

Board Assurance Framework (BAF): 2018/19 (January 2019)

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.

Board Assurance Framework (BAF): 2018/19 (January 2019)

Strategic priority	1. TO PROVIDE OUTSTANDING CARE	Lead Committee	Quality	Current risk exposure	Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	PR 1: Catastrophic failure in standards of safety & care A Catastrophic failure in standards of safety and quality of patient care across the Trust resulting in multiple incidents of severe, avoidable harm and poor clinical outcome	Executive lead	Medical Director	Likelihood:	3. Possible	1. V. unlikely	Risk appetite
		Initial date of assessment	01/04/2018	Consequence	4. High	4. High	
		Last reviewed	07/01/2019	Risk rating	12. High	4. Low	
		Last changed	07/01/2019	Anticipated change	Uncertain		
Details of change	None						

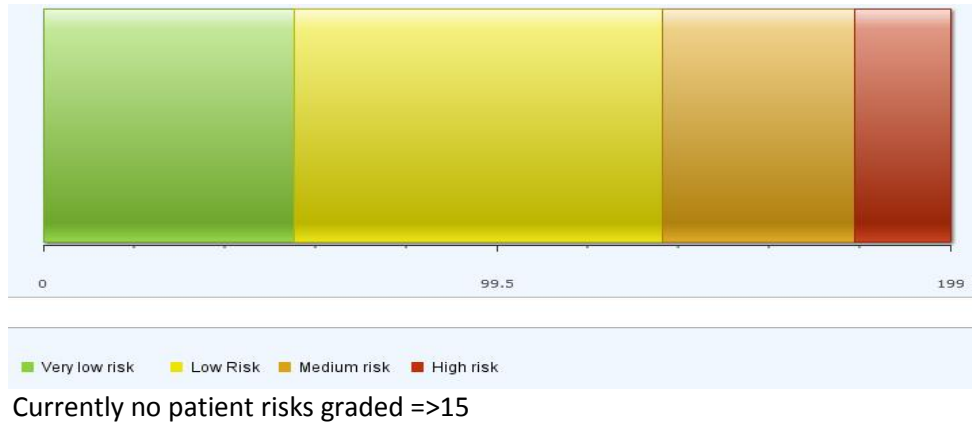
Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control <i>(Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)</i>	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap <i>(Insufficient evidence as to effectiveness of the controls or negative assurance)</i>	Assurance rating										
<p>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</p> <p>Proximity of threat</p> <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	←	▬	▬	▬	→	<ul style="list-style-type: none"> Clinical service structures, accountability & quality governance arrangements at Trust, division & service levels including <ul style="list-style-type: none"> Monthly meeting of Patient Safety & Quality Group (PSQG) with work programme aligned to CQC registration regulations Advancing Quality Programme and AQP oversight group Nursing and Midwifery and AHP Business meeting 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/ metrics & accreditation programme Nursing & Midwifery Strategy 	<p>Culture of patient safety at ward level is still developing & becoming fully embedded</p> <p>Website & intranet currently contain some out of date clinical information</p>	<p>Patient Safety Culture (PSC) programme</p> <p>SLT Lead: Assistant Director Service Improvement</p> <p>Timescales: End of 2018/19</p> <p>Website & intranet redevelopment project</p> <p>SLT Lead: Head of Communications</p> <p>Timescales: End of 2018/19</p>	<p>Management: DPR Report 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) Oct '18 & Annual (R) May '18; Quarterly Strategic Priority Report to Board (R) Jul '18; Annual Organisational Audit & Statement of Compliance (R) Board Aug '18; Senior leadership walk arounds – 15 steps assurance report (E) Board Dec '18; Divisional risk reports to Risk Committee bi-annually (R)</p> <p>Risk & Compliance: Quality Dashboard to QC (R) Monthly; Quality Account Report to QC (R) Sep '18; SI & Duty of Candour report to QC (R) Monthly; SOF Performance Report Oct '18;</p> <p>Independent assurance: CQC Insight tool to PSQG (R) Jun '18; CQC Rating (R) Aug '18; IA (360) Transfer of Handover assurance report (R) QC Sep '18; Antenatal & newborn screening peer review (E) QC Nov '18</p>	None	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												
<p>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</p> <p>Proximity of threat</p> <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	←	▬	▬	▬	→	<p>Infection prevention & control (IPC) programme</p> <p>Policies/ Procedures; Staff training; Environmental cleaning audits</p> <p>PFI arrangements for cleaning services</p> <p>Root Cause Analysis and Root Cause Analysis Group</p> <p>Reports from Public Health England received and acted upon</p> <p>Infection control annual plan developed in line with the Hygiene Code</p>	None	None	<p>Management: Divisional reports to IPC Committee (every 6 weeks); IPC Annual report to Board (E) Nov '18</p> <p>Risk & Compliance: IPC Committee report (Quarterly); SOF Performance Report (R) Dec '18; IPC Clinical audits in IPCC report to PSQG</p> <p>Independent assurance: Internal audit plan (ref 3); IA Decontamination of Mattresses Review AAC/ Risk (R) May '18; Authorised Engineer report (R) Risk Jun '18 CQC Rating Good with Outstanding for Care (R) Aug '18; PLACE Assessment and Scores (R) Estates Governance September 2018; Public Health England attendance at IPC Committee</p>	None	Positive
18/19	19/20	20/21	21/22	22/23												
←	▬	▬	▬	→												

Related Strategic opportunity	Potential benefit	Risk appetite	Risk treatment strategy	Source of assurance (& date)	Gap in Assurance/ Action to address gap	Assurance rating
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)	Exploit emerging (and cost effective) technologies to increase business value, make our services safer, more efficient and effective for patients	Open	Digital Strategy & investment programme IT Strategy (system wide) IT services delivered by Nottinghamshire Health Informatics Service (NHIS) NEWS2 Implementation programme	<p>Management: Digital Strategy Implementation Group Report to Board (R) Apr '18/ TMT Quarterly (E) Oct '18; STP Annual report 2017/18</p> <p>Independent assurance: Internal audit plan (ref 4)</p>	None	Inconclusive

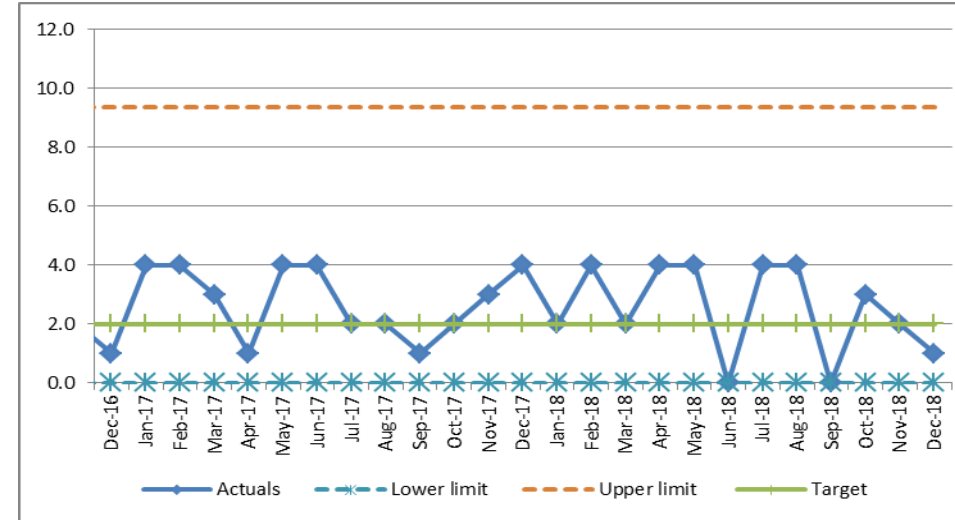
Board Assurance Framework (BAF): 2018/19 (January 2019)

Key risk indicators (KRIs) As supplied 15th January 2019

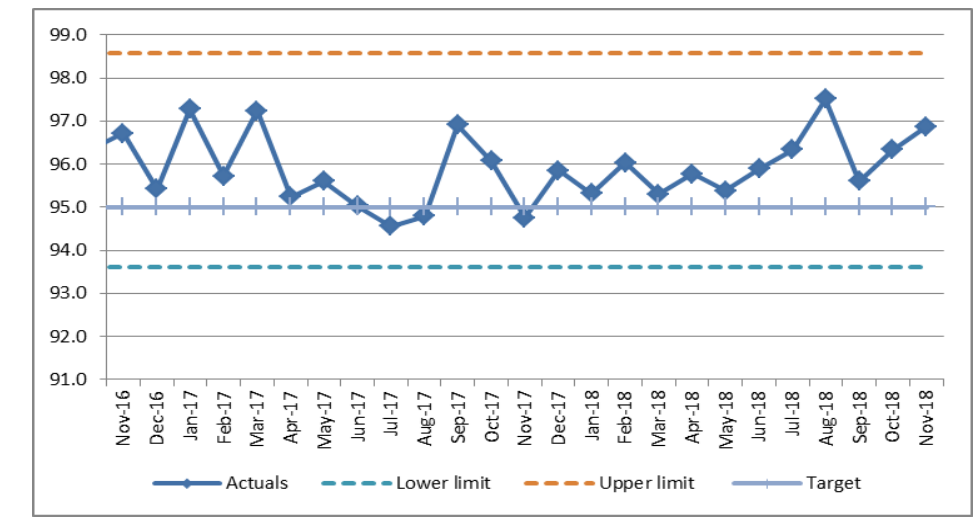
Operational risks (Heat map)



