Board Assurance Framework (BAF): January 2020

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities:

PR1   Catastrophic failure in standards of safety and care

PR2   Demand that overwhelms capacity

PR3   Critical shortage of workforce capacity and 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 are:

- A 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)

- Risk ratings – current (residual), tolerable and target levels

- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise

- 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

- 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): January 2020

Strategic priority	1. TO PROVIDE OUTSTANDING CARE		Principal risk (what could prevent us achieving this strategic priority)	PR 1: Catastrophic failure in standards of safety and 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				

Lead Committee	Quality	Risk rating	Current exposure	Tolerable	Target	Risk Treatment Strategy	Modify
Executive lead	Medical Director	Likelihood	3. Possible	3. Possible	1. V. unlikely	Risk appetite	Minimal
Initial date of assessment	01/04/2018	Consequence	4. High	4. High	4. High		
Last reviewed	03/01/2020	Risk rating	**12. High**	**12. High**	**4. Low**		
Last changed	03/01/2020						

Chart showing Current risk level, Tolerable risk level, Target risk level from Feb-19 to Jan-20.
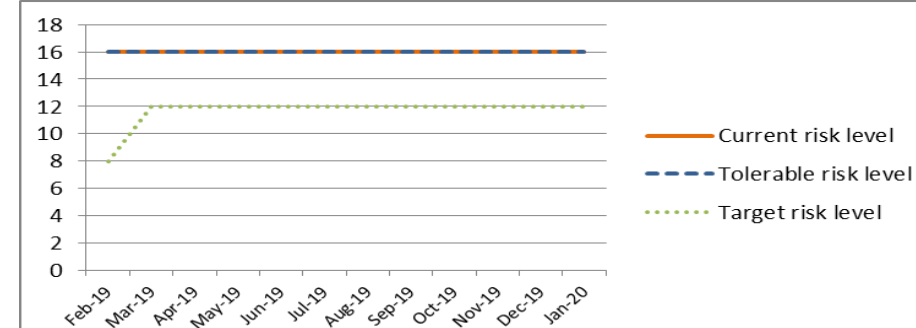
Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to 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 (and 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 ▪ AHP Strategy ▪ Scoping and sign-off process	Intranet currently contains some out of date versions of clinical information that may still be accessible	~~Intranet redevelopment project~~Intranet documents review **SLT Lead:** Head of Communications **Timescale:** ~~September 2019~~end August 2020	**Management:** DPR Report to ~~Board~~PSQG monthly and QC bi-monthly; PSQG assurance report to QC bi-monthly; AQP Programme report to QC bi-monthly; ~~Mortality Surveillance report to QC monthly;~~ Learning from deaths Report to QC and Board ~~qtrly Oct '18 & Annual Jan '19~~; Quarterly Strategic Priority Report to Board ~~Jan '19~~; Annual Organisational Audit & Statement of Compliance Board Aug '18; Senior leadership walk arounds – 15 steps assurance report to QC Jul '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; Patient Safety Culture (PSC) programme; EoLC Annual Report to QC; Safeguarding Annual Report to QC; CYPP report to QC quarterly; Medical Education update report to QC Jul '19 **Risk & compliance:** Quality Dashboard and SOF to PSQG Monthly; Quality Account Report Qtrly to PSQG and QC; SI & Duty of Candour report to PSQG monthly; CQC report to QC bi-monthly; **Independent assurance:** CQC Insight tool to PSQG monthly; CQC Rating ~~Aug '18~~and oversight; 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; Care Quality Commission / External Regulation Report to QC Mar '19; Medicines Optimisation Report to QC Mar '19; Care Quality Commission / External Regulation Report to QC Mar '19; Medicines Optimisation Report to QC Mar '19	None	Positive
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 ▪ Influenza vaccination programme ▪ Public communications re: norovirus and infectious diseases	None	N/A	**Management:** Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board ~~Nov '18~~; Water Safety Group; **Risk & compliance:** IPC Committee report to PSQG qtrly; SOF Performance Report to Board monthly; IPC Clinical audits in IPCC report to PSQG qtrly **Independent assurance:** Internal audit plan ~~(ref 3)~~; ~~IA Decontamination of Mattresses Review AAC/ Risk May '18; Authorised Engineer report Risk Jun '18~~ CQC Rating Good with Outstanding for Care Aug '18; PLACE Assessment and Scores Estates Governance ~~Feb '19~~bi-monthly; Public Health England attendance at IPC Committee; ~~PLACE Audits 2018~~Influenza vaccination cumulative number of staff vaccinated	None	Positive

