliance (R) Board Aug '18; Senior leadership walk arounds – 15 steps assurance report (E) Board Dec '18 Risk & Compliance: Quality Dashboard to QC (R) Monthly; Quality Account Report to QC (R) Sept '18; SI & Duty of Candour report to QC (R) Monthly; SOF Performance Report Aug '18; Independent assurance: CQC Insight tool to PSQG (R) June '18; CQC Rating (R) Aug'18; IA (360) Transfer of Handover assurance report (R) QC Sept '18; Antenatal & newborn screening peer review (E) QC Nov '18	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
Threat: An outbreak of infectious disease (such as pandemic influenza; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td style="text-align: center;">←</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Minimal Insistence upon low risk options	Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits	Medical Director	Risk & Compliance: IPC Committee report (Quarterly); SOF Performance Report (R) Sept '18; Independent assurance: Internal audit plan (ref 3); IA Decontamination of Mattresses Review AAC/ Risk (R) May '18; Authorised Engineer report (R) Risk June'18 CQC Rating Good with Outstanding for Care (R) Aug'18; PLACE Assessment and Scores (R) Estates Governance September 2018	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
Opportunity: Availability and implementation of new technologies as a clinical or diagnostic aid (such as: electronic patient records, e-prescribing and patient tracking; artificial intelligence; telemedicine; genomic medicine) Proximity <table border="1"> <tr> <td>18/19</td> <td>18/19</td> <td>18/19</td> <td>18/19</td> <td>18/19</td> </tr> <tr> <td style="text-align: center;">←</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">▬</td> <td style="text-align: center;">→</td> </tr> </table>	18/19	18/19	18/19	18/19	18/19	←	▬	▬	▬	→	Uncertain Risk exposure could reduce if opportunities are exploited	Open Prepared to accept some risk in pursuit of benefits	Digital Strategy & investment programme IT Strategy (system wide) NEWS2 Implementation programme	Director of SPCD	Management: Digital Strategy Implementation Group Report to Board (R) April '18/ TMT Quarterly (E) Oct '18 Independent assurance: Internal audit plan (ref 4)	Inconclusive
18/19	18/19	18/19	18/19	18/19												
←	▬	▬	▬	→												

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

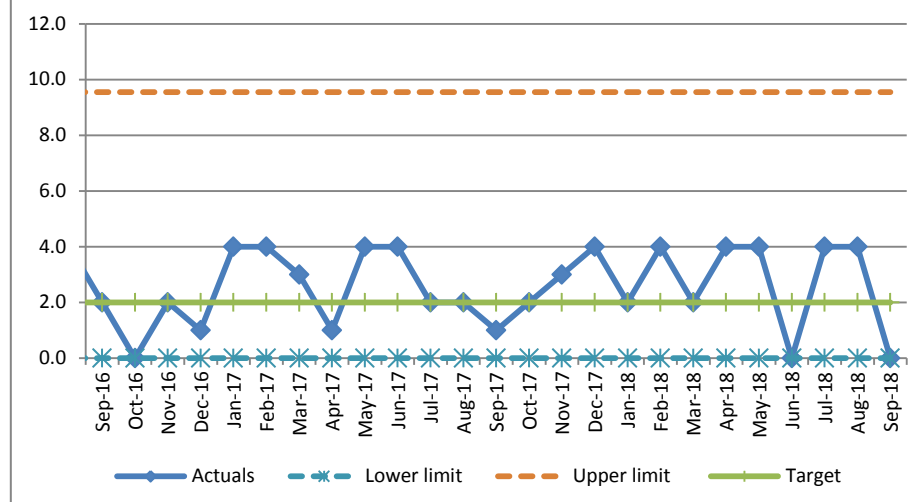
Board Assurance Framework (BAF): 2018/19 (October 2018)

Key risk indicators (KRIs) As supplied 15th October 2018

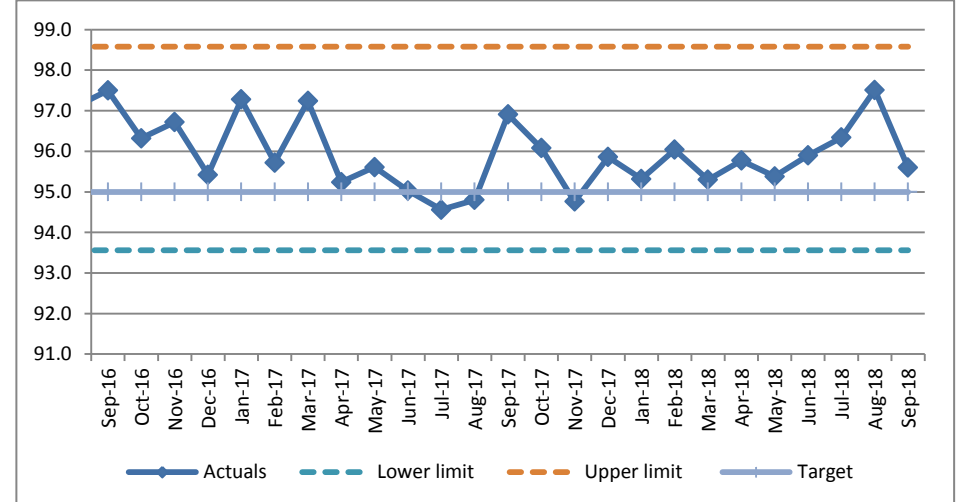
HSMR (basket of 56 diagnosis groups)



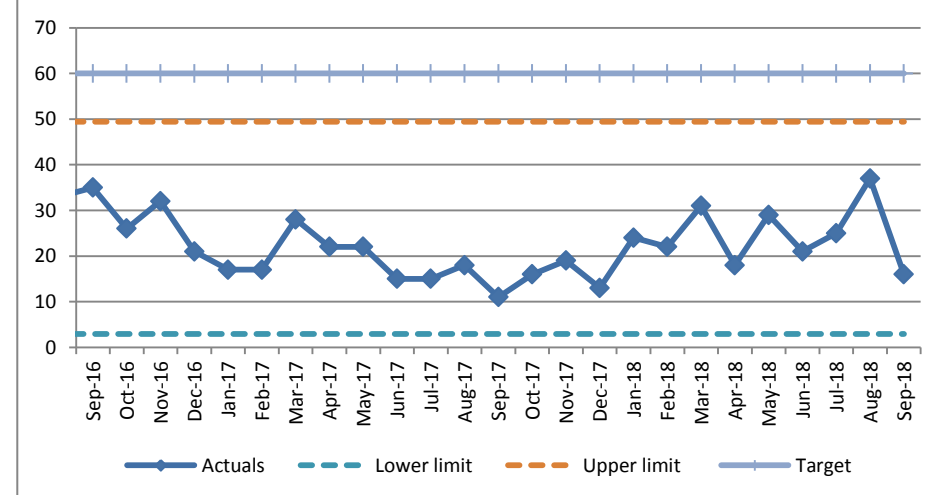
Serious Incidents including Never Events (STEIS reportable)