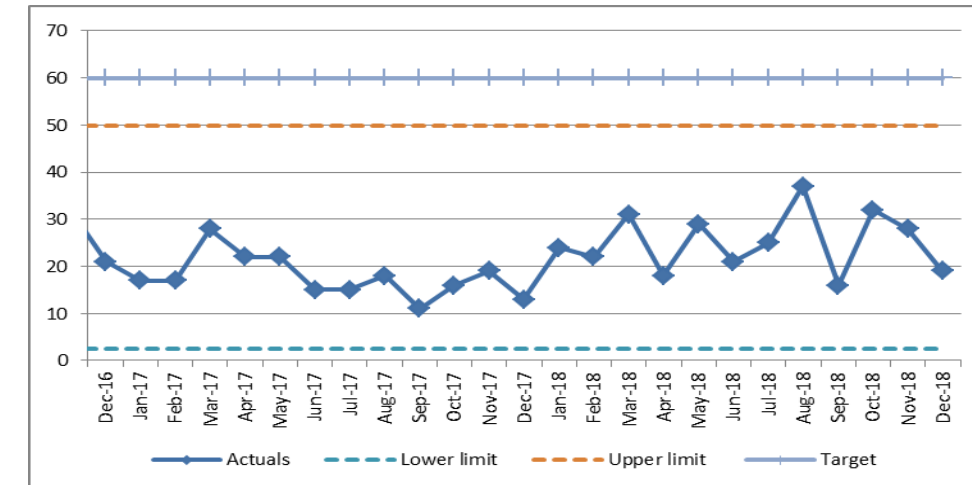
Serious Incidents including Never Events (STEIS reportable)



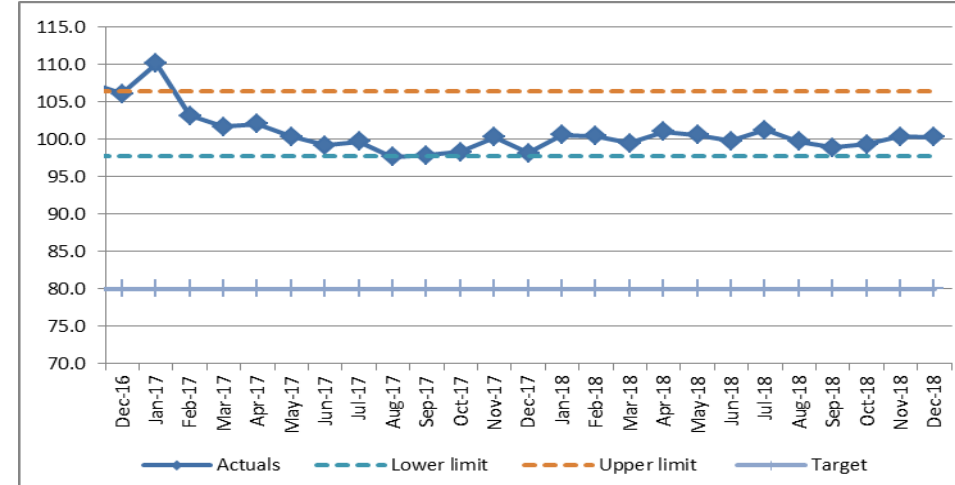
Harm-free SFH care



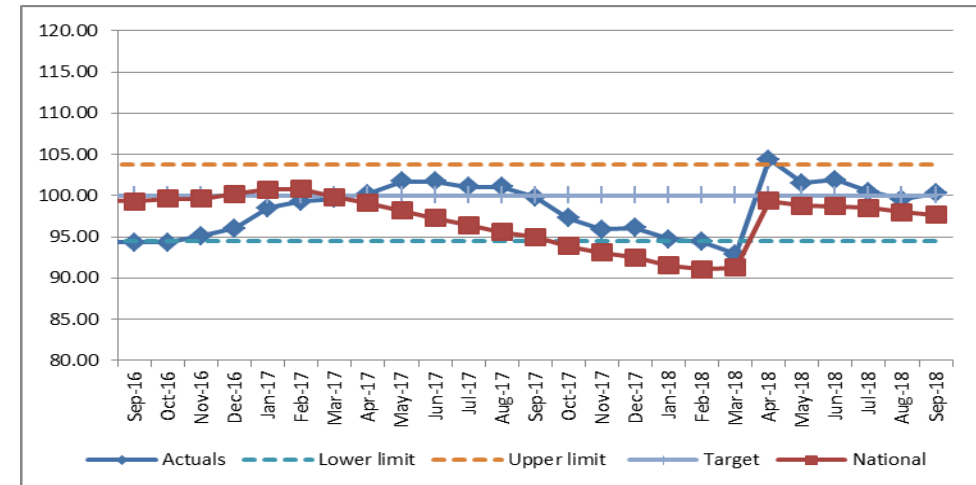
Number of complaints



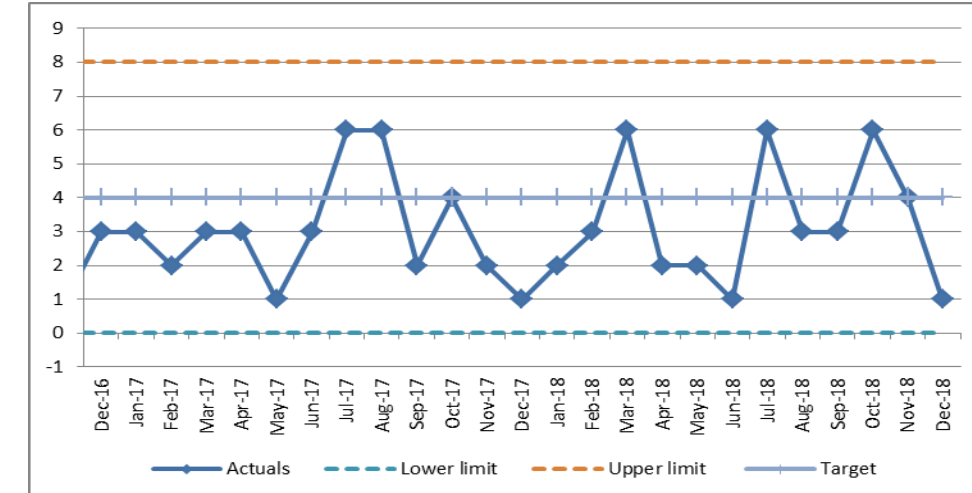
Safe Staffing Levels - overall fill rate



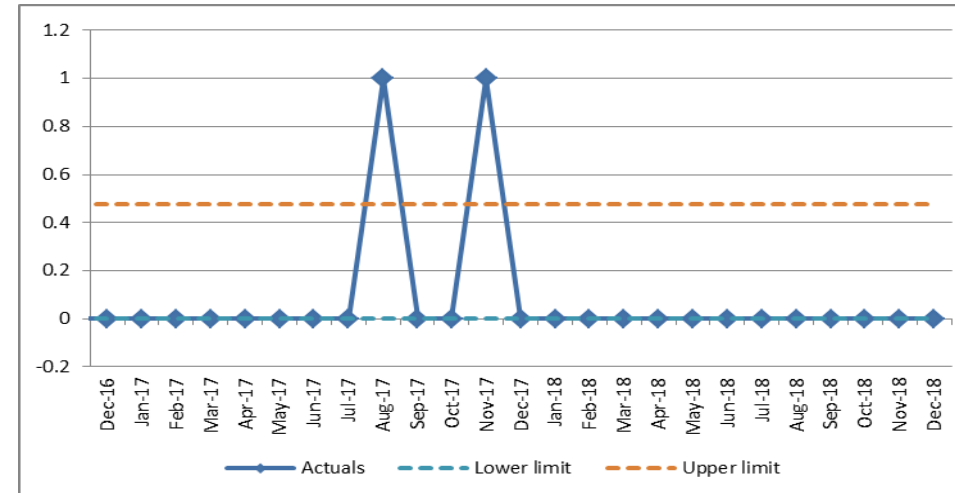
HSMR (basket of 56 diagnosis groups)



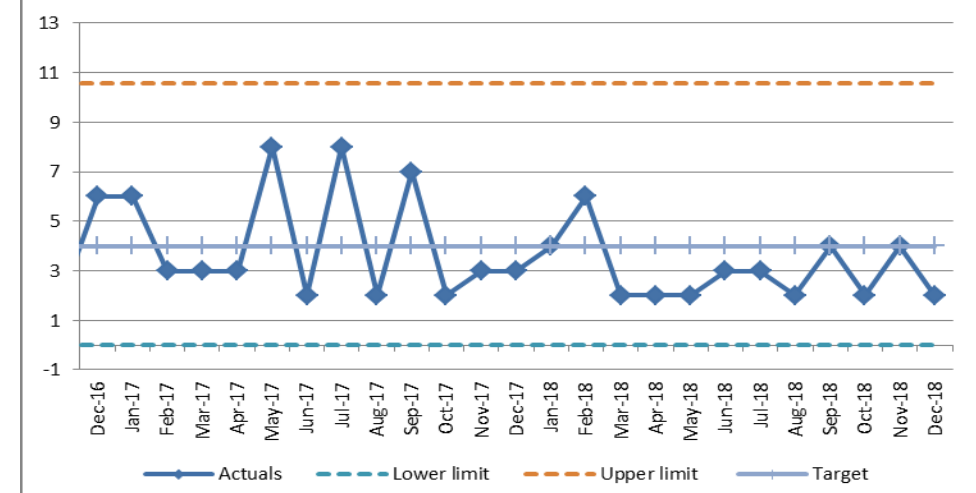
Clostridium difficile Hospital acquired cases



