

# Sherwood Forest Hospitals NHS Foundation Trust Board Assurance Framework

## For review by the Board Risk Committee – 18<sup>th</sup> July 2016

### Board Assurance Framework to support delivery of Strategic Priorities

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the strategic priorities/objectives. Assurance may be gained from a wide range of sources, but where possible should be systematic, supported by evidence, independently verified and incorporated within a robust governance process. The Board achieves this primarily through the work of its Assurance committees, through use of Internal Audit and other independent inspection and by systematic collection and scrutiny of performance data to evidence the achievement of the objectives.

Our **vision** is to deliver....

So we **prioritise**....



Working to the Quality for All **values**....

|          |   |   |
|----------|---|---|
| <b>C</b> | <b>Communicating and working together</b> | Share information openly and honestly and keep people informed                            |
|          |   | Listen and involve people as partners and equals  |
|          |   | Work as one team inside our organisation and with other organisations                     |
| <b>A</b> | <b>Aspiring and improving</b>             | Set high standards for ourselves and each other   |
|          |   | Give and receive feedback so everyone can be at their best                                |
|          |   | Keep improving and aspiring for excellence  |
| <b>R</b> | <b>Respectful and caring</b>              | Treat everyone with courtesy and respect, help people to feel welcome in our organisation |
|          |   | Show care and compassion and take time to help  |
|          |   | Support and value each other and help people to reach their potential                     |
| <b>E</b> | <b>Efficient and safe</b>                 | Competent and reassuringly professional so we are always safe                             |
|          |   | Reliable and consistent so we are always confident  |
|          |   | Efficient and timely and respectful of others' time                                       |

# Sherwood Forest Hospitals NHS Foundation Trust Board Assurance Framework

## For review by the Board Risk Committee – 18<sup>th</sup> July 2016

| Strategic Priority:<br>SP1 Ensure the highest standards of safe care are consistently delivered by and for individuals, teams and departments<br>SP2 Ensure that patients experience the very best care by listening to patients and their relatives and by learning from complaints, errors and feedback |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|--|
| Ref   | Lead Director/<br>Lead Committee                      | Principal risks   | Inherent risk rating  | Primary controls  | Weaknesses in controls  | Residual risk rating  | Planned actions   | Sources of assurance  | Target risk rating   |
| AF1.0   | Medical Director/Chief Nurse<br><br>Quality Committee | <b>Safe patient care</b><br>High levels of avoidable patient harm.<br><br>Caused by inconsistent delivery of safe patient care.<br><br>Resulting in a widespread reduction in public, commissioner and regulator confidence, with potential for enforcement action and financial penalties. | <b>Inherent likelihood: 5 (Very likely)</b><br><br><b>Inherent consequence: 4 (High)</b><br><br><b>Inherent risk rating: 20 (Significant)</b> | Quality governance arrangements: Quality Committee; Patient Safety & Quality Board<br><br>Governance policies, systems & processes (Risk Management; Incident Reporting & SI Framework; Duty of Candour; Datix)<br><br>Clinical policies, guidelines & pathways<br><br>Patient safety programme<br><br>Specific groups focused on key risk areas (Medicines safety; Deteriorating patient; Infection prevention; Falls; Sepsis)<br><br>Accountability framework with clear role descriptions for Clinical Directors, Divisional Matrons, Head of Service/Service Directors and Divisional Governance Leads<br><br>Clinical governance arrangements in Divisions and Service Lines<br><br>Monthly divisional and executive performance management meetings<br><br>Monthly meeting chaired by Chief Nurse - review of quality metrics in Ward Assurance | Most recent CQC assessment (2015) rated the Trust as 'Inadequate'<br><br>Governance structures re-shaped but not yet fully embedded / strengthening of performance management of divisions<br><br>Further development of strong clinical leadership<br><br>Developing culture of ownership of safety at clinical ward level<br><br>Lack of systematised shared learning<br><br>Recruitment & retention issues resulting in vacancy gaps – Nursing and Medical | <b>Residual likelihood: 3 (Possible)</b><br><br><b>Residual consequence: 4 (High)</b><br><br><b>Residual risk rating: 12 (High)</b> | Establish divisional governance development plans that prioritise action to address recurrent learning themes from incident investigations<br><br>Mortality Surveillance Group establishment of monthly review of mortality data and identification of learning opportunities.<br><br>Implementation of Nervecentre patient monitoring software to replace VitalPAC & further development of escalation processes with NUH.<br><br>Review audit evidence of operational application of screening policy for patients from areas with high risk of transmitting infection.<br><br>Development & implementation of Local Safety Standards for Invasive Procedure (LocSSIPs) aligned to the National Safety Standards (NatSSIPs).<br><br>Roll-out of annual ward accreditation following pilot.<br><br>Professional development work to improve quality of handover within Emergency Department.<br><br>Strengthening of safeguarding audit processes & training.<br><br>Complete installation of anti-ligature fixtures and window restrictors in priority areas. | CQC assessment report<br><br>External assurance visits from CCG and NHS England<br><br>Reports to Board: Quality and Safety; Patient Experience; Integrated Performance<br><br>Senior leadership walk round programme<br><br>Patient feedback via complaints, claims, NHS Choice Comments and Family and Friend responses<br><br>Inpatient, Maternity and staff surveys<br><br>KPI monitoring: Safety Thermometer Data; PROM's Data; Weekly sepsis report<br><br>Audit results: National Clinical Audits; local compliance audits<br><br>Reviews and sharing of learning from serious incidents and near misses<br><br>Dr Foster monthly reports<br><br>HED reports through Divisions<br><br>Progress report against relevant sections of the QIP | <b>Target likelihood: 1 (Very unlikely)</b><br><br><b>Target consequence: 4 (High)</b><br><br><b>Target risk rating: 4 (Low)</b> |

