

## Board Assurance Framework (BAF): 2018/19 (June 2018)

This BAF includes the following Principal Risks (PRs) to the Trust's core objectives:

- PR1 Catastrophic failure in standards of safety & care
- PR2 Demand that overwhelms capacity
- PR3 Critical shortage of workforce capacity & capability
- PR4 Failure to maintain financial sustainability
- PR5 Fundamental loss of stakeholder confidence
- PR6 Breakdown of strategic partnerships
- PR7 Major disruptive incident

The key elements in this re-design for the Board to consider are as follows:

- A simplified description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- A simplified way of displaying the risk rating (current residual risk and tolerable level of risk)
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk within a 5 year horizon, along with the anticipated proximity within which they are expected to materialise and the degree of certainty that the level of risk will change (**High certainty** = change in likelihood is expected; **Uncertain** = unable to predict change; **Stable** = likelihood not expected to change)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on) ; (2) **Risk & compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales
- Relevant Key Risk Indicators(KRIs) for each strategic risk, taken from the Trust performance management framework to provide evidential data that informs the regular re-assessment of the risk

Key to lead committee assurance ratings:



Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity



Amber = Inconclusive assurance: the Committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy



Red = Negative assurance: the Committee has received 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.

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<b>Strategic priority</b>	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS
<b>Principal risk</b> (in the next 5 years)	<b>PR 1: Catastrophic failure in standards of safety &amp; care</b> 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 outcomes for a large number of patients

<b>Current risk exposure</b>		<b>Tolerable risk</b>
<b>Likelihood</b>	3. Possible	1. Very unlikely
<b>Severity</b>	4. High	4. High
<b>Risk rating</b>	<b>12. High</b>	<b>4. Low</b>

<b>Lead Committee</b>	Quality
<b>Last reviewed</b>	18/07/18
<b>Last changed</b>	18/07/18
<b>Details of change</b>	Dates & committee where assurances rec'd

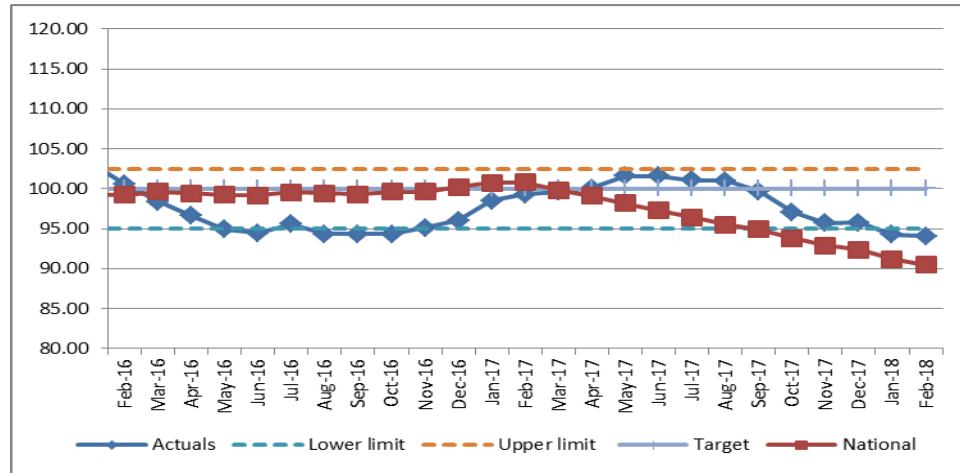
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	←	▬	▬	▬	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Minimal</b> Insistence upon low risk options	Divisional Performance Reviews Patient Safety & Quality Board (PSQG) work programme aligned to CQC registration regulations Quality Committee Work Programme Senior leadership walk arounds – 15 steps Nursing & Midwifery Strategy Ward Assurance Metrics/ Accreditation Advancing Quality Programme	Medical Director & Chief Nurse	<b>Management:</b> DPR Report to Board (R) Monthly; PSQG assurance report to QC (R) Monthly NM & AHP Board Update to QC (R) May '18 AQP Programme report to QC (R) Monthly Learning from deaths Report QC (R) Monthly Learning from deaths Report Board – Qtrly & Annual (R) May '18 <b>Risk &amp; Compliance:</b> Quality Dashboard to QC (R) Monthly; Quality Account Report to QC (E) Sept '18; SI & Duty of Candour report to QC (R) Monthly <b>Independent assurance:</b> CQC Insight tool to PSQG (R) June '18; Internal audit plan (ref 10,11,12) (E)	Positive
<b>Threat:</b> 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	←	▬	▬	▬	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Minimal</b> Insistence upon low risk options	Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits	Medical Director	<b>Risk &amp; Compliance:</b> IPC Committee report (Quarterly) <b>Independent assurance:</b> Internal audit plan (ref 3); IA Decontamination of Mattresses Review AAC/ Risk (R) May '18; Authorised Engineer report (R) Risk June '18	Positive
<b>Opportunity:</b> 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)	←	▬	▬	▬	→	<b>Uncertain</b> Risk exposure could reduce if opportunities are exploited	<b>Open</b> Prepared to accept some risk in pursuit of benefits	Digital Strategy & investment programme Electronic Prescribing business case IT Strategy (system wide)	Director of SPCD	<b>Management:</b> Digital Strategy Board Report to Board (R) April '18/ TMT Quarterly (E) Oct '18 <b>Independent assurance:</b> Internal audit plan (ref 4)	Inconclusive

Primary risk controls	Gaps in control or assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> <li>▪ Patient Safety &amp; Quality Board (PSQB) monthly meetings &amp; accountability structure of divisions &amp; sub-groups</li> <li>▪ Clinical service structures, resources &amp; quality governance arrangements at Trust, division &amp; service levels</li> <li>▪ Clinical policies, procedures, guidelines, pathways, supporting documentation &amp; IT systems</li> <li>▪ Clinical audit programme &amp; monitoring arrangements</li> <li>▪ Clinical staff recruitment, induction, mandatory training, registration &amp; re-validation</li> <li>▪ Defined safe medical &amp; nurse staffing levels for all wards &amp; departments (Nursing safeguards monitored by Ch. Nurse)</li> <li>▪ Ward assurance &amp; accreditation programme</li> <li>▪ Nursing and Midwifery and AHP Business meeting</li> <li>▪ Governance huddle (3 x weekly) – identifying common themes</li> </ul>	Culture of patient safety at ward level is still developing & becoming fully embedded	C Patient Safety Culture (PSC) programme	C Assistant Director Service Improvement	End of 2018/19
	Website & intranet currently contain some out of date clinical information	C Website & intranet redevelopment project	C Head of Communications	End of 2018/19

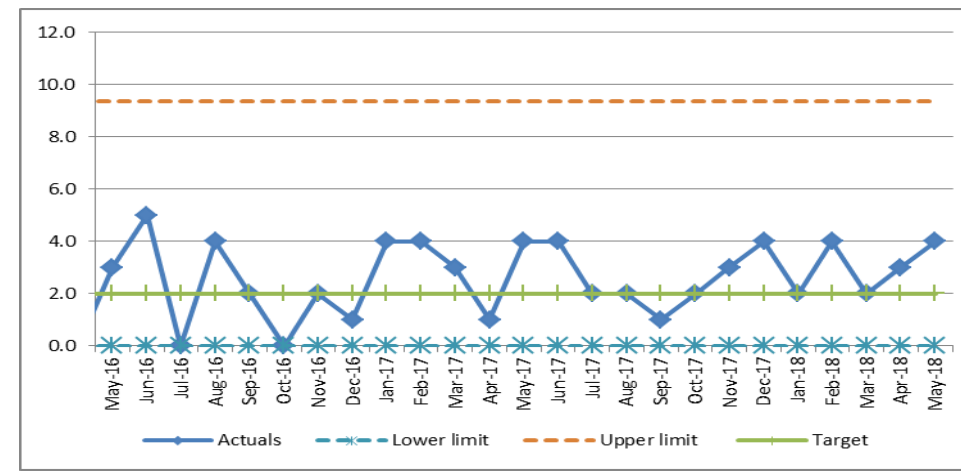
## Board Assurance Framework (BAF): 2018/19 (June 2018)

### Key risk indicators (KRIs) As supplied 14th June 2018

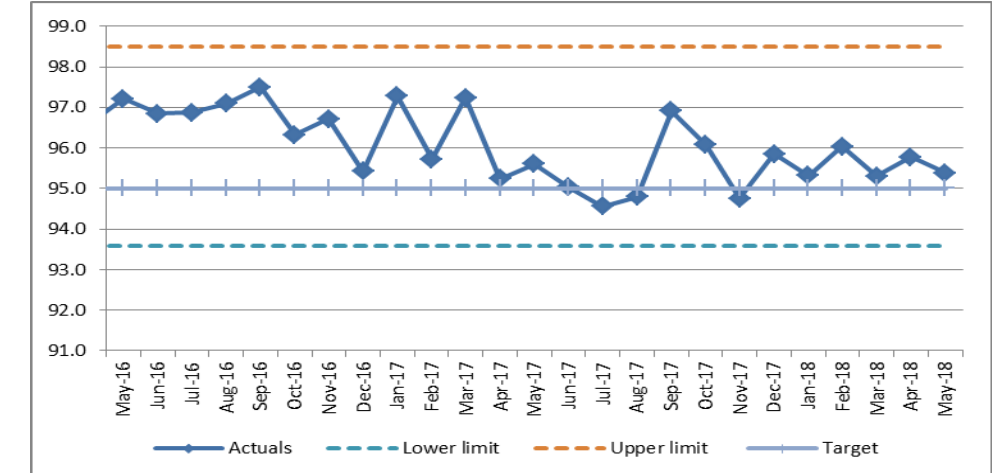
**HSMR (basket of 56 diagnosis groups)**