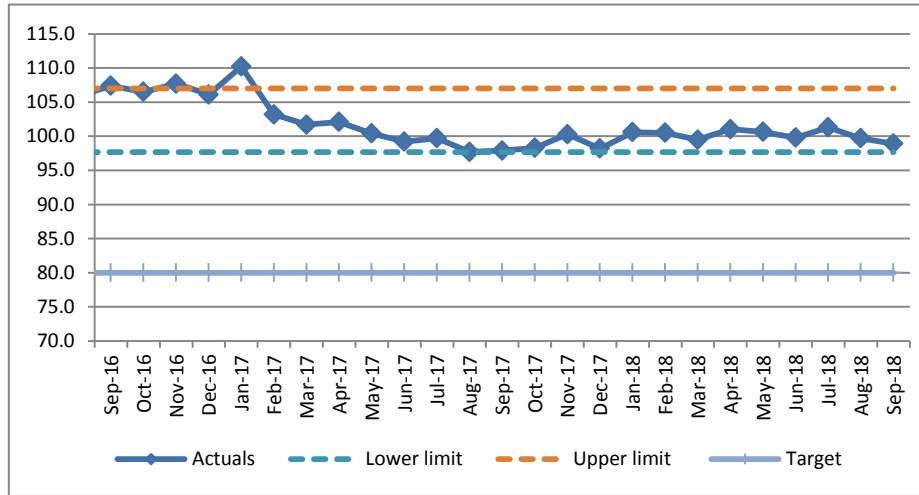
Harm-free SFH care



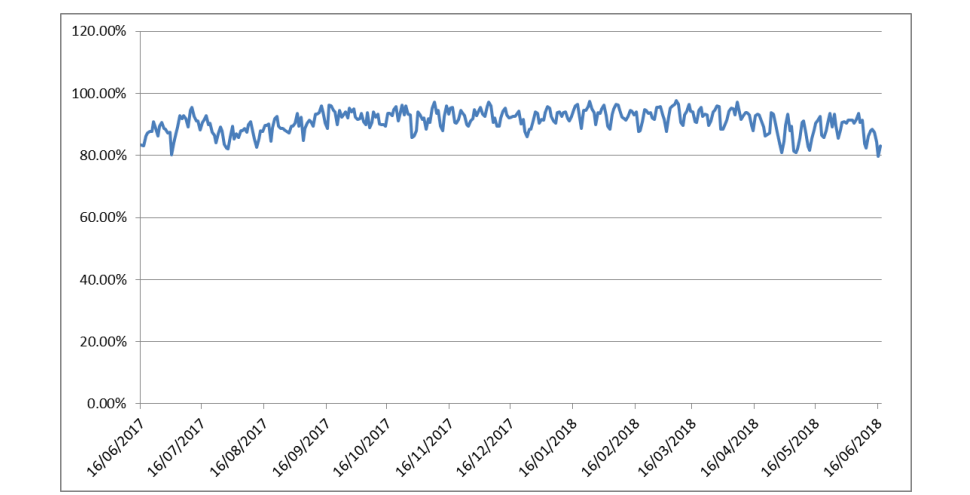
Number of complaints



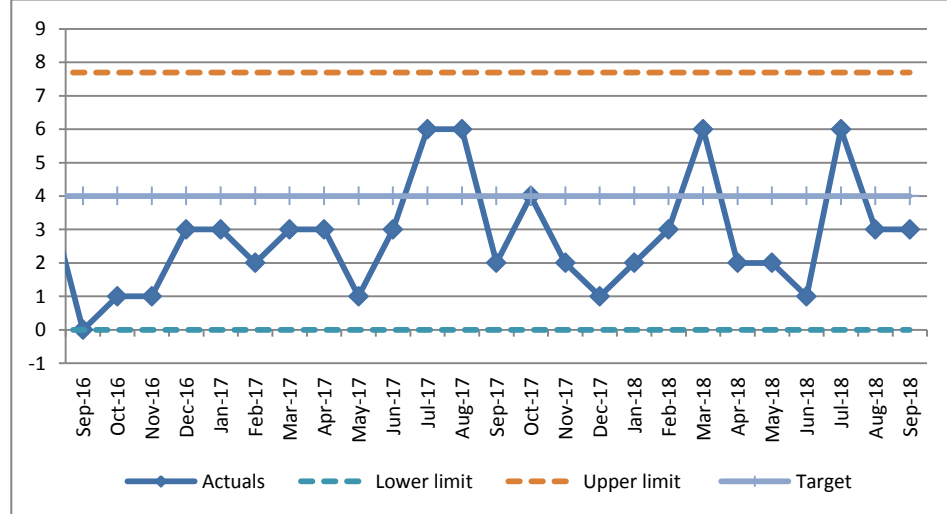
Safe Staffing Levels - overall fill rate



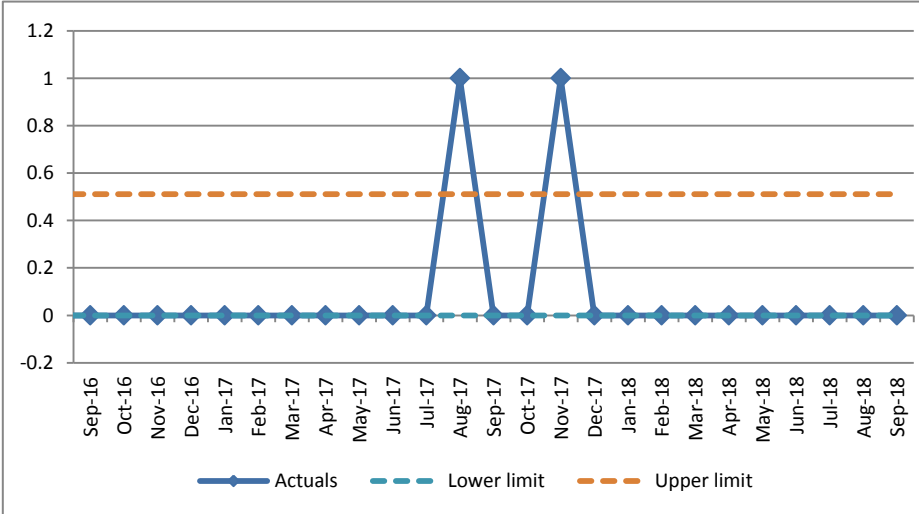
Daily bed occupancy percentage



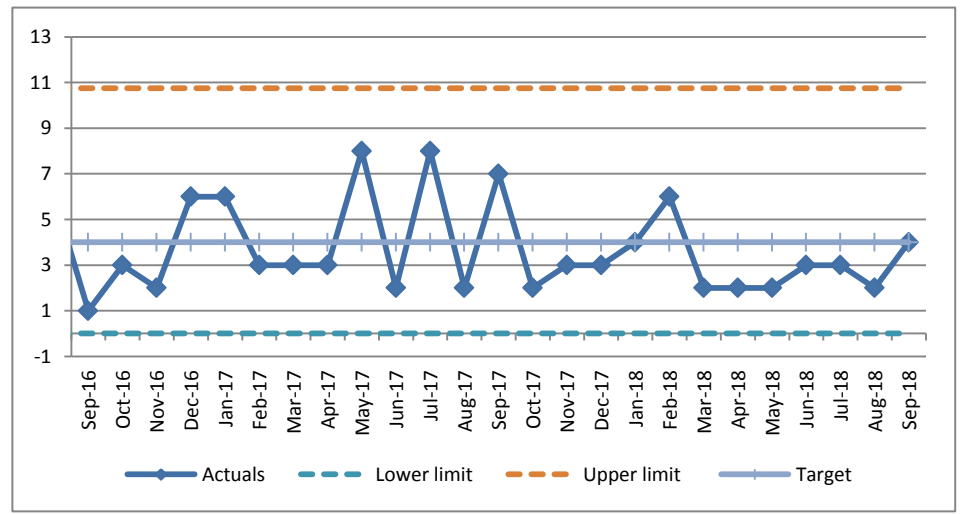
Clostridium difficile Hospital acquired cases



MRSA bacteremia - Hospital acquired cases




E.Coli bacteraemia blood stream infection - Hospital acquired cases



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

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

Current risk exposure		 No change since 01/04/18	Tolerable risk
Likelihood	4. Somewhat likely		2. Unlikely
Severity	4. High		4. High
Risk rating	16. Significant		8. Medium

Lead Committee	Quality
Last reviewed	19/09/2018
Last changed	16/10/2018
Details of change	Updates assurances/ refreshed KRI's

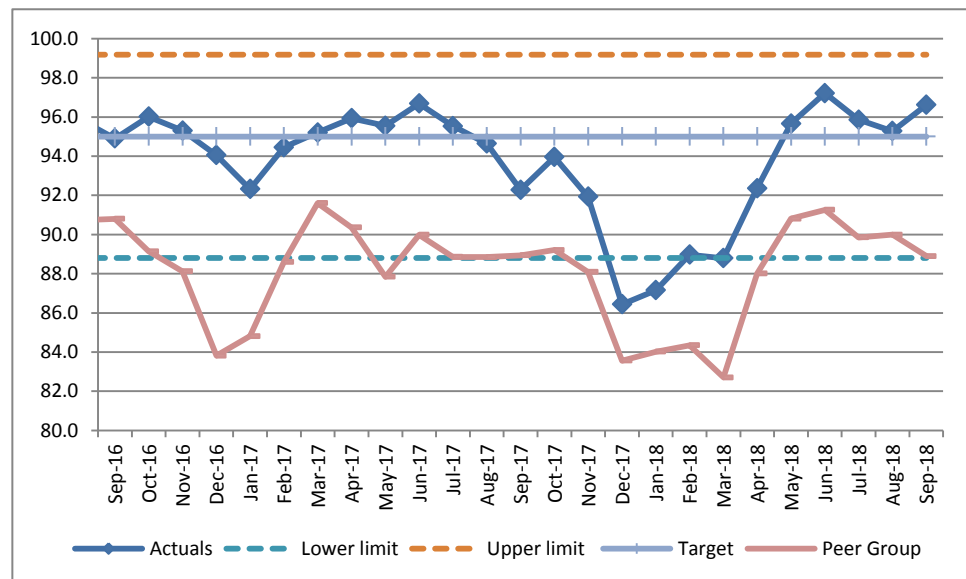
Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating										
Threat: Exponential growth in demand for care caused by an ageing population (forecast annual increase in emergency demand of 4-5% per annum); reduced social care funding and increased acuity leading to more admissions & longer length of stay Proximity <table border="1" style="width: 100%; text-align: center;"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	Patient Flow Programme & Better Together Alliance admission reduction initiatives Admission avoidance schemes Length of stay reduction schemes Bed capacity increase schemes in place for winter	Chief Operating Officer	Management: Capacity plan to Board (R) Jul '18 Quarterly Strategic Priority Report to Board (R) July '18; Single Oversight Framework Integrated Monthly Performance Report to Board (R) Sept '18; Elective Care Expectations – Response to Ian Dalton (NHSI) Letter (R) Board Sept '18 ; Better Together Transformation Programme Update (R) Board Sept '18 Independent assurance: IA review of outpatient Demand and capacity modelling (R) July '18	Inconclusive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
Threat & Opportunity: Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort' Proximity <table border="1" style="width: 100%; text-align: center;"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	High certainty Increase in risk exposure expected	Open Prepared to accept some risk in pursuit of benefits	Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development	Director of SPCD	Management: Better Together Transformation Programme Update (R) Board Sept '18	Inconclusive
18/19	19/20	20/21	21/22	22/23												
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Threat & Opportunity: Operational failure of neighbouring providers that creates a large-scale shift in the flow of patients and referrals to SFH Proximity <table border="1" style="width: 100%; text-align: center;"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	Uncertain Risk exposure could increase if threat materialises	Open Prepared to accept some risk in pursuit of benefits	Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development.	Director of SPCD	Management: Better Together Transformation Programme Update (R) Board Sept '18	Inconclusive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												

Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> ▪ Emergency demand & patient flow management arrangements ▪ Single streaming process for ED & Primary Care ▪ Multi-agency System Resilience Group meeting ▪ Trust attendance at A&E Board and regular engagement with the Chair ▪ Patient pathway management arrangements ▪ Standard operating procedures for diagnostic services ▪ Performance management arrangements between Divisions, Service Lines and Executive Team ▪ Exec to exec meetings ▪ Joint pathways of care 	Planned system-wide actions may not have the desired outcomes of reducing ED attendances and delays in discharging or transferring patients	A Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board	A Divisional General Manager, E & UC	2018/19
	Approaches to demand and capacity modelling are not standardised across Divisions	C All Divisions to implement IST model to ensure standardisation and enable formal review of outputs and identification of any risks	C&A Deputy COO, Elective Care	31/10/18
	Not all clinical services are currently performing to the same level; particular concern with 62 day cancer standard	C Strengthened governance & action plans for recovery of cancer performance; working towards 7 day diagnostic standards for Radiology & Endoscopy; reduction of 62 day backlog	C Divisional General Manager, Surgery	2018/19
	Sustainability of Urology, Neurology and ENT services; strength of clinical services delivered in partnership (Vascular; Oncology; Stroke)	A Revised clinical models for Urology and Neurology; development of joint SFH / NUH model for ENT; strengthening of Service Level Agreements (SLAs) via Strategic Partnership Board for joint services	C&A Divisional General Manager, Surgery	2018/19

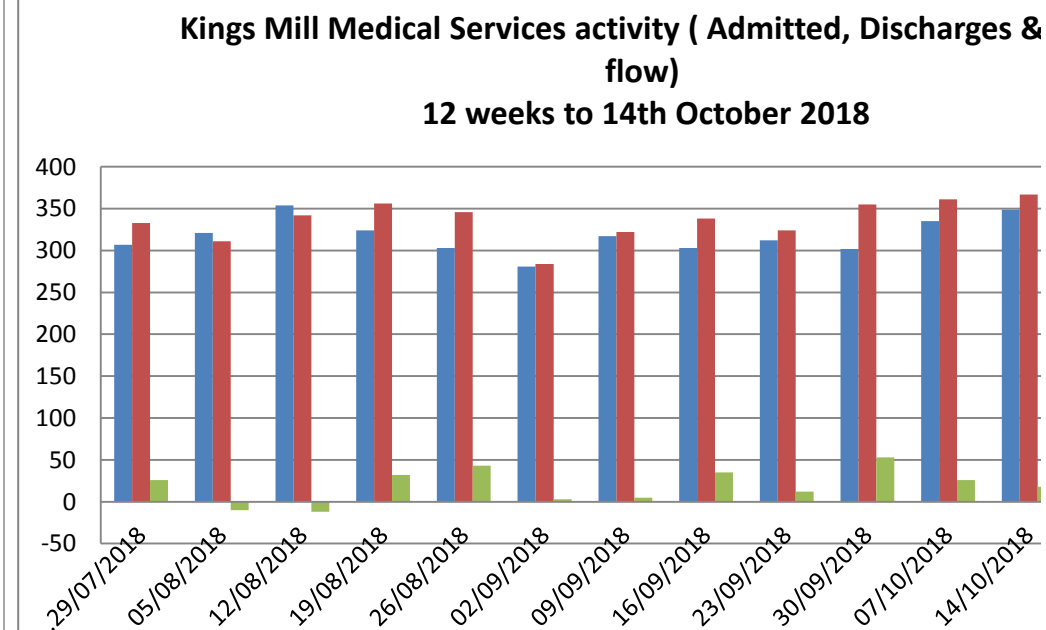
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Key risk indicators (KRIs) As supplied 15th October 2018

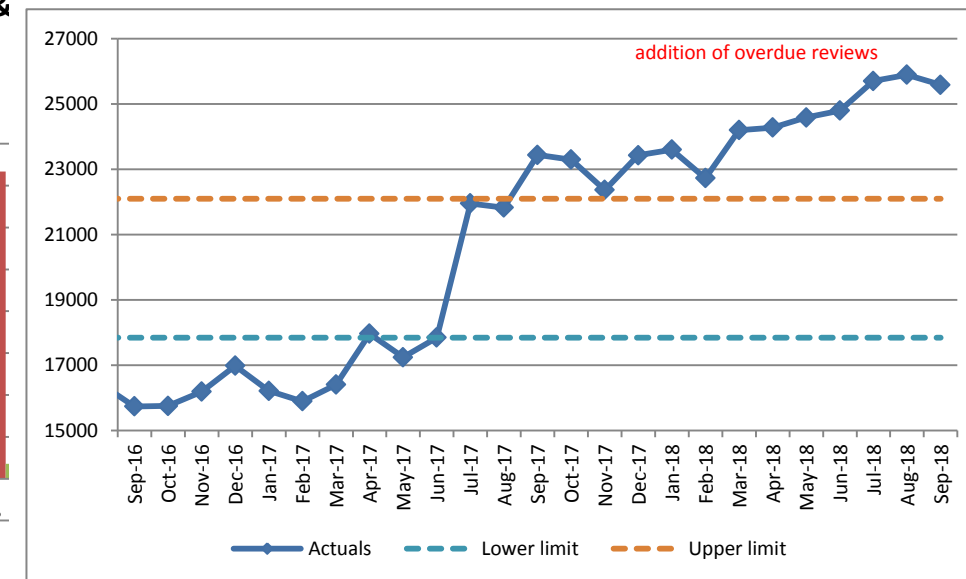
Emergency access within 4 hours (total Trust)



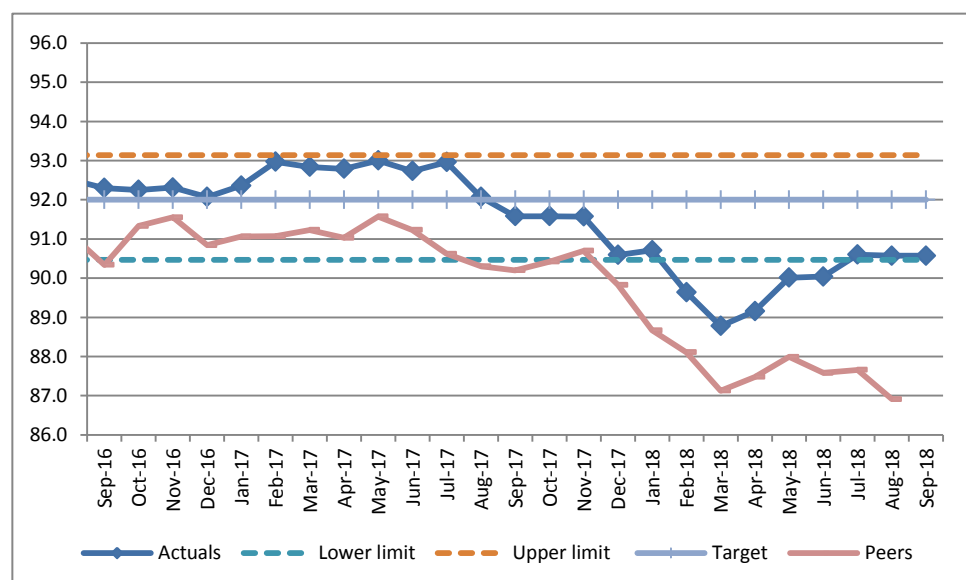
Weekly admission & discharge surplus/deficit



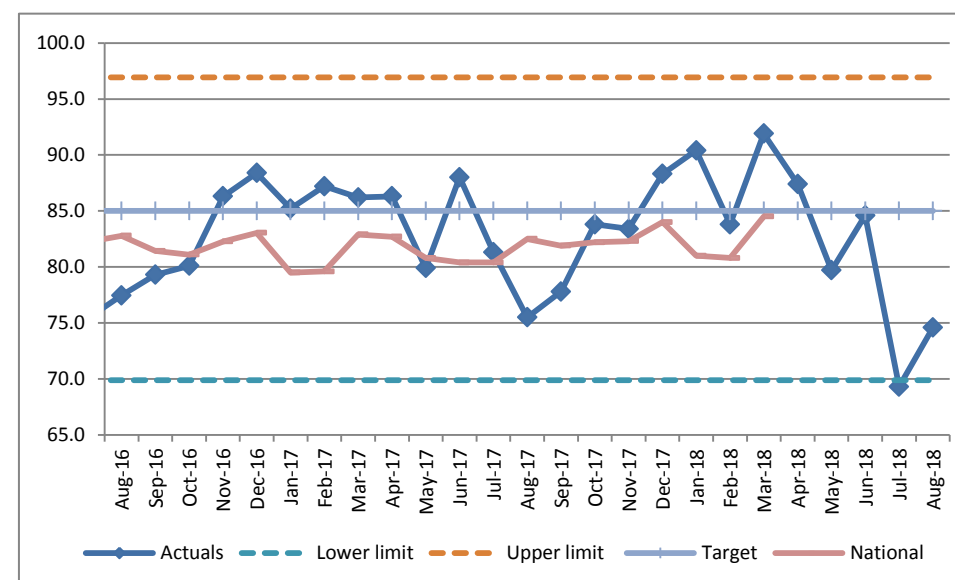
18 weeks - number of incomplete pathways



