Board Assurance Framework (BAF): 2019/20 (April 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

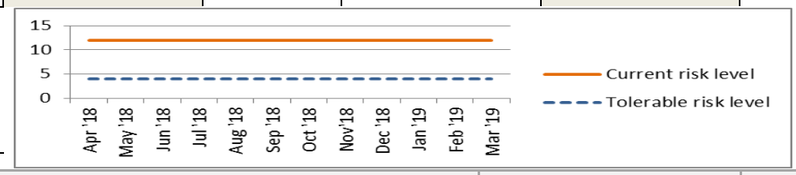
Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

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): 2019/20 (April 2019)

Strategic priority	1. TO PROVIDE OUTSTANDING CARE	**Lead Committee**	Quality	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:**	Modify
Principal risk (what could prevent us achieving this strategic priority)	**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**	Minimal
		Initial date of assessment	01/04/2018	**Consequence**	4. High	4. High		
		Last reviewed	13/03/2019	**Risk rating**	**12. High**	**4. Low**		
		Last changed	13/03/2019	**Anticipated change**	Uncertain			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
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	▪ Clinical service structures, accountability & quality governance arrangements at Trust, division & service levels including ▪ 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 Chief Nurse) ▪ Ward assurance/ metrics & accreditation programme ▪ Nursing & Midwifery Strategy	Culture of patient safety at ward level is still developing & becoming fully embedded	Patient Safety Culture (PSC) programme **SLT Lead:** Assistant Director Service Improvement **Timescales:** End of 2018/19	**Management:** DPR Report to Board monthly; PSQG assurance report to QC bi-monthly; ~~NM & AHP Board Update to QC PSQG~~; AQP Programme report to QC bi-monthly; ~~Learning from deaths~~Mortality Surveillance report to QC monthly; Learning from deaths Report to Board – qtrly Oct '18 & Annual ~~May '18~~ Jan ' 19; Quarterly Strategic Priority Report to Board ~~Jul '18~~ Jan '19; Annual Organisational Audit & Statement of Compliance Board Aug '18; Senior leadership walk arounds – 15 steps assurance report to QC ~~Board Dec '18~~ Mar '19; Divisional risk reports to Risk Committee bi-annually; Guardian of Safe Working report to Board qrtly; Senior Leadership Walkarounds weekly; Divisional Risk Reports to RC 6-monthly **Risk & compliance:** Quality Dashboard and SOF to ~~QC~~ PSQG Monthly; Quality Account Report Qtrly to PSQG and QC ~~Sep '18~~; SI & Duty of Candour report to ~~QC~~ PSQG monthly; ~~SOF Performance Report Oct '18~~; CQC report to QC bi-monthly; **Independent assurance**: CQC Insight tool to PSQG ~~Jun '18~~ monthly; CQC Rating Aug '18; IA (360) Transfer of Handover assurance report QC Sep '18; Antenatal & newborn screening peer review QC Nov '18; Sherwood Birthing Unit Audit to PSQG 2018, ICNARC Quarterly Report; SHOT report to PSQG 2018; EoLC Audit 2018; PHQA visit for Smoke-free Life; Audit Inpatient Survey 2017; Maternity Inpatient Survey 2018; CQC Insight Tool to PSQG monthly and QC bi-monthly; GMC Feedback 2018; NNAP Audit 2018	None	Positive
		~~Website &~~ Intranet currently contains some out of date clinical information	~~Website &~~ Intranet redevelopment project **SLT Lead:** Head of Communications **Timescales:** ~~End of 2018/19~~ September 2019			

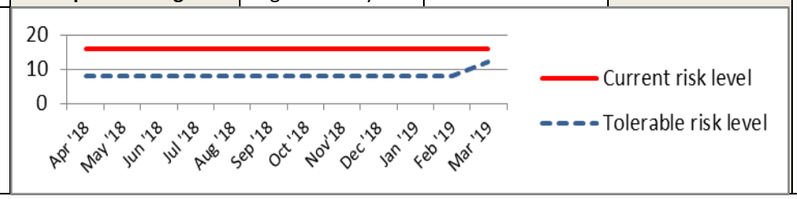
Board Assurance Framework (BAF): 2019/20 (April 2019)

Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
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	Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits PFI arrangements for cleaning services Root Cause Analysis and Root Cause Analysis Group Reports from Public Health England received and acted upon Infection control annual plan developed in line with the Hygiene Code	None	None	**Management:** Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board (E) Nov '18; Water Safety Group; **Risk & compliance:** IPC Committee report to PSQG qtrly; SOF Performance Report to Board monthly ~~(R) Dec '18~~; IPC Clinical audits in IPCC report to PSQG qtrly **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~~ Feb '19; Public Health England attendance at IPC Committee; PLACE Audits 2018	None	Positive

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	**Management:** Digital Strategy Implementation Group Report to Board (R) Apr '18/ TMT Quarterly (E) Oct '18; STP Annual report 2017/18 **Independent assurance:** Internal audit plan (ref 4)	None	Inconclusive

Board Assurance Framework (BAF): 2019/20 (April 2019)

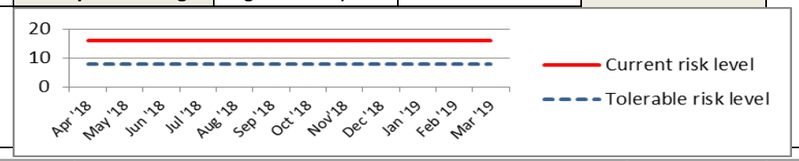
Strategic priority	1. TO PROVIDE OUTSTANDING CARE	**Lead Committee**	Quality	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:**	Modify
Principal risk (what could prevent us achieving this strategic priority)	**PR 2: Demand that overwhelms capacity** A sustained, exceptional level 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~~ 3. Possible	**Risk appetite**	Cautious
		Initial date of assessment	01/04/2018	**Consequence**	4. High	4. High		
		Last reviewed	09/03/2019	**Risk rating**	**16. Significant**	**~~8. Medium~~ 12. High**		
		Last changed	11/03/2019	**Anticipated change**	High certainty			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**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	▪ 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	No systematic approach to demand and capacity modelling across the Trust for elective care and diagnostics Variability by specialty and day – range of variability is too wide at times Sustainability of some specialties in relation to workforce	Implement IST Demand & Capacity model – starting with Outpatients **SLT Lead:** Deputy COO, Elective Care **Timescales:** ~~Jan 2019~~ Complete Action plans for recovery of cancer 62 day performance **SLT Lead:** Deputy COO – Elective care **Timescales:** ~~Jan 2019~~ Complete Revised clinical models for services shared with NUH strengthening of SLAs via Strategic Partnership Board for joint services	**Management:** • 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 **Risk & compliance:** Divisional risk reports to Risk Committee bi-annually (R); Single Oversight Framework Integrated Monthly Performance Report to Board (R) Oct ’18; **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	Quality Committee to receive a regular report regarding system controls to provide assurance	Positive
Threat & Opportunity: Operational f**ailure of General Practice** to cope with demand resulting in even higher demand for secondary care as the ‘provider of last resort’	▪ 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	Overview of specific gaps within primary care provision	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	**Management:** Better Together Transformation Programme Update (R) Board Sept’18; ~~STP Annual report 2017/18~~	Routine mechanism for sharing of CCG and SFH risk registers – particularly with regard to risks for primary care staffing and demand	Inconclusive
Threat & Opportunity: Operational **failure of neighbouring providers** that creates a large-scale shift in the flow of patients and referrals to SFH	▪ 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	None	N/A	**Management:** Better Together Transformation Programme Update (R) Board Sep ’18; ~~STP Annual report 2017/18~~	None	Inconclusive

Board Assurance Framework (BAF): 2019/20 (April 2019)