Board Assurance Framework (BAF): January 2020

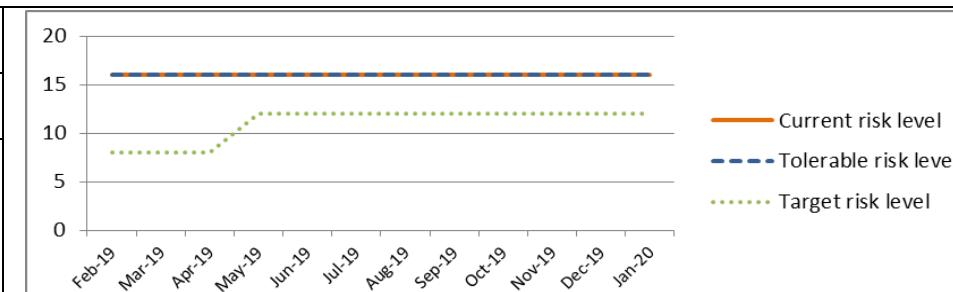| Related Strategic opportunity	Potential benefit	Risk appetite	Risk treatment strategy	Source of assurance (and date)	Gap in Assurance / Action to address gap	Assurance rating
Availability and implementation of **new technologies as a clinical or diagnostic aid** (such as: electronic patient records, 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 Group Digital Strategy & investment programme IT Strategy (system wide) IT services delivered by Nottinghamshire Health Informatics Service (NHIS) NEWS2 Implementation programme Trust-wide digital strategy under development ICS digital strategy under development	**Management:** Digital Strategy Implementation Group Report to Board (R) Apr '18 / TMT Quarterly; STP Annual report 2017/18; Digital implementation governance strengthened; Chief Clinical Information Officer appointed; Near-patient influenza testing in ED **Independent assurance:** Internal Audit Plan (ref 4)	None	Positive

Board Assurance Framework (BAF): January 2020

Strategic priority	1. TO PROVIDE OUTSTANDING CARE		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				
Lead Committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk Treatment Strategy**	Modify	
Executive lead	Chief Operating Officer	**Likelihood**	4. Somewhat likely	4. Somewhat likely	3. Possible	**Risk appetite**	Cautious	
Initial date of assessment	01/04/2018	**Consequence**	4. High	4. High	4. High			
Last reviewed	10/01/2020	**Risk rating**	**16. Significant**	**16. Significant**	**12. High**			
Last changed	10/01/2020							

Chart: Current risk level, Tolerable risk level, Target risk level (Feb-19 to Jan-20), scale 0–18.