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



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



Size of the Cancer backlog

Date of PTL	100+ days	63-99 days	Total Urology Backlog	Total Cancer Backlog	Total cancer
09/10/2018	2	12	14	56	
02/10/2018	1	12	13	52	
25/09/2018	2	13	15	55	
18/09/2018	4	15	19	61	
11/09/2018	3	12	15	58	
04/09/2018	6	9	15	61	
28/08/2018	4	17	21	64	
21/08/2018	3	18	21	65	
14/08/2018	4	20	24	68	
07/08/2018	3	16	19	57	
31/07/2018	5	16	21	53	
24/07/2018	7	20	27	61	
17/07/2018	11	15	26	53	
12/07/2018	9	15	24	54	

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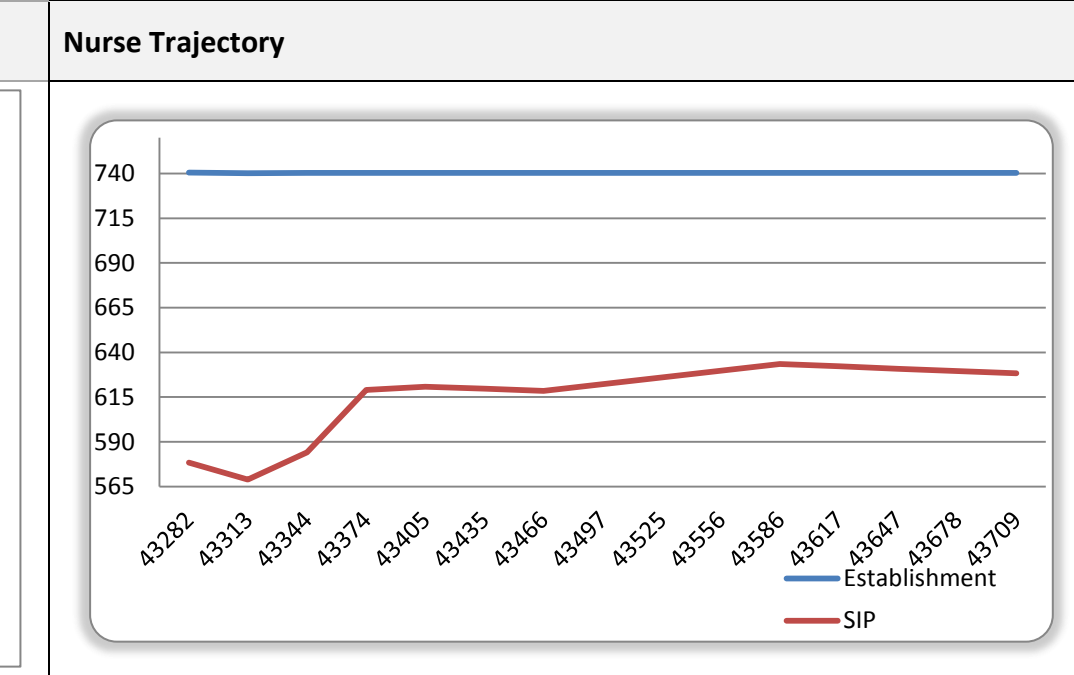
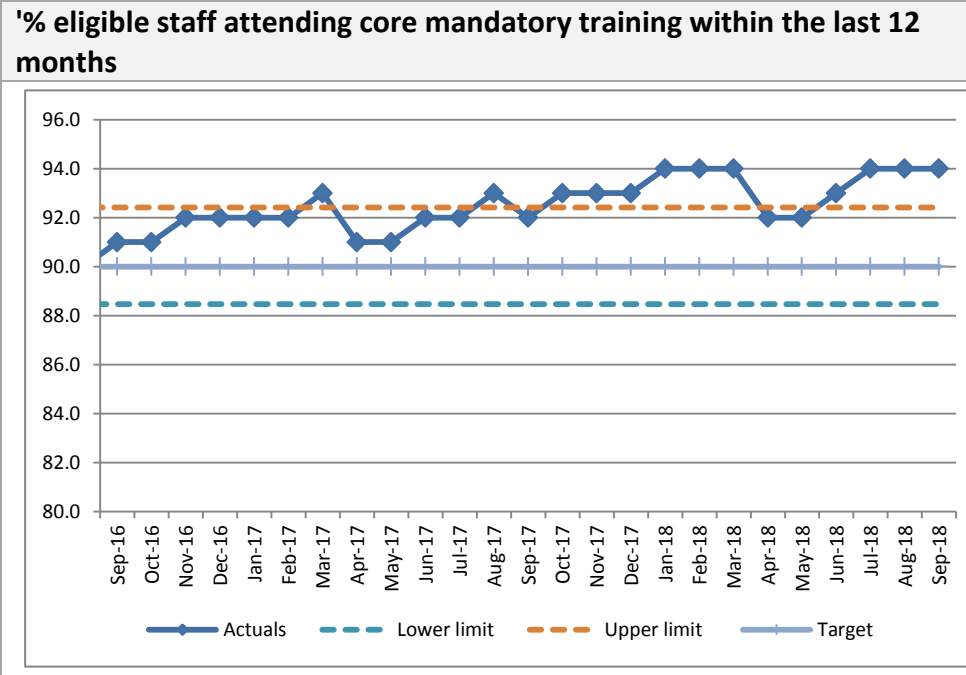
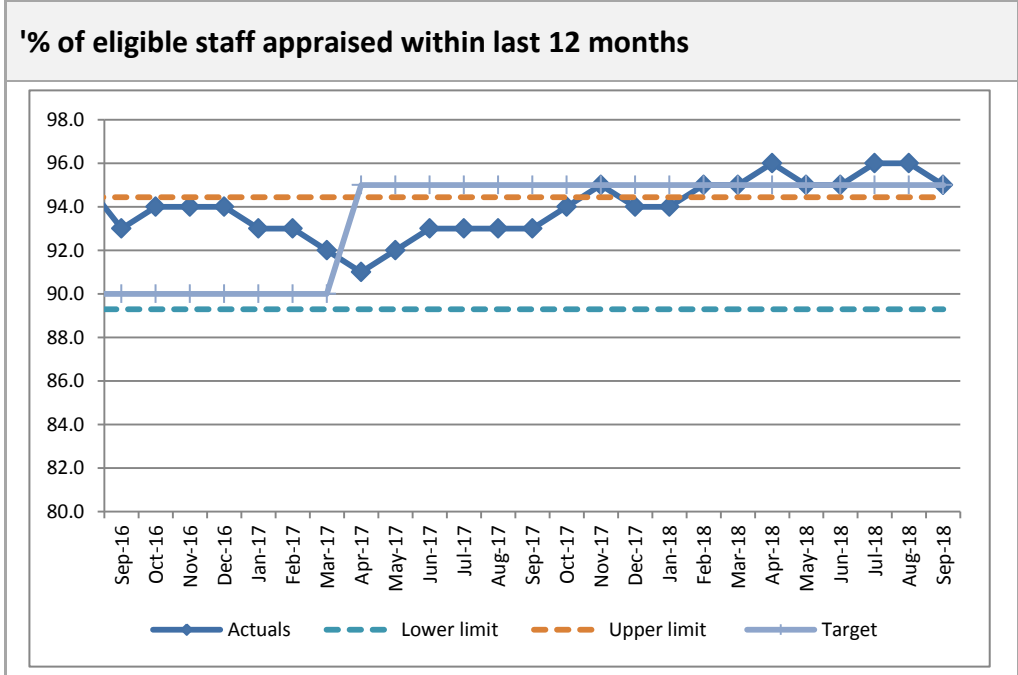
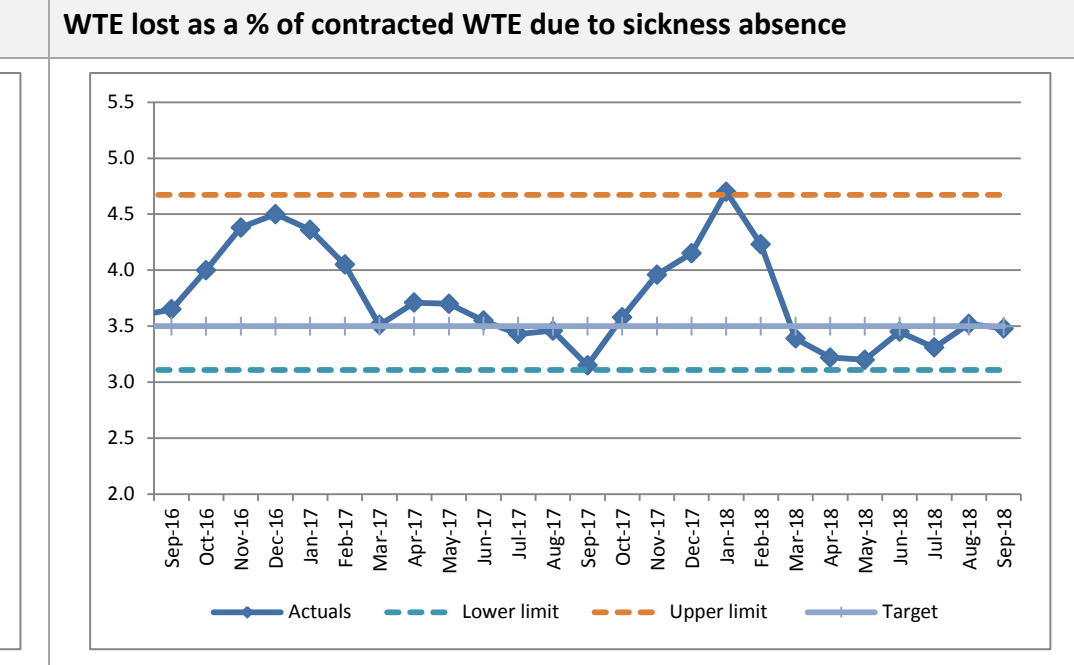
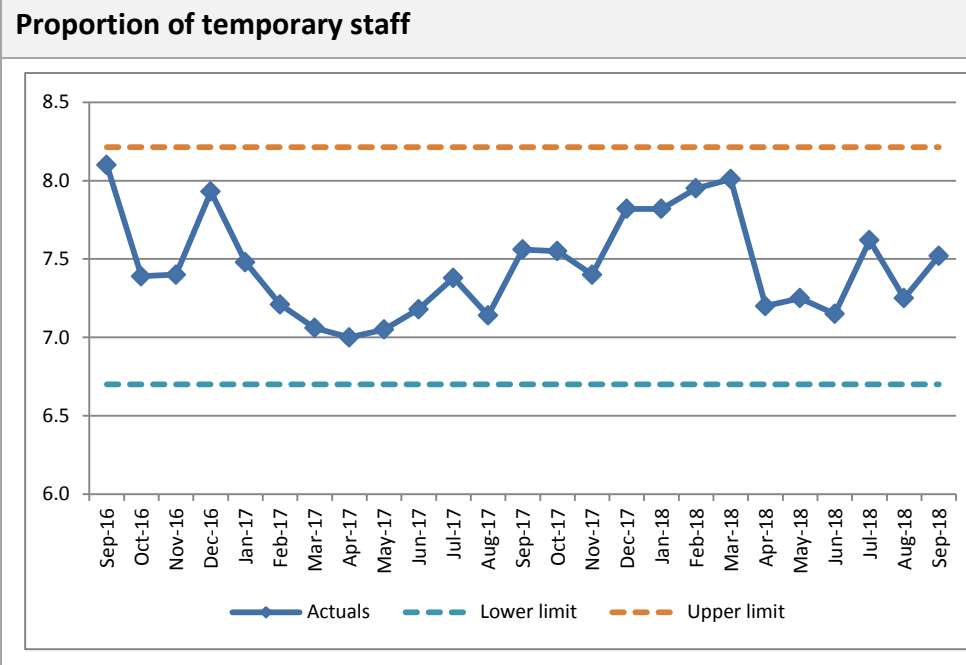
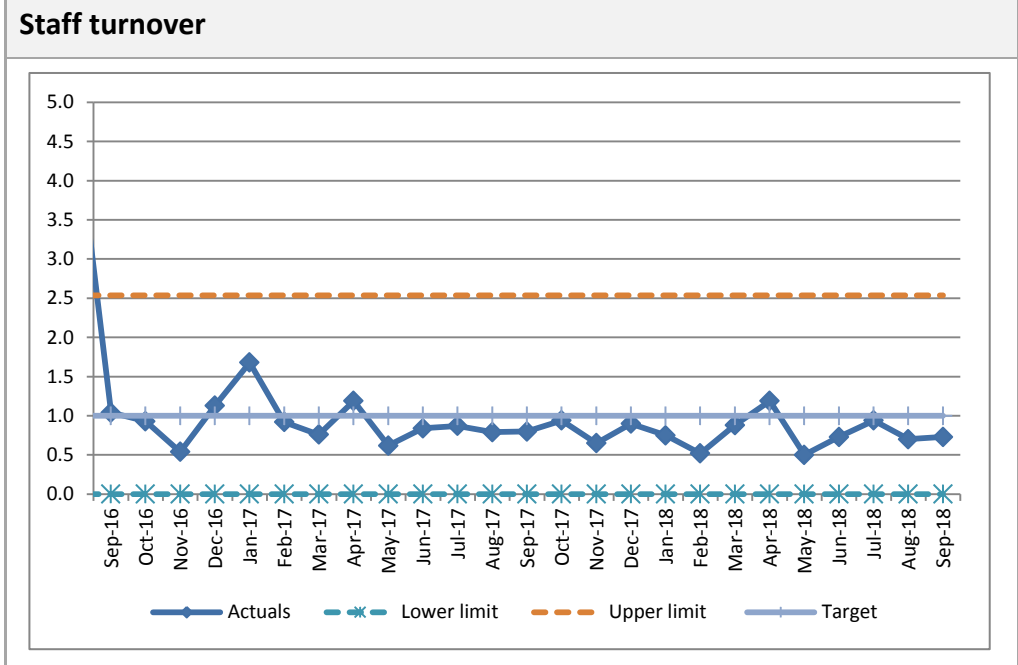
Strategic priority	2: TO SUPPORT EACH OTHER TO DO A GREAT JOB	Current risk exposure		Tolerable risk	Lead Committee	Quality	
Principal risk (in the next 5 years)	PR 3: Critical shortage of workforce capacity & capability A critical shortage of workforce capacity with the required skills to manage demand resulting in a prolonged, widespread reduction in the quality of services and repeated failure to achieve constitutional standards	Likelihood	4. Somewhat likely	 No change since 01/04/18	2. Unlikely	Last reviewed	16/10/2018
		Severity	4. High		4. High	Last changed	16/10/2018
		Risk rating	16. Significant		8. Medium	Details of change	Updates assurances/ refreshed KRI's

Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating										
Threat: Demographic changes (including the impact of Brexit and an ageing workforce) and shifting cultural attitudes to careers, combined with employment market factors (such as reduced availability and increased competition) resulting in critical workforce gaps in some clinical services Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	18/19	19/20	20/21	21/22	22/23						High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	'Maximising our Potential' workforce strategy – Attract & Retain pillars Medical and Nursing task force Workforce planning group Exec Talent Management Group Activity, Workforce and Financial plan	Director of HR & OD	Management: Quarterly workforce report on resourcing to Board (R) June '18/ Sept '18 ; Workforce Report - Maximising our Potential to Board (R) June'18; Nursing & Midwifery Strategy 2018/20 Q1 report (R) Board Aug '18 SOF – Workforce Indicators (Monthly) Bank and agency report (monthly) Guardian of safe working report to Board (R) May '18 Quarterly Strategic Priority Report to Board (R) July'18 Independent assurance: Internal audit plan (Ref 13)	Positive
18/19	19/20	20/21	21/22	22/23												
Threat: A significant loss of workforce productivity arising from a reduction in discretionary effort amongst substantial proportion of the workforce and/or loss of experienced colleagues from the service, or caused by other factors such as poor job satisfaction, lack of opportunities for personal development, on-going pay restraint or workforce fatigue Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	18/19	19/20	20/21	21/22	22/23						Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	'Maximising our Potential' workforce strategy – Engage, Develop, Nurture, Perform pillars Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event)	Director of HR & OD	Management: Workforce Report - Maximising our Potential to Board (R) June'18/ Quarterly Culture and Leadership Update Board (R) Jul '18 Staff survey, action plan and annual report to Board (R) Mar '18 Freedom to speak up guardian report (QTR); Diversity & Inclusion Annual report (R) May '18; Workforce Report to Board (R) Apr '18 Risk & Compliance: Freedom to speak up self-review (R) Board Sept'18 Independent assurance: National Staff Survey (E) Nov '18/ SFFT/Pulse surveys (Quarterly)	Positive
18/19	19/20	20/21	21/22	22/23												
				Chief Operating Officer	Management: Risk & Compliance: EPRR Report (bi-annually) Independent assurance: Confirm and Challenge by NHS England Regional team and CCGs (E) Sept 2018/ Internal Audit Business Continuity and Emergency Planning (E) Sept '18	Positive										


Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> 2 year workforce plan supported by Workforce Planning Group & review processes (consultant job planning; workforce modelling; winter capacity plans) Vacancy management and recruitment systems & processes TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation Defined safe medical & nurse staffing levels for all wards & departments/ Safe Staffing Standard Operating Procedure Temporary staffing approval and recruitment processes with defined authorisation levels 	Trust wide co-ordination of new roles is not sufficiently robust	Workforce planning group to review co-ordination of new roles and develop, introduce and roll-out plan	Deputy Director of HR Operations	2018/19
	Divisional ownership and understanding of their issues	Embedding the new BP model and the workforce planning group	Deputy Director of HR	2018/19
	Lack of understanding regarding the impact of age demographics on increasing the staff retention risk	Workforce planning group to oversee an analysis of likely retirement impact for key posts by division / specialty with mitigation plan	Deputy Director of HR	2018/19

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Key risk indicators (KRIs) As supplied 14th September 2018



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

Strategic priority	4: TO GET THE MOST FROM OUR RESOURCES	Current risk exposure		Tolerable risk	Lead Committee	Finance	
Principal risk (in the next 5 years)	PR 4: Failure to maintain financial sustainability Repeated inability to deliver the annual control total resulting in a failure to achieve and maintain financial sustainability	Likelihood	4. Somewhat likely	 No change since 01/04/18	2. Unlikely	Last reviewed	08/10/2018
		Severity	5. Very high		5. Very high	Last changed	15/10/2018
		Risk rating	20. Significant		10. High	Details of change	Updates assurances/ refreshed KRI's