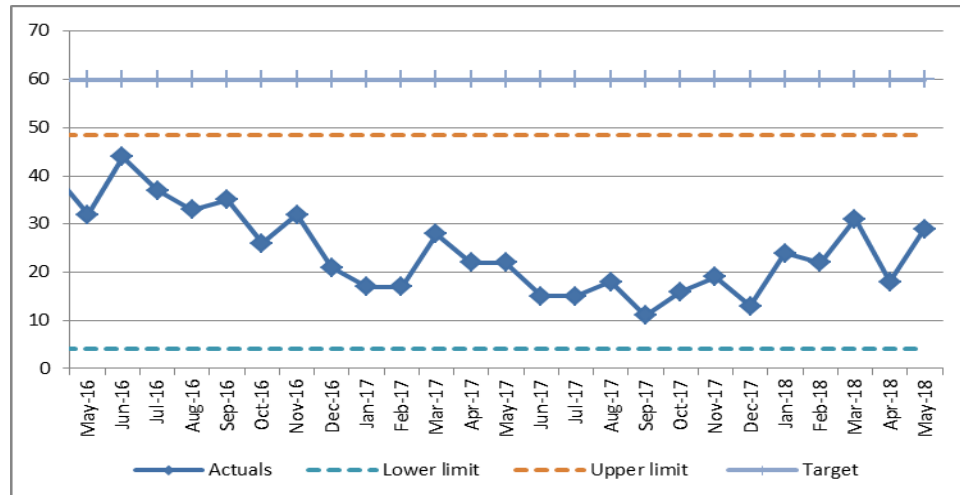
**Serious Incidents including Never Events (STEIS reportable)**



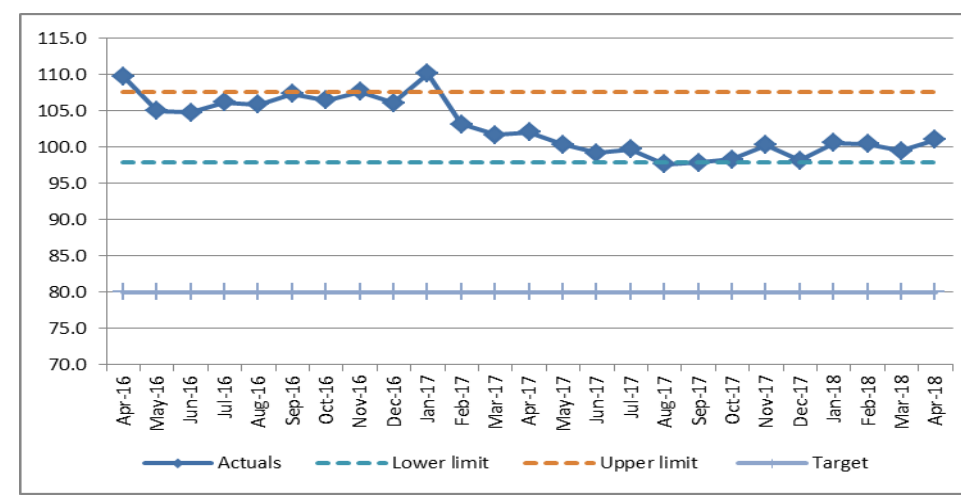
**Harm-free SFH care**



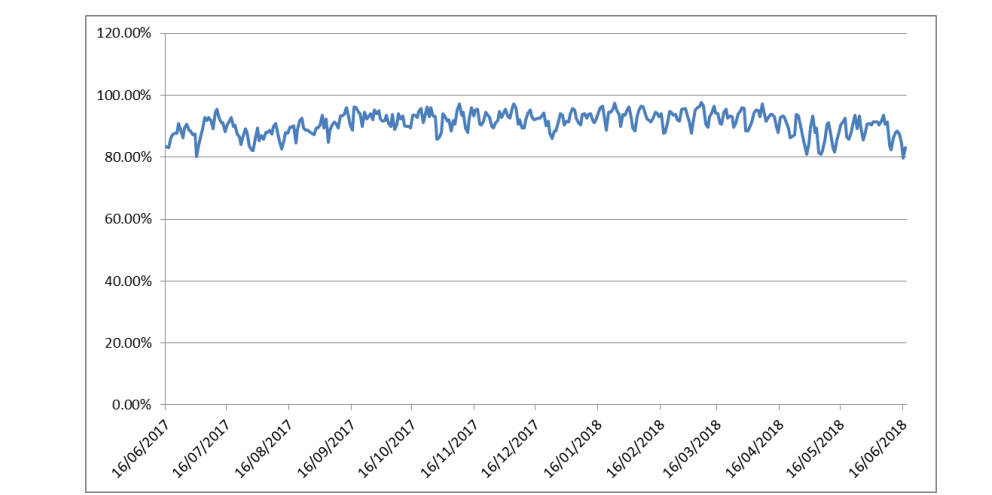
**Number of complaints**



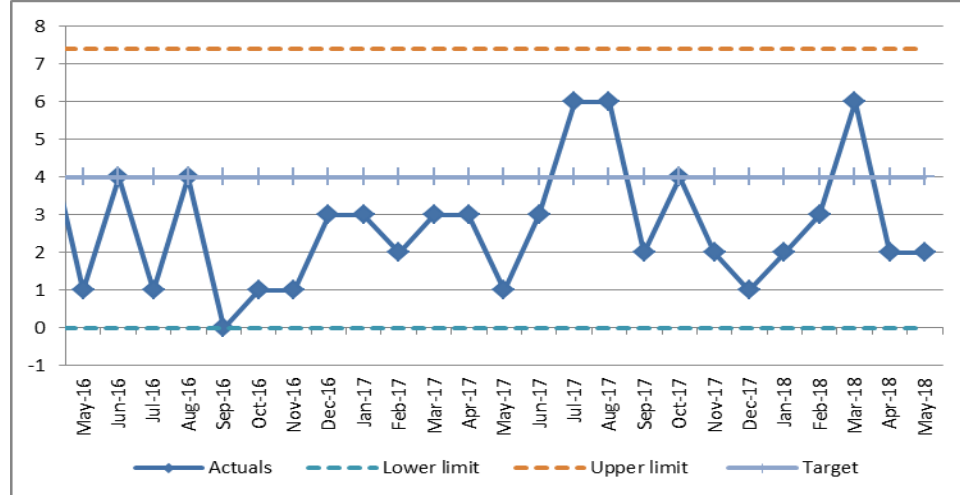
**Safe Staffing Levels - overall fill rate**



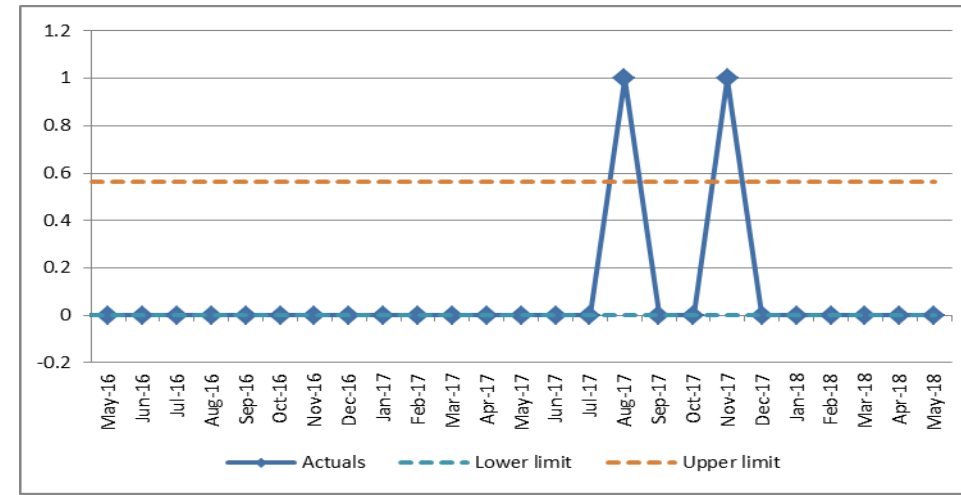
**Daily bed occupancy percentage**



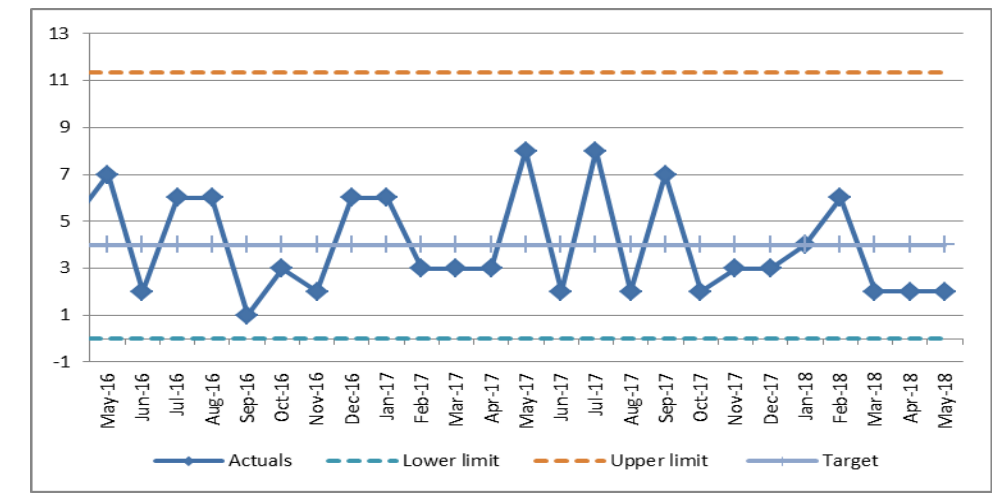
**Clostridium difficile Hospital acquired cases**



**MRSA bacteremia - Hospital acquired cases**



**E.Coli bacteraemia blood stream infection - Hospital acquired cases**



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<b>Strategic priority</b>	1: TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS	<b>Current risk exposure</b>	<b>Tolerable risk</b>	<b>Lead Committee</b>	Quality
<b>Principal risk</b> (in the next 5 years)	<b>PR 2: Demand that overwhelms capacity</b> 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	<b>Likelihood</b>	4. Somewhat likely	<b>Last reviewed</b>	18/07/18
		<b>Severity</b>	4. High	<b>Last changed</b>	18/07/18
		<b>Risk rating</b>	<b>16. Significant</b>	<b>8. Medium</b>	<b>Details of change</b>
					Dates added to sources of assurance/ assurance rating