MRSA bacteremia - Hospital acquired cases



E.Coli bacteraemia blood stream infection - Hospital acquired cases



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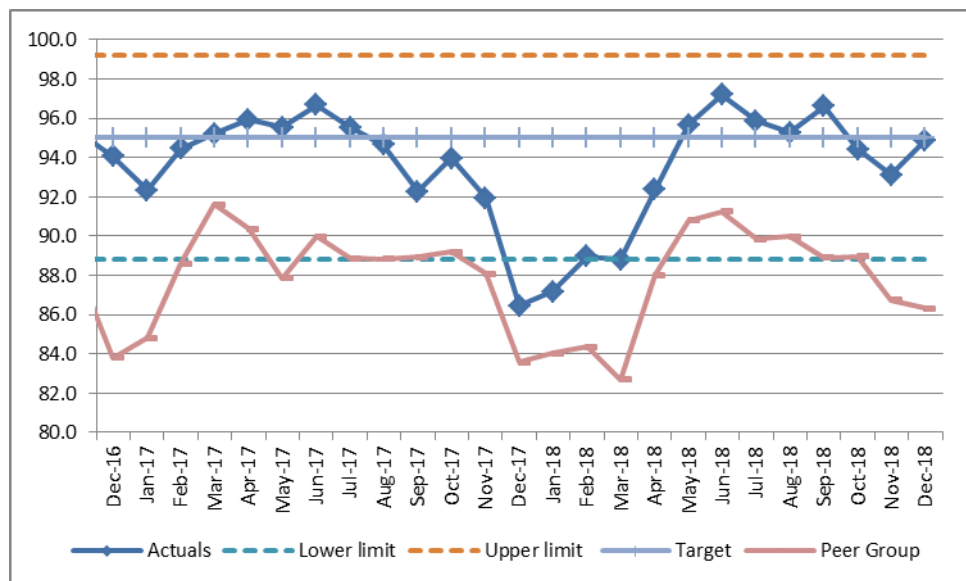
Strategic priority	1. TO PROVIDE OUTSTANDING CARE	Lead Committee	Quality	Current risk exposure		Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	PR 2: Demand that overwhelms capacity A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards	Executive lead	Chief Operating Officer	Likelihood:	4. Somewhat likely	2. Unlikely	Risk appetite	Cautious
		Initial date of assessment	01/04/2018	Consequence	4. High	4. High		
		Last reviewed	07/01/2019	Risk rating	16. Significant	8. Medium		
		Last changed	07/01/2019	Anticipated change	High certainty			
Details of change	Updated controls, gaps in control and assurances documented							

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control <i>(Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)</i>	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap <i>(Insufficient evidence as to effectiveness of the controls or negative assurance)</i>	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 of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Emergency admission avoidance schemes across the system Single streaming process for ED & Primary Care – regular meetings with NEMs System escalation process Trust leadership of and attendance at A&E Board Patient pathway, some of which are joint with NUH Inter-professional standards across the Trust to ensure turnaround times such as diagnostics are completed within 1 day Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board Patient Flow Programme SFH internal Winter capacity plan & Mid Notts system capacity plan Referral management systems shared between primary and secondary care MSK pathways 	<p>No systematic approach to demand and capacity modelling across the Trust for elective care and diagnostics</p> <p>Variability by specialty and day – range of variability is too wide at times</p> <p>Sustainability of some specialties in relation to workforce</p>	<p>Implement IST Demand & Capacity model – starting with Outpatients SLT Lead: Deputy COO, Elective Care Timescales: Jan 2019</p> <p>Action plans for recovery of cancer 62 day performance SLT Lead: Deputy COO – Elective care Timescales: Jan 2019</p> <p>Revised clinical models for services shared with NUH strengthening of SLAs via Strategic Partnership Board for joint services</p>	<p>Management:</p> <ul style="list-style-type: none"> SOF Performance management reporting arrangements between Divisions, Service Lines and Executive Team Emergency care capacity plan to Board including updates on the winter plan (R) Oct '18; Exec to Exec meetings Elective Care Expectations – Response to Ian Dalton (NHSI) Letter (R) Board Sep '18; Cancer 62 day improvement plan to Board Planning documents for 19/20 to identify clear demand and capacity gaps/bridges <p>Risk & Compliance: Divisional risk reports to Risk Committee bi-annually (R); Single Oversight Framework Integrated Monthly Performance Report to Board (R) Oct '18;</p> <p>Independent assurance: IA review of outpatient Demand and capacity modelling (R) Jul '18; Regulatory Framework – Performance Standards (Emergency Readmissions Indicator) Follow-Up (R) Sep '18</p>	<p>Quality Committee to receive a regular report regarding system controls to provide assurance</p>	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 of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Visibility on the CCG risk register/BAF entry relating to operational failure of General Practice Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development Weekly Executive meeting with the CCGs Weekly Mid Notts Network Calls 	<p>Overview of specific gaps within primary care provision</p>	<p>Better understand with CCG colleagues with regard to primary care risks, risk managements and gaps, particularly where there may be a relationship with gaps and increasing demand</p>	<p>Management: Better Together Transformation Programme Update (R) Board Sept'18; STP Annual report 2017/18</p>	<p>Routine mechanism for sharing of CCG and SFH risk registers – particularly with regard to risks for primary care staffing and demand</p>	Inconclusive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												
Threat & Opportunity: Operational failure of neighbouring providers that creates a large-scale shift in the flow of patients and referrals to SFH Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development. Horizon scanning with neighbour organisations via meetings between relevant Executive Directors Weekly management meeting with the Service Director from Notts HC Bilateral work – Strategic Partnership forum 	<p>None</p>	<p>N/A</p>	<p>Management: Better Together Transformation Programme Update (R) Board Sep '18; STP Annual report 2017/18</p>	<p>None</p>	Inconclusive
18/19	19/20	20/21	21/22	22/23												
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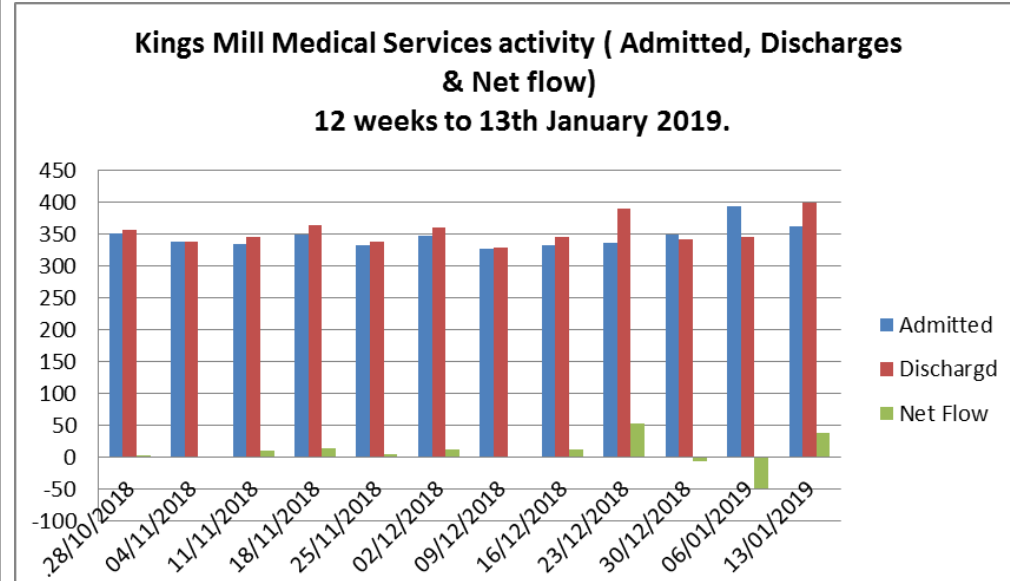
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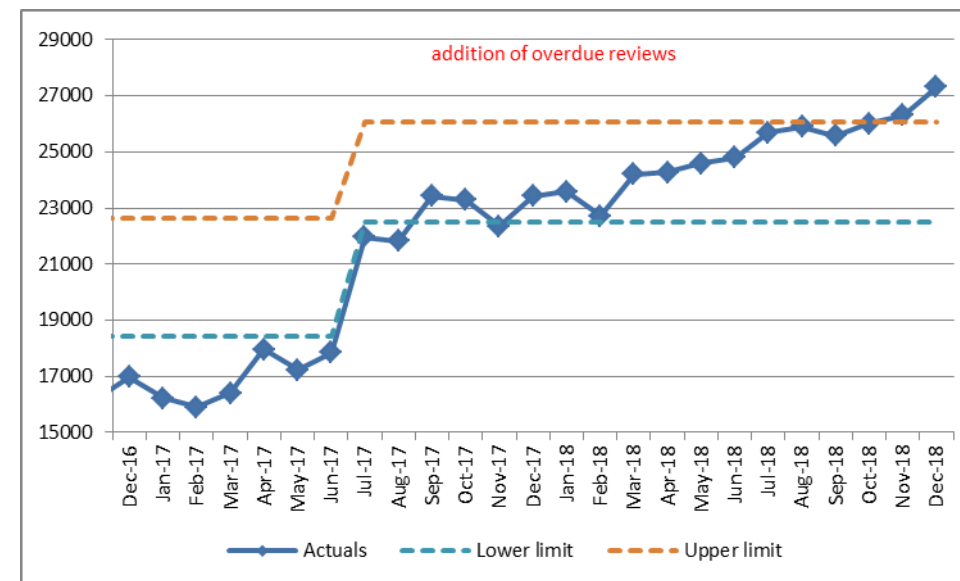
Emergency access within 4 hours (total Trust)