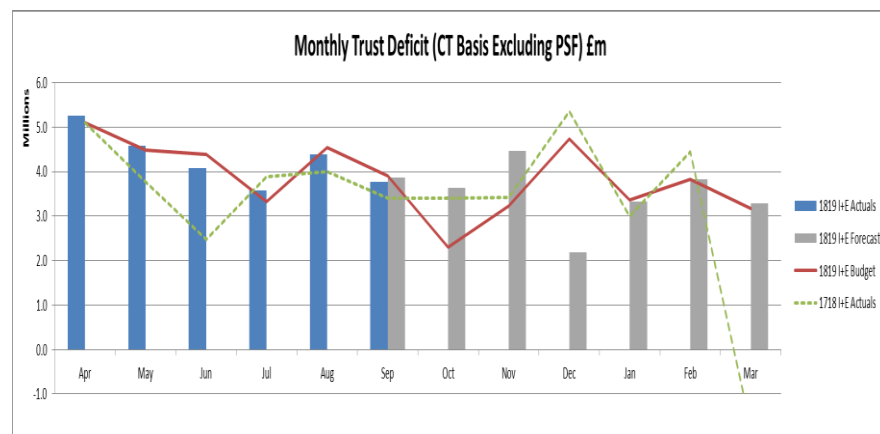
Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating
A reduction in funding (including potential impact of a general election and Brexit or if CCG financial position deteriorates and financial special measures status is imposed by NHSE) resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality & safety Proximity 18/19 19/20 20/21 21/22 22/23 	High certainty Increase in risk exposure expected	Cautious Low risk options are preferred	Delivery of annual control totals until break-even is reached Development of financial Strategy	Chief Financial Officer	Management: CFO's Financial Reports & FIP Summary (Monthly) Quarterly Strategic Priority Report to Board (R) July'18 Independent assurance: Internal audit Report FIP/ QIPP (Jul '18); EY Financial Recovery Plan	Positive
			Close working with STP partners and the Alliance framework to identify system-wide cost reductions Joint planning process 2019/20	Director of SPCD	Management: Alliance Progress Report & STP FIP (at each finance committee meeting); Investment governance work programme	
Threat: Growth in the burden of backlog maintenance and medical equipment replacement costs to unaffordable levels Proximity 18/19 19/20 20/21 21/22 22/23 	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Capital investment programme (estates, medical equipment & IT) & Treasury loan process	Director of SPCD	Management: Capital Planning Group Summary Report (at each finance committee meeting)	Positive
			PFI management of estates & facilities	Director of SPCD	Management: PFI Report (at each finance committee meeting)	Positive

Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> 5 year long term financial model Working capital support through agreed loan arrangements Annual plan, including control total consideration; reduction of underlying financial deficit and unwinding of the PFI benefit by £0.5m annually Engagement with the Better Together alliance programme Financial governance and performance arrangements in place at Trust, divisional and service line levels and with contracted partners FIP Board, FIP planning processes and PMO coordination of delivery NHS Improvement monthly Performance Review Meeting (PRM) Delivery of budget holder training workshops and enhancements to financial reporting 	2018/19 planning indicates £17.3m FIP required to achieve control total	A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place, Board approved & governance in place	Deputy Chief Financial Officer	Complete
	No long term commitment received for liquidity / cash support	Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support	Deputy Chief Financial Officer	Ongoing
	Premium pay costs associated with using temporary staff to cover medical vacancies	Development & implementation of a Medical Pay Task Force action plan	Deputy Chief Financial Officer	Complete
	CCGs' QIPP initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs	Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated	Deputy Director of Income & Performance	31/03/19

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

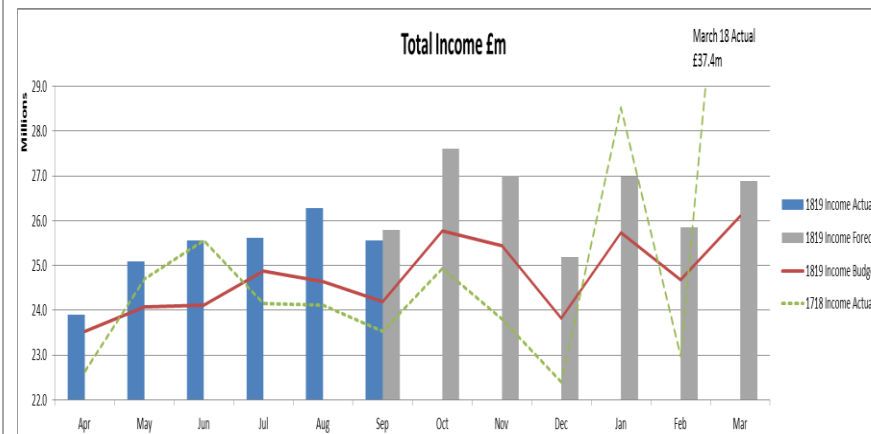
Key risk indicators (KRIs) As supplied 15th October 2018

Financial position against annual control total



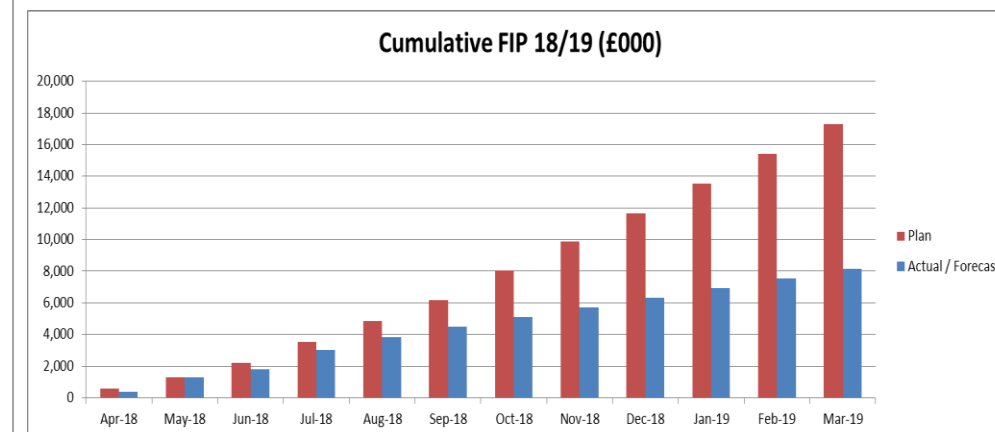
Against control total excluding Provider Sustainability Funding (PSF) the Trust deficit in M6 of £3.8m was £0.11m better than plan.

Income against plan



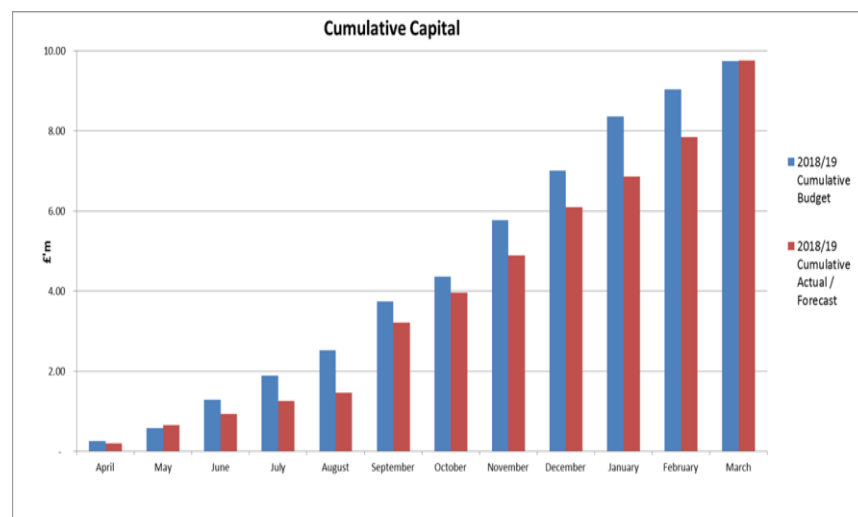
Total operating income is £1.2m better than plan in M06 at £25.4m.

Financial Improvement Plan (FIP) delivery against plan



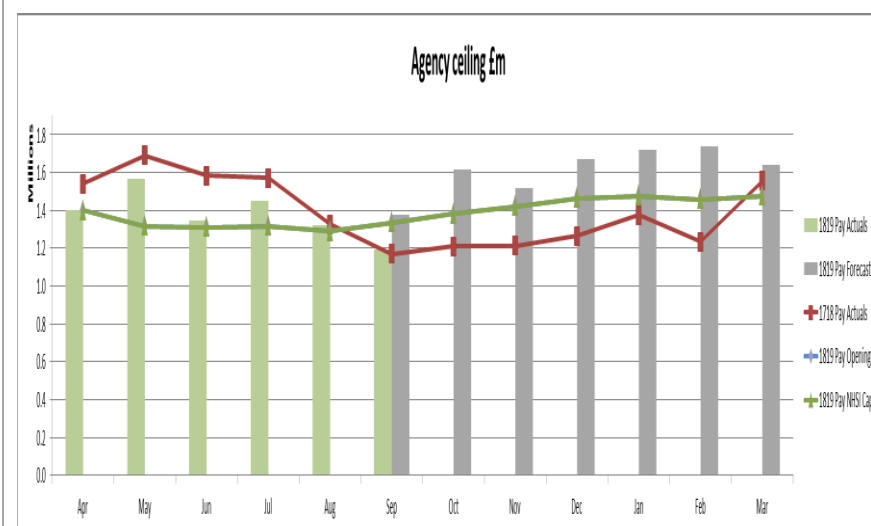
Cumulative FIP delivery of £4.5m was £1.7m below plan at M06.

