Sherwood Forest Hospitals
NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

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

PR1 Significant deterioration in standards of safety and care
PR2 Demand that overwhelms capacity
PR3 Critical shortage of workforce capacity and capability
PR4 Failure to achieve the Trust's financial strategy
PR5 Inability to initiate and implement evidenced based improvement and innovation
PR6 Working more closely with local health and care partners does not fully deliver the required benefits
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 and 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
- no gaps in assurance or control AND current exposure risk rating = target

OR
- gaps in control and assurance are being addressed

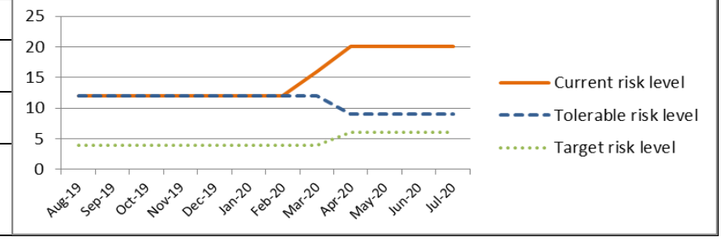
Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

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.

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 1: Significant deterioration in standards of safety and care** Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes						**Strategic priority**	1. To provide outstanding care
Lead Committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm	
Executive lead	Medical Director	**Likelihood**	5. Very likely	3. Possible	2. Unlikely	**Risk appetite**	Minimal	
Initial date of assessment	01/04/2018	**Consequence**	4. High	3. Moderate	3. Moderate	**Risk treatment strategy**	Modify	
Last reviewed	15/07/2020	**Risk rating**	**20. Significant**	**9. Medium**	**6. Low**			
Last changed	15/07/2020							

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 and issues relating to COVID-19** (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 for incidents and SIs	Intranet currently contains some out of date clinical information that may still be accessible	Intranet documents review **SLT Lead:** Head of Communications **Timescale:** end August 2020	**Management:** DPR Report to PSQG monthly and QC bi-monthly; PSQG assurance report to QC bi-monthly; AQP Programme report to QC bi-monthly; Learning from deaths Report to QC and Board; Quarterly Strategic Priority Report to Board; 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; Significant Risk Report to RC monthly **Independent assurance**: CQC Insight tool to PSQG monthly; CQC Rating 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

Formatted Table

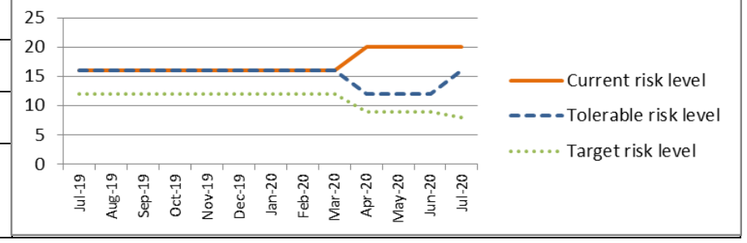
Board Assurance Framework (BAF): July 2020

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 and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
An **outbreak of infectious disease** (such as pandemic influenza; Coronavirus; 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 ▪ Coronavirus identification and management process	None	N/A	**Management:** Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board; 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; CQC Rating Good with Outstanding for Care Aug '18; PLACE Assessment and Scores Estates Governance bi-monthly; Public Health England attendance at IPC Committee; Influenza vaccination cumulative number of staff vaccinated	~~Unquantifiable impact on activity and staffing due to Coronavirus~~Learning from the impact on activity, patient safety and staffing due to COVID-19 wave 1 ~~Lack of ventilators, ITU beds and PPE~~Constraints of critical care capacity and PPE availability dependent on the size of future waves and restoration activity ~~Issues with~~Business case to enhance oxygen capacity/flow awaited	Inconclusive