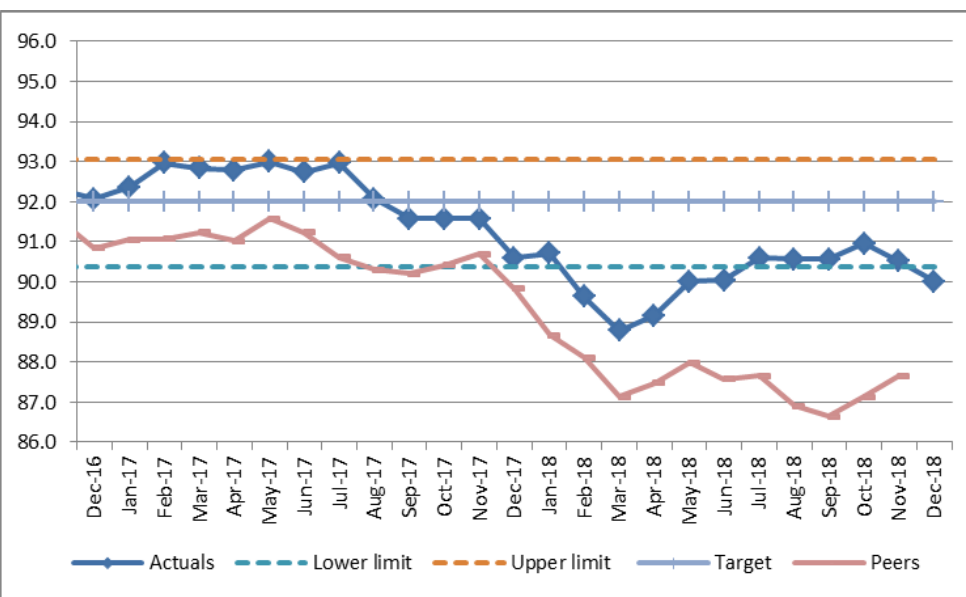
Weekly admission & discharge surplus/deficit



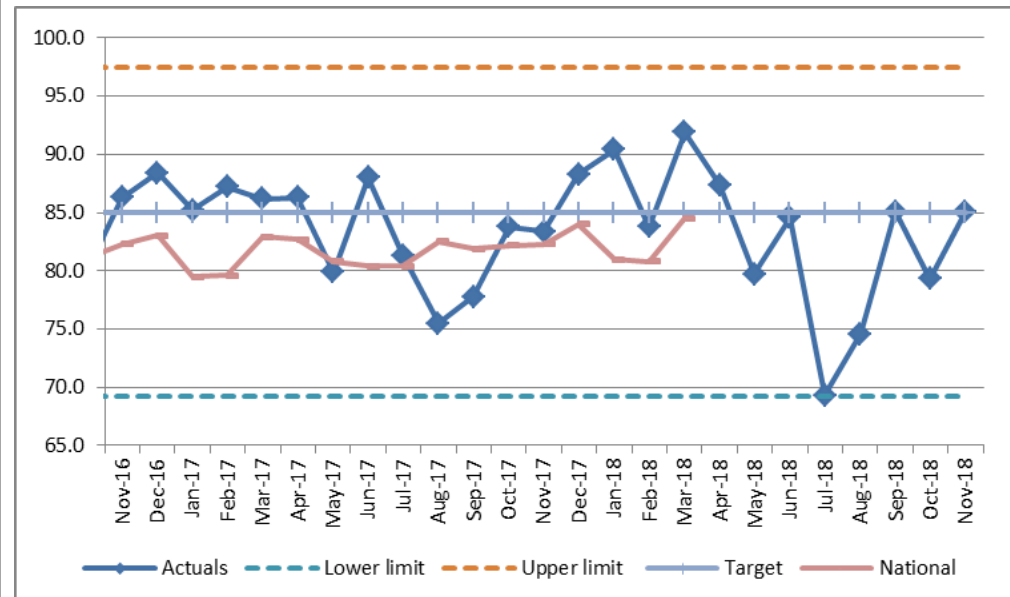
18 weeks - number of incomplete pathways



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	104+ Days	63-103 Days	100+ Days	63-99 Days	Total Urology Backlog	Total Cancer Backlog	Total Cancer Backlog excl Urology
22/01/2019	6	18	0	0	24	60	36
15/01/2019	5	19	0	0	24	65	41
08/01/2019	4	17	0	0	21	55	34
01/01/2019	4	14	0	0	18	51	33
25/12/2018	0	0	4	10	14	44	30
18/12/2018	0	0	4	6	10	50	40
11/12/2018	0	0	4	5	9	49	40
04/12/2018	0	0	5	3	8	48	40
27/11/2018	0	0	3	4	7	49	42
20/11/2018	0	0	2	7	9	50	41
13/11/2018	0	0	3	7	10	48	38
06/11/2018	0	0	4	7	11	48	37
30/10/2018	0	0	5	6	11	39	28
23/10/2018	0	0	5	13	18	47	29
16/10/2018	0	0	2	11	13	48	35
09/10/2018	0	0	2	12	14	55	41
02/10/2018	0	0	1	12	13	51	38
25/09/2018	0	0	2	13	15	54	39
18/09/2018	0	0	4	15	19	60	41
11/09/2018	0	0	3	12	15	57	42
04/09/2018	0	0	6	9	15	59	44
28/08/2018	0	0	4	17	21	62	41
21/08/2018	0	0	3	18	21	63	42
14/08/2018	0	0	4	20	24	67	43
07/08/2018	0	0	3	16	19	56	37
31/07/2018	0	0	5	16	21	52	31
24/07/2018	0	0	7	20	27	60	33
17/07/2018	0	0	11	15	26	53	27
12/07/2018	0	0	9	15	24	54	30

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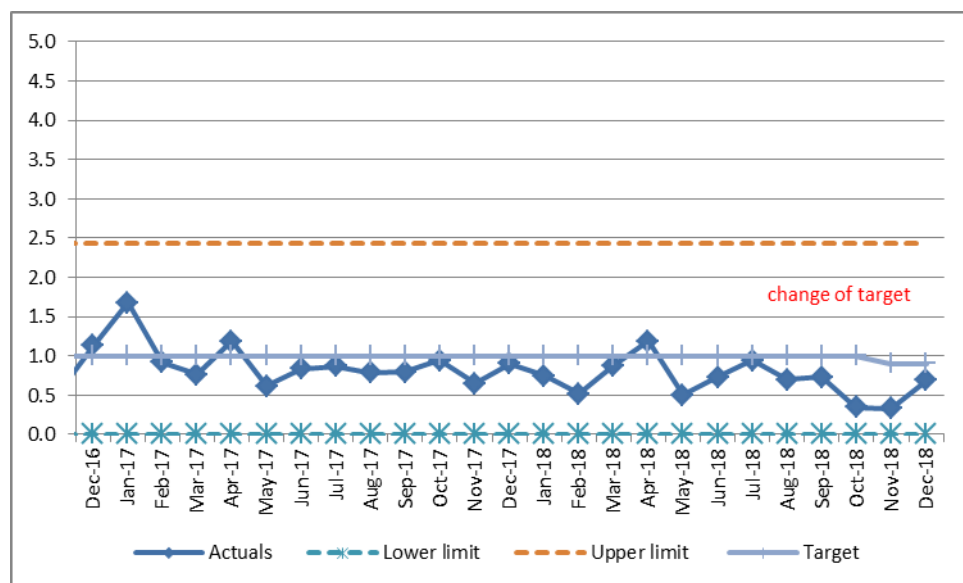
Strategic priority	2: TO SUPPORT EACH OTHER TO DO A GREAT JOB	Lead Committee	Quality	Current risk exposure		Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	PR 3: Critical shortage of workforce capacity & capability A critical 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	Executive lead	Director of HR & OD	Likelihood:	4. Somewhat likely	2. Unlikely	Risk appetite	Cautious
		Initial date of assessment	01/04/2018	Consequence	4. High	4. High		
		Last reviewed	07/01/2019	Risk rating	16. Significant	8. Medium		
		Last changed	07/01/2019	Anticipated change	High certainty			
Details of change	Additional controls documented							

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control <i>(Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)</i>	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap	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 of threat <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	<	▬	▬	▬	>	<ul style="list-style-type: none"> '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 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 Education partnerships Director of HR& OD attendance at Local Workforce action Board Workforce planning for system workstream 	<ul style="list-style-type: none"> Trust wide co-ordination of new roles is not sufficiently robust Divisional ownership and understanding of their workforce issues Lack of understanding regarding the impact of age demographics on increasing the staff retention risk 	<ul style="list-style-type: none"> Workforce planning group to review co-ordination of new roles and develop, introduce and roll-out plan SLT Lead: Deputy Director of HR Operations Timescales: End of 2018/19 Embedding the new BP model and the workforce planning group SLT Lead: Deputy Director of HR Timescales: End of 2018/19 Workforce planning group to oversee an analysis of likely retirement impact for key posts by division / speciality with mitigation plan SLT Lead: Deputy Director of HR Timescales: End of 2018/19 	<p>Management: Quarterly workforce report on resourcing to Board (R) Dec '18; Workforce Report - Attract & Retain to Board (R) Dec '18; Nursing & Midwifery Strategy 2018/20 Q1 report (R) Board Aug '18</p> <p>Quarterly Strategic Priority Report to Board (R) Oct '18; STP Annual report 2017/18</p> <p>Risk & Compliance: Risk Committee significant risk report (R) Monthly; HR & Workforce planning report (R) Risk Committee; SOF – Workforce Indicators (Monthly); Bank and agency report (monthly); Guardian of safe working report to Board (R) Nov '18</p> <p>Independent assurance: Use of e-rostering- follow up report (R) Apr '18; Well-led report CQC; NHSI use of resources report</p>	None	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 of threat <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	<	▬	▬	▬	>	<ul style="list-style-type: none"> 'Maximising our Potential' workforce strategy – Engage, Develop, Nurture, Perform pillars Chief Executive's blog / Staff Communication bulletin Schwartz rounds Staff morale identified as 'profile risk' in Divisional risk registers Star of the month/ milestone events Divisional action plans from staff survey Policies (inc. staff development; appraisal process; sickness and relationships at work policy) Influenza vaccination programme Staff wellbeing drop-in sessions Staff counselling / Occ Health support <p>Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event)</p>	None	N/A	<p>Management: Workforce Report - Maximising our Potential to Board (R) Oct '18/ Quarterly Culture and Leadership Update Board (R) Nov '18; Staff survey, action plan and annual report to Board (R) Mar '18; Diversity & Inclusion Annual report (R) May '18;</p> <p>Risk & Compliance: Freedom to speak up self-review (R) Board Sept'18; Freedom to speak up guardian report (QTR); Guardian of safe working report to Board</p> <p>Independent assurance: National Staff Survey (E) Nov '18/ SFFT/Pulse surveys (Quarterly); Well-led report CQC;</p>	None	Positive
18/19	19/20	20/21	21/22	22/23												
<	▬	▬	▬	>												