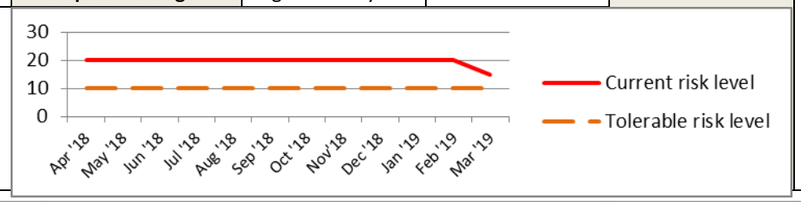
Strategic priority	2: TO SUPPORT EACH OTHER TO DO A GREAT JOB	**Lead Committee**	~~Quality~~ People, OD & Culture	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:** Modify
Principal risk (what could prevent us achieving this strategic priority)	**PR 3: Critical shortage of workforce 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**	Executive 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	04/04/2019	**Risk rating**	**16. Significant**	**8. Medium**	
		Last changed	04/04/2019	**Anticipated change**	High certainty		



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**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	▪ '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	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 **SLT Lead:** Deputy Director of HR Operations **Timescales:** ~~End of 2018/19~~ Complete	**Management:** Quarterly workforce report on resourcing to Board ~~Dec '18~~; Workforce Report - Attract & Retain to Board (R) Dec '18; Nursing & Midwifery Strategy 2018/20 Q1 report Board Aug '18 Quarterly Strategic Priority Report to Board ~~Oct '18~~; STP Annual report 2017/18 **Risk & compliance:** Risk Committee significant risk report Monthly; HR & Workforce planning report Risk Committee; SOF – Workforce Indicators (Monthly); Bank and agency report (monthly); Guardian of safe working report to Board ~~Nov '18~~ Feb '19 **Independent assurance**: Use of e-rostering- follow up report (R) Apr '18; Well-led report CQC; NHSI use of resources report; IA Recruitment & Retention report Jan '19 – Significant Assurance	None	Positive
		Divisional ownership and understanding of their workforce issues	Embedding the new BP model and the workforce planning group **SLT Lead:** Deputy Director of HR **Timescales:** ~~End of 2018/19~~ Complete Maximising our Potential 3-year Plan (Attract and Retain) development in progress **SLT Lead:** Executive Director of HR & OD **Timescales:** End of April 2019			
		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 **SLT Lead:** Deputy Director of HR **Timescales:** ~~End of 2018/19~~ Complete			
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	▪ '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	Data and soft intelligence is not sufficiently triangulated to enable deeper understanding as to whether there are any areas of cultural incongruence	~~Triangulation of data with soft intelligence to develop a cultural heat map~~ Series of deep dives to triangulate data and soft intelligence **SLT Lead:** ExecutiveDirector of HR & OD **Timescales:** End of July 2019 Maximising our Potential 3-year Plan (Engage, Develop, Nurture, Perform) development in progress **SLT Lead:** Executive Director of HR & OD **Timescales:** End of April 2019	**Management:** Workforce Report - Maximising our Potential to Board Mar '19; Quarterly Culture and Leadership Update Board ~~Nov '18~~; Staff survey, action plan and annual report to Board ~~Mar '18~~; Diversity & Inclusion Annual report May '18; **Risk & compliance:** Freedom to speak up self-review Board Sept'18; Freedom to speak up guardian report (QTR); Guardian of safe working report to Board **Independent assurance:** National Staff Survey Nov '18; SFFT/Pulse surveys (Quarterly); Well-led report CQC;	None	Positive
	Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event)	None	N/A	**Management:** Business Continuity exercises – post exercise reports through Resilience Assurance Committee (rolling program) **Risk & compliance:** EPRR Report (bi-annually) **Independent assurance**: Confirm and Challenge by NHS England Regional team and CCGs Sep '18; Internal Audit Business Continuity and Emergency Planning Sep '18	None	

Board Assurance Framework (BAF): 2019/20 (April 2019)