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 2: Demand that overwhelms capacity** Demand for services that overwhelms capacity resulting in a deterioration in the quality, safety and effectiveness of patient care							**Strategic priority** 1. To provide outstanding care
Lead Committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm	
Executive lead	Chief Operating Officer	**Likelihood**	5. Very likely	4. Somewhat likely	~~3. Possible~~ 2. Unlikely	**Risk appetite**	Minimal	
Initial date of assessment	01/04/2018	**Consequence**	4. High	~~3. Moderate~~ 4. High	~~3. Moderate~~ 4. High	**Risk treatment strategy**	Modify	
Last reviewed	15/07/2020	**Risk rating**	**20. Significant**	~~12. High~~ 16. Significant	~~9.~~8. **Medium**			
Last changed	15/07/2020							



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 and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: **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, or a reduction in capacity to meet current and future demand due to the impact of COVID-19	▪ 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 ▪ COVID-19 Incident planning and governance process ▪ Some cancer services maintained during COVID-19 ▪ Risk assessments to prioritise individual patients	National workforce supply in some specialties Robust delivery of the demand management schemes across the system	Systems drivers of demand action plan **SLT lead:** COO **System lead:** CEO (via AEDB) **Progress:** The system work with regard to 'Drivers of Demand' was paused due to Covid-19. There is now an ICS wide 'Demand Cell' let by the CCGs that is taking forward this work for Nottinghamshire. This group meets monthly and is focussed on the 'NHS 111 first' implementation **Timescale**: ~~end June 2020~~ Superseded 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:** TBD	**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; Identifying and capturing Potential Harm Resultant from COVID-19 Pandemic report to Board Jun '20 **Risk & compliance:** Divisional risk reports to Risk Committee bi-annually; Significant Risk Report to RC monthly; Single Oversight Framework Integrated Monthly Performance Report to Board; Incident Control Team governance structure to TMT Mar '20 **Independent assurance:** IA review of outpatient Demand and capacity modelling Jul '18; Regulatory Framework – Performance Standards (Emergency Readmissions Indicator) Follow-Up Sep '18; NHSI Intensive Support Team review of cancer processes May '20	Impact on cancer surgery and screening programmes due to COVID-19	Inconclusive
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			**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 Aug '19		Inconclusive

Formatted: Font color: Black

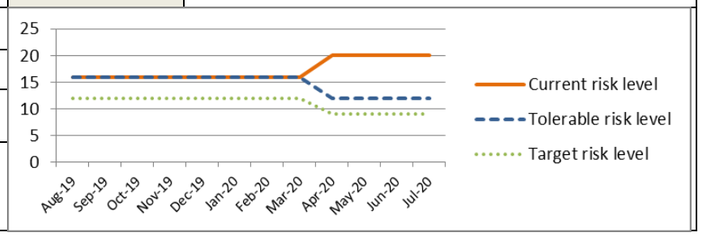
Board Assurance Framework (BAF): July 2020

Threat & Opportunity: Drop in operational **performance of neighbouring providers** that creates a 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	Lack of control over the flow of patients from the surrounding area	Inconclusive

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 3: Critical shortage of workforce capacity and capability** A shortage of workforce capacity and capability resulting in a deterioration of staff experience, morale and well-being which can have an adverse impact on patient care						**Strategic priority** 3: To maximise the potential of our workforce
Lead Committee	People, Culture & Improvement	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services
Executive lead	Director of People	**Likelihood**	5. Very likely	4. Somewhat likely	3. Possible	**Risk appetite**	Cautious
Initial date of assessment	01/04/2018	**Consequence**	4. High	3. Moderate	3. Moderate	**Risk treatment strategy**	Modify
Last reviewed	27/07/2020	**Risk rating**	**20. Significant**	**12. High**	**9. Medium**		
Last changed	27/07/2020						