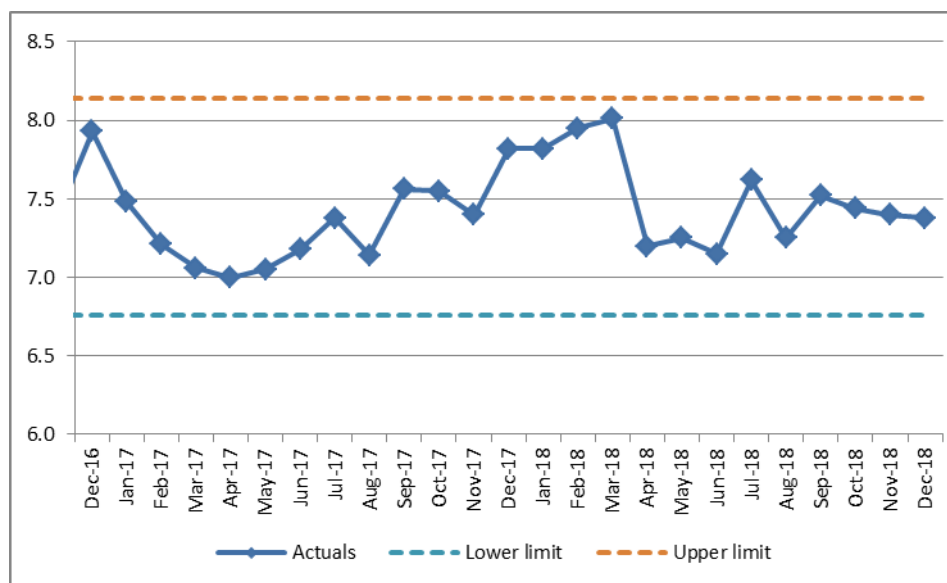
Board Assurance Framework (BAF): 2018/19 (January 2019)

Key risk indicators (KRIs) As supplied 15th January 2019

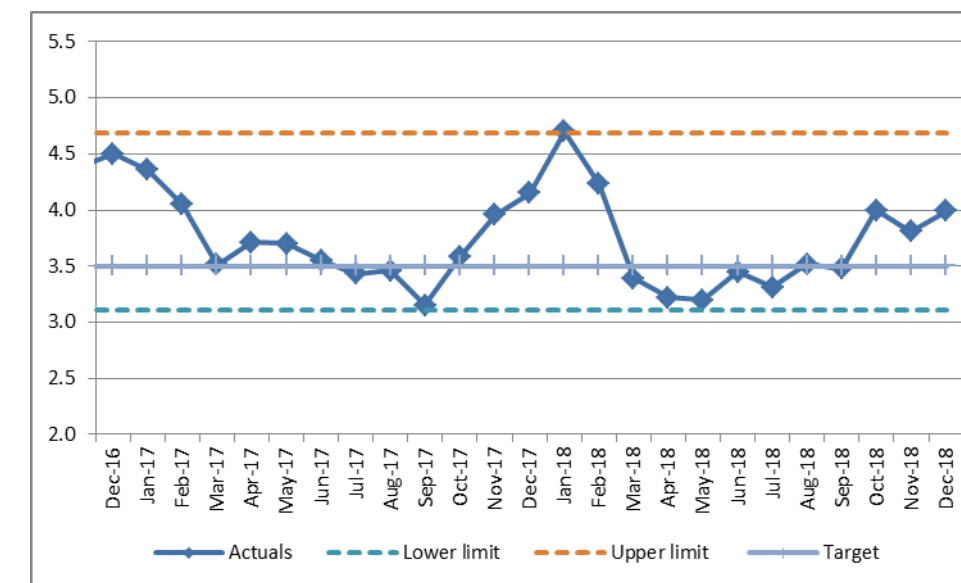
Staff turnover



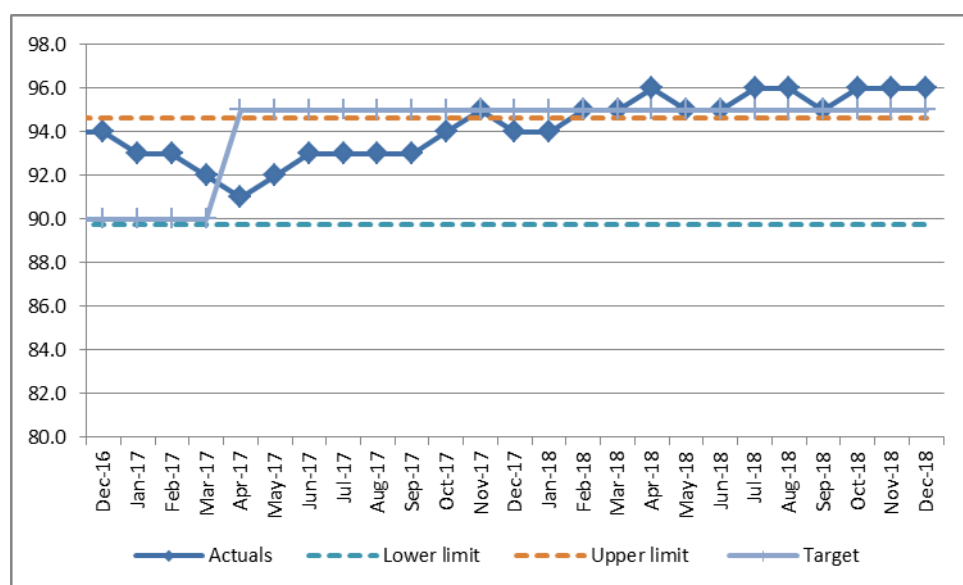
Proportion of temporary staff



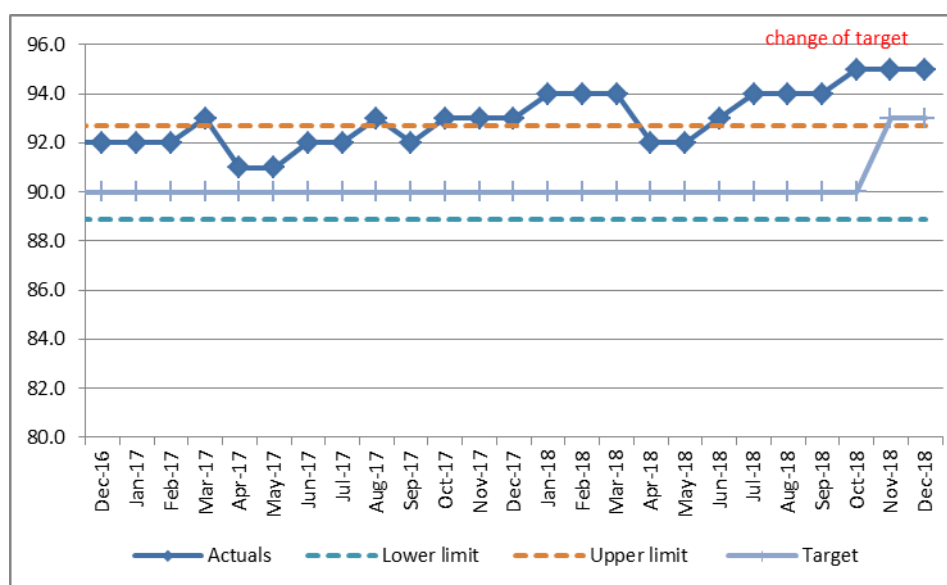
WTE lost as a % of contracted WTE due to sickness absence



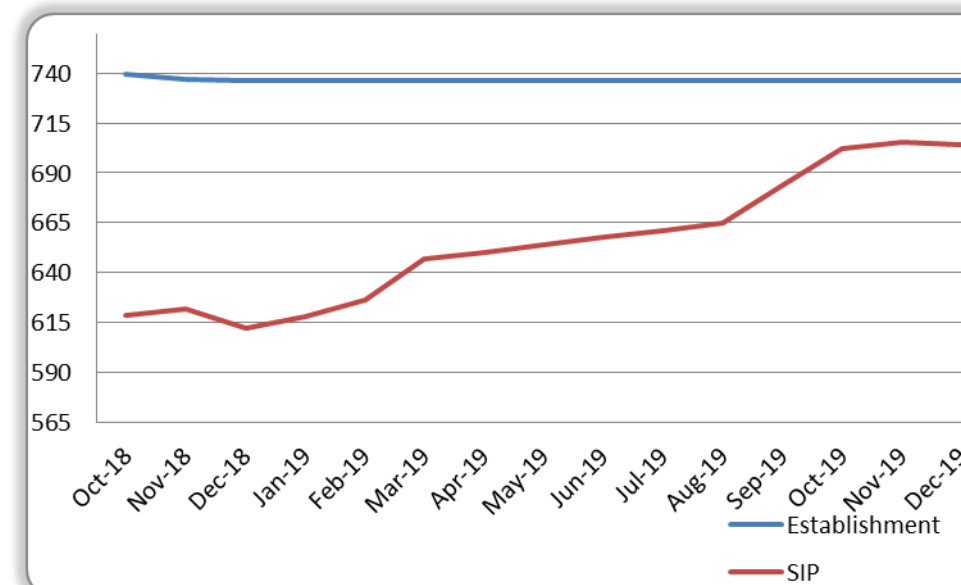
% of eligible staff appraised within last 12 months