CAPEX expenditure against plan



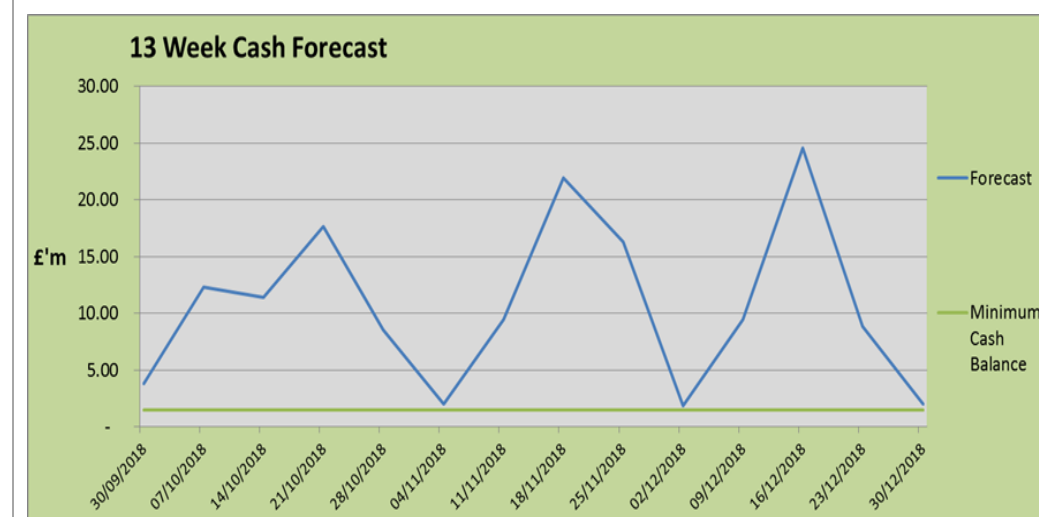
YTD Capex expenditure position at M06 was £2.6m, £1.0m below the capital plan of £3.6m. (Including Donated Assets)

Agency spend against NHSI ceiling



Agency spend in M06 was £0.1m below the NHSI ceiling of £1.3m. The current forecast for 18/19 is £1.5m above the NHSI ceiling.


Closing cash against plan



Closing cash at 30th September 2018 was £3.2m, £1.1m above planned level.

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

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

Current risk exposure		 No change since 01/04/18	Tolerable risk
Likelihood	2. Unlikely		1. Very unlikely
Severity	5. Very high		5. Very high
Risk rating	10. High		5. Low

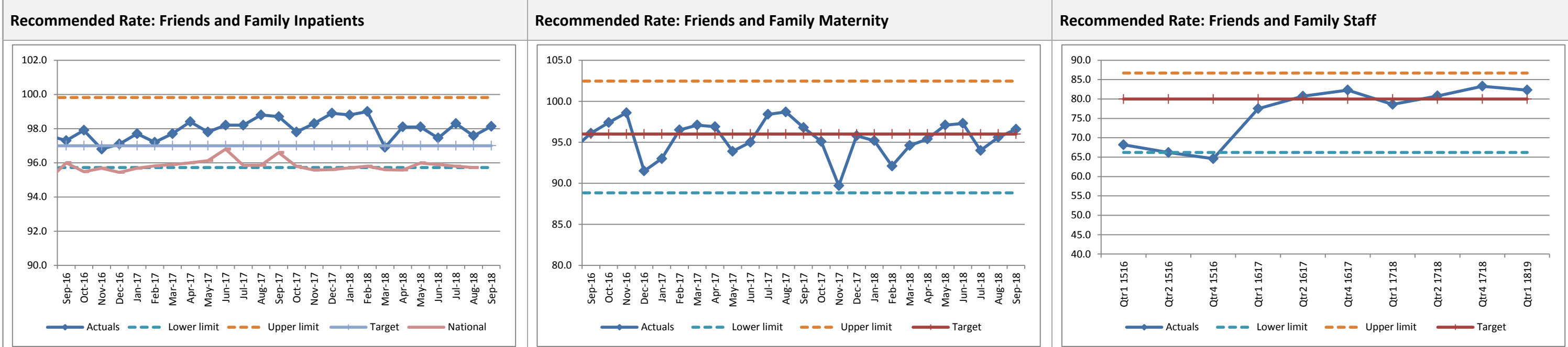
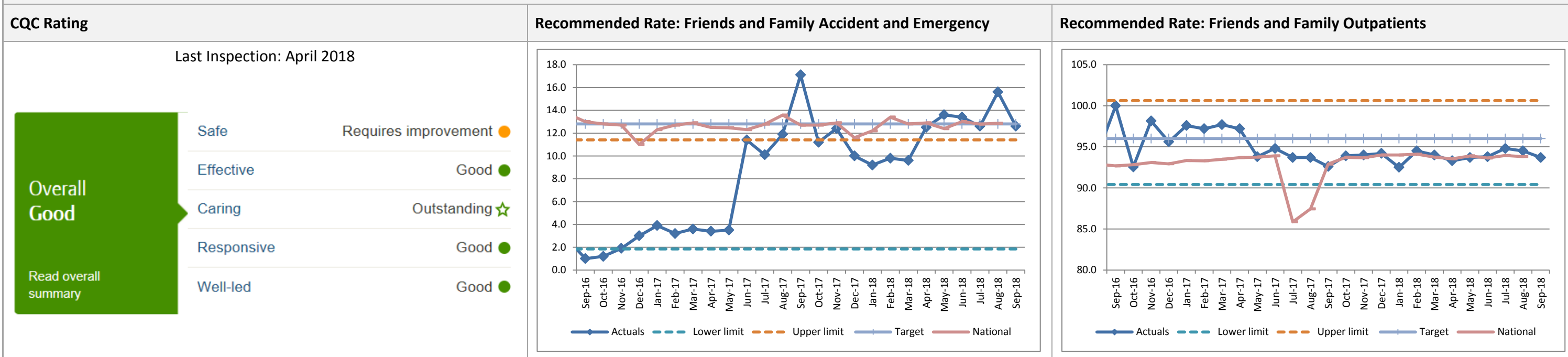
Lead Committee	Quality
Last reviewed	19/09/2018
Last changed	15/10/2018
Details of change	Updates assurances/ refreshed KRI's

Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating															
Threat: Failure to make sufficient progress on agreed quality improvement actions which support the Trust's journey to outstanding <table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="5">Proximity</th></tr> <tr> <td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr> <tr> <td>←</td><td>▬</td><td>▬</td><td>▬</td><td>▬</td></tr> </table>	Proximity					18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	▬	Stable Risk exposure not likely to increase	Cautious Low risk options are preferred	Advancing Quality Programme (AQP) Quality Strategy implementation	Medical Director	Management: AQP Programme report to QC (R) Monthly Quarterly Strategic Priority Report to Board (R) July'18 Independent assurance: IA plan (Ref 9); Annual Inpatient Survey to QC (R) Sept '18	Positive
Proximity																					
18/19	19/20	20/21	21/22	22/23																	
←	▬	▬	▬	▬																	
Threat: Failure to take account of shifts in public & stakeholder expectations resulting in unpopular decisions and widespread dissatisfaction with services with potential for sustained publicity in local, national or social media that has a long-term influence on public opinion of the Trust <table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="5">Proximity</th></tr> <tr> <td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr> <tr> <td>←</td><td>▬</td><td>▬</td><td>▬</td><td>▬</td></tr> </table>	Proximity					18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	▬	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued public & stakeholder engagement utilising a wide range of consultation & communication channels; increasing social capital by taking advantage of good news stories to strengthen reputation Involvement & Engagement Strategy Trust Board.	Chief Executive / Head of Communications	Management: Quarterly Comms report to Board; bi-annual Forum for Public Involvement report to PQSG; Annual Patient Experience Report to QC (R) May'18; Involvement and Engagement Strategy (E) Board Oct '18 Independent assurance: IA plan (Ref 11); External Stakeholder Audit (Board workshop May'18 ; PI Forum June 18)	Positive
Proximity																					
18/19	19/20	20/21	21/22	22/23																	
←	▬	▬	▬	▬																	
Threat: Changing regulatory demands (including potential impact of Brexit) or reduced effectiveness of internal controls resulting in widespread instances of non-compliance with regulations and standards leading to breach of CQC Registration, Licence Conditions or other statutory obligations <table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="5">Proximity</th></tr> <tr> <td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr> <tr> <td>←</td><td>▬</td><td>▬</td><td>▬</td><td>▬</td></tr> </table>	Proximity					18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	▬	Uncertain May increase risk exposure if gaps in control emerge	Minimal Insistence upon low risk options	Routine oversight of quality governance arrangements & maintenance of positive relationships with regulators	Medical Director/ Chief Nurse	Management: SOF Quality Indicators (Monthly); National Clinical audit programme/ Clinical Effectiveness Report to QC (R) May '18 Independent assurance: IA plan (Ref 16); CQC/ Well led assessment Good rating (R) Aug '18; Quality Account (R) Board Sept '18; CCG Quality Committee minutes (E) PSQG Jan '19	Positive
Proximity																					
18/19	19/20	20/21	21/22	22/23																	
←	▬	▬	▬	▬																	

Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> ▪ Trust website & social media presence ▪ Internal communications channels ▪ Communications department to handle media relations: ▪ Forum for Public Involvement meeting ▪ Regular stakeholder engagement meetings ▪ Quality & corporate governance & internal control arrangements ▪ Established relationships with regulators ▪ Internal audit (360 Assurance)/External audit (PWC) ▪ Counter fraud arrangements / Local Counter Fraud Specialist (LCFS) ▪ Conflicts of interest & whistleblowing management arrangements ▪ Monthly Stakeholder newsletter launched August 2018 	There is currently insufficient understanding of stakeholder confidence in the Trust and engagement needs strengthening	Stakeholder audit completed March 2018 (possibly to repeat every 12-18 months) - Development of action plan from audit (Apr/May) and implementation commenced. Monthly stakeholder updates commencing in Q2 18/19. Key stakeholders to be engaged around the Trust's Strategy which will be taking place Q2-Q3 18/19. Regular meetings with key stakeholders.	Head of Communications	