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 and issues relating to COVID-19**	**Assurance rating**
Threat: Inability to attract and retain staff due to demographic changes (including a significant impact of external factors and/or unforeseen circumstances) 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~~ ▪ People Culture and Improvement Strategy ▪ People and Inclusion Cabinet ▪ Culture and Improvement Cabinet ▪ 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~~ ~~▪ Daily COVID-19 workforce group and sub-groups to address related concerns~~ ▪ Risk assessments for at-risk staff groups	Lack of Divisional ownership and understanding of their workforce issues	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 July 2020~~ Complete Development of the People, Culture and Improvement Strategy (Health & Wellbeing, Resourcing and Equality & Inclusion) 2020-23 **SLT Lead:** Director of People **Timescale:** ~~End of June 2020~~ Complete Implementation of the People, Culture and Improvement Strategy (People and Inclusion) **SLT Lead:** Director of People **Timescale:** September 2020	**Management:** ~~Quarterly workforce report on resourcing to Board; Workforce Report - Attract & Retain to Board Jun '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; Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People Culture and Improvement Committee; People Culture and Improvement: COVID-19 Update May '20 **Risk and 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 Apr '18; Well-led report CQC; NHSI use of resources report; IA Recruitment & Retention report Jan '19 – Significant Assurance	Staff becoming infected, leading to increased sickness absence Staff working in unfamiliar roles Staff mental health as a result of psychological trauma	Inconclusive
		~~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~~	Review approaches to mitigating the gap in control following receipt of guidance from HMRC **SLT Lead:** Deputy Director of HR **Timescale:** ~~End of June 2020~~ Complete			

Formatted: Font: Bold

Formatted: Font: Bold

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

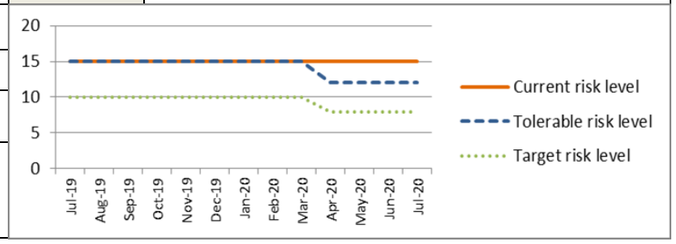
Strategic threat (what might cause this to happen)	**Primary risk controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required 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 and issues relating to COVID-19**	**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~~ ▪ People Culture and Improvement Strategy ▪ People and Inclusion Cabinet ▪ Culture and Improvement Cabinet ▪ Chief Executive's blog / Staff Communication bulletin ▪ Engagement events with Staff Networks (BAME, LGBT, WAND, Time to Change) ▪ Schwartz rounds ▪ Learning from COVID ▪ 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) ▪ Just and restorative culture ▪ Influenza vaccination programme ▪ Staff wellbeing drop-in sessions ▪ Staff counselling / Occ Health support ▪ Enhanced equality, diversity and inclusion focus on workforce demographics ▪ Freedom to Speak Up Guardian and champion networks		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 July 2020~~ Complete Development of the People, Culture and Improvement Strategy (Leadership & Culture, Training, Education & Development and Quality & Improvement) 2020-23 **SLT Lead:** Director of People **Timescale:** ~~End of June 2020~~ Complete Implementation of the People, Culture and Improvement Strategy (Culture and Improvement) **SLT Lead:** Director of People **Timescale:** September 2020	**Management:** ~~Workforce Report - Maximising our Potential to Board Mar '19; Quarterly Culture and Leadership Update to Board;~~ Staff survey, action plan and annual report to Board Jul '20; Diversity & Inclusion Annual report ~~May '19~~ Jun '20;WRES and WDES report to Board ~~May '19~~ Jun '20; Raising Concerns Assurance report to Board quarterly; TED Annual Report to Board Nov '19; ~~Trust Strategy update to Board quarterly~~Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People Culture and Improvement Committee; People Culture and Improvement: COVID-19 Update May '20 **Risk & compliance:** Freedom to speak up self-review Board ~~Sept'18~~ Jan '20; Freedom to Speak Up Guardian report quarterly; Guardian of Safe Working report to Board; Gender Pay Gap report to Board Mar ~~'19~~'20; TRAC Performance Report to P, OD&C quarterly; Interim NHS People Plan self-assessment to Board Nov '19; Significant Risk Report to RC monthly **Independent assurance:** National Staff Survey Nov ~~'18~~'19; SFFT/Pulse surveys (Quarterly); Well-led report CQC	Reduction in available staff due to COVID-19, e.g. shielding of vulnerable staff groups and social distancing Reduction in effort above and beyond contractual requirements due to COVID-19 service restrictions Reluctance of some staff members to return to work due to COVID-19-associated health concerns	~~Positive~~ Inconclusive
	▪ Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action and extreme weather event)	None	N/A	**Management:** Business Continuity exercises – post exercise reports through Resilience Assurance Committee (rolling program) **Risk and 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	