% eligible staff attending core mandatory training within the last 12 months



Nurse Trajectory – number of substantive Band 5 nurses



Board Assurance Framework (BAF): 2018/19 (January 2019)

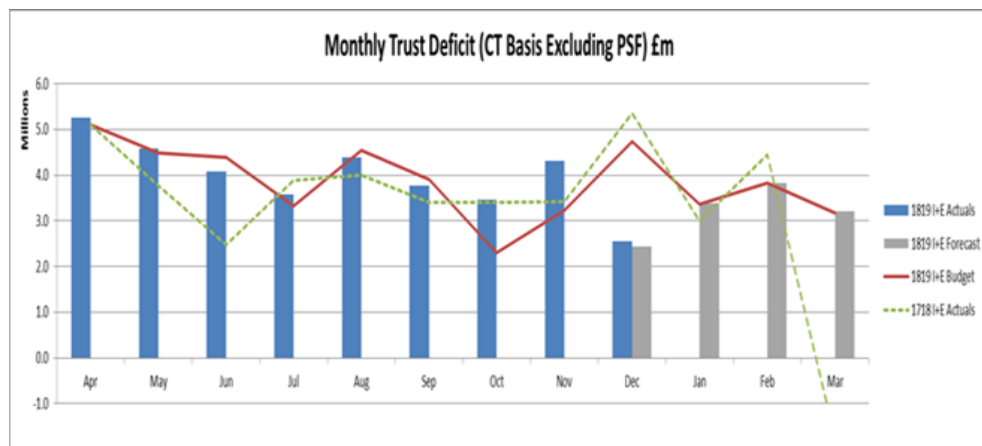
Strategic priority	4: TO GET THE MOST FROM OUR RESOURCES	Lead Committee	Finance	Current risk exposure		Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	PR 4: Failure to maintain financial sustainability Repeated inability to deliver the annual control total resulting in a failure to achieve and maintain financial sustainability	Executive lead	Chief Financial Officer	Likelihood:	4. Somewhat likely	2. Unlikely	Risk appetite	Cautious
		Initial date of assessment	01/04/2018		Consequence			
		Last reviewed	22/01/2019	Risk rating	20. Significant	10. High		
		Last changed	22/01/2019	Anticipated change	High certainty			
Details of change	Additional gaps / plans to improve control and assurance documented			<p>30 20 10 0</p> <p>Apr '18 May '18 Jun '18 Jul '18 Aug '18 Sep '18 Oct '18 Nov '18 Dec '18 Jan '19 Feb '19 Mar '19</p> <p>— Current risk level - - - Tolerable risk level</p>				

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Plans to improve control	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap	Assurance rating										
Threat: 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 of threat <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	←	←	←	←	→	<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 FIP Board, FIP planning processes and PMO coordination of delivery Delivery of budget holder training workshops and enhancements to financial reporting A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place, Board approved & governance in place Medical Pay Task Force action plan in place Close working with STP partners and the Alliance framework to identify system-wide cost reductions 	No long term commitment received for liquidity / cash support Financial Strategy in development	Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support SLT Lead: Deputy Chief Financial Officer Timescale: Throughout 2018/19 Financial Strategy to be developed in consultation with NHSI, and approved SLT Lead: Chief Financial Officer Timescale: 31/03/2019	Management: CFO's Financial Reports & FIP Summary (Monthly); Quarterly Strategic Priority Report to Board (R) Jul '18; Alliance Progress Report & STP FIP (at each finance committee meeting); Investment governance work programme; Divisional risk reports to Risk Committee bi-annually (R) Risk & Compliance: Risk Committee significant risk report (R) Monthly; Independent assurance: Internal audit Report FIP/ QIPP (Jul '18); EY Financial Recovery Plan	None	Positive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												
Threat: CCGs' QIPP initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated Joint planning process 2019/20 Mid-Nottinghamshire planning group and the ICS planning group. Senior representatives on all programme delivery Boards (Better Together Boards) 	System approach to QIPP	System Financial Plan, shared governance on delivery and aligned incentive contracts being developed for 2019/20	Management: Alliance progress report FC (R) Oct '18; Trust management team meetings; Exec Meetings; CCG meetings; Notts Healthcare Meetings Risk & Compliance: planning reports to Finance Committee and Board of Directors	None	Inconclusive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												
Threat: Growth in the burden of backlog maintenance and medical equipment replacement costs to unaffordable levels Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Capital investment programme (estates, medical equipment & IT) & Treasury loan process NHSI Capital approval process Contingency arrangements - prioritised capital programme and on-going equipment maintenance schedule. PFI arrangements for Estates & Facilities Management through Central Nottinghamshire Hospitals (CNH), delivered by Skanska Facilities Services (SFS) & Medirest 	None	N/A	Management: Capital Planning Group Summary Report (at each finance committee meeting); PFI Report (at each finance committee meeting); Divisional risk reports to Risk Committee bi-annually (R); STP Annual report 2017/18 Risk & Compliance: Risk Committee significant risk report (R) Monthly; MDEG report to risk committee (R) Sep '18; Estates Governance report to Risk Committee (R) Jun '18	None	Positive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												

Board Assurance Framework (BAF): 2018/19 (January 2019)

Key risk indicators (KRIs) As supplied 17th January 2019

Financial position against annual control total



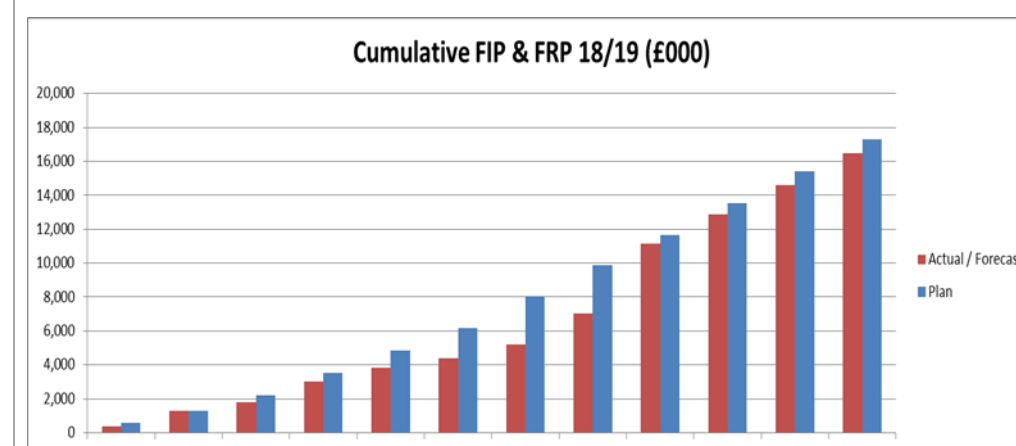
Against control total excluding Provider Sustainability Funding (PSF) the Trust deficit in M9 of £2.5m was £0.05m better than plan.

Income against plan



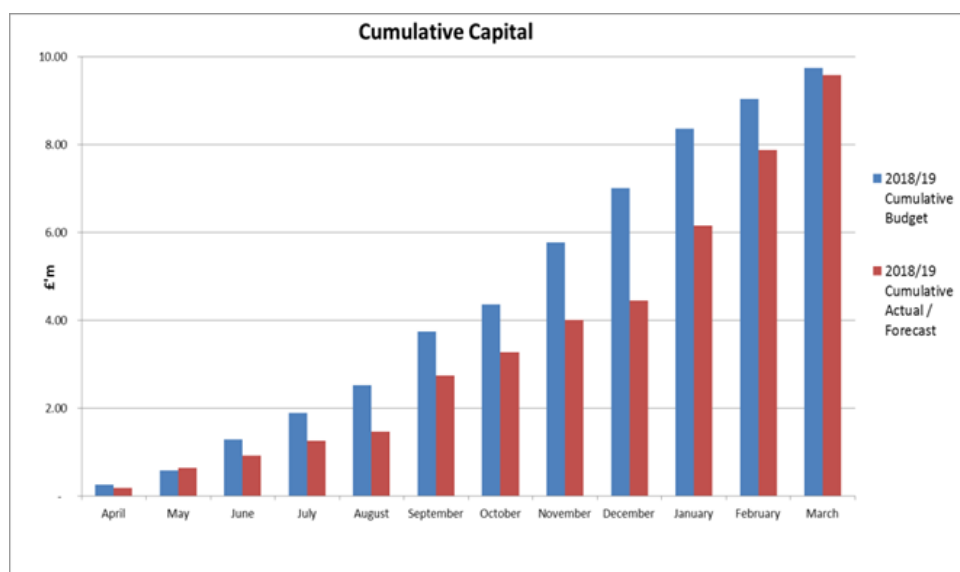
Total Income is £0.8m above plan in M09 at £24.6m. Income YTD is £8.7m above plan at £229.2m at M09.

