NHS
Worcestershire Acute Hospitals NHS Trust

Date of meeting	13 September 2018
Paper number	E1

Board Assurance Framework (BAF)

For approval:	x	For assurance:		To note:	

Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Chief Executive	**Author**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Continuously improve our services to secure our reputation as the local provider of choice	x		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance	x	Quality of Care	x
Finance and use of resources	x	Strategic Change	x	Stakeholders	x

Report previously reviewed by		
Committee/Group	**Date**	**Outcome**
QGC	August 2018	Amendments suggested and made
F&P	August 2018	Amendments suggested and made
P&C	September 2018	
Audit and Assurance	September 2018	The process will be reviewed at the meeting on 18 September

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	All
Assurance in respect of: process/outcome/other (*please detail*) ……			

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is recommended to: • Approve the closure of the previous BAF (appendix 1) • Discuss the revised BAF (appendix 2)

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Executive Summary
At its meeting in June, the Board determined that the Board Assurance Framework (BAF) needed to be revised and updated to reflect the current Trust priorities and strategic risks. The attached revised BAF (appendix 2) has been considered at the main Board Committees and is presented to the board for discussion. The previous BAF has been considered when developing the new BAF and the previous strategic risks are outlined in appendix 1 which shows where they have been mapped to. The Board is requested to approve the mapping of the risks and the closure of this BAF. It is anticipated that the revised BAF will be presented to the Board at its October meeting for approval and reviewed by the Board quarterly thereafter. The Board will also need to consider the corporate risk register. This is now intrinsically linked to the BAF. Committees are reviewing their element of the corporate risk register (CRR) bi-monthly with the full CRR being presented to the Board alongside the BAF. There is more work to be undertaken on the development of and alignment of the CRR to the BAF. The CRR will be presented to the Board in October.
Background
The BAF is a document which outlines the strategic risks to the Trust. It is supported by the CRR.
Issues and options
Please see attached documents.
Recommendations
The Board is recommended to: • Approve the closure of the previous BAF (appendix 1) • Discuss the revised BAF (appendix 2)
Appendices Appendix 1 – Previous BAF risks mapped to the proposed BAF Appendix 2 – Proposed new BAF Appendix 3 – Strategic risks mapped to the Strategic Objectives, Goals and CQC domains

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Appendix 1

Previous BAF risks mapped to proposed BAF

Strategic Objective	Priorities	Risks	Proposed BAF
1. **Deliver safe, high quality compassionate patient care**	P1.1 Embed and assure the revised ward to board governance structures and processes and improve the identification and management of risk	R1.1 If we do not have in place robust clinical governance for the delivery of high quality compassionate care, we may fail to consistently deliver what matters to patients- which may impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.	Included in risk 1
	P1.2 Develop a more robust improvement, quality and safety culture across the Trust, including learning when things go wrong	R1.2 If we do not have a clear improvement journey vision that engages staff and builds improvement capability, we may fail to deliver sustained change and improvements required.	Included within risk 2
	P1.3 Ensure the appropriate measures are taken to address all the quality and safety concerns identified by the CQC	R1.3 There is a risk that patient safety and performance may be adversely affected due to weaknesses in systems and processes	Included within risk 2
2. Design healthcare around the needs of our patients, with our partners	P2.1 Improve urgent care and patient flow pathways across the whole system to ensure the care is delivered by the right person in the right place first time	R2 Unless we work with our health and social care partners to understand flow across the system, then we may have inadequate arrangements in place to manage demand (activity)- which may impact on the system resilience and internal efficiencies impacting on delivery of contractual performance (4hr access standard; RTT; Cancer etc)	Included within risk 4
	P2.2 Ensure the Trust meets its agreed trajectories for patient access and operational performance		Included within risk 4

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Strategic Objective	Priorities	Risks	Proposed BAF
	improvement in urgent and elective care		
3. Invest and realise the full potential of our staff to provide compassionate and personalised care	P3.1 Develop leadership capacity and capability at all levels within the organisation	R3.1 If we do not have in place a suitably qualified and experienced leadership team (across sub board levels including Divisional and Directorate) then we may fail to deliver the required improvements at pace- with the potential for further deterioration in patient care & experience & escalated regulatory enforcement actions	Included within risk 11
	P3.2 Develop at all levels an organizational culture and set of behaviours that embody the Trust's values	R3.2 If we do not deliver a cultural change programme we may fail to attract and retain staff with the values and behaviours required to deliver the high quality care we aspire to.	Included within risk 10
4. Ensure the Trust is financially viable and makes the best use of resources for our patients.	P4.1 Systematically improve efficiency and sustain financial performance ensuring that the Trust delivers its financial control total.	R4.1 If we do not have in place effective organisational financial management, then we may not be able to fully mitigate the variance and volatility in financial performance against the plan leading to failure to deliver the control total, impact on cash flow and long term sustainability as a going concern.	Included within risks 6 & 7
	P4.2 A compelling vision for the Trust and a workforce strategy that supports the retention of current staff recruitment to vacancies and development of new roles	R4.2 If we do not resource our clinical staff rotas at ward/departmental level then we will not meet patient needs consistently- with the potential for reduced quality & co-ordination of care provision, negative impact on patient flow & access targets: long term impact on staff	Included within risk 11