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## For review by the Board Risk Committee – 18<sup>th</sup> July 2016

| Strategic Priority:<br>SP1 Ensure the highest standards of safe care are consistently delivered by and for individuals, teams and departments<br>SP3 Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital<br>SP5 Reduce the scale of our financial deficit by minimising reliance on expensive agency staff, improving the utilisation and productivity of our resources and achieving best value for money for every pound spent<br>SP6 Work in partnership to keep people well in the community and enable them to return as soon as they are ready to leave hospital |  |  |  |  |  |  |  |   |   |
|---|--|--|--|--|--|--|--|---|---|
| Ref   | Lead Director/<br>Lead Committee                 | Principal risk   | Inherent risk rating   | Primary controls   | Weaknesses in controls   | Residual risk rating   | Planned actions  | Sources of assurance  | Target risk rating  |
| AF2.0   | Chief Operating Officer<br><br>Quality Committee | <b>Managing emergency demand</b><br>Daily emergency demand that exceeds bed capacity.<br><br>Caused by having more than 40 patients experiencing delayed transfer of care, or discharge when they are medically optimised to leave hospital, due to the lack of adequate and available social care provision or limited availability of necessary staff to make discharge decisions.<br><br>Resulting in significantly reduced patient flow throughout the hospital; disruption to multiple services across divisions; reduced quality of care for large numbers of patients; potential failure to achieve constitutional standards; unmanageable workload; and increased costs. | Inherent likelihood: 5 (Very likely)<br><br>Inherent consequence: 4 (High)<br><br>Inherent risk rating: 20 (Significant) | 4 times a day Flow meetings chaired by Divisional General Manager<br><br>Daily Board rounds<br><br>Weekly Breach meetings<br><br>Monthly performance management meetings between Divisions and Service Lines, and between Divisions and Executive Team<br><br>Bi-weekly System Resilience Group meeting (multi-agency membership)<br><br>Addition additional resource in operations team<br><br>Objectives set within staff job descriptions and IPRs                  | Job planning for consultant board rounds and daily ward rounds<br><br>Weekend discharge team not yet embedded<br><br>Ability to respond to 11% year on year rise in demand<br><br>Primary care at the single front door not functioning as required – staffing and process issues having a knock-on effect on demand in ED<br><br>Increase in delayed transfer of care / reduced social care funding<br><br>Single assessment process not yet in place | Residual likelihood: 4 (Somewhat likely)<br><br>Residual consequence: 4 (High)<br><br>Residual risk rating: 16 (Significant) | Weekly meeting to be set up by DCOO to ensure agreed improvement actions are implemented<br><br>Daily review of DTOCs & process for medically optimised patients to be established<br><br>Support to be provided from NUH in Medicine and ED - action underway<br><br>Support for NEMS plan to address deficiencies in primary care since taking over from PC24<br><br>CCGs plan to reduce attendances at ED.<br><br>Speeding up of process for s2 / s5 assessments to achieve improved response from health & social care partners. | Daily information on greater compliance with 4 hour standard.<br><br>Monthly information on reduction in length of stay and bed occupancy<br><br>Weekly information on reduced re-admissions<br><br>Monthly information on cancellations of elective activity<br><br>Quarterly information on improved levels of patient satisfaction and fewer complaints.<br><br>Job planning is concluding and includes increased DCC for patient flow<br><br>ALOS in Medicine has reduced creating capacity | Target likelihood: 2 (Unlikely)<br><br>Target consequence: 4 (High)<br><br>Target risk rating: 8 (Medium) |
| Strategic Priority:<br>SP5 Reduce the scale of our financial deficit by minimising reliance on expensive agency staff, improving the utilisation and productivity of our resources and achieving best value for money for every pound spent   |  |  |  |  |  |  |  |   |   |
| Ref   | Lead Director/<br>Lead Committee                 | Principal risks  | Inherent risk rating   | Key Controls   | Weaknesses in controls   | Residual risk rating   | Planned actions  | Sources of assurance  | Target risk rating  |
| AF3.0   | Chief Operating Officer<br><br>Quality Committee | <b>Managing elective capacity</b><br>Loss of control over the management of elective capacity.<br><br>Caused by issues with maintaining an accurate Patient Tracking List (PTL) and routine validation of the data on that list.<br><br>Resulting in widespread disruption to clinical services; substantial delays to the assessment and treatment of multiple patients; potential failure to achieve constitutional standards; financial penalties; unmanageable workload and potential breach of license.   | Inherent likelihood: 5 (Very likely)<br><br>Inherent consequence: 4 (High)<br><br>Inherent risk rating: 20 (Significant) | Training programme for all staff who contribute to tracking patient pathways via PAS and other ICT systems to ensure accurate recording<br><br>Weekly PTL meetings with staff to ensure booking of patients takes place appropriately<br><br>Validation team in place<br><br>Monthly performance management meetings with staff<br><br>Bi-weekly system resilience group meeting (cross organisational membership)<br><br>Weekly meeting with CCG to provide assurance | Evidence required that PTL management processes are robust<br><br>New PTL must show performance levels at similar level of accuracy and delivery to current PTL  | Residual likelihood: 3 (Possible)<br><br>Residual consequence: 4 (High)<br><br>Residual risk rating: 12 (High)               | IMAS have reviewed processes and signed off the Trust following a report. Actions in the report to be implemented.<br><br>New PTL has been used in shadow form and shows similar levels of accuracy and delivery – full roll-out to be completed.  | IMAS support to PTL development and validation processes – signed off<br><br>Model of new PTL shows good level of compliance<br><br>Reduced reportable breaches of key access standards   | Target likelihood: 2 (Unlikely)<br><br>Target consequence: 4 (High)<br><br>Target risk rating: 8 (Medium) |