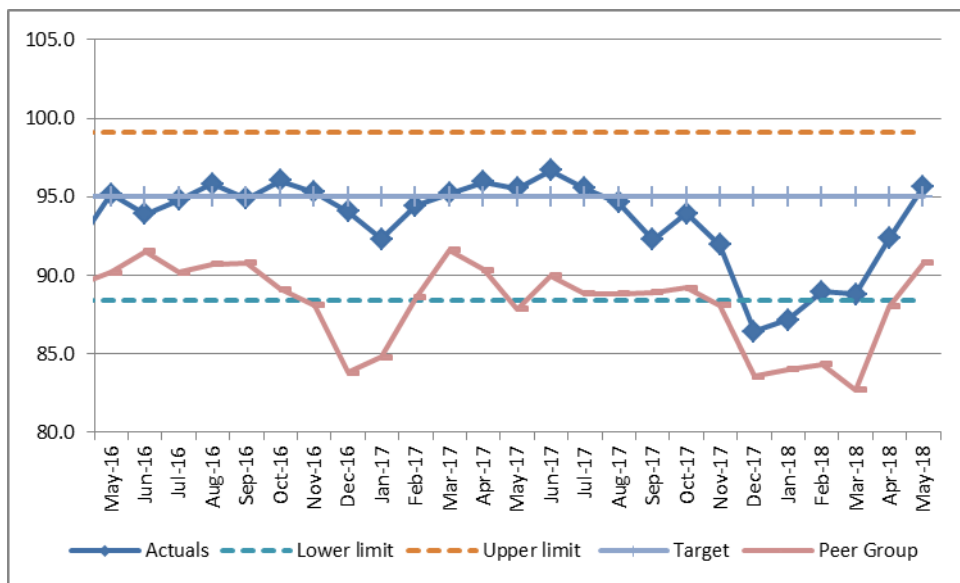
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> Exponential growth in demand for care caused by an ageing population (forecast annual increase in emergency demand of 4-5% per annum); reduced social care funding and increased acuity leading to more admissions & longer length of stay	←	—	—	—	→	<b>High certainty</b> Increase in risk exposure expected	<b>Cautious</b> Low risk options are preferred	Patient Flow Programme & Better Together Alliance admission reduction initiatives	Chief Operating Officer	<b>Management:</b> DPRR report to Board (R) Monthly <b>Management:</b> SOF -access targets to Board (R) monthly <b>Independent assurance:</b> IA review of outpatient Demand and capacity modelling (R) July '18	Inconclusive
<b>Threat &amp; Opportunity:</b> Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'	←	—	—	—	→	<b>High certainty</b> Increase in risk exposure expected	<b>Open</b> Prepared to accept some risk in pursuit of benefits	Engagement with Sustainability & Transformation Partnership (STP) developments of an Integrated Care System (ICS)	Director of SPCD	<b>Management:</b> STP update report (date tbc)	Inconclusive
<b>Threat &amp; Opportunity:</b> Operational failure of neighbouring providers that creates a large-scale shift in the flow of patients and referrals to SFH	←	—	—	—	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Open</b> Prepared to accept some risk in pursuit of benefits	Engagement with Sustainability & Transformation Partnership (STP) developments of an Integrated Care System (ICS)	Director of SPCD	<b>Management:</b> STP update report (date tbc)	Inconclusive

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> <li>Emergency demand &amp; patient flow management arrangements</li> <li>Single streaming process for ED &amp; Primary Care</li> <li>Multi-agency System Resilience Group meeting</li> <li>Trust attendance at A&amp;E Board and regular engagement with the Chair</li> <li>Patient pathway management arrangements</li> <li>Standard operating procedures for diagnostic services</li> <li>Performance management arrangements between Divisions, Service Lines and Executive Team</li> </ul>	Planned system-wide actions may not have the desired outcomes of reducing ED attendances and delays in discharging or transferring patients	A Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board	A Divisional General Manager, Emergency & Urgent Care	2018/19
	Approaches to demand and capacity modelling are not standardised across Divisions	C All Divisions to implement IST model to ensure standardisation and enable formal review of outputs and identification of any risks	C & A Deputy COO, Elective Care	31.08.18
	Not all clinical services are currently performing to the same level; particular concern with 62 day cancer standard	C Strengthened governance & action plans for recovery of cancer performance; working towards 7 day diagnostic standards for Radiology & Endoscopy; reduction of 62 day backlog	C Divisional General Manager, Surgery	2018/19
	Sustainability of Urology, Neurology and ENT services; strength of clinical services delivered in partnership (Vascular; Oncology; Stroke)	A Revised clinical models for Urology and Neurology; development of joint SFH / NUH model for ENT; strengthening of Service Level Agreements (SLAs) via Strategic Partnership Board for joint services	C & A Divisional General Manager, Surgery	2018/19

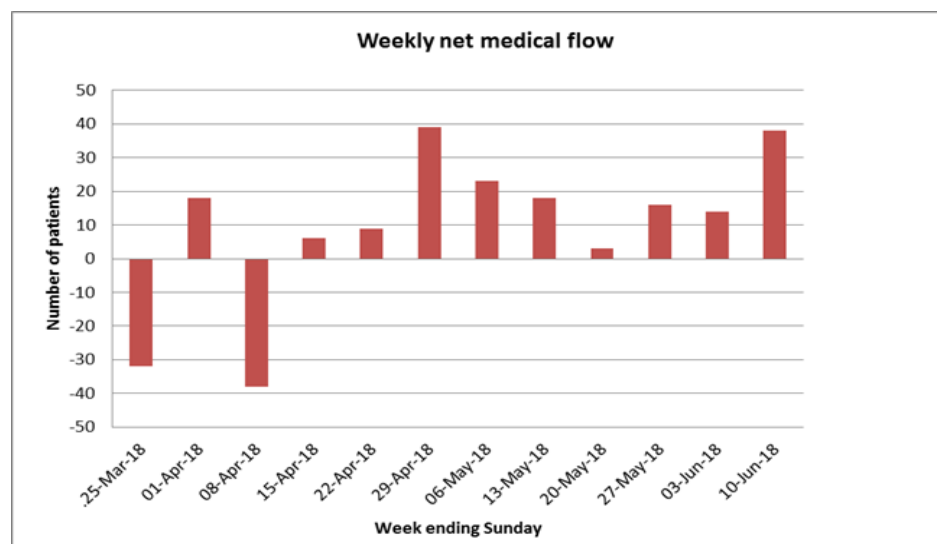
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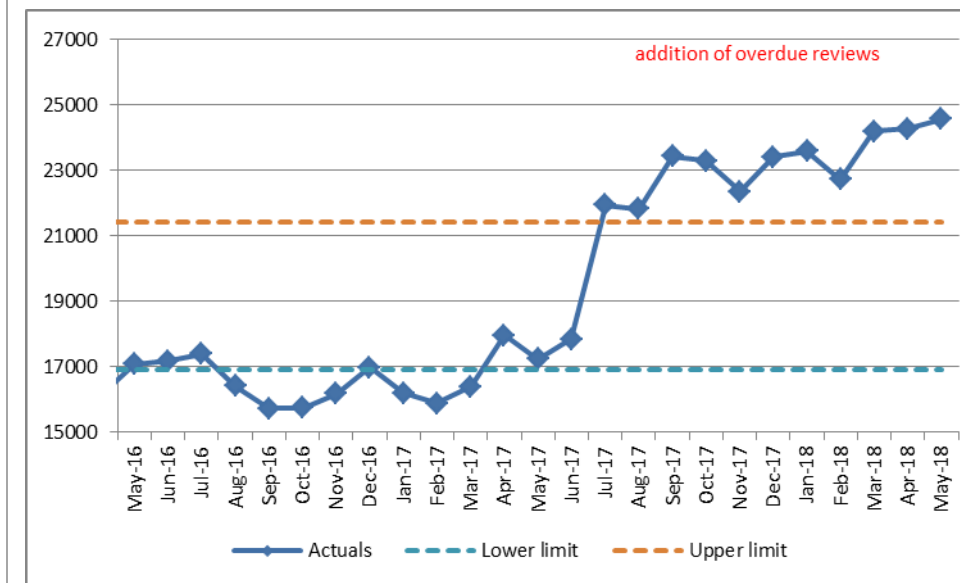
Emergency access within 4 hours (total Trust)



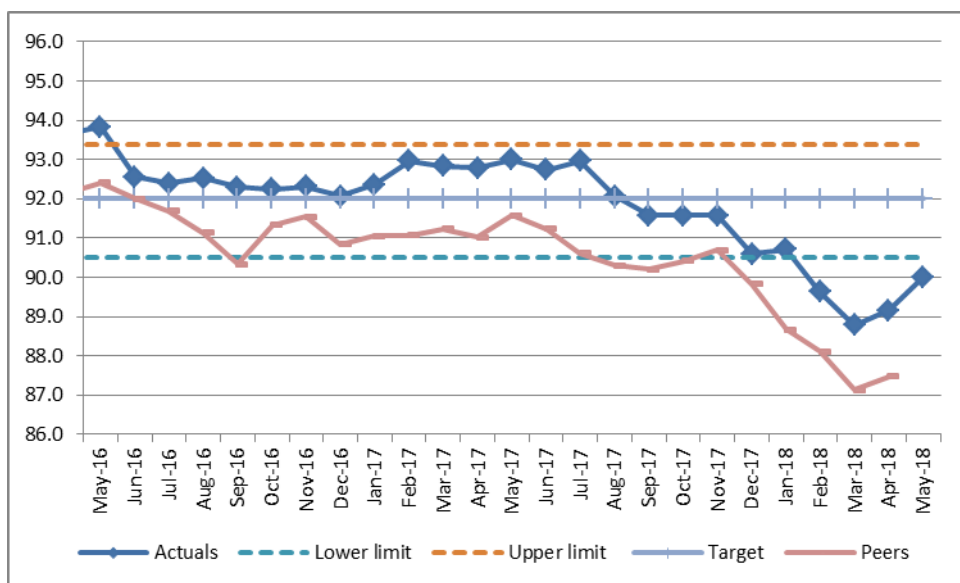
Weekly admission & discharge surplus/deficit



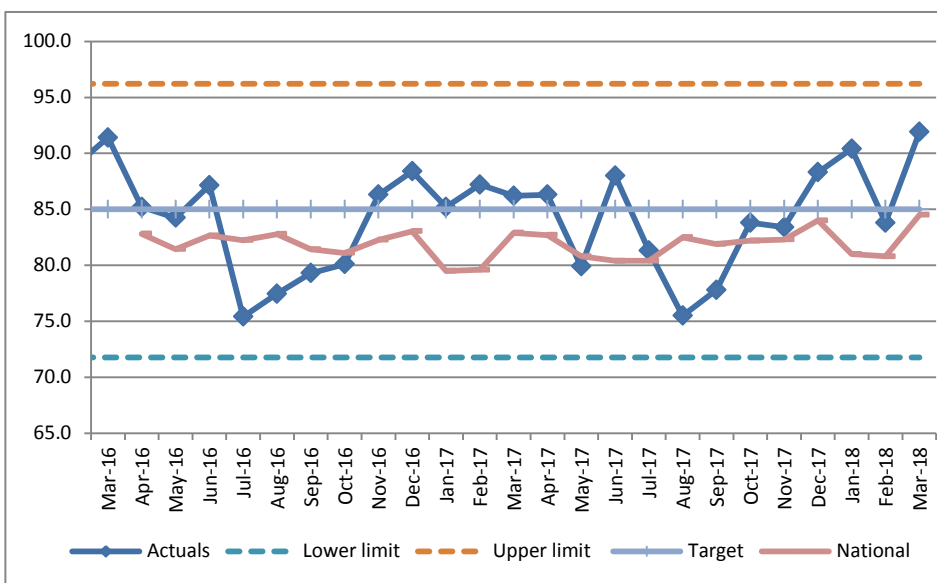
18 weeks - number of incomplete pathways