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Strategic Objective	Priorities	Risks	Proposed BAF
		resilience; poor retention of staff & inability to attract staff.	
		R4.3 If we do not have a workforce strategy that addresses organizational development, values and behaviours as well as workforce development and recruitment we will not be able to provide care that meets the needs of our patients; meets the internal workforce demands and fills our vacancies.	Risk mitigated and removed from BAF
5. Develop and sustain our business	Develop a 5 year clinical service strategy that supports the clinical and financial sustainability goals described in the Herefordshire and Worcestershire STP.	R5 If we are unable to secure the support of our clinical workforce, community and STP stakeholders for the 5 year clinical strategy, we may not be able to make the changes required to ensure long term viability of services.	Included within risk 9.

BOARD ASSURANCE FRAMEWORK
V1.4 September 2018

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS			PROPOSED			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING[1]	LIKELIHOOD	CONSEQUENCE	RISK RATING				
1		IF we do not have in place robust clinical governance for the delivery of high quality compassionate care THEN we may fail to consistently deliver what matters to patients RESULTING IN negative impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.	Chief Medical Officer	Quality Governance	3	4	12	3	4	12	⇔	Aug 2018	Nov 2018	6
2		IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage	Chief Nurse	Quality Governance				4	4	16	N/A	Aug 2018	Nov 2018	8

BOARD ASSURANCE FRAMEWORK
V1.4 September 2018

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS			PROPOSED			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING[1]	LIKELIHOOD	CONSEQUENCE	RISK RATING				
3		IF we do not deliver the statutory requirements under the Health and Social Care Act (Hygiene code) THEN there is a risk that patient safety may be adversely affected RESULTING IN poor patient experience and inconsistent/varying patient outcomes	Chief Nurse	Quality Governance				4	4	16	N/A	Aug 2018	Nov 2018	10
4		IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a failure to exit special measures and to attain STF funding	Chief Operating Officer	Finance and Performance				4	5	20	N/A	Aug 2018	Nov 2018	12

BOARD ASSURANCE FRAMEWORK
V1.4 September 2018

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS			PROPOSED			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING[1]	LIKELIHOOD	CONSEQUENCE	RISK RATING				
5		IF there is a lack of a strategic plan which balances demand and capacity across the county THEN there will be delays to patient treatment RESULTING IN a major impact on the trust's ability to deliver safe, effective and efficient care to patients	Chief Operating Officer	Finance and Performance				4	5	20	N/A	Aug 2018	Nov 2018	14
6		IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the inability to invest in services to meet the needs of our patients.	Chief Financial Officer	Finance and Performance				3	5	15	N/A	Aug 2018	Nov 2018	16
7		IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the IT infrastructure RESULTING IN the lack of ability to deliver safe, effective	Chief Financial Officer	Finance and Performance				4	4	16	N/A	Aug 2018	Nov 2018	18

BOARD ASSURANCE FRAMEWORK
V1.4 September 2018

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS			PROPOSED			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING[1]	LIKELIHOOD	CONSEQUENCE	RISK RATING				
		and efficient care to patients												
8		IF we do not have effective IT systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience	Chief Financial Officer/Chief Medical Officer	Finance and Performance/ Quality Governance Committee				4	4	16	N/A	Aug 2018	Nov 2018	20
9		IF we are unable to sustain our clinical services THEN the Trust will become unviable RESULTING IN inequity of access for our patients	Director of Strategy and Planning	Finance and Performance				4	4	16	N/A	Aug 2018	Nov 2018	22
10		IF we do not deliver a cultural change programme. THEN we may fail to attract and retain staff with the values and behaviours required RESULTING IN lower quality care for our patients	Director of People and Culture	People and Culture	3	5	15	3	5	15	⇔	Aug 2018	Nov 2018	23