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| Strategic Priority:<br>SP5 Reduce the scale of our financial deficit by minimising reliance on expensive agency staff, improving the utilisation and productivity of our resources and achieving best value for money for every pound spent   |  |  |   |   |  |   |   |  |  |
|---|--|--|---|---|--|---|---|--|--|
| Ref   | Lead Director/<br>Lead Committee                 | Principal risks  | Inherent risk rating  | Primary controls  | Weaknesses in controls   | Residual risk rating  | Planned actions   | Sources of assurance   | Target risk rating   |
| AF4.0   | Chief Financial Officer<br><br>Finance Committee | <b>Financial sustainability</b><br>Failure to achieve and maintain financial sustainability.<br><br>Caused by the scale of the current deficit and the effectiveness of plans reduce it.<br><br>Resulting in widespread loss of public and stakeholder confidence and potential for regulatory action such as parliamentary intervention, special administration or suspension of CQC registration.                            | Inherent likelihood: 5 (Very likely)<br><br>Inherent consequence: 5 (Very high)<br><br>Inherent risk rating: 25 (Significant) | Standing Financial Instructions and Scheme of Delegation<br><br>Annual financial planning process & control total<br><br>CIP Board and CIP planning delivery PMO Process<br><br>LTP financial strategy & LTFM<br><br>Better Together programme engagement<br><br>Relationship with Monitor – shared understanding of issues<br><br>Monitor’s monthly Performance Review Meeting (PRM)<br><br>Monitoring via Board of Directors and Executive Team<br><br>Monthly Finance and Performance Committee meetings<br><br>Monthly Divisional Performance Delivery meetings / budgetary control | Long term support for excess cost of PFI required<br><br>No long term commitment received for liquidity/cash support<br><br>Identification of future CIPs – increase in savings requirement year on year | Residual likelihood: 2 (Unlikely)<br><br>Residual consequence: 5 (Very high)<br><br>Residual risk rating: 10 (High) | Continue to work in partnership with Monitor Distressed Finance Team to submit in year applications for cash support – on-going, submissions as required and advised by Monitor<br><br>Utilise outputs of PWC benchmarking and Carter review to indicate future productivity and efficiency opportunities<br><br>Forecast at end of Quarter 1 | PRM letter from Monitor<br><br>PWC review of underlying causes of the deficit<br><br>Monthly reporting to Finance and Performance Committee<br><br>Monthly reporting to Board of Directors<br><br>Monthly Divisional reporting<br><br>Monthly CIP reporting to CIP Board<br><br>Monthly CIP reporting to Finance and Performance Committee | Target likelihood: 2 (Unlikely)<br><br>Target consequence: 5 (Very high)<br><br>Target risk rating: 10 (High)    |
| Strategic Priority:<br>SP1 Ensure the highest standards of safe care are consistently delivered by and for individuals, teams and departments<br>SP5 Reduce the scale of our financial deficit by minimising reliance on expensive agency staff, improving the utilisation and productivity of our resources and achieving best value for money for every pound spent<br>SP6 Work in partnership to keep people well in the community and enable them to return as soon as they are ready to leave hospital |  |  |   |   |  |   |   |  |  |
| Ref   | Lead Director/<br>Lead Committee                 | Principal risks  | Inherent risk rating  | Primary controls  | Weaknesses in controls   | Residual risk rating  | Planned actions   | Sources of assurance   | Target risk rating   |
| AF5.0   | Managing Director<br><br>Executive Team          | <b>Organisational sustainability</b><br>Failure to safeguard the future provision of local services for the Trust and its hospitals.<br><br>Caused difficulties in establishing a sustainable organisational model.<br><br>Resulting in widespread loss of public and stakeholder confidence and potential for regulatory action such as parliamentary intervention, special administration or suspension of CQC registration. | Inherent likelihood: 5 (Very likely)<br><br>Inherent consequence: 5 (Very high)<br><br>Inherent risk rating: 25 (Significant) | Trust Strategic vision<br><br>Progression of LTP & description of future strategy<br><br>LTP governance structure established – Steering Group & Working Group<br><br>Better Together Alliance with involvement of key Trust personnel  | Current lack of clarity amongst staff of the outcome and direction of the LTP  | Residual likelihood: 2 (Unlikely)<br><br>Residual consequence: 5 (Very high)<br><br>Residual risk rating: 10 (High) | Establishment of LTP model<br><br>On-going deployment of LTP Communication Strategy<br><br>Greater overall engagement in Better Together<br><br>Leadership programme  | Staff feedback regarding clarity of their role and that of their clinical service and the direction for the Trust in the future.<br><br>CQC view of LTP is positive<br><br>Better Together Alliance updates reported to Board monthly<br><br>Service Line plans that align to the Better Together programme and the LTP                    | Target likelihood: 1 (Very unlikely)<br><br>Target consequence: 5 (Very high)<br><br>Target risk rating: 5 (Low) |