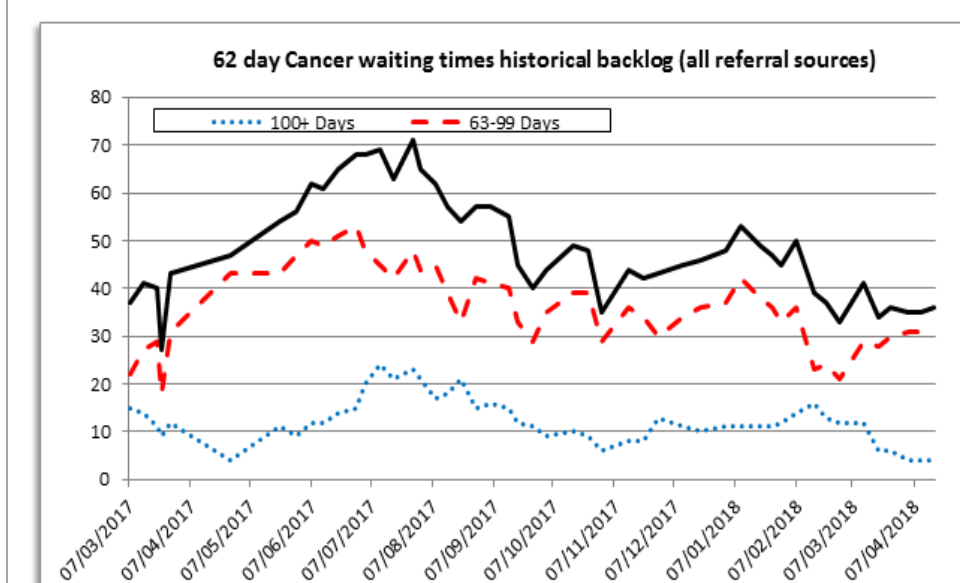
18 weeks Referral to Treatment (RTT) time – incomplete pathways



62 days urgent Referral to Treatment (RTT) for suspected cancer



Size of the Cancer backlog



## Board Assurance Framework (BAF): 2018/19 (June 2018)

<b>Strategic priority</b>	2: TO SUPPORT EACH OTHER TO DO A GREAT JOB	<b>Current risk exposure</b>	<b>Tolerable risk</b>	<b>Lead Committee</b>	Quality
<b>Principal risk</b> (in the next 5 years)	<b>PR 3: Critical shortage of workforce capacity &amp; capability</b> 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	<b>Likelihood</b>	4. Somewhat likely	<b>Last reviewed</b>	18/07/18
		<b>Severity</b>	4. High	<b>Last changed</b>	18/07/18
		<b>Risk rating</b>	<b>16. Significant</b>	<b>Details of change</b>	Dates added to sources of assurance/ assurance rating
			<b>8. Medium</b>		

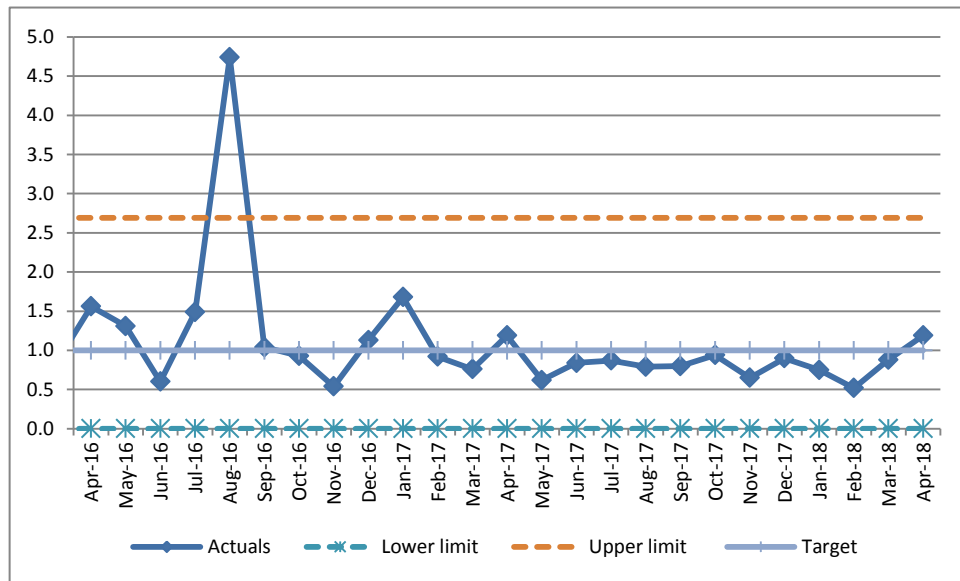
Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> Demographic changes (including the impact of Brexit) and shifting cultural attitudes to careers, combined with employment market factors (such as reduced availability and increased competition) resulting in <b>critical workforce gaps</b> in some clinical services	←	▬	▬	▬	→	<b>High certainty</b> Increase in risk exposure expected	<b>Cautious</b> Low risk options are preferred	'Maximising our Potential' workforce strategy – Attract & Retain pillars Medical and Nursing task force Workforce planning group Exec Talent Management Group	Director of HR & OD	<b>Management:</b> Quarterly workforce report on resourcing to Board (R) June '18 Workforce Report - Maximising our Potential to Board (R) June '18 SOF – Workforce Indicators (Monthly) Bank and agency report (monthly) Guardian of safe working report to Board (R) May '18 Freedom to speak up guardian report (QTR); Diversity & Inclusion Annual report (R) May '18 <b>Independent assurance:</b> Internal audit plan (Ref 13)	Positive
<b>Threat:</b> A significant loss of <b>workforce productivity</b> arising from a reduction in discretionary effort amongst substantial proportion of the workforce and/or loss of experienced colleagues from the service, or caused by other factors such as poor job satisfaction, lack of opportunities for personal development, on-going pay restraint or workforce fatigue	←	▬	▬	▬	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Cautious</b> Low risk options are preferred	'Maximising our Potential' workforce strategy – Engage, Develop, Nurture, Perform pillars	Director of HR & OD	<b>Management:</b> Workforce Report - Maximising our Potential to Board (R) June '18 Staff survey, action plan and annual report to Board (R) Mar '18 Workforce Report to Board (R) Apr '18 <b>Independent assurance:</b> Internal audit plan (Ref 13)	Positive
								Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event)	Chief Operating Officer	<b>Risk &amp; Compliance:</b> EPRR Report (bi-annually) <b>Independent assurance:</b> Confirm and Challenge by NHS England Regional team and CCGs (Sept 2017)	Positive

Primary risk controls	Gaps in control & assurance framework		Planned response to improve control	SLT lead	Timescales
<ul style="list-style-type: none"> <li>2 year workforce plan supported by Workforce Planning Group &amp; review processes (consultant job planning; workforce modelling; winter capacity plans)</li> <li>Vacancy management and recruitment systems &amp; processes</li> <li>TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation</li> <li>Defined safe medical &amp; nurse staffing levels for all wards &amp; departments/ Safe Staffing Standard Operating Procedure</li> <li>Temporary staffing approval and recruitment processes with defined authorisation levels</li> </ul>	Trust wide co-ordination of new roles is not sufficiently robust	C	Workforce planning group to review co-ordination of new roles and develop, introduce and roll-out plan	Deputy Director of HR Operations	2018/19
	Lack of co-ordinated approach to international nurse recruitment	C	Identification of lead agency to support overseas recruitment	Deputy Director of HR	2018/19
	Difficulties with obtaining Certificate of sponsorship from Home Office	C	Timely application and NHS employers lobbying	Deputy Director of HR	2018/19
<ul style="list-style-type: none"> <li></li> </ul>	Divisional ownership and understanding of their issues	C	Embedding the new BP model and the workforce planning group	Deputy Director of HR	2018/19

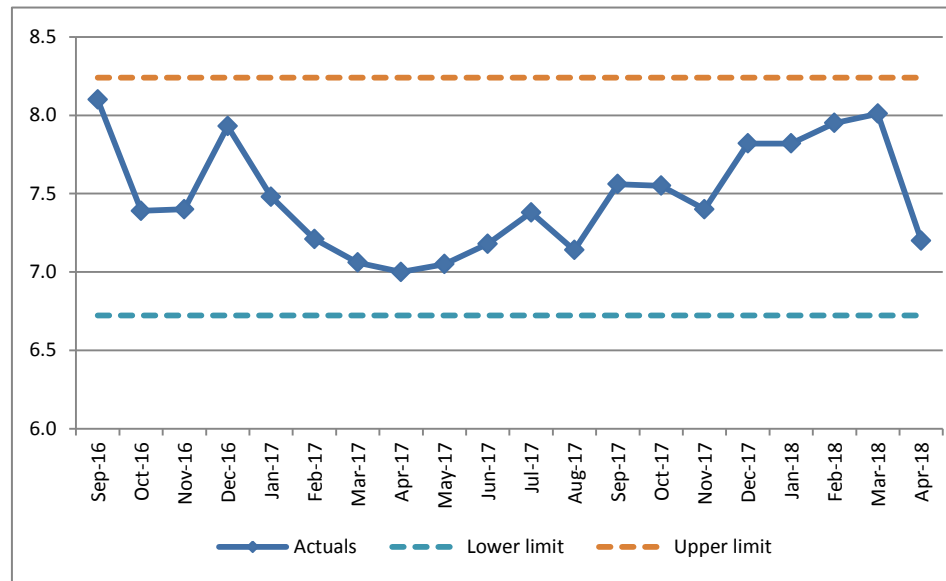
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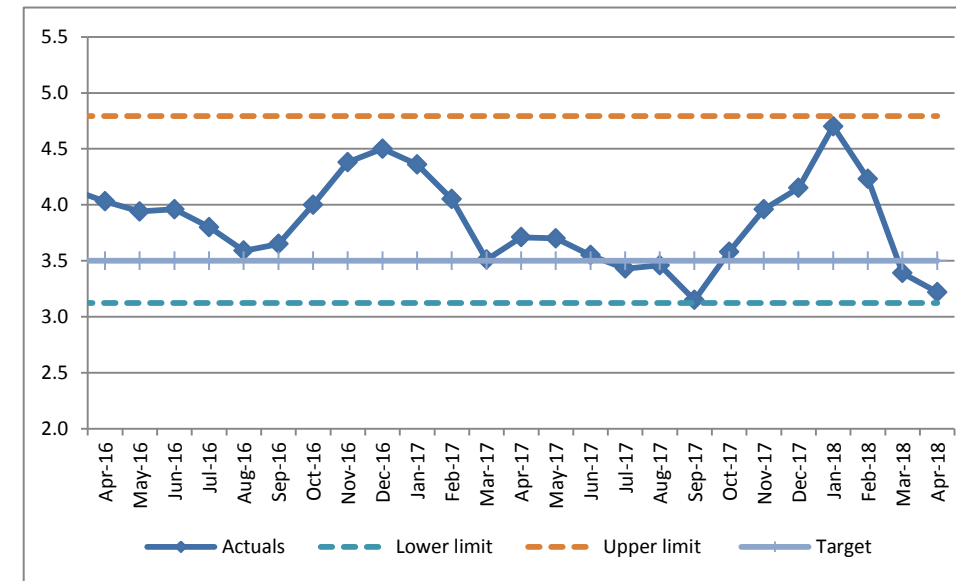
#### Staff turnover