BOARD ASSURANCE FRAMEWORK
V1.4 September 2018

Worcestershire Acute Hospitals NHS Trust

RISK NUMBER	DATIX REF	RISK DESCRIPTION	EXEC LEAD	RESPONSIBLE COMMITTEE	PREVIOUS			PROPOSED			CHANGE	LAST REVIEW	NEXT REVIEW	PAGE NUMBER
					LIKELIHOOD	CONSEQUENCE	RISK RATING[1]	LIKELIHOOD	CONSEQUENCE	RISK RATING				
11		IF are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services RESULTING IN lower quality care for our patients	Director of People and Culture	People and Culture				4	4	16	N/A	Aug 2018	Nov 2018	25
12		IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	Director of Communications and Engagement	None – Trust Board				4	4	16	N/A	Aug 2018	Nov 2018	27

BAF RISK REFERENCE *Summary for Datix entry*	1 Lack of robust clinical governance	**DATE OF REVIEW**	August 2018
DATIX REF	(Linked to corporate risks 2148, 3325. 3484, 3744, 3771)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not have in place robust clinical governance for the delivery of high quality compassionate care THEN we may fail to consistently deliver what matters to patients RESULTING IN negative impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.	**INITIAL**	4	5		⇔
	TARGET	2	4		
	PREVIOUS	3	4		
	PROPOSED	3	4		

CONTEXT

STRATEGIC OBJECTIVE	Deliver safe, high quality compassionate patient care
GOAL (S)	Better quality patient care; Well Led
CQC DOMAIN	Safe, Caring, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Medical Officer
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Named divisional governance leads contributing to divisional performance reviews	Quality Governance Committee (monthly) and Trust Board (bimonthly) monitoring via Integrated Performance Report and Learning from Deaths	2
2	Quality Improvement Strategy (QIS) and associated plans	Clinical Governance Committee (CGG) reviewed QIS bimonthly	1
3	Appointment of medical examiners	Mortality reviews increasing	0
4	Mortality Review Group/Serious Incident Group/Improving patient outcomes	CGG review of the outcomes of the Groups	1
5	Risk Management Strategy	Reviewed by QGC, Audit and Assurance Committee & Trust Board	2
6	Systems and processes to monitor the performance of complaints and SI management	Internal Audit reports on SI and complaints management	3
7	Clinical Governance Group monthly meetings to review outcomes	Monthly reporting to Quality Governance Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Gaps in central and divisional governance teams	Recruitment into key posts	Sept 2018	Internal movement of staff. Consideration of external advertising
2	Consistency of engagement of clinicians in governance process	Support to governance leads - work needed with individual directorates in respect of mortality reviews and attendance at SI meetings	Dec 2019	Metrics show overall improvement.
3	Consistency and effectiveness of appraisal of medical staff	Development and maturation of the quality assurance process for medical appraisals	On-going	On-going

BAF RISK REFERENCE *Summary for Datix entry*	2 Failure to deliver the Quality Improvement Strategy and the CQC 'must and should dos'	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks none)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage	**INITIAL**	4	4		
	TARGET	2	4		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Deliver safe, high quality compassionate patient care
GOAL	Better quality patient care
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Nurse
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Implementation of the Quality Improvement Strategy (QIS) (trust wide)	Clinical Governance Group – bimonthly	1
2	Reporting from the CGG to the Quality Governance Committee including the action plan	Quality Governance Committee – bimonthly	2
3	Quality Improvement Plans developed for Divisions	CGG – bimonthly	1
4	Collaboratives in place to underpin the implementation of the QIS (*e coli*, nutrition, falls, pressure ulcers, staff retention, ACP fast track)	Trust Infection Prevention and Control committee Quality Governance Committee monthly	1 2
5	On-going quality audits	Report to CGG	1
6	Board members undertaking safety walk abouts	Report to Quality Governance Committee quarterly	2
7	Risk management strategy in place to ensure best practice in risk management and risk maturity	Risk Management Strategy approved by QGC, Audit and Assurance Committee, Trust board	2/3

REF	CONTROL	ASSURANCE	LEVEL
8	Development and use of the RAIT	Quality Governance Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Quality Improvement Plans - Divisional trajectories	Divisional trajectories to be developed	Oct 2018	Presentation at CGG 6-8-18
2	Improvement training in place	Health Education England supporting improvement training	Dec 2018	Funding and project plan agreed
3	Improvement training in place	Appointment of dedicated staff within the Project Management Office	Dec 2018	
4	Harm reviews reporting robustly	Report developed and presented	Sept 2018	Report to CGG in September followed by QGC
5	Ward accreditation	Framework for ward accreditation to be agreed	Sept 2018	Presentation to Sept QGC
6	Embedding the risk management strategy	Joint training undertaken by Head of Risk Management and Health and Safety Advisor and follow up review of risk maturity by Oxford University Hospitals NHS Trust	Oct 2018	Report to QGC November