## Sherwood Forest Hospitals NHS Foundation Trust Board Assurance Framework

### For review by the Board Risk Committee – 18<sup>th</sup> July 2016

| Strategic Priority:<br>SP4 Raise the level of staff engagement through strong leadership, communication, feedback and recognition |   |   |   |   |  |   |  |  |  |
|---|---|---|---|---|--|---|--|--|--|
| Ref   | Lead Director/<br>Lead Committee            | Principal risks   | Inherent risk rating  | Primary controls  | Weaknesses in controls   | Residual risk rating  | Planned actions  | Sources of assurance   | Target risk rating   |
| AF6.0   | HR Director<br><br>OD & Workforce Committee | <p><b>Workforce culture</b><br/>Widespread prevalence of a negative workforce culture.</p> <p>Caused by a lack of staff engagement with leaders, uncertainty over the future, and low morale.</p> <p>Resulting in poor outcomes &amp; experience for patients, less effective teamwork, reduced compliance with policies and standards, high levels of staff absence and high staff turnover.</p> | <p>Inherent likelihood: 4 (Somewhat likely)</p> <p>Inherent consequence: 3 (Moderate)</p> <p><b>Inherent risk rating: 12 (High)</b></p> | <p>Staff Engagement Programme</p> <p>Occupational health services</p> <p>Enhanced support mechanism for staff who are absent with stress related illness</p> <p>Appraisal Policy and Procedure</p> <p>TED Strategy</p> <p>Annual completion of Training Needs Analysis and review of training programmes</p> <p>Sickness Absence policy and procedure</p> <p>Manager engagement toolkit and training</p> <p>Health and Well-being group</p> | <p>Lack of evidence that Quality for All has been embedded across the Trust</p> <p>Absence s related to stress remains high</p> <p>Appraisal rates remain below the 98% target but are 90% across the Trust with some areas on 100%</p> <p>Temporary status of many in leadership roles affects staff engagement</p> | <p>Residual likelihood: 3 (Possible)</p> <p>Residual consequence: 3 (Moderate)</p> <p><b>Residual risk rating: 9 (Medium)</b></p> | <p>Staff engagement programme (QIP work-stream actions)</p> <p>Leadership programme</p> <p>Develop effective communication and engagement skills in leadership team</p> <p>LTP / merger communication and engagement programme / OD work</p> | <p>National NHS Staff Survey results – cross referenced with QIP action plans</p> <p>Outputs of quarterly staff survey and staff FFT results</p> <p>Benchmark data assessed for Annual NHS Staff Survey and Staff FFT</p> <p>Annual Occupational Health Report – identifying attendances and Trends</p> <p>Analysis of sickness absence data and reasons for absence, analysis of OH referrals and trends reported to Board of Directors</p> <p>Monthly and quarterly workforce reports which contain data on appraisal and mandatory training completion rates</p> <p>Divisional monthly performance reports and escalations</p> <p>TED Annual report</p> <p>Evidence of assessment of training offering, mandatory training numbers and effectiveness of TED Strategy considered at TED Committee</p> <p>Exit Interview data</p> | <p>Target likelihood: 2 (Unlikely)</p> <p>Target consequence: 3 (Moderate)</p> <p><b>Target risk rating: 6 (Low)</b></p> |