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 (and 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 and longer length of stay	▪ Emergency admission avoidance schemes across the system ▪ Single streaming process for ED & Primary Care – regular meetings with NEMs ▪ Trust and System escalation process ▪ Cancer Improvement plan ▪ 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 Sustainability of some specialties in relation to workforce Robust delivery of the demand management schemes across the system	Further development of demand and capacity modelling across the Trust for elective care and diagnostics **SLT Lead:** Deputy Chief Operating Officer (Elective Care) **Timescale:** September 2019Complete Systems drivers of demand action plan **SLT lead:** COO **System lead:** CEO (via AEDB) **Timescale:** end June 2020 Revised clinical models for services shared with NUH strengthening of SLAs via Strategic Partnership Board for joint services **SLT Lead:** Medical Director **Progress:** Paper describing the process and timescales to be presented to Board in April **Timescale:** end October 2019TBD	**Management:** Performance management reporting arrangements between Divisions, Service Lines and Executive Team; Emergency care capacity plan to Board including updates on the winter plan Oct '18; Exec to Exec meetings; Elective Care Expectations – Response to Ian Dalton (NHSI) Letter to 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; Single Oversight Framework Integrated Monthly Performance Report to Board; **Independent assurance:** IA review of outpatient Demand and capacity modelling Jul '18; Regulatory Framework – Performance Standards (Emergency Readmissions Indicator) Follow-Up Sep '18	Quality Committee to receive a regular report regarding system controls to provide assurance - 2019/20 system winter plan **Timescale:** end October 2019 Presented to Board as part of winter plan - complete	Positive
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'	▪ 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 ▪ 'Drivers of demand' discussed at Board	Overview of specific gaps within primary care provision		**Management:** Routine mechanism for sharing of CCG and SFH risk registers – particularly with regard to risks for primary care staffing and demand **Independent assurance:** 'Drivers of demand' discussed at Board	NoneFurther detail required regarding drivers of demand from the ICS **SLT Lead:** Chief Operating Officer **Timescale:** end March 2020	Inconclusive
Threat & Opportunity: Drop in Ooperational failureperformance 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	**Risk and compliance:** Divisional NUH/SFH strategic partnership forum minutes and action log; NUH service support to SFH paper to Executive Team	NoneLack of control over the flow of patients from the surrounding area	Inconclusive

Board Assurance Framework (BAF): January 2020

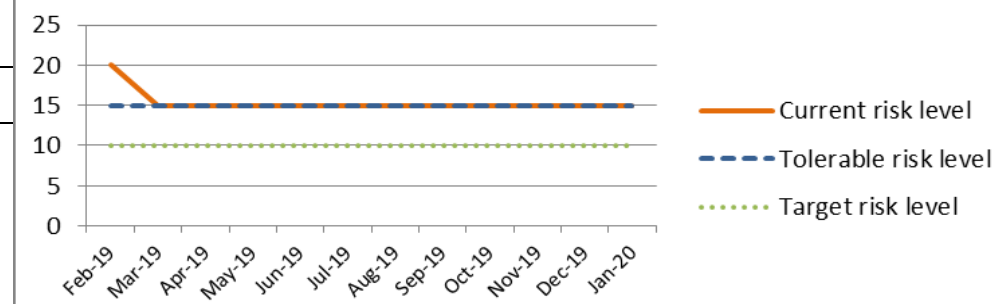| Strategic priority	3: TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		Principal risk (what could prevent us achieving this strategic priority)	**PR 3: Critical shortage of workforce capacity and capability** A critical shortage of workforce capacity with the required skills to manage demand resulting in a prolonged, widespread reduction in the quality of services and repeated failure to achieve constitutional standards					
Lead Committee	People, OD & Culture	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk Treatment Strategy**	Modify		
Executive lead	Executive Director of HR & OD	**Likelihood**	4. Somewhat likely	4. Somewhat likely	3. Possible	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Consequence**	4. High	4. High	4. High				
Last reviewed	15/01/2020	**Risk rating**	16. Significant	16. Significant	12. High				
Last changed	15/01/2020								

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 (and 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 and review processes (consultant job planning; workforce modelling; winter capacity plans) ▪ Vacancy management and recruitment systems and processes ▪ TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation ▪ Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure ▪ Temporary staffing approval and recruitment processes with defined authorisation levels ▪ Education partnerships ▪ Director of People attendance at People and Culture Board ▪ Workforce planning for system workstream ▪ Communications issued regarding HMRC taxation rules on pensions and provision of pensions advice ▪ Pensions restructuring payment introduced ▪ Pensions tax education and information exchange sessions	Lack of Divisional ownership and understanding of their workforce issues HM Revenue and Customs taxation rules on pensions are impacting our higher earning workforce (particularly consultants) and our ability to retain them or get them to do WLIs / extra activity	Maximising our Potential 3-year Plan (Attract and Retain) development in progress **SLT Lead:** Director of People Year 2 complete – Year 3 commenced **Timescale:** End of April 2020 Implement Scheme Pays guidance for tax liability incurred in 2019/20 **SLT Lead:** Deputy Director of HR **Timescale:** End of January 2020 Complete Review the position following the outcome of the general election **SLT Lead:** Deputy Director of HR **Timescale:** End of January 2020 Complete Review approaches to mitigating the gap in control following receipt of guidance from HMRC **SLT Lead:** Deputy Director of HR **Timescale:** End of March 2020	**Management:** Quarterly workforce report on resourcing to Board; Workforce Report - Attract & Retain to BoardJun '19; Nursing & Midwifery Strategy 2018/20 Q1 report Board Aug '18 Quarterly Strategic Priority Report to Board; AHP Strategy to Board Sep '19;Workforce and OD ICS/ICP update quarterly **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 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