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

Key risk indicators (KRIs) As supplied 15th October 2018



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

Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES	Current risk exposure		Tolerable risk	Lead Committee	Finance
Principal risk (in the next 5 years)	PR 6: Breakdown of strategic partnerships A fundamental breakdown in one or more strategic partnerships, resulting in long-term disruption to plans for transforming local health & care services.	Likelihood	1. Very unlikely	1. Very unlikely	Last reviewed	19/09/2018
		Severity	5. Very High	4. High	Last changed	15/10/2018
		Risk rating	5. Low	4. Low	Details of change	Updates assurances/ refreshed KRI's

Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating															
Threat: Conflicting priorities, financial pressures and/or ineffective governance resulting in a breakdown of relationships amongst STP partners and an inability to influence further integration of services across acute, primary & social care providers <table border="1"> <tr><th colspan="5">Proximity</th></tr> <tr><td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr> <tr><td><</td><td></td><td></td><td></td><td>></td></tr> </table>	Proximity					18/19	19/20	20/21	21/22	22/23	<				>	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued engagement with STP planning & governance arrangements	Director of SPCD	Management: Quarterly Strategic Priority Report to Board (R) July'18 Strategic Partnerships Update to Board (R) June '18 Better together again delivery report to FC (as meeting schedule)	Positive
Proximity																					
18/19	19/20	20/21	21/22	22/23																	
<				>																	
Threat & Opportunity: Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population (e.g. skin cancer, liver disease, diabetes) <table border="1"> <tr><th colspan="5">Proximity</th></tr> <tr><td>18/19</td><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr> <tr><td></td><td></td><td><</td><td></td><td>></td></tr> </table>	Proximity					18/19	19/20	20/21	21/22	22/23			<		>	Uncertain Risk exposure could increase if threat materialises	Cautious Low risk options are preferred	Continued engagement with commissioners and STP developments in clinical service strategies focused on prevention Partnership working at a more local level, including active participation in the Better Together Alliance	Director of SPCD Director of SPCD	Management: Quarterly Strategic Priority Report to Board (R) July'18 Clinical Service Strategy update report (date tbc); Nottingham and Nottinghamshire STP Leadership Board Summary Briefing to Board (R) Sept '18	Positive
Proximity																					
18/19	19/20	20/21	21/22	22/23																	
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Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Nottinghamshire's Sustainability & Transformation Partnership (STP) governance arrangements & plan Better Together Alliance of Mid-Nottinghamshire healthcare providers Governance arrangements for Estates & Facilities Management through Central Nottinghamshire Hospitals (CNH), delivered by Skanska Facilities Services (SFS) & Medirest Governance arrangements for IT services delivered by Nottinghamshire Health Informatics Service (NHIS) 	Insufficient granularity of plans that sufficiently meet the needs of the population and the statutory obligations of each individual organisation.	Development of a co-produced clinical services strategy for the STP footprint	Head of Strategic Planning	End of 2018/19

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

Key risk indicators (KRIs) As of 15 th October 2018																																
STP Partners current CQC Rating – Nottingham University Hospitals	STP Partners current CQC Rating – Nottinghamshire Healthcare	STP Partners current CQC Rating – Nottingham CityCare Partnership																														
<p>March 2016:</p> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">Overall Good</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Safe</td> <td style="width: 50%;">Requires improvement ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Good ●</td> </tr> <tr> <td><u>Responsive</u></td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Outstanding ☆</td> </tr> </table>	Safe	Requires improvement ●	Effective	Good ●	Caring	Good ●	<u>Responsive</u>	Good ●	Well-led	Outstanding ☆	<p>February 2018:</p> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">Overall Good</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Safe</td> <td style="width: 50%;">Requires improvement ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Good ●</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Good ●</td> </tr> </table>	Safe	Requires improvement ●	Effective	Good ●	Caring	Good ●	Responsive	Good ●	Well-led	Good ●	<p>March 2017:</p> <div style="text-align: center; background-color: #4CAF50; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">Overall Outstanding</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Safe</td> <td style="width: 50%;">Good ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Outstanding ☆</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Outstanding ☆</td> </tr> </table>	Safe	Good ●	Effective	Good ●	Caring	Outstanding ☆	Responsive	Good ●	Well-led	Outstanding ☆
Safe	Requires improvement ●																															
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Board Assurance Framework (BAF): 2018/19 (October 2018)

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

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

Lead Committee	Risk
Last reviewed	05/10/2018
Last changed	16/10/2018
Details of change	Updates assurances/ refreshed KRI's – Addition of built environment as threat

Strategic threat or opportunity	Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating										
Threat: A large-scale cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	High certainty Increased risk exposure if gaps in control are not addressed	Cautious Low risk options are preferred	Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Cyber Security Programme Board & Cyber Security Project Group and work plan	Medical Director	Management: AQP Programme report to QC (R) Monthly Quarterly Strategic Priority Report to Board (R) July'18; Cyber Security Board Responsibilities Paper ® Board Sept '18 Independent assurance: IA plan (Ref 9); Annual Inpatient Survey to QC (R) Sept'18	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
Threat: A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment of services that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	Stable Risk exposure not likely to increase	Minimal Desire to reduce risk to as low as possible	Premises Assurance Model Action Plan Estates Strategy 2015-2025 PFI Contract Fire Safety Strategy Emergency Planning, Resilience & Response (EPRR) arrangements & Compliance with EPRR Core Standards	Director of SPCD Director of SPCD Director of SPCD	Management: Central Nottinghamshire Hospitals plc monthly performance report (R) Estates Governance Group Sept '18; Estates Governance work programme to RC (R) June '18 Risk & Compliance: Independent Assurance: Premises Assurance Model to RC (E) Dec '18 Risk & Compliance: Fire Safety Annual Report to RC (R) Sept '18 Independent assurance: Plan (Ref 3) Risk & Compliance: EPRR Report ;EPRR Core standards compliance rating (Sept '18) Independent assurance: Plan (Ref 3)	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
Threat: A critical supply chain failure (including the potential impact of Brexit on suppliers) that severely restricts the availability of essential goods, medicines or services for a prolonged period Proximity <table border="1"> <tr> <td>18/19</td> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>←</td> <td>▬</td> <td>▬</td> <td>▬</td> <td>→</td> </tr> </table>	18/19	19/20	20/21	21/22	22/23	←	▬	▬	▬	→	Uncertain May increase risk exposure if gaps in control are not addressed	Cautious Low risk options are preferred	NHS Supply Chain resilience planning Business Continuity Management System & Core standards	Director of SPCD	Management: Procurement Report to RC (E) Aug '18 Independent assurance: Plan (Ref 3)	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												

Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) Gold, Silver, Bronze command structure for major incidents Business Continuity, Emergency Planning & security policies Resilience Assurance Committee (RAC) oversight of EPRR Estates Governance arrangements with PFI Partners Cyber news – circulated to all NHIS partners 	Operational resilience of the Central Sterile Services Department (CSSD)	CSSD options appraisal being carried out through the Strategic Partnership Board	Divisional General Manager - Surgery	End of 2018/19
	Lack of port control presenting risk to network security	Development of white list and restriction imposed on unauthorised devices	Head of Corporate Affairs	31 Dec 2018

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

Key risk indicators (KRIs) As supplied 16th July 2018

EPRR Core Standards	Nottingham & Nottinghamshire local resilience forum Community Risk Register (risk rating for local hazards) – Risks rated high/ very high						
Confirm and Challenge by NHS England Regional team and CCGs September 2017: Full Compliance Substantial Compliance Partial Compliance Not Compliant	Version 6.9 May 2018						
	Relative impact	Catastrophic (5)	High	Very High	Very High	Very High	Very High
		Significant (4)	Medium	High	Very High	Very High	Very High
		Moderate (3)			High	High	High
		Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)	
	Relative Likelihood						

Cyber security measures – NHIS Hygiene report (all clients)

Patching overview	Quantity	Compliance levels (Target 100%)		
		May-18	Jun-18	Variance
Desktop Patching	10407	78.81%	93.99%	↑ 15.18%
Server Patching	518	66.80%	68.53%	↑ 1.73%

Anti-Virus overview	Quantity	Compliance levels (Target 95%)		
		May-18	Jun-18	Variance
Desktop	11226	92.09%	93.38%	↑ 1.29%
Server	518	99.23%	100.00%	↑ 0.77%

Inactive Active Directory Device Accounts	Apr-18	May-18	Jun-18	YTD (March-)
60 days (Notice issued)	124	84	0	320
90+ days to be disabled	72	110	257	490

Web filtering	May-18	Jun-18	Variance	YTD
Access requests authorised	0	5	0	5

Removable media	May-18	Jun-18	Variance	YTD
Additions to the whitelist	0	0	0	0

CareCerts Issued by NHS Digital	N/a	Completed	In progress	YTD 01/04/17 to 30/06/18
Jun-18	11	3	17	404

Cyber security measures - NHIS Hygiene report (all clients)

Live threats actioned	May-18	Jun-18	Variance	YTD
Live threats actioned	4	20	16	38

Firewall	May-18	Jun-18	Variance	YTD
Attacks to the external firewall	438	1938	1500	13036

Threats 41 x Internal (UTM Blocked) 20 x NHS Digital (Cyber Team)