Financial Improvement Plan (FIP) delivery against plan



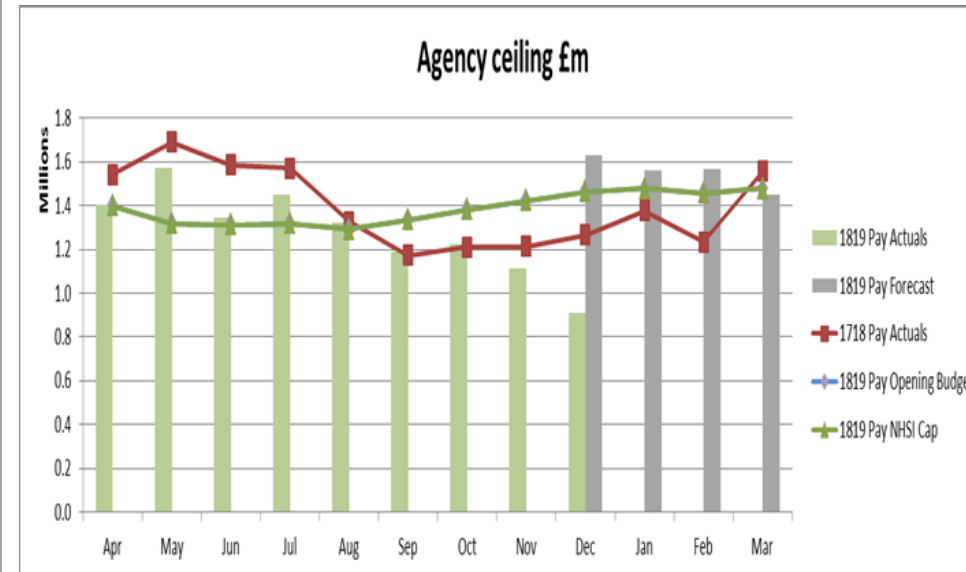
Cumulative FIP & FRP delivery of £11.2m was £0.5m below plan at M09.

CAPEX expenditure against plan



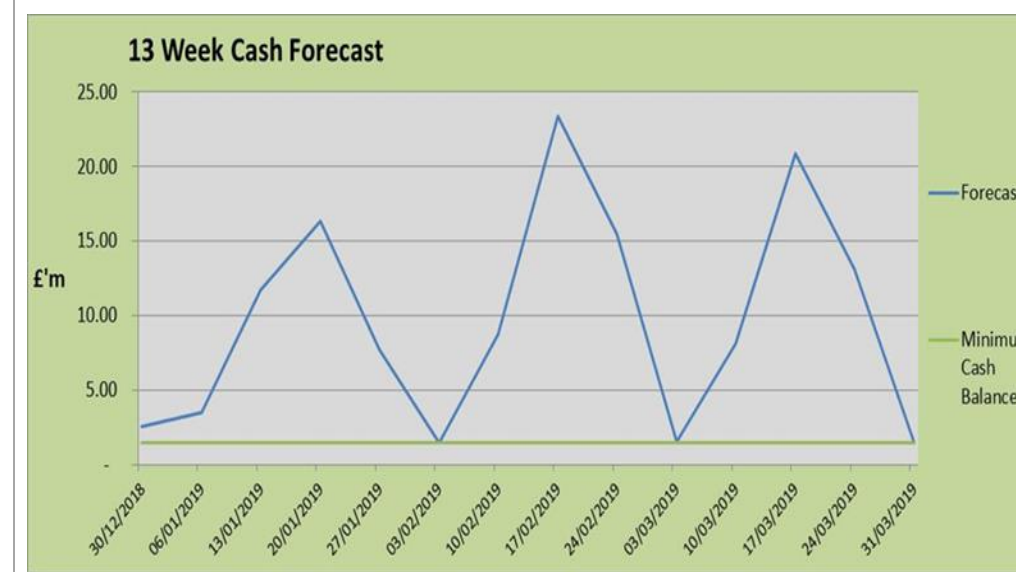
YTD Capex expenditure position at M09 was £4.4m, £2.6m below the capital plan of £7.0m. (Including Donated Assets)

Agency spend against NHSI ceiling



Agency spend in M09 was £0.6m below the NHSI ceiling of £1.5m. The current forecast for 18/19 is £0.6m below the NHSI ceiling.

Closing cash against plan



Closing cash at 31st December 2018 was £3.4m.

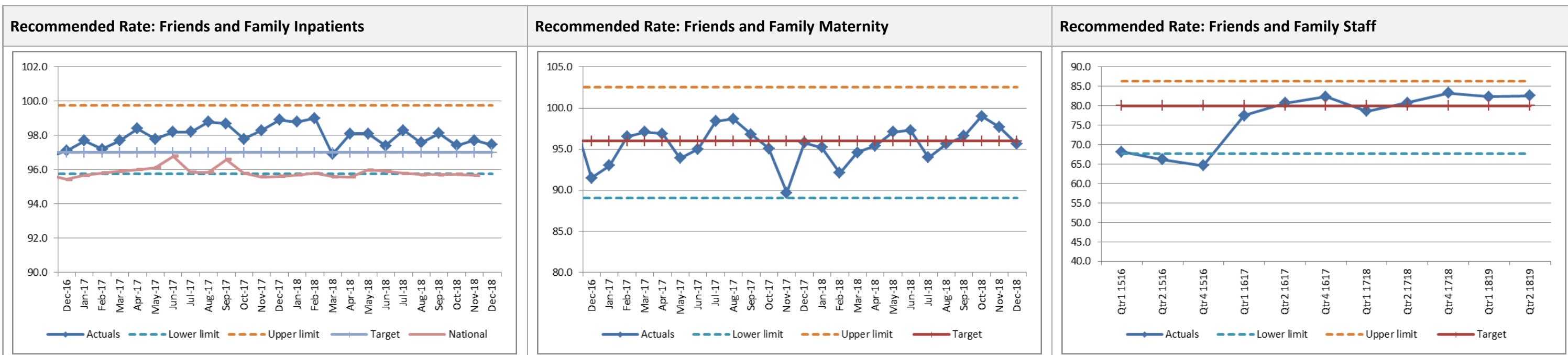
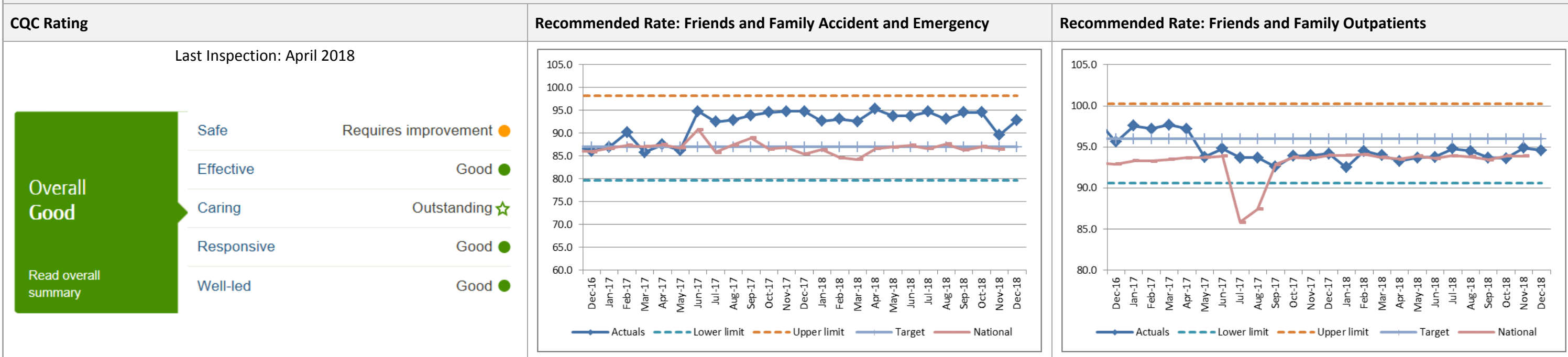
Board Assurance Framework (BAF): 2018/19 (January 2019)

Strategic priority	3: TO INSPIRE EXCELLENCE	Lead Committee	Quality	Current risk exposure		Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	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	Executive lead	Medical Director	Likelihood:	2. Unlikely	1. V. Unlikely	Risk appetite	Cautious
		Initial date of assessment	01/04/2018	Consequence	5.V. High	5. V. High		
		Last reviewed	07/01/2019	Risk rating	10. High	5. Low		
		Last changed	07/01/2019	Anticipated change	Uncertain			
Details of change	Additional assurance documented							

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap	Assurance rating										
Threat: Changing regulatory demands (including potential impact of Brexit) or reduced effectiveness of internal controls resulting in failure to make sufficient progress on agreed quality improvement actions; Or widespread instances of non-compliance with regulations and standards Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Advancing Quality Programme Quality & corporate governance & internal control arrangements Conflicts of interest & whistleblowing management arrangements Routine oversight of quality governance arrangements & maintenance of positive relationships with regulators Formal notification process of significant changes (Relationship manager, CQC; Chief Inspector of Hospitals) 	37 'Should do' actions identified following CQC inspection	Implementation of 'Should do' action plan (Campaign 5 of AQP) SLT Lead: Deputy Director of Governance & Quality Improvement Timescales: Mar 2019	Management: AQP Programme report to QC (R) Monthly includes an action plan and sign-off process Quarterly Strategic Priority Report to Board (R) Jul '18; Quality Account (R); Quality Strategy Dashboard to Board & Action plan (R) Sep '18; Quality Committee report to Board (R) Sep '18 Risk & Compliance: SOF Quality Indicators (Monthly); National Clinical audit programme/ Clinical Effectiveness Report to QC (R) May '18; Independent assurance: IA plan (Ref 9); Annual Inpatient Survey to QC (R) Sep '18; CQC Insight tool (R) QC CQC/ Well led assessment Good rating (R) Aug '18; Quality Account (R) Board Sep '18; CCG Quality Committee minutes (E) PSQG Jan '19; PWC Quality Report 2017/18 (R) May '18	None	Positive
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 Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Forum for Public Involvement meeting Communications department to handle media relations: Monthly Stakeholder newsletter launched August 2018 Established relationships with regulators Trust website & social media presence Internal communications channels Continued public & stakeholder engagement utilising a wide range of consultation & communication channels; Involvement & Engagement Strategy Trust Board. Meet your Governor sessions across all 3 sites Surveys and Friends and Family Testing Monthly Comms & Engagement call with health partners 	<ul style="list-style-type: none"> There is currently insufficient understanding of stakeholder confidence in the Trust and engagement needs strengthening A more joined up approach to engagement required across the organisations in the Better Together Alliance inc. other key partners. 	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. SLT Lead: Head of Communications Timescales:	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 Risk & Compliance: SOF Quality Indicators (Monthly); Independent assurance: IA plan (Ref 11); External Stakeholder Audit (Board workshop May '18; PI Forum Jun '18); Friends and family Test data (R) Monthly	None	Positive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												