Formatted: Font: 11 pt
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: 11 pt
Formatted: Indent: Left: 0 cm, Hanging: 0.41 cm
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: 11 pt
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, Font color: Black
Formatted: Font: 11 pt
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, Font color: Black
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black
Formatted: Indent: Left: 0 cm, Hanging: 0.41 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm
Formatted: Font: (Default) Calibri, 10 pt, Font color: Black

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 4: Failure to achieve the Trust's financial strategy** Failure to achieve agreed trajectories resulting in regulatory action						
Lead Committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory action
Executive lead	Chief Financial Officer	**Likelihood**	3. Possible	3. Possible	2. Unlikely	**Risk appetite**	Minimal
Initial date of assessment	01/04/2018	**Consequence**	5. Very high	4. High	4. High	**Risk treatment strategy**	Modify
Last reviewed	27/07/2020	**Risk rating**	**15. Significant**	**12. High**	**8. Medium**		
Last changed	27/07/2020						

Strategic priority	5: To achieve better value



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 or change in financial trajectory or unexpected event resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality and 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 ▪ Executive oversight of commitments ▪ All costs and required cash associated with COVID-19 will be funded until 31/7/20, and for at least one further month	No long term commitment received for liquidity / cash support Lack of identification of opportunities for recurrent delivery of FIP	Full receipt of required cash (FRF) following delivery of NHSI required future trajectories **SLT Lead:** Chief Financial Officer **Timescale:** Post COVID-19 Full review of ability to improve recurrent delivery of FIP within financial planning for 2020/21 **SLT Lead:** Chief Financial Officer **Timescale:** Post COVID-19 Budget setting process for 2020/21 to include enhanced confirm and challenge **SLT Lead:** Chief Financial Officer **Timescale:** Post COVID-19 Discussions with NHSI on 2019/20 funding, including COVID-19 costs **SLT Lead:** Chief Financial Officer **Timescale:** ~~end April 2020~~ Complete	**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 and compliance:** Risk Committee significant risk report Monthly; **Independent assurance**: Internal Audit Report FIP/ QIPP (Jul '18); EY Financial Recovery Plan; all costs associated with COVID-19 will be ~~met by the Government~~reimbursed	Awaiting confirmation of the financial regime post 31/07/20	~~Positive~~ Inconclusive
Threat: System transformation requiring undeliverable cost reductions	▪ 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 **Progress:** No requirement to negotiate 20/21 contract in the current financial regime **SLT Lead:** Chief Financial Officer **Timescale:** ~~Post COVID-19~~ Superseded	**Management:** Alliance progress report FC Oct '18; Trust management team meetings; Exec Meetings; CCG meetings; Notts Healthcare Meetings **Risk and compliance:** planning reports to Finance Committee and Board of Directors **Independent assurance**: none currently in place	Awaiting confirmation of the financial regime post 31/07/20	~~Positive~~ Inconclusive

Formatted Table

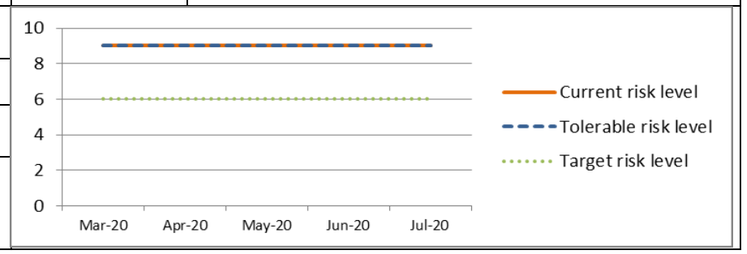
Formatted: Font: Not Bold

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 5: Inability to initiate and implement evidence-based improvement and innovation** Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care						
Lead Committee	People, Culture & Improvement	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient Harm
Executive lead	Director of Culture & Improvement	**Likelihood**	3. Possible	3. Possible	2. Unlikely	**Risk appetite**	Cautious
Initial date of assessment	17/03/2020	**Consequence**	3. Moderate	3. Moderate	3. Moderate	**Risk treatment strategy**	Modify
Last reviewed	27/07/2020	**Risk rating**	**9. Medium**	**9. Medium**	**6. Low**		
Last changed	27/07/2020						