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| Strategic Priority:<br>SP1 Ensure the highest standards of safe care are consistently delivered by and for, individuals, teams and departments<br>SP5 Reduce the scale of our financial deficit by minimising reliance on expensive agency staff, improving the utilisation and productivity of our resources and achieving best value for money for every pound spent |   |  |   |  |  |   |  |   |  |
|--|---|--|---|--|--|---|--|---|--|
| Ref  | Lead Director/<br>Lead Committee            | Principal risk   | Inherent risk rating  | Primary controls   | Weaknesses in controls   | Residual risk rating  | Planned actions  | Sources of assurance  | Target risk rating   |
| AF7.0  | HR Director<br><br>OD & Workforce Committee | <p><b>Staffing levels</b><br/>Insufficient staffing levels.</p> <p>Caused by difficulties retaining and where necessary recruiting sufficient numbers of qualified staff, due to national shortages of some specialists or local employment market factors.</p> <p>Resulting in significant disruption to clinical services across divisions and potentially to extended unplanned closure of some services.</p> | <p>Inherent likelihood: 5<br/>(Very likely)</p> <p>Inherent consequence: 4<br/>(High)</p> <p>Inherent risk rating: 20<br/>(Significant)</p> | <p>Defined safe medical and nurse staffing levels for all wards and departments, with 6 monthly acuity and dependency assessments to ensure staffing targeted to demand</p> <p>Comprehensive consultant job planning matching capacity to demand</p> <p>Winter capacity plans</p> <p>Use of e-rostering</p> <p>Temporary staff approval processes</p> <p>Vacancy approval process</p> <p>Annual workforce plan produced</p> <p>Weekly temporary staffing report to Monitor</p> <p>Detailed modelling of qualified nurse staff and HCSW's in post v establishment, attrition rates and recruitment plans to predict future vacancy trajectory</p> | <p>Compliance with the temporary staffing approval process for agency use</p> <p>e-rostering not optimally used for sourcing agency nurses</p> <p>Robustness of the system for talent management and succession planning</p> <p>Understanding of nursing and medical staffing models to enable planning for future supply to meet demand</p> | <p>Residual likelihood: 4<br/>(Somewhat likely)</p> <p>Residual consequence: 4<br/>(High)</p> <p>Residual risk rating: 16<br/>(Significant)</p> | <p>Detailed modelling of medical staff in post v establishment, attrition rates and recruitment plans to predict future supply</p> <p>Nursing taskforce; Medical workforce and Recruitment and Retention work-streams all include plans/ initiatives to address the risk and monitor impact such as alternative solutions for 'Hard to Fill' medical posts</p> <p>International recruitment of Registered Nurses and recruitment of newly qualified nurses</p> <p>Review of e-rostering process for temporary staffing</p> <p>Plans in place to reduce LoS &gt;14 days to reduce demands on beds and thereby for staff</p> | <p>Integrated performance report</p> <p>Workforce quarterly reports to OD &amp; workforce committee</p> <p>Monthly staff in post data and monthly