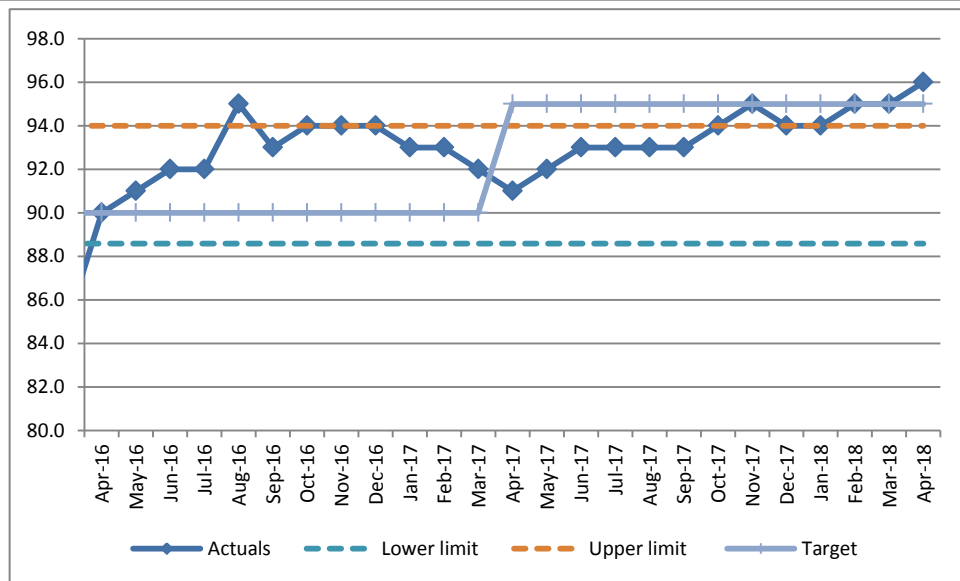
#### Proportion of temporary staff



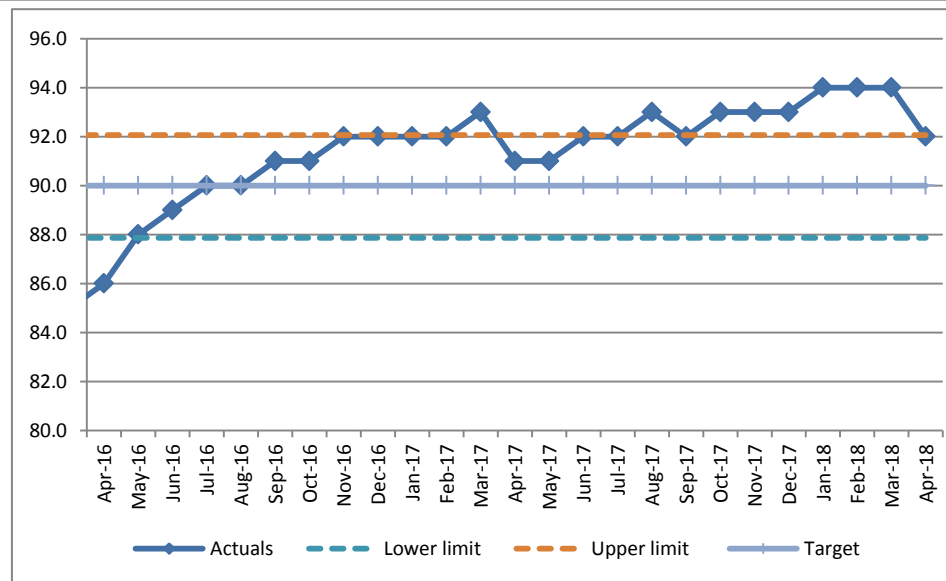
#### WTE lost as a % of contracted WTE due to sickness absence



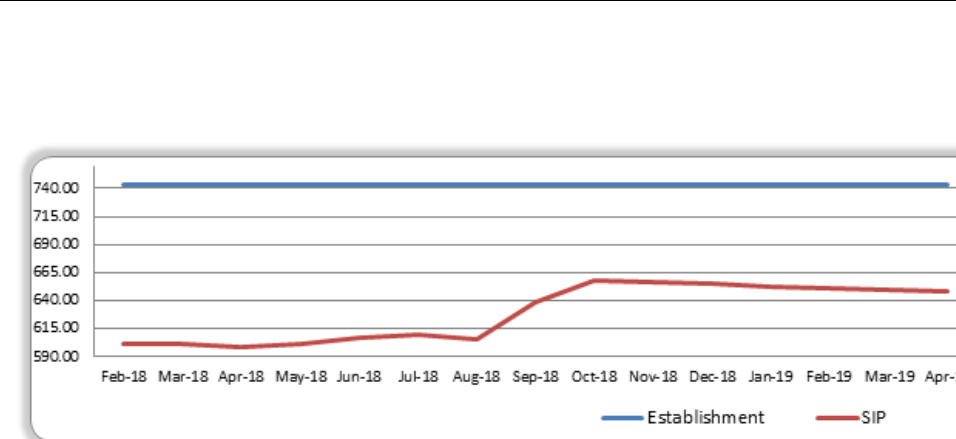
#### Staff appraisal completion



#### Core mandatory training completion



#### Nurse Trajectory



## Board Assurance Framework (BAF): 2018/19 (June 2018)

<b>Strategic priority</b>	4: TO GET THE MOST FROM OUR RESOURCES	<b>Current risk exposure</b>	<b>Tolerable risk</b>	<b>Lead Committee</b>	Finance
<b>Principal risk</b> (in the next 5 years)	<b>PR 4: Failure to maintain financial sustainability</b> Repeated inability to deliver the annual control total resulting in a failure to achieve and maintain financial sustainability	<b>Likelihood</b>	4. Somewhat likely	<b>Last reviewed</b>	21/06/18
		<b>Consequence</b>	<b>5. Very high</b>	<b>Last changed</b>	21/06/18
		<b>Risk rating</b>	<b>20. Significant</b>	<b>10. High</b>	<b>Details of change</b>
					Update to KRI's/ Plans to improve control & assurance

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
A reduction in funding (including potential impact of a general election and Brexit) resulting in an <b>increased Financial Improvement Plan (FIP) requirement</b> to reduce the scale of the financial deficit, without having an adverse impact on quality & safety	←	▬	▬	▬	→	<b>High certainty</b> Increase in risk exposure expected	<b>Cautious</b> Low risk options are preferred	Delivery of annual control totals until break-even is reached	Chief Financial Officer	<b>Management:</b> CFO's Financial Reports & FIP Summary (Monthly) <b>Independent assurance:</b> Internal audit Report FIP/ QIPP (Jul '18)	Positive assurance
								Close working with STP partners and the Alliance framework to identify system-wide cost reductions	Director of SPCD	<b>Management:</b> Alliance Progress Report & STP FIP (at each finance committee meeting)	Positive assurance
<b>Threat:</b> Growth in the burden of <b>backlog maintenance and medical equipment replacement costs</b> to unaffordable levels			←	▬	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Cautious</b> Low risk options are preferred	Capital investment programme (estates, medical equipment & IT)	Director of SPCD	<b>Management:</b> Capital Planning Group Summary Report (at each finance committee meeting)	Positive assurance
								PFI management of estates & facilities	Director of SPCD	<b>Management:</b> PFI Report (at each finance committee meeting)	Positive assurance

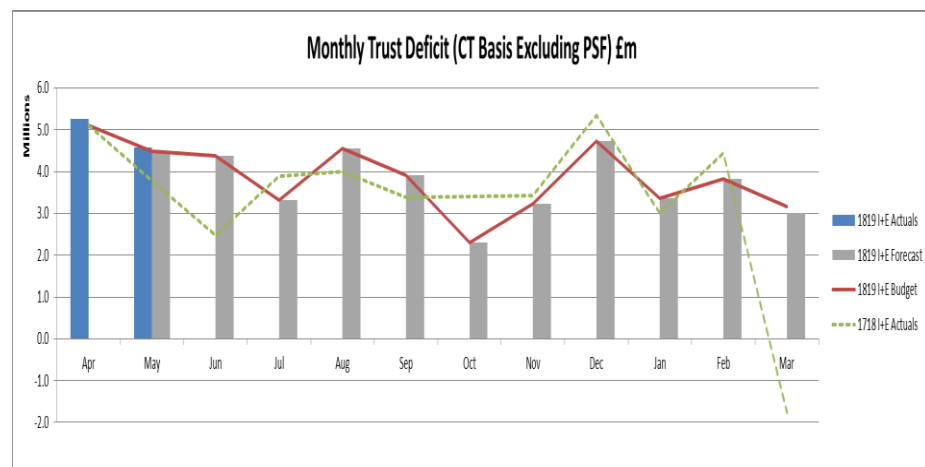
Primary risk controls	Gaps in control & assurance framework		Plans to improve control or assurance		SLT lead	Timescales
<ul style="list-style-type: none"> <li>5 year long term financial model</li> <li>Working capital support through agreed loan arrangements</li> <li>Annual plan, including control total consideration; reduction of underlying financial deficit and unwinding of the PFI benefit by £0.5m annually</li> <li>Engagement with the Better Together alliance programme</li> <li>Financial governance and performance arrangements in place at Trust, divisional and service line levels and with contracted partners</li> <li>FIP Board, FIP planning processes and PMO coordination of delivery</li> <li>NHS Improvement monthly Performance Review Meeting (PRM)</li> <li>Delivery of budget holder training workshops and enhancements to financial reporting</li> </ul>	2018/19 planning indicates £17.3m FIP required to achieve control total	C	A full 'wash up' of portfolio planning, delivery and engagement is being conducted; a recovery plan to be developed	C	Deputy Chief Financial Officer	31/07/18
	No long term commitment received for liquidity / cash support	C	Continue to work in partnership with NHSI Distressed Finance Team to submit in year applications for cash support	C	Deputy Chief Financial Officer	30/09/18
	Premium pay costs associated with using temporary staff to cover medical vacancies	C	Development & implementation of a Medical Pay Task Force action plan	A	Deputy Chief Financial Officer	30/09/18
	CCGs' QIPP initiatives may reduce demand and therefore income at a faster rate than the Trust can reduce costs	c	Working within the agreed alliance framework and contracting structures to ensure the true cost of system change is understood and mitigated	C	Deputy Director of Income & Performance	30/09/18
	Effectiveness of budget management and control at division and service line levels	C	Enhanced Divisional responsibility for in-year delivery & forecasting	C	Deputy Chief Financial Officer	30/04/18 - Complete