Board Assurance Framework (BAF): January 2020

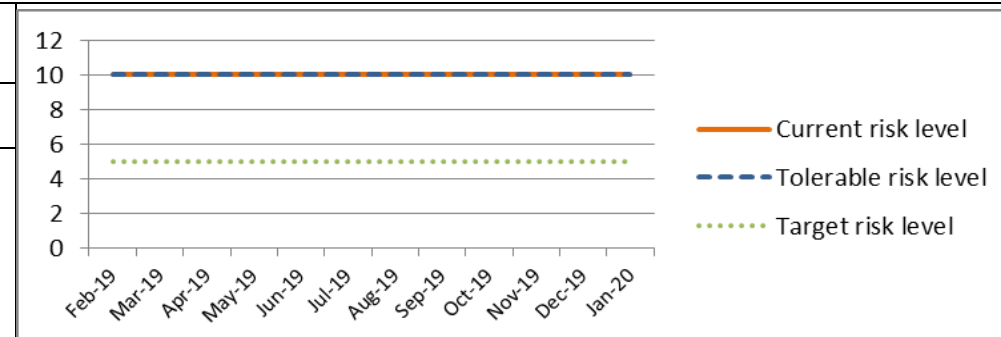| Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to 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 (and date) (<u>Evidence</u> that the controls/ systems which we are placing reliance on are effective)	Gap in Assurance / Action to address gap	Assurance rating
Threat: A significant loss of workforce productivity arising from a reduction in effort above and beyond contractual requirements amongst a 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 or failure to achieve consistent values and behaviours in line with desired culture This could also lead to lack of engagement with patients, resulting in failure to address patient empowerment and self-help and failure to work across the system to empower patients and carers to enable personalised patient centred care	▪ '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 ▪ Enhanced equality, diversity and inclusion focus on workforce demographics	Counselling service provider not delivering optimal performance	Maximising our Potential 3-year Plan (Engage, Develop, Nurture, Perform) development in progress **SLT Lead:** Director of People Year 2 complete – Year 3 commenced **Timescale:** End of April 2020 ~~Re-tender counselling service contract~~ ~~**SLT Lead:** Deputy Director of HR~~ ~~**Timescale:** End of December 2019~~Complete	**Management:** Workforce Report - Maximising our Potential to Board Mar '19; Quarterly Culture and Leadership Update Board; Staff survey, action plan and annual report to Board; Diversity & Inclusion Annual report May '19;WRES and WDES report to Board May '19; Raising Concerns Assurance report to Board quarterly; TED Annual Report to Board Nov '19; Trust Strategy update to Board quarterly **Risk & compliance:** Freedom to speak up self-review Board Sept'18; Freedom to Speak Up Quardian report quarterly; Guardian of Safe Working report to Board; Gender Pay Gap report to Board Mar '19; TRAC Performance Report to P, OD&C quarterly; Interim NHS People Plan self-assessment to Board Nov '19 **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): January 2020

Strategic priority	5: TO ACHIEVE BETTER VALUE		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					
Lead Committee	Finance	Risk rating	Current exposure	Tolerable	Target	Risk Treatment Strategy	Modify		
Executive lead	Chief Financial Officer	Likelihood	3. Possible	3. Possible	2. Unlikely	Risk appetite	Cautious		
Initial date of assessment	01/04/2018	Consequence	5.V. High	5.V. High	5. V. High				
Last reviewed	13/01/2020	Risk rating	15. Significant	15. Significant	10. High				
Last changed	13/01/2020								