pay expenditure by staff group</p> <p>Bank Locum and agency spend</p> <p>Nurse staffing establishment review – 6 monthly</p> <p>Nursing Staffing Report and UNIFY return</p> <p>TED Annual Report</p> <p>Quality and staffing metrics in monthly divisional reports</p> <p>Staff Survey Report</p> <p>Appraisal and MAST rates</p> <p>Quality Improvement Plans and Monitoring via QIP Board</p> <p>Annual Staff and quarterly Pulse Surveys – associated action plans</p> <p>Ward Assurance Matrix to triangulate quality and safety metrics</p> | <p>Target likelihood: 2<br/>(Unlikely)</p> <p>Target consequence: 4<br/>(High)</p> <p>Target risk rating: 8<br/>(Medium)</p> |

## Sherwood Forest Hospitals NHS Foundation Trust Board Assurance Framework

### For review by the Board Risk Committee – 18<sup>th</sup> July 2016

| Strategic Priority:<br>SP4 Raise the level of staff engagement through strong leadership, communication, feedback and recognition |   |  |  |  |   |  |  |   |   |
|---|---|--|--|--|---|--|--|---|---|
| Ref   | Lead Director/<br>Lead Committee        | Principal risks  | Inherent risk rating   | Primary controls   | Weaknesses in controls  | Residual risk rating   | Planned actions  | Sources of assurance  | Target risk rating  |
| AF8.0   | Managing Director<br><br>Executive Team | <p><b>Senior leadership instability</b><br/>Inconsistent leadership, shifting priorities and communication of conflicting messages both internally and externally.</p> <p>Caused by a failure to develop and maintain a stable senior leadership team.</p> <p>Resulting in a widespread reduction in patient, public, staff, commissioner and regulator confidence in the Trust.</p> | <p><b>Inherent likelihood: 5 (Very likely)</b></p> <p><b>Inherent consequence: 4 (High)</b></p> <p><b>Inherent risk rating: 20 (Significant)</b></p> | <p>Definition of Board of Directors responsibilities</p> <p>Establishment of Executive team for transition to LTP</p> <p>Workforce Strategy</p> <p>TED Strategy</p> <p>Organisational Development Strategy</p> <p>Staff engagement strategy</p> <p>Health Education England Quality Standard OD and Workforce Committee scrutiny</p> <p>Training, Education and Development Committee</p> <p>Appraisal, revalidation and job planning for senior medical workforce</p> | <p>Robust system for talent management and succession planning</p> <p>Development and implementation of leaders to operate effectively in a service line management model</p> <p>Gap analysis and development of 'middle tier' managers</p> | <p><b>Residual likelihood: 3 (Possible)</b></p> <p><b>Residual consequence: 4 (High)</b></p> <p><b>Residual risk rating: 12 (High)</b></p> | <p>Transition plan for leadership of LTP.</p> <p>Continued implementation of joint communication strategy for LTP to ensure consistent message delivery.</p> | <p>Board &amp; Executive team monitoring</p> <p>Board Development action plan</p> <p>TED Annual Report</p> <p>Leadership and management development programme, attendance and annual showcase of project achievements</p> | <p><b>Target likelihood: 2 (Unlikely)</b></p> <p><b>Target consequence: 4 (High)</b></p> <p><b>Target risk rating: 8 (Medium)</b></p> |