Strategic priority	4: To continuously learn and improve



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 and issues relating to COVID-19**	**Assurance rating**
Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	▪ Digital Strategy ▪ Improvement Strategy ▪ People, Culture & Improvement Committee ▪ Leadership development programmes ▪ Talent management map ▪ Programme Management Office ▪ Culture & Improvement Cabinet ▪ Transformation Cabinet		Development of transformation programme **SLT Lead:** Director of Culture and Improvement **Timescale:** ~~end June 2020~~ Complete Establish Innovation and Improvement Forum **SLT Lead:** Director of Culture and Improvement **Timescale:** end September 2020 Innovation and Improvement to be a core responsibility in all advertised and revised clinical Job Descriptions **SLT Lead**: Medical Director **Timescale**: end August 2020	**Management:** Monthly FIP report to FC; AQP programme report to QC bi-monthly; accelerated implementation of developments in some areas due to the impact of COVID-19; Significant Service Change report to Board Jun '20; Draft transformation programme to Board Jul '20 **Risk and compliance:** SOF Culture and Improvement indicators **Independent assurance:** none currently in place	Delays in planned improvement and innovation programmes due to COVID-19	Positive

Formatted Table

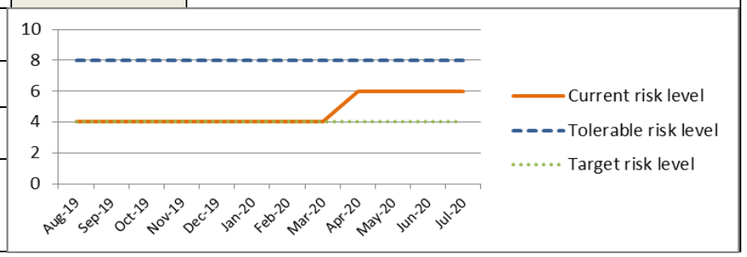
Formatted: Font: 10 pt

Formatted: Font: 10 pt

Board Assurance Framework (BAF): July 2020

Principal risk (what could prevent us achieving this strategic priority)	**PR 6: Working more closely with local health and care partners does not fully deliver the required benefits** Influencing the wider determinants of health and improving our collective financial position requires close partnership working. This may be difficult because of differences in governance, objectives and appetite for and ability to change						
Lead Committee	Risk	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services
Executive lead	Chief Executive Officer	**Likelihood**	3. Possible	4. Possible	2. Unlikely	**Risk appetite**	Cautious
Initial date of assessment	01/04/2020	**Consequence**	2. Low	2. Low	2. Low	**Risk treatment strategy**	Modify
Last reviewed	13/07/2020	**Risk rating**	**6. Low**	**8. Medium**	**4. Low**		
Last changed	13/07/2020						

Strategic priority 4: To continuously learn and improve



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 and issues relating to COVID-19**	**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, mental, primary and social care	• Mid-Nottinghamshire Integrated Care Partnership Board • Mid-Nottinghamshire ICP Executive formed May 2020 • Mid-Nottinghamshire ICP breakthrough objectives signed off July 2020 • 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 • Joint development of plans at ICS level • Finance Directors Group • ICS Planning Group • Alignment of Trust, ICS and ICP plans • Trust CFO role as ICS Finance Director	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~~ Process in place – complete Consider further opportunities for joint appointments **SLT Lead:** Chief Executive Officer **Timescale:** ~~end March 2020~~ Process in place – complete ICS governance review to include: - Roles and responsibilities of the ICS Board - Governance manual **SLT Lead:** Chief Executive Officer **Timescale:** TBC	**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 **Risk & compliance:** Significant Risk Report to RC monthly **Independent assurance**: 360 Assurance review of SFH readiness to play a full part in the ICS – Significant Assurance	Delay in delivering the benefits of system working due to the impact of COVID-19	Inconclusive
Threat and Opportunity: Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities	▪ 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 – 2nd set of 5 services **SLT Lead:** Medical Director 5 of 20 services complete as at October 2019 **Timescale:** end ~~March~~ August 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	Delay in delivering the benefits of system working due to the impact of COVID-19	~~Positive~~ Inconclusive