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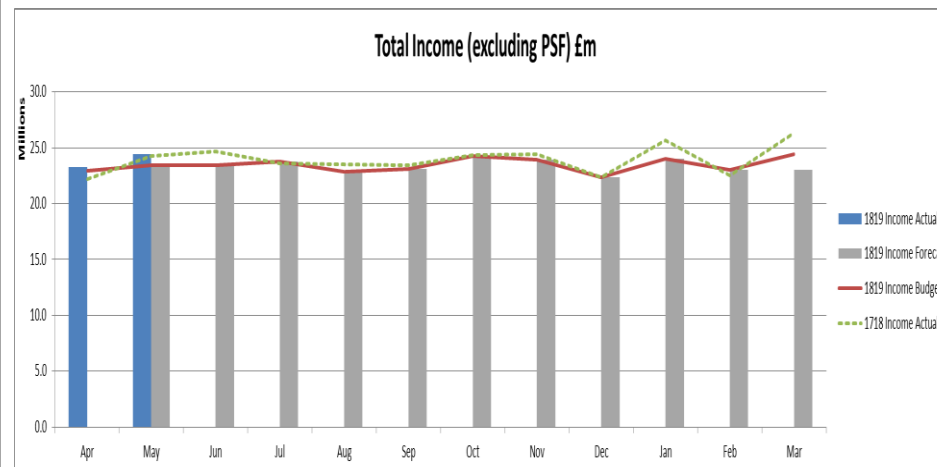
### Key risk indicators (KRIs)

#### Financial position against annual control total



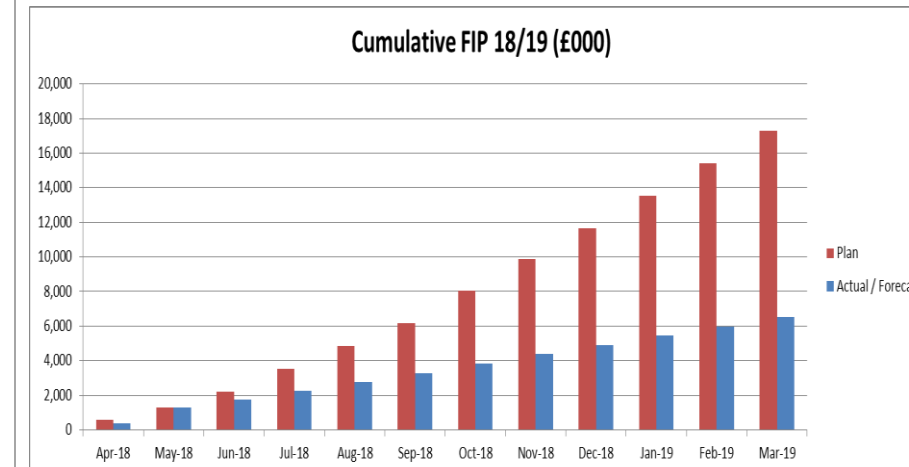
Against control total excluding Provider Sustainability Funding (PSF) the Monthly Trust deficit was £0.1m worse than plan in M02 at £4.6m.

#### Income against plan



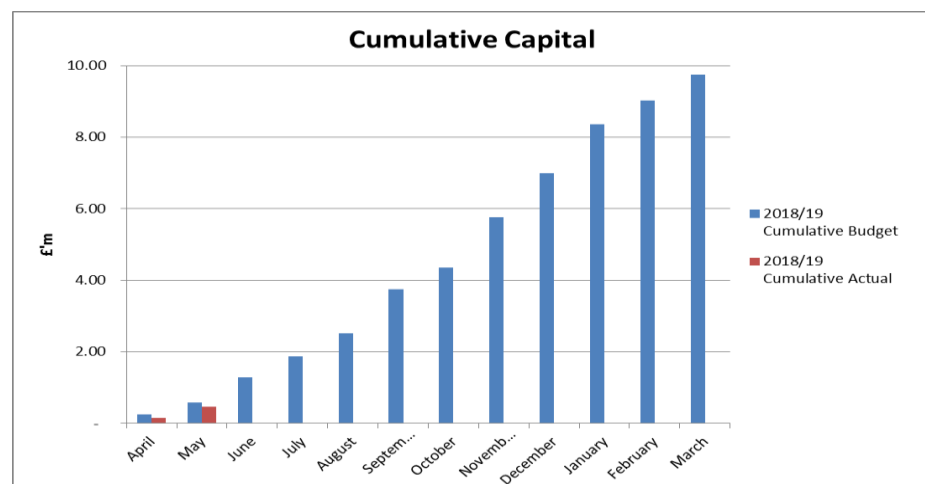
Total operating income is £1.01m better than plan in M02 at £24.5m.

#### Financial Improvement Plan (FIP) delivery against plan



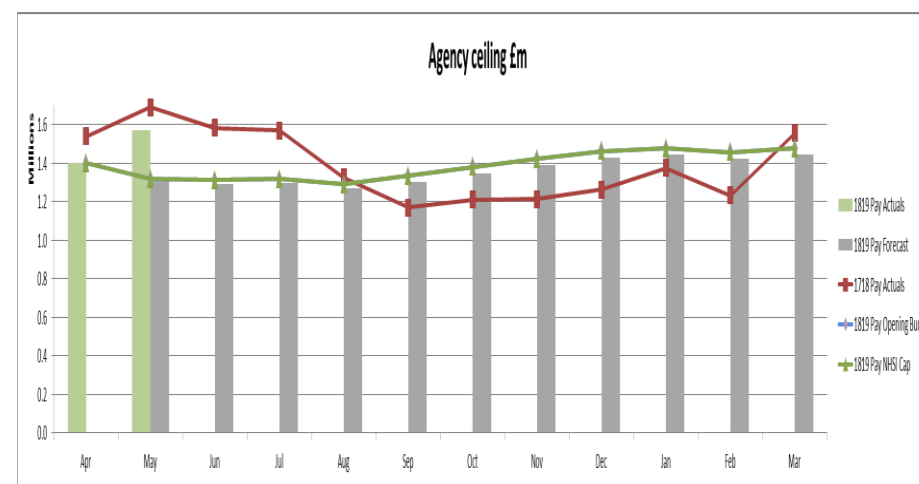
FIP delivery was £0.01m below the plan of £1.3m at M02.

#### CAPEX expenditure against plan



M02 Capex expenditure position was £0.47m, £0.059 below the capital plan of £0.525m (Excluding donated assets).

#### Agency spend against NHSI ceiling



Agency spend in M02 was £1.6m against the NHSI ceiling of £1.3m. Current forecast matches the NHSI ceiling.

#### Closing cash against plan



Closing cash at 31<sup>st</sup> May 2018 was £4.55m and favourable to plan by £1.9m. Cash is forecast to reduce as the balance of year end capital creditors are paid in June.

### Board Assurance Framework (BAF): 2018/19 (June 2018)

<b>Strategic priority</b>	3: TO INSPIRE EXCELLENCE
<b>Principal risk</b> (in the next 5 years)	<b>PR 5: Fundamental loss of stakeholder confidence</b> 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

<b>Current risk exposure</b>		<b>Tolerable risk</b>
<b>Likelihood</b>	2. Unlikely	1. Very unlikely
<b>Consequence</b>	<b>5. Very high</b>	<b>5. Very high</b>
<b>Risk rating</b>	<b>10. High</b>	<b>5. Low</b>

<b>Lead Committee</b>	Quality
<b>Last reviewed</b>	18/07/18
<b>Last changed</b>	18/07/18
<b>Details of change</b>	Dates added to sources of assurance/ assurance rating

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> Failure to make sufficient progress on agreed quality improvement actions which support the Trust's journey to outstanding	←	▬	▬	▬	→	<b>Stable</b> Risk exposure not likely to increase	<b>Cautious</b> Low risk options are preferred	Advancing Quality Programme (AQP) Quality Strategy implementation	Medical Director	<b>Management:</b> AQP Programme report to QC (R) Monthly <b>Independent assurance:</b> IA plan (Ref 9); Annual Inpatient Survey to QC (E) Jul '18	Positive
<b>Threat:</b> 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	←	▬	▬	▬	→	<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Cautious</b> Low risk options are preferred	Continued public & stakeholder engagement utilising a wide range of consultation & communication channels; increasing social capital by taking advantage of good news stories to strengthen reputation Involvement & Engagement Strategy	Chief Executive / Head of Communications	<b>Management:</b> Quarterly Comms report to Board; bi-annual Forum for Public Involvement report to PQSG; Annual Patient Experience Report to QC (R) May'18 <b>Independent assurance:</b> IA plan (Ref 11); External Stakeholder Audit (Board workshop May'18 and Forum for PI June 18)	Positive
<b>Threat:</b> Changing regulatory demands (including potential impact of Brexit) or reduced effectiveness of internal controls resulting in widespread instances of non-compliance with regulations and standards leading to breach of CQC Registration, Licence Conditions or other statutory obligations			←	▬	→	<b>Uncertain</b> May increase risk exposure if gaps in control emerge	<b>Minimal</b> Insistence upon low risk options	Routine oversight of quality governance arrangements & maintenance of positive relationships with regulators	Medical Director/ Chief Nurse	<b>Management:</b> SOF Quality Indicators (Monthly); National Clinical audit programme/ Clinical Effectiveness Report to QC (R) May '18 <b>Independent assurance:</b> IA plan (Ref 16); CQC/ Well led assessment	Positive