Board Assurance Framework (BAF): 2018/19 (January 2019)

Key risk indicators (KRIs) As supplied 15th January 2019



Board Assurance Framework (BAF): 2018/19 (January 2019)

Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES	Lead Committee	Finance	Current risk exposure		Tolerable risk	Risk Treatment Strategy:	Modify
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	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.	Executive lead	Director of SP&CD	Likelihood:	1.V. Unlikely	1. V. Unlikely	Risk appetite	Cautious
		Initial date of assessment	01/04/2018		Consequence			
		Last reviewed	11/12/2018	Risk rating	5. Low	4. Low		
		Last changed	11/12/2018	Anticipated change	Uncertain			
Details of change	Additional assurance documented							

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap	Assurance rating										
Threat: Conflicting priorities, financial pressures (QIPP/FIP non-alignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS partners and an inability to influence further integration of services across acute, primary & social care providers Proximity of threat <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	<	—	—	—	>	<ul style="list-style-type: none"> Continued engagement with ICS planning & governance arrangements Mid-Nottinghamshire planning group and the ICS planning group. ICS Leadership Board Better Together Board Exec to Exec meetings Monthly Comms & Engagement call with health partners 	None	N/A	Management: Alliance Development Summary to Board (R) Apr '18; Strategic Partnerships Update to Board (R) Jun '18; Better Together Alliance delivery report to FC (R) (as meeting schedule); Finance Committee report to Board (R); Nottingham and Nottinghamshire ICS Leadership Board Summary Briefing to Board (R) Sep '18 Planning Update to Board (R) Oct '18 Independent assurance: 360 Assurance review of SFH readiness to play a full part in the ICS (in progress)	None	Positive
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) Proximity of threat <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	<	—	—	—	>	<ul style="list-style-type: none"> Continued engagement with commissioners and ICS developments in clinical service strategies focused on prevention Partnership working at a more local level, including active participation in the Better Together Alliance 	<ul style="list-style-type: none"> 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 ICS footprint SLT Lead: Medical Director / Director of SP&CD Timescales: December 2019	Management: Alliance Development Summary to Board (R) Apr '18; Strategic Partnerships Update to Board (R) Jun '18; Better Together Alliance delivery report to FC (R) (as meeting schedule); Finance Committee report to Board (R); Planning Update to Board (R) Oct '18	None	Positive
18/19	19/20	20/21	21/22	22/23												
<	—	—	—	>												

Board Assurance Framework (BAF): 2018/19 (January 2019)

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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Responsive	Good ●																															
Well-led	Outstanding ☆																															

Board Assurance Framework (BAF): 2018/19 (January 2019)

Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES	Lead Committee	Risk Committee	Current risk exposure		Tolerable risk	Risk Treatment Strategy: Risk appetite	Modify Cautious
Principal risk <i>(what could prevent us achieving this strategic priority)</i>	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	Executive lead	Director of Corporate Affairs	Likelihood:	1. Unlikely	1. V. Unlikely		
		Initial date of assessment	01/04/2018	Consequence	5.V. High	4. High		
		Last reviewed	07/01/2019	Risk rating	10. High	4. Low		
		Last changed	07/01/2019	Anticipated change	High Certainty			
Details of change	Additional gap / plan to improve control and assurances documented							

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Source of assurance (& date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gap in Assurance/ Action to address gap	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 of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Information Governance Assurance Framework (IGAF) & NHS Cyber Security Strategy Cyber Security Programme Board & Cyber Security Project Group and work plan Cyber news – circulated to all NHS partners 	Lack of port control presenting risk to network security Unpatched devices accessing the network	Development of white list and restriction imposed on unauthorised devices SLT Lead: Director of Corporate Affairs Timescales: 31 Dec 2018 Network accounts will be checked after 60 days of inactivity – disabled after 90 days if not used	Management: IG Toolkit submission to Board (R) Mar '18; IG Toolkit Baseline submission to NGS Digital Oct '18; Cyber Security Board Responsibilities Paper (R) Board Sep '18; Hygiene Report (E); NHS Bi-annual report to Risk Committee (R) Oct '18; IG Bi-annual report to Risk Committee (R) Aug '18 Independent assurance: 360 (IA) IGT Progress review (R) Mar '18; 360 (IA) Cyber Security Governance Follow up Report (R) Sep '18	90 day duration creates a risk – review to reduce to 60 days	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 that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period Proximity of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> Premises Assurance Model Action Plan Estates Strategy 2015-2025 PFI Contract and Estates Governance arrangements with PFI Partners Fire Safety Strategy NHS Supply Chain resilience planning 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 	Operational resilience of the Central Sterile Services Department (CSSD)	CSSD options appraisal being carried out through the Strategic Partnership Board SLT Lead: Divisional General Manager - Surgery Timescales: End of 2018/19	Management: Central Nottinghamshire Hospitals plc monthly performance report (R) Estates Governance Group Sep '18; Estates Governance work programme to RC (R) Jun '18; Fire Safety Annual Report to RC (R) Sep '18; Condition of retained estate (CCU Water System) update to Risk Committee Jan '19 Risk & Compliance: Monthly Significant Risk Report to Risk Committee (R) Independent Assurance: Premises Assurance Model to RC (E) Dec '18; EPRR Report; EPRR Core standards compliance rating (Sep '18)	Water safety issues – managed by the Water Safety Group	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 of threat <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	←	←	←	←	→	<ul style="list-style-type: none"> NHS Supply Chain resilience planning Business Continuity Management System & Core standards CAS alert system – Disruption in supply alerts 	None	N/A	Management: Procurement Report to RC (R) Aug '18; supply chain self-assessment to Board (E) Dec '18; EU Exit Operational Readiness Guidance review Independent assurance: / Internal Audit Business Continuity and Emergency Planning (R) Sep '18	On-going review of potential impact of no-deal Brexit on services and supplies	Positive
18/19	19/20	20/21	21/22	22/23												
←	←	←	←	→												

Board Assurance Framework (BAF): 2018/19 (January 2019)

Key risk indicators (KRIs) Updated supplied 4th December 2018

EPRR Core Standards

Nottingham & Nottinghamshire local resilience forum Community Risk Register (risk rating for local hazards) – Risks rated high/ very high

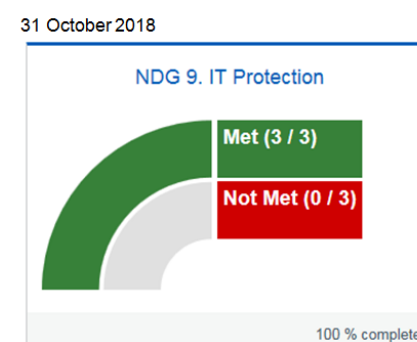
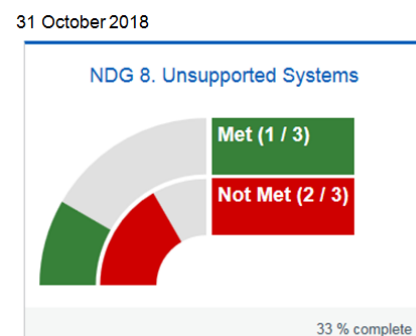
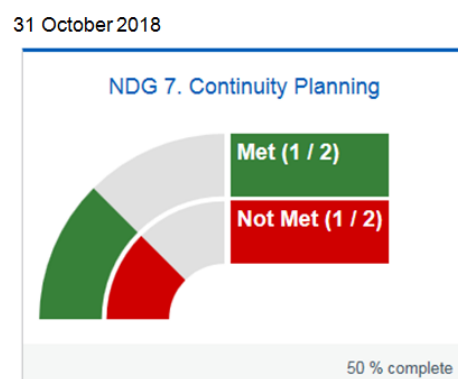
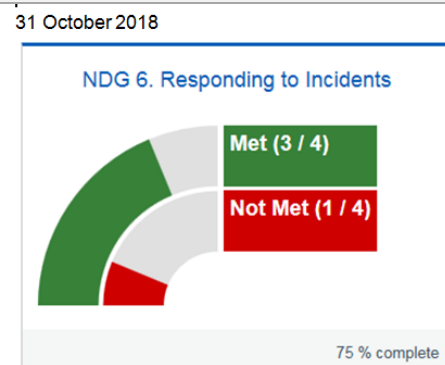
Confirm and Challenge by NHS England Regional team and CCGs
October 2018:

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						

Data Security and Protection Toolkit (2018)



31 March 2019

- 4/4 100%

Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to

31 March 2019

- 2/2 100%

No unsupported operating systems, software or internet browsers are used within the IT estate

31 March 2019

- 3/3 100%

No unsupported operating systems, software or internet browsers are used within the IT estate

31 March 2019

- 3/3 100%

A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework

Cumulative fire alarm calls per year

False Alarm/Unwanted Fire Signals Monthly Comparison