Chart: Current risk level, Tolerable risk level, Target risk level (Feb-19 to Jan-20)

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 (and 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 ICS/ICP/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 - External management support to deliver the FIP	No long term commitment received for liquidity / cash support 2019/20 System financial plan under-delivery Increasing non-recurrent delivery of FIP	Continue to work in partnership with NHSI to submit in-year applications for cash support **SLT Lead:** Deputy Chief Financial Officer **Timescale:** Throughout 2019/20 Following receipt of NHSI indication of future trajectories, the Financial Strategy is to be reviewed and updated. (If the 4-year plan is accepted, liquidity / cash support is secured.) **SLT Lead:** Chief Financial Officer **Timescale:** end March 2020 ICS plan to be completed with agreed levers for change and activity/income and cost reductions **SLT Lead:** Chief Financial Officer **Timescale:** end March 2020 Full review of ability to improve recurrent delivery of FIP **SLT Lead:** Chief Financial Officer **Timescale:** January 2020 Budget setting process for 2020/21 to include enhanced confirm and challenge **SLT Lead:** Chief Financial Officer **Timescale:** end March 2020	**Management:** CFO's Financial Reports & FIP Summary (Monthly); Quarterly Strategic Priority Report to Board Jul '18; Alliance Progress Report & STP FIP (at each Finance Committee meeting); Investment governance work programme; Divisional risk reports to Risk Committee bi-annually **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 - ICP-wide joint planning process 2019/20 - Mid-Nottinghamshire planning group and the ICS planning group - Senior representatives on all programme delivery Boards (Better Together Boards) - Contractual payment mechanism for 2019/20 recognises marginal costs	Outpatient transformation inability to reduce costs in line with QIPP target	Renegotiate 2020/21 contract baseline with CCG **SLT Lead:** Chief Financial Officer **Timescale:** end March 2020	**Management:** Alliance ICS/ICP progress update report to FC Oct '18; Trust management team meetings; Exec Meetings; CCG meetings; Notts Healthcare Meetings **Risk & compliance:** planning reports to Finance Committee and Board of Directors **Independent assurance:** none currently in place	None	Positive

Board Assurance Framework (BAF): January 2020

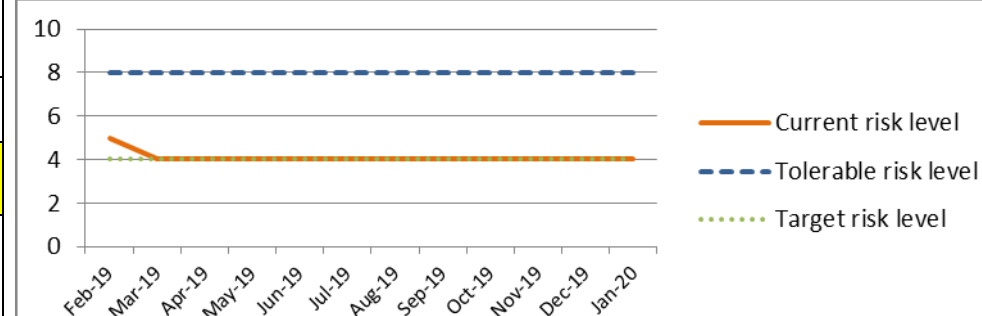| Strategic priority	4: TO CONTINUOUSLY LEARN AND IMPROVE			**Principal risk** (what could prevent us achieving this strategic priority)	**PR 5: Fundamental loss of stakeholder confidence** Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public				
Lead Committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk Treatment Strategy**	Modify		
Executive lead	Medical Director	**Likelihood**	2. Unlikely	2. Unlikely	1. V. Unlikely	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Consequence**	5.V. High	5.V. High	5. V. High				
Last reviewed	08/01/2020	**Risk rating**	10. High	10. High	5. Low				
Last changed	08/01/2020								