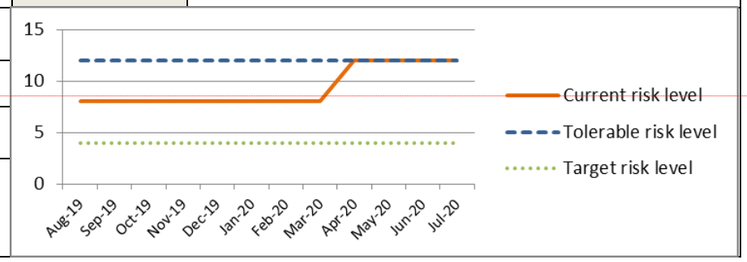
Formatted: Left

Formatted: Superscript

Sherwood Forest Hospitals NHS Foundation Trust

Board Assurance Framework (BAF): July 2020

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						**Strategic priority** 1: To provide outstanding care
Lead Committee	Risk	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services
Executive lead	Director of Corporate Affairs	**Likelihood**	**3. Possible**	3. Possible	1. Very unlikely	**Risk appetite**	Cautious
Initial date of assessment	01/04/2018	**Consequence**	**4. High**	4. High	4. High	**Risk treatment strategy**	Modify
Last reviewed	13/07/2020	**Risk rating**	**12. High**	**12. High**	**4. Low**		
Last changed	13/07/2020						



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 and issues relating to COVID-19**	**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 ▪ Spam and malware email notifications circulated			**Management:** Data Protection and Security Toolkit submission to Board Mar '~~19~~20 - 100% compliance; Hygiene Report to Cyber Security Board monthly; NHIS report to Risk Committee quarterly; IG Bi-annual report to Risk Committee; Cyber Security and COVID-19 Report to Board May '20 **Independent assurance**: 360 Assurance Cyber Security Governance Report Jan '19 – Significant Assurance; 360 Assurance Data Security and Protection Toolkit Independent Assessment Mar '20 – High confidence in submission; ISO 27001 Information Security Management Certification		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)	Surgery division to present the preferred CSSD service provision option to the Executive team **SLT Lead:** Divisional General Manager - Surgery **Timescale:** end ~~May~~ August 2020	**Management:** Central Nottinghamshire Hospitals plc monthly performance report; Fire Safety Annual Report; 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; WSP report – hard FM independent audit	Insufficient assurance of hard and soft FM contractor performance Provide an assurance report on hard and soft FM performance **SLT Lead:** Associate Director of Estates & Facilities **Timescale:** End September 2020 **Action:** Review outcomes of hard and soft FM assurance reports **SLT Lead:** Associate Director of Estates & Facilities **Timescale:** ~~End of April 2020~~ Complete Delays to infrastructure works due to Coronavirus restrictions: ~~Renal Unit roof~~ - MCH fire works (completion Apr 2021) - Newark T&O Surgery (to commence Aug 2020)	Positive

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Font: Bold

Board Assurance Framework (BAF): July 2020

Threat: A critical supply chain failure 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 ▪ Major incident plan in place	None	N/A	**Management:** Procurement Annual Report to Audit & Assurance Committee; Oxygen Supply Assurance report to Incident Control Team Apr '20; COVID-19 Governance Assurance Report to Board May '20 **Independent assurance**: Internal Audit Business Continuity and Emergency Planning Sep '18 – Significant Assurance; 2019/20 Counter Fraud, Bribery and Corruption Annual Report	Unknown impact on supply chain as a result of the Coronavirus outbreak Potential for fraud: - Supply of substandard equipment/goods from alternative suppliers - ~~Inappropriate approval of requisitions due to unavailability of relevant authorised signatories and/or remote working~~	Positive

Formatted: Font: (Default) Calibri, 10 pt, Font color: Black