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| Risk type  | Consequence score & descriptor with examples  |   |   |   |  |
|--|---|---|---|---|--|
|  | Very low<br>1   | Low<br>2  | Moderate<br>3   | High<br>4   | Very high<br>5   |
| a. Patient harm<br>OR<br>b. Staff harm<br>OR<br>c. Public harm | Minimal physical or psychological harm, not requiring any clinical intervention.<br>e.g.: Discomfort. | Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid).<br>e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication. | Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention.<br>e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or 3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident. | Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual.<br>e.g.: Loss of a limb. Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication. | Multiple fatal injuries or terminal illnesses.   |
| d. Services  | Minimal disruption to peripheral aspects of service.  | Noticeable disruption to essential aspects of service.  | Temporary service closure or disruption across one or more divisions.   | Extended service closure or prolonged disruption across a division.   | Hospital or site closure.  |
| e. Reputation  | Minimal reduction in public, commissioner and regulator confidence.<br>e.g.: Concerns expressed.      | Minor, short term reduction in public, commissioner and regulator confidence.<br>e.g.: Recommendations for improvement.   | Significant, medium term reduction in public, commissioner and regulator confidence.<br>e.g.: Improvement / warning notice. Independent review.   | Widespread reduction in public, commissioner and regulator confidence.<br>e.g.: Prohibition notice.   | Widespread loss of public, commissioner and regulator confidence.<br>e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention. |
| f. Finances  | Financial impact on achievement of annual control total of up to £50k                                 | Financial impact on achievement of annual control total of between £50 - 100k   | Financial impact on achievement of annual control total of between £100k - £1m  | Financial impact on achievement of annual control total of between £1 - 5m  | Financial impact on achievement of annual control total of more than £5m   |

| Risk scoring matrix |  |              |                                  |                      |   |    |
|---------------------|--|--------------|----------------------------------|----------------------|---|----|
| Consequence         | 5  | 5            | 10                               | 15                   | 20                                      | 25 |
|                     | 4  | 4            | 8                                | 12                   | 16                                      | 20 |
|                     | 3  | 3            | 6                                | 9                    | 12                                      | 15 |
|                     | 2  | 2            | 4                                | 6                    | 8                                       | 10 |
|                     | 1  | 1            | 2                                | 3                    | 4                                       | 5  |
|                     |  | 1            | 2                                | 3                    | 4                                       | 5  |
|                     |  | Likelihood   |                                  |                      |   |    |
| Rating              | Very low<br>(1-3)                              | Low<br>(4-6) | Medium<br>(8-9)                  | High<br>(10-12)      | Significant<br>(15-25)                  |    |
| Oversight           | Specialty / Service level<br><br>Annual review |              | Division<br><br>Quarterly review |                      | Committee / Board<br><br>Monthly review |    |
| Reporting           | None   |              |                                  | Board Risk Committee |   |    |

| Likelihood score & descriptor with examples  |   |  |  |  |
|--|---|--|--|--|
| Very unlikely<br>1   | Unlikely<br>2   | Possible<br>3  | Somewhat likely<br>4   | Very likely<br>5   |
| Less than 1 chance in 1,000<br>Statistical probability below 0.1%<br>Very good control | Between 1 chance in 1,000 and 1 in 100<br>Statistical probability between 0.1% - 1%<br>Good control | Between 1 chance in 100 and 1 in 10<br>Statistical probability between 1% and 10%<br>Limited effective control | Between 1 chance in 10 and 1 in 2<br>Statistical probability between 10% and 50%<br>Weak control | Greater than 1 chance in 2<br>Statistical probability above 50%<br>Ineffective control |