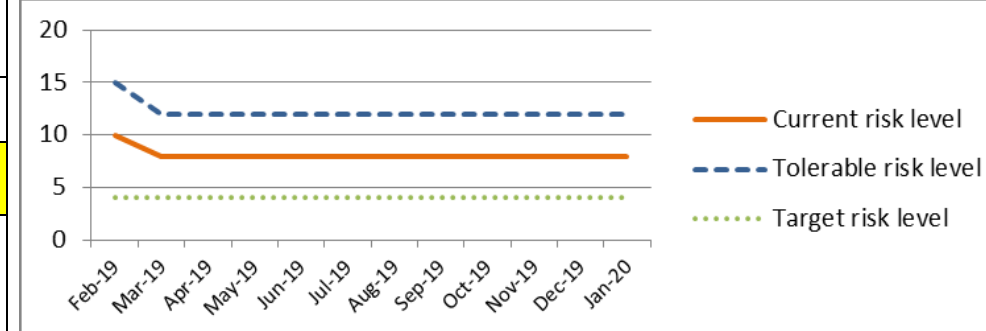| Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and 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 and corporate governance and internal control arrangements - Conflicts of interest and whistleblowing management arrangements - Routine oversight of quality governance arrangements and maintenance of positive relationships with regulators - Formal notification process of significant changes (Relationship manager, CQC; Chief Inspector of Hospitals) - PRM reviews with NHSI - CQC annual provider information request	None	N/A	**Management:** AQP Programme report to QC bi-monthly – includes an action plan and sign-off process Quarterly Strategic Priority Report to Board; Quality Account; Quality Strategy Dashboard to Board & Action Plan Sep'19; Quality Committee report to Board bi-monthly; QC Action Plan Uupdate report to CQC Engagement meetings 6-weekly **Risk & compliance:** SOF Quality Indicators (monthly); Freedom to Speak Up report to Board qtrly **Independent assurance**: IA plan (Ref 9); Annual Inpatient Survey to QC Sep'19; CQC Well-led assessment Good rating Aug '18; Quality Account to Board May '19; CCG observer at QC; PWC Quality Report 2018/19 May '19; Annual Patient Experience report to QC Sep '19; CQC Insight report to QC bi-monthly; Quality Account update to QC bi4-monthly; PRM reviews with NHSI – positive quality outputs; CQC engagement meetings 6-weekly	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 and social media presence - Internal communications channels - Continued public and stakeholder engagement utilising a wide range of consultation and 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	Further development of integrated partnership working within the wider health and social care footprint	System partners to develop a best practice standard for engagement across the Mid-Nottinghamshire **SLT Lead:** Head of Communications **Timescale:** End 2019/20	**Management:** Quarterly Comms report to Board; bi-annual Forum for Public Involvement report to PQSG; Annual Patient Experience Report to QC Sep '19; Involvement and Engagement Strategy Board Oct '18 **Risk & compliance:** SOF Quality Indicators (monthly); SOF exception reporting to Board monthly **Independent assurance**: IA plan; External Stakeholder Audit (Board workshop May '18; PI Forum Jun '18); Friends and Family Test data monthly	None	Positive

Board Assurance Framework (BAF): January 2020

Strategic priority	2: TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		**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 and care services				
Lead Committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk Treatment Strategy**	Modify	
Executive lead	Chief Executive Officer	**Likelihood**	1.V. Unlikely	2. Unlikely	1. V. Unlikely	**Risk appetite**	Cautious	
Initial date of assessment	01/04/2018	**Consequence**	4. High	4. High	4. High	**Risk type**	**Services**	
Last reviewed	14/01/2020	**Risk rating**	4. Low	8. Medium	4. Low			
Last changed	14/01/2020							

Chart: Current risk level, Tolerable risk level, Target risk level from Feb-19 to Jan-20.