BAF RISK REFERENCE *Summary for Datix entry*	3 Lack of delivery of statutory requirements of the Hygiene Code	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2957)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not deliver the statutory requirements under the Health and Social Care Act (Hygiene code) THEN there is a risk that patient safety may be adversely affected RESULTING IN poor patient experience and inconsistent/varying patient outcomes	**INITIAL**	4	4		N/A
	TARGET	2	4		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Deliver safe, high quality compassionate patient care
GOAL	Better quality patient care
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Nurse
RESPONSIBLE COMMITTEE	Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Action plan in place	Presented QGC monthly	2
2	Quarterly IPC reports	Presented to QGC	2
3	Reporting from NHS I visit	Report presented to Trust Board	2
4	Monthly meetings with Managing Director of ISS	Reported via IPC report to CGG	1
5	Daily environmental ward inspections	Reported via IPC to CGG	1
6	PLACE inspections	TIPCC	0

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Enhance monitoring of environmental cleanliness at ward, divisional and corporate levels	Deputy CNO to lead the coordination of environmental cleanliness reviews and escalate failures to CNO	Daily	Weekly review with divisional director of nursing and ISS/Engie

REF	GAP	ACTION	BY WHEN	PROGRESS
2	Review audit tools and inspection methodology for clinical practice and environmental cleanliness	Revised audit tools to be used for inspections and standard operating procedures (SOP) in place to escalate any environmental and clinical practice failures	Aug	In place and report to QGC - August
3	Escalation and performance management of PFI contractor to ensure sustained improvement in environmental cleanliness	• Monthly meetings to be held with national and regional PFI contractors until sustained improvement • Formal contractual report	Monthly On-going	Report to QGC monthly until de-escalation Discussions underway
4	Clarify and reinforce the accountability framework for Divisional teams to ensure sustained clinical standards and environmental cleanliness is consistently maintained	• Escalation SOP in place from mid August to ensure Divisional Directors of Nursing and PFI contractor held to account for sustained clinical standards and environmental cleanliness within 24 hours (working day) timescale	End Aug	In place. Reports to QGC monthly
5	Ensure consistent and sustained compliance with universal precautions including bare below the elbows, hand hygiene and Trust dress code	• 100% compliance with hand hygiene audit • Multidisciplinary team showing consistent application of universal precautions.	On-going	Monthly reporting to TIPCC/CGG/QGC

BAF RISK REFERENCE *Summary for Datix entry*	4 The Trust is unable to ensure efficient patient flow through our hospitals	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2299, 2689, 2709, 3482, 3483, 3646)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a failure to exit special measures and to attain STF funding	**INITIAL**	4	5		
	TARGET	3	3		
	PREVIOUS				
	CURRENT	4	5		

CONTEXT

STRATEGIC OBJECTIVE	Deliver safe, high quality compassionate patient care
GOAL	More productive services
CQC DOMAIN	Safe, Responsive, Effective

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Operating Officer
RESPONSIBLE COMMITTEE	Finance and Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Patient flow programme	Finance and Performance Governance Group/F&P Committee	1-2
2	RTT recovery plan/cancer plan/diagnostics plan	Finance and Performance Governance Group/F&P Committee	1-2
3	Capacity and demand modelling work	Finance and Performance Governance Group/F&P Committee	1-2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Capacity constraints – physical and staffing	ASR programme implementation/workforce strategy	Mar 2019	Bridge in progress P&C to review staffing Sept 2018
2	Lack of capacity within the out of hospital pathways	A&E delivery board system wide planning	On-going	Multi agency stranded patient meetings on both sites
3	Failure to adhere to professional	Enforcement by CMO	On-going	Embedded process of on call consultant attendance at lunchtime bed mtgs, non-compliance escalated to CMO

REF	GAP	ACTION	BY WHEN	PROGRESS
	standards			

BAF RISK REFERENCE *Summary for Datix entry*	5 Lack of a strategic demand management	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2689, 2709, 3482)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF there is a lack of a strategic plan which balances demand and capacity across the county THEN there will be delays to patient treatment RESULTING IN a major impact on the trust's ability to deliver safe, effective and efficient care to patients	**INITIAL**	4	5		
	TARGET	3	3		
	PREVIOUS				
	CURRENT	4	5		