Primary risk controls	Gaps in control & assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> <li>Trust website &amp; social media presence</li> <li>Internal communications channels</li> <li>Communications department to handle media relations:</li> <li>Forum for Public Involvement meeting</li> <li>Regular stakeholder engagement meetings</li> <li>Quality &amp; corporate governance &amp; internal control arrangements</li> <li>Established relationships with regulators</li> <li>Internal audit (360 Assurance)/External audit (PWC)</li> <li>Counter fraud arrangements / Local Counter Fraud Specialist (LCFS)</li> <li>Conflicts of interest &amp; whistleblowing management arrangements</li> </ul>	There is currently insufficient understanding of stakeholder confidence in the Trust and engagement needs strengthening	<p>A</p> <p>Stakeholder audit completed March 2018 (possibly to repeat every 12-18 months)</p> <p>Development of action plan from audit (Apr/May) and implementation commenced. Monthly stakeholder updates commencing in Q2 18/19.</p> <p>Key stakeholders to be engaged around the Trust's Strategy which will be taking place Q2-Q3 18/19.</p>	A Head of Communications	TBD by action plan

# Board Assurance Framework (BAF): 2018/19 (June 2018)

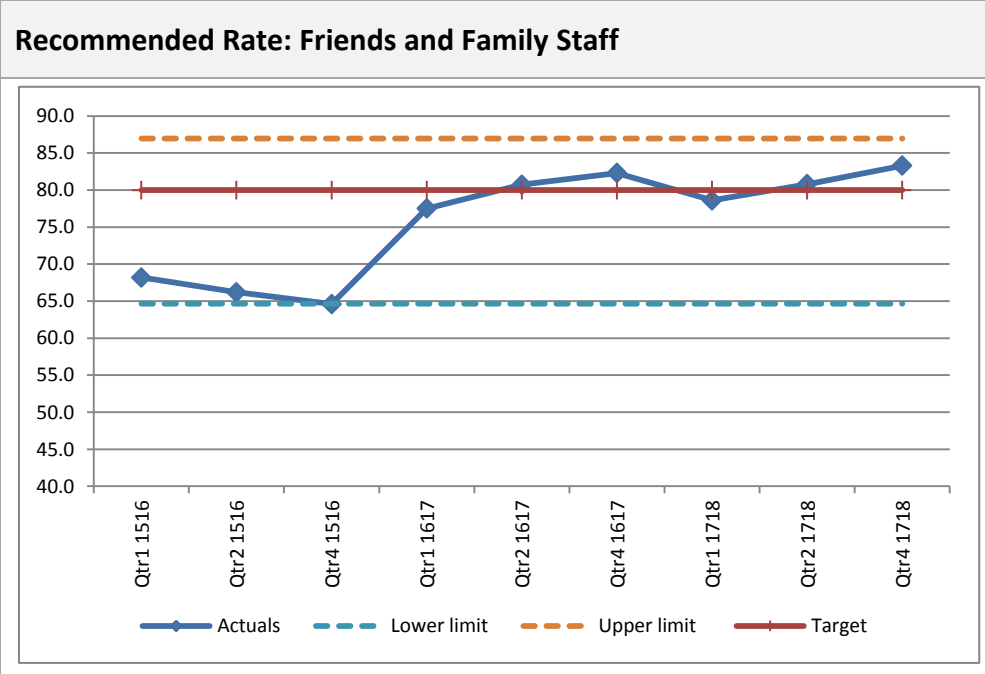
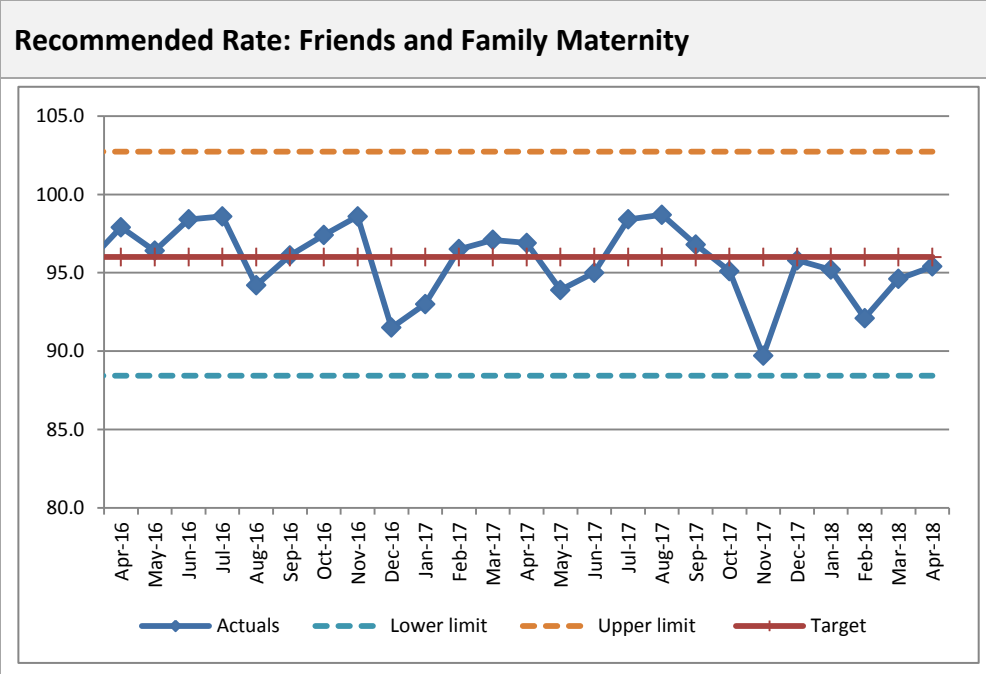
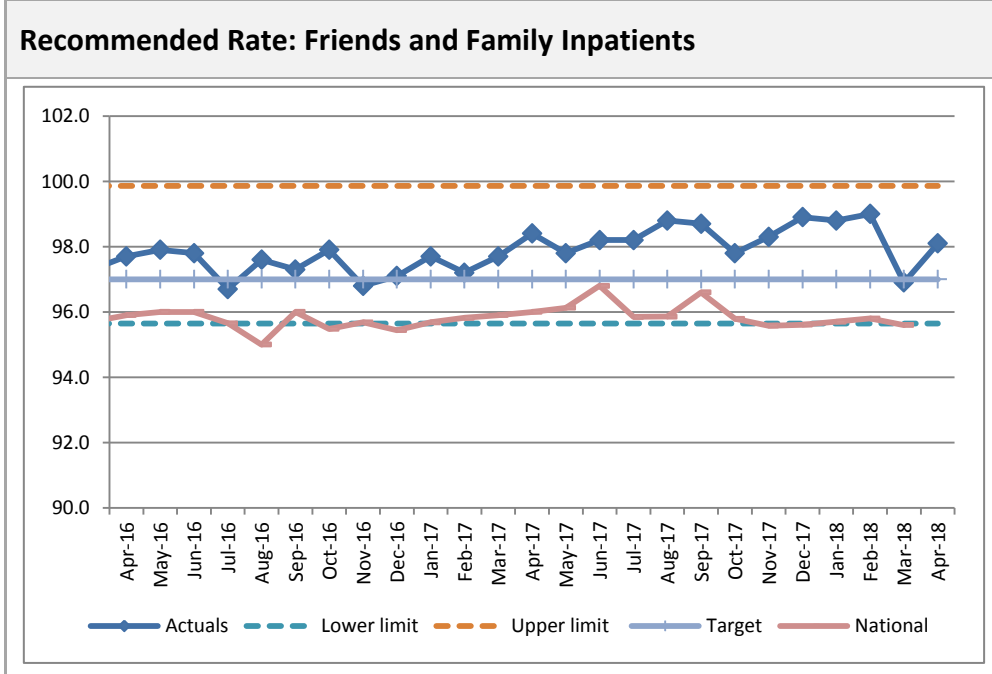
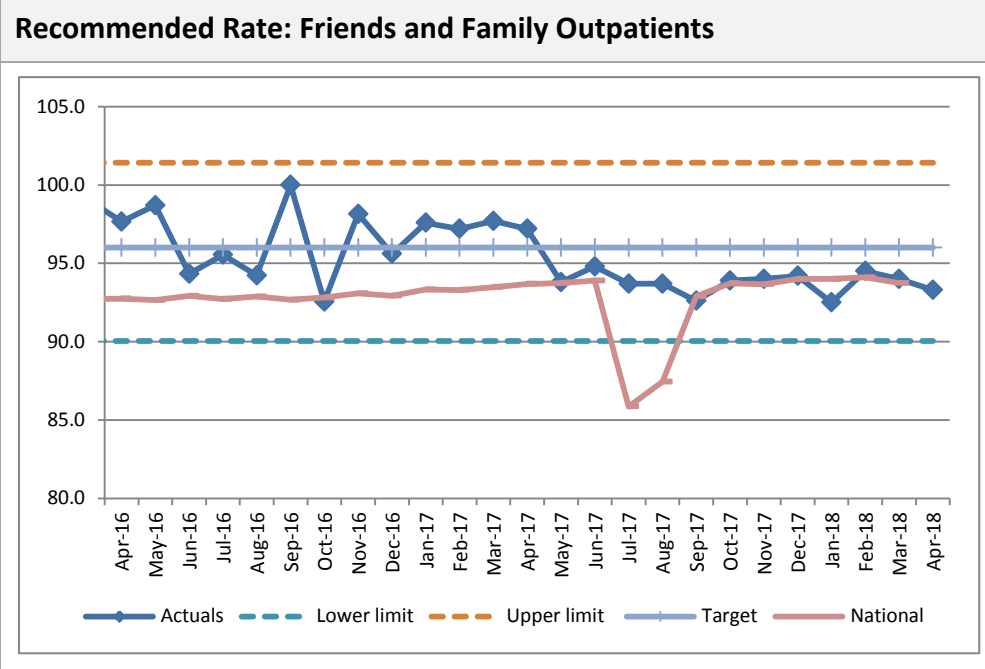
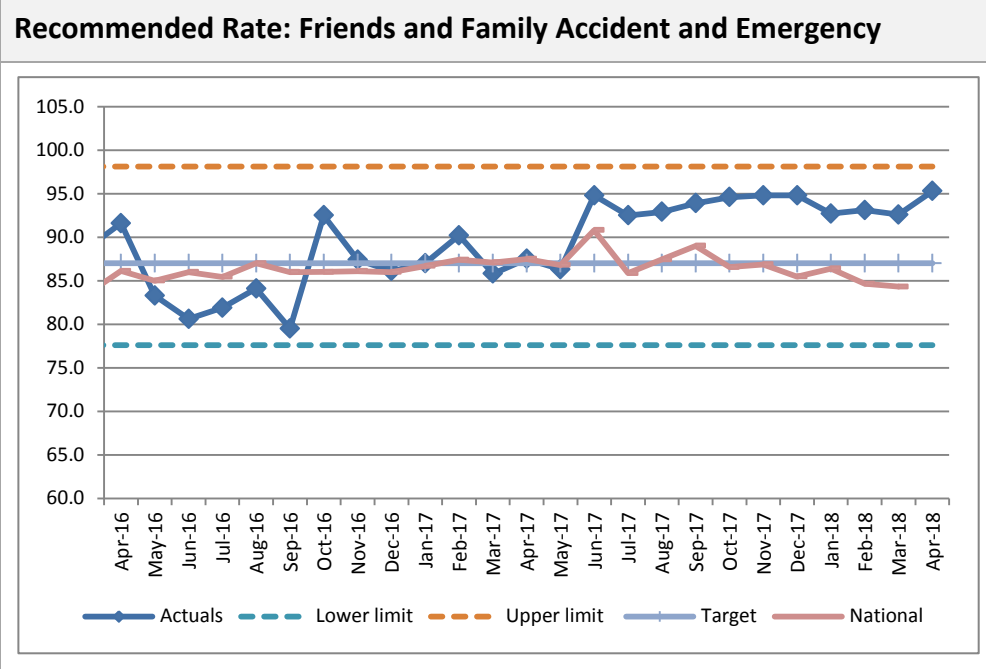
## Key risk indicators (KRIs) As supplied 14th June 2018