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 (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and 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 (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	• Mid-Nottinghamshire Integrated Care Partnership Board • Exec to Exec meetings with mid-Nottinghamshire CCG and Nottinghamshire Healthcare • Nottingham and Nottinghamshire Integrated Care System Board • Continued engagement with ICP and ICS planning and governance arrangements • Quarterly ICS performance review with NHSI	Continued misalignment in organisational priorities	Work with the ICP to further the expectations to strengthen ICP working **SLT Lead:** Chief Executive Officer **Timescale:** end March 2020 Consider further opportunities for joint appointments **SLT Lead:** Chief Executive Officer **Timescale:** end March 2020	**Management:** Alliance Development Summary to Board; Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Nottingham and Nottinghamshire ICS Leadership Board Summary Briefing to Board; Planning Update to Board **Independent assurance:** 360 Assurance review of SFH readiness to play a full part in the ICS – Significant Assurance	Continued misalignment in organisational priorities	Inconclusive
Threat & Opportunity: Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population	▪ 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 mid-Nottinghamshire ICP ▪ Clinical Services Strategy - 5 of 20 services complete	Insufficient granularity of plans to 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 5 of 20 services complete as at October 2019 **Timescale:** end March 2020	**Management:** Alliance Development Summary to Board; Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Planning Update to Board **Independent assurance:** none currently in place	None	Positive

Board Assurance Framework (BAF): January 2020

Strategic priority	4: TO CONTINUOUSLY LEARN AND IMPROVE			**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			
Lead Committee	Risk	**Risk rating**		**Current exposure**	**Tolerable**	**Target**	**Risk Treatment Strategy**	Modify
Executive lead	Director of Corporate Affairs	**Likelihood**		2. Unlikely	3. Possible	1. V. Unlikely	**Risk appetite**	Cautious
Initial date of assessment	01/04/2018	**Consequence**		4. High	4. High	4. High	**Risk type**	Services
Last reviewed	06/01/2020	**Risk rating**		8. Medium	12. High	4. Low		
Last changed	06/01/2020							

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** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and 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 ▪ Major incident plan in place ▪ Periodic phishing exercises carried out by 360 Assurance	~~Lack of port control presenting risk to network security~~ ~~Windows 2003/2008 servers unsupported from January 2020~~ Cyber Security Assurance Programme plan not fully developed and implemented	~~Development of white list and restriction imposed on unauthorised devices – Phase 2~~ ~~**SLT Lead:** Director of Corporate Affairs~~ ~~**Timescale:** End of December 2019~~ ~~Sophos encryption software rollout~~ ~~**SLT Lead:** Director of Corporate Affairs~~ ~~**Timescale:** 13th September 2019~~ Finalise Cyber Security Assurance Programme plan **SLT Lead:** Director of Corporate Affairs **Timescale:** End of January 2020	**Management:** Data Protection and Security Toolkit submission to Board Mar '19 - 100% compliance; Hygiene Report to Cyber Security Board monthly; NHIS report to Risk Committee quarterly; IG Bi-annual report to Risk Committee **Independent assurance:** 360 Assurance Cyber Security Governance Report Jan '19 – Significant Assurance		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 ▪ Independent Authorising Engineer (Water) ▪ Major incident plan in place	Operational resilience of the Central Sterile Services Department (CSSD)	CSSD options appraisal to determine how to continue to provide the service **SLT Lead:** Divisional General Manager - Surgery **Timescale:** End of December 2019 **Progress:** Consultant appointed to manage the tender process	**Management:** Central Nottinghamshire Hospitals plc monthly performance report; 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 (Oct '19) – Substantial Assurance; Water Safety report (WSP) to Joint Liaison Committee Oct '19		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~~ ▪ Major incident plan in place	None	N/A	**Management:** Procurement Annual Report to ~~RC Aug '18~~Audit & Assurance Committee; supply chain self-assessment to Board Dec '18; EU Exit Operational Readiness Guidance review **Independent assurance**: Internal Audit Business Continuity and Emergency Planning Sep '18 – Significant Assurance	~~Lack of further guidance on the implications of a no-deal Brexit~~	~~Inconclusive~~ Positive