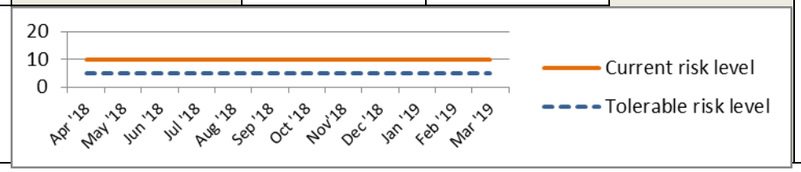
Strategic priority	4: TO GET THE MOST FROM OUR RESOURCES	**Lead Committee**	Finance	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:**	Modify
Principal risk (what could prevent us achieving this strategic priority)	**PR 4: Failure to maintain financial sustainability** Repeated 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~~ 3. Possible	2. Unlikely	**Risk appetite**	Cautious
		Initial date of assessment	01/04/2018	**Consequence**	5.V. High	5. V. High		
		Last reviewed	23/04/2019	**Risk rating**	~~20~~ 15. **Significant**	**10. High**		
		Last changed	23/04/2019	**Anticipated change**	High certainty			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Plans to improve control**	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**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	▪ 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 Presented to FC in Mar 19 and Board Workshop in Apr 19	**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
Threat: 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 ▪ 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 **SLT Lead:** Chief Financial Officer **Timescale:** 31/03/2019 - complete	**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
Threat: Growth in the burden of **backlog maintenance and medical equipment replacement costs** to unaffordable levels	▪ 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

Board Assurance Framework (BAF): 2019/20 (April 2019)

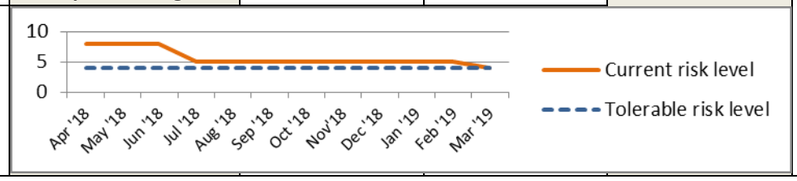
Strategic priority	3: TO INSPIRE EXCELLENCE	**Lead Committee**	Quality	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:**	Modify
Principal risk (what could prevent us achieving this strategic priority)	**PR 5: Fundamental loss of stakeholder confidence** Prolonged adverse publicity 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	13/03/2019	**Risk rating**	**10. High**	**5. Low**		
		Last changed	13/03/2019	**Anticipated change**	Uncertain			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control**	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**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	▪ 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~~ Complete	**Management:** AQP Programme report to QC bi-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~~ bi-monthly; Update report to CQC Engagement meetings qtrly **Risk & compliance:** SOF Quality Indicators (monthly); ~~National Clinical audit programme/ Clinical Effectiveness Report to QC (R) May '18;~~ Freedom to Speak Up report to Board qtrly **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; Annual Patient Experience report to QC Jan '19; CQC Insight report to QC bi-monthly; Quality Account update to QC bi-monthly	None	Positive
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	▪ 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	▪ 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:** Complete System partners to develop a best practice standard for engagement across the Mid-Nottinghamshire **SLT Lead:** Head of Communications **Timescales:** End 2019/20	**Management:** Quarterly Comms report to Board; bi-annual Forum for Public Involvement report to PQSG; Annual Patient Experience Report to QC (R) ~~May '18~~ Jan '19; Involvement and Engagement Strategy (E) Board Oct '18 **Risk & compliance:** SOF Quality Indicators (monthly); SOF exception reporting to Board 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

Board Assurance Framework (BAF): 2019/20 (April 2019)