**CQC Rating**

November 2016:

### Overall Requires improvement

Safe	Good	●
Effective	Requires improvement	●
Caring	Good	●
Responsive	Requires improvement	●
Well-led	Requires improvement	●



### Board Assurance Framework (BAF): 2018/19 (June 2018)

<b>Strategic priority</b>	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES
<b>Principal risk</b> (in the next 5 years)	<b>PR 6: Breakdown of strategic partnerships</b> A fundamental breakdown in one or more strategic partnerships, resulting in long-term disruption to plans for transforming local health & care services.

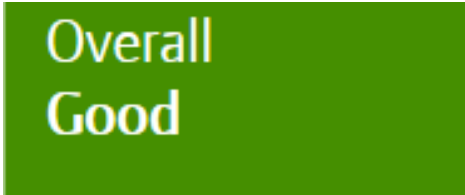
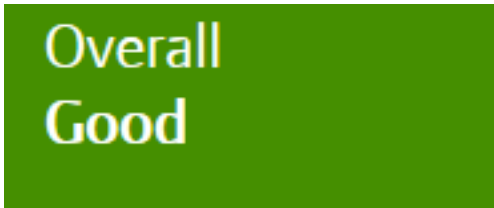
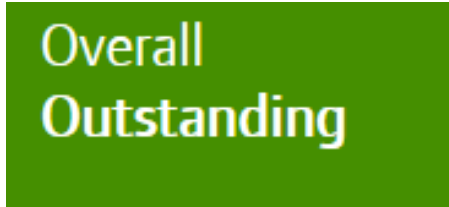
<b>Current risk exposure</b>		<b>Tolerable risk</b>
<b>Likelihood</b>	1. Very unlikely	1. Very unlikely
<b>Consequence</b>	<b>5. Very High</b>	<b>4. High</b>
<b>Risk rating</b>	<b>5. Low</b>	<b>4. Low</b>

<b>Lead Committee</b>	Finance Committee
<b>Last reviewed</b>	21/06/18
<b>Last changed</b>	21/06/18
<b>Details of change</b>	Update to KRI's

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> Conflicting priorities, financial pressures and/or ineffective governance resulting in a breakdown of <b>relationships amongst STP partners</b> and an inability to influence further integration of services across acute, primary & social care providers						<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Cautious</b> Low risk options are preferred	Continued engagement with STP planning & governance arrangements	Director of SPCD	<b>Management:</b> STP update report (date tbc) Better together again delivery report to FC (as meeting schedule)	Positive assurance
<b>Threat &amp; Opportunity:</b> Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population (e.g. skin cancer, liver disease, diabetes)						<b>Uncertain</b> Risk exposure could increase if threat materialises	<b>Cautious</b> Low risk options are preferred	Continued engagement with commissioners and STP developments in clinical service strategies focused on prevention	Director of SPCD	<b>Management:</b> Clinical Service Strategy update report (date tbc)	Positive assurance
								Partnership working at a more local level, including active participation in the Better Together Alliance	Director of SPCD		

Primary controls	Gaps in control and assurance framework	Plans to improve control or assurance	SLT lead	Timescales
<ul style="list-style-type: none"> <li>Nottinghamshire's Sustainability &amp; Transformation Partnership (STP) governance arrangements &amp; plan</li> <li>Better Together Alliance of Mid-Nottinghamshire healthcare providers</li> <li>Governance arrangements for Estates &amp; Facilities Management through Central Nottinghamshire Hospitals (CNH), delivered by Skanska Facilities Services (SFS) &amp; Medirest</li> <li>Governance arrangements for IT services delivered by Nottinghamshire Health Informatics Service (NHIS)</li> </ul>	Insufficient granularity of plans that sufficiently meet the needs of the population and the statutory obligations of each individual organisation.	C Development of a co-produced clinical services strategy for the STP footprint	C Head of Strategic Planning	End of 2018/19

Board Assurance Framework (BAF): 2018/19 (June 2018)

Key risk indicators (KRIs) As supplied 14th June 2018																																
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### Board Assurance Framework (BAF): 2018/19 (June 2018)

<b>Strategic priority</b>	5: TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES
<b>Principal risk</b> (in the next 5 years)	<b>PR 7: Major disruptive incident</b> 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

<b>Current risk exposure</b>		<b>Tolerable risk</b>
<b>Likelihood</b>	2. Unlikely	1. Very unlikely
<b>Consequence</b>	<b>5. Very high</b>	<b>5. Very high</b>
<b>Risk rating</b>	<b>10. High</b>	<b>5. Low</b>

<b>Lead Committee</b>	Risk Committee
<b>Last reviewed</b>	10/07/18
<b>Last changed</b>	10/07/18
<b>Details of change</b>	Dates added to sources of assurance/ assurance rating

Strategic threat or opportunity	Proximity					Anticipated change	Risk appetite	Risk treatment strategy	Executive lead	Source of assurance (& date reviewed)	Committee's assurance rating
	18/19	19/20	20/21	21/22	22/23						
<b>Threat:</b> A large-scale <b>cyber-attack</b> that shuts down the IT network and severely limits the availability of essential information for a prolonged period	←	▬	▬	▬	→	<b>High certainty</b> Increased risk exposure if gaps in control are not addressed	<b>Cautious</b> Low risk options are preferred	Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Cyber Security Programme Board & Cyber Security Project Group	Head of Corporate Affairs	<b>Management:</b> NHIS Cyber Security Strategy Report; Corporate Risk Report (NHIS) to RC (R) Jul '18; IG Sub-committee report to RC (E) Aug '18 <b>Risk &amp; Compliance:</b> IG Toolkit submission to Board (R) Mar '18 <b>Independent assurance:</b> Audit plan (Ref 3,5,6)	Positive Assurance
<b>Threat:</b> A <b>critical infrastructure failure</b> caused by an interruption to the supply of one or more utilities (electricity, gas, water) or an uncontrolled fire or security incident that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period	←	▬	▬	▬	→	<b>Stable</b> Risk exposure not likely to increase	<b>Minimal</b> Desire to reduce risk to as low as possible	Fire Safety Strategy	Director of SPCD	<b>Risk &amp; Compliance:</b> Fire Safety Report to RC (E) Aug '18 <b>Independent assurance:</b> Plan (Ref 3)	Positive Assurance
								Emergency Planning, Resilience & Response (EPRR) arrangements & Compliance with EPRR Core Standards	Director of SPCD	<b>Risk &amp; Compliance:</b> EPRR Report ;EPRR Core standards compliance rating (Sept '18) <b>Independent assurance:</b> Plan (Ref 3)	Positive Assurance
<b>Threat:</b> A critical <b>supply chain failure</b> (including the potential impact of Brexit on suppliers) that severely restricts the availability of essential goods, medicines or services for a prolonged period	←	▬	▬	▬	→	<b>Uncertain</b> May increase risk exposure if gaps in control are not addressed	<b>Cautious</b> Low risk options are preferred	NHS Supply Chain resilience planning Business Continuity Management System & Core standards	Director of SPCD	<b>Management:</b> Procurement Report to RC (E) Aug '18 <b>Independent assurance:</b> Plan (Ref 3)	Inconclusive

Primary controls	Gaps in control and assurance framework		Plans to improve control or assurance		SLT lead	Timescales
<ul style="list-style-type: none"> <li>Emergency Preparedness, Resilience &amp; Response (EPRR) arrangements at regional, Trust, division and service levels</li> <li>Operational strategies &amp; plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe)</li> <li>Gold, Silver, Bronze command structure for major incidents</li> <li>Business Continuity, Emergency Planning &amp; security policies</li> <li>Resilience Assurance Committee (RAC) oversight of EPRR</li> <li>Estates Governance arrangements with PFI Partners</li> </ul>	Operational resilience of the Central Sterile Services Department (CSSD)	C	CSSD options appraisal being carried out through the Strategic Partnership Board	C	Divisional General Manager - Surgery	End of 2018/19
	Lack of port control presenting risk to network security	C	Development of white list and restriction imposed on unauthorised devices	C	Head of Corporate Affairs	End of June 2018

## Board Assurance Framework (BAF): 2018/19 (June 2018)

### Key risk indicators (KRIs) As supplied 14th June 2018

EPRR Core Standards	Major disruptive incident	Cumulative fire alarm calls per year
<p>Confirm and Challenge by NHS England Regional team and CCGs September 2017:</p> <p>Full Compliance</p> <p><b>Substantial Compliance</b></p> <p>Partial Compliance</p> <p>Not Compliant</p>	<p>For discussion / agreement (Gold command incident to be analysed)</p>	

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