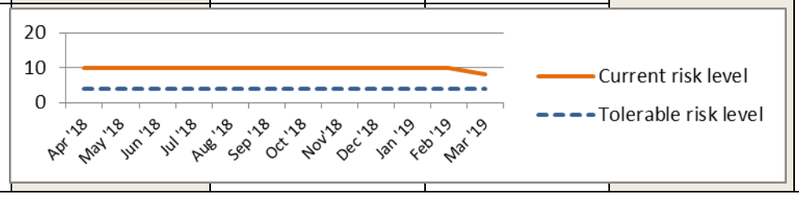
Strategic priority	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES	**Lead Committee**	Finance	**Current risk exposure**		**Tolerable risk**	**Risk Treatment Strategy:**	Modify
Principal risk (what could prevent us achieving this strategic priority)	**PR 6: Breakdown of strategic 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**	~~5.V. High~~ 4. High	4. High		
		Last reviewed	08/03/2019	**Risk rating**	**~~5. Low~~ 4. Low**	**4. Low**		
		Last changed	08/03/2019	**Anticipated change**	Uncertain			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control**	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap**	**Assurance rating**
Threat: Conflicting priorities, financial pressures (~~QIPP/FIP non-alignment~~ system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, primary & social care ~~providers~~	• 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)~~ – Significant Assurance	None	Positive
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)~~	▪ 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	▪ 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

Board Assurance Framework (BAF): 2019/20 (April 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 (what could prevent us achieving this strategic priority)	**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:**	2. Unlikely	1. V. Unlikely		
		Initial date of assessment	01/04/2018	**Consequence**	~~5.V. High~~ 4. High	4. High		
		Last reviewed	01/04/2019	**Risk rating**	~~10. High~~ **8. Medium**	**4. Low**		
		Last changed	01/04/2019	**Anticipated change**	High Certainty			



Strategic threat (what might cause this to happen)	**Primary risk controls** (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)	**Gaps in control**	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (& date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**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	▪ Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy ▪ Cyber Security Programme Board & Cyber Security Project Group and work plan ▪ Cyber news – circulated to all NHIS partners ▪ Network accounts checked after 50 days of inactivity – disabled after 80 days if not used	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 Phase 1 **Timescale:** ~~31 Dec 2018~~ 29 Mar 2019 - complete Phase 2 **Timescale:** End of August 2019 - in progress Network accounts will be checked after 60 days of inactivity – disabled after 90 days if not used Complete	**Management:** ~~IG~~ Data Protection and Security Toolkit submission to Board Mar '~~18~~ 19 - 100% compliance; ~~IG Toolkit Baseline submission to NGS Digital Oct '18;~~ ~~Cyber Security Board Responsibilities Paper (R) Board Sep '18;~~ Hygiene Report to Cyber Security Board monthly; NHIS ~~Bi-annual~~ report to Risk Committee quarterly ~~Oct '18~~; IG Bi-annual report to Risk Committee ~~Aug '18~~ **Independent assurance**: ~~360 (IA) IGT Progress review (R) Mar '18;~~ ~~360 (IA) Cyber Security Governance Follow-up Report (R) Sep '18~~ 360 Assurance Cyber Security Governance Report Jan '19 – Significant Assurance	~~90 day duration creates a risk – review to reduce to 60 days~~	Positive
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	▪ 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~~ May 2019	**Management:** Central Nottinghamshire Hospitals plc monthly performance report ~~(R) Estates Governance Group Sep '18~~; ~~Estates Governance work programme to RC Jun '18;~~ Fire Safety Annual Report to RC Sep '18; Condition of retained estate (CCU Water System) update to Risk Committee Jan '19 **Risk & compliance:** Monthly Significant Risk Report to Risk Committee **Independent Assurance:** Premises Assurance Model to RC Dec '18; EPRR Report; EPRR Core standards compliance rating (Sep '18) – Substantial Assurance	Water safety issues – managed by the Water Safety Group	Positive
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	▪ NHS Supply Chain resilience planning Business Continuity Management System & Core standards ▪ CAS alert system – Disruption in supply alerts ▪ EU Exit Preparation Working Group	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 – Significant Assurance	~~On-going review of potential impact of no-deal Brexit on services and supplies~~	Positive