CONTEXT

STRATEGIC OBJECTIVE	Design healthcare around the needs of our patients, with our partners
GOAL	Timely access to our services
CQC DOMAIN	Safe, Responsive, Effective

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Operating Officer
RESPONSIBLE COMMITTEE	Finance and Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	System level winter plan and escalation framework	A&E Delivery board	3
2	System escalation calls	NHS I/NHS E/CCGs on the calls	3
3	Capacity plans from partners	A&E Delivery Board	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Strategic system wide plan incorporating the increase in population over the next 5 years	Input into a system wide plan		
2	Confirmed winter plan in place	Winter plan developed	Oct 2018	Draft presented to F&P, Aug 2018, Trust

REF	GAP	ACTION	BY WHEN	PROGRESS
				Board, Sept 2018
3	Communications during Winter	Setup Winter Room	Oct 2018	
4	Staff and physical capacity	ASR programme – bridge built, extra wards staffed	March 2019	Progress to Trust board, Sept 2018

BAF RISK REFERENCE *Summary for Datix entry*	6 The Trust is unable to ensure financial viability and make the best use of resources for our patients.	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks *currently under development*)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the inability to invest in services to meet the needs of our patients.	**INITIAL**	3	5		
	TARGET	2	3		
	PREVIOUS				
	CURRENT	3	5		

CONTEXT

STRATEGIC OBJECTIVE	Ensure the Trust is financially viable and makes the best use of resources for our patients
GOAL	More productive services
CQC DOMAIN	Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Finance Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Weekly reporting	Review by NHS Improvement	3
2	Sustainability plan in place	Monitored by Trust Leadership Group and Finance and Performance Committee. Reported to Trust board.	1/2
3	Operational budgets developed at divisional and directorate level	Divisional fortnightly confirm and challenge/monthly performance review meetings	1
4	Process for the development of the Medium Term Financial Strategy	Discussed at F&P August 2018	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Lack of predictive information in reporting	Development of flash and trajectory reporting Development of detailed financial forecast	Sept 2018	In test mode In development

REF	GAP	ACTION	BY WHEN	PROGRESS
2	Capacity to support individual programme	Identification of resources for the PMO	Sep 2018	Resources being identified
3	Operational capacity to develop and deliver necessary programmes	SRO for work streams identifying resources needed	Dependent on work stream	Continually under review
4	Maintenance of cash liquidity	Apply for cash to the Department of Health and Social Care to ensure that the Trust remains a going concern	Monthly	On-going
5	Medium Term Financial Strategy (MTFS)	Develop a MTFS	Dec 2018	Process agreed at F&P Aug 2018

BAF RISK REFERENCE *Summary for Datix entry*	7 The Trust is unable to ensure financial viability and make the best use of resources for our patients.	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2744, 3481)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the IT infrastructure RESULTING IN the lack of ability to deliver safe, effective and efficient care to patients	**INITIAL**	3	5		
	TARGET	2	3		
	PREVIOUS				
	CURRENT	3	5		

CONTEXT

STRATEGIC OBJECTIVE	Ensure the Trust is financially viable and makes the best use of resources for our patients
GOAL	More productive services
CQC DOMAIN	Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Finance Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Capital prioritisation group constituted to prioritise capital spend	Decisions reviewed and endorsed by Strategy and Planning Group, TLG, F&P	1-2
2	Loan funding request	Overseen by Finance and Performance Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Inadequate liquidity	Restructuring of balance sheet	Tbd	In discussions with NHS I/Department of Health
2	Mechanism in place to fund priorities across the STP	Work with STP to pool capital resource for STP priorities	On-going	In discussions with STP partners
3	Area specific funding required	Access national targeted funds as become available	On-going	Project dependent
4	Robust capital prioritisation	Further refine and implement a capital prioritisation process to	March 2019	

REF	GAP	ACTION	BY WHEN	PROGRESS
	process	ensure limited resources used to best effect in the medium term		
5	Investment funds	Explore all avenues to unlock access to investment funds including bidding for ad hoc national funding	On-going	Discussion with STP partners

BAF RISK REFERENCE *Summary for Datix entry*	8 Ineffective IT systems	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2980)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not have effective IT systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience	**INITIAL**	4	4		
	TARGET	2	4		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Deliver safe, high quality compassionate patient care
GOAL	More productive services, Better quality patient care, Well Led
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Chief Finance Officer/Chief Medical Officer
RESPONSIBLE COMMITTEE	Finance & Performance Committee/ Quality Governance Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Digital working group constituted with clinical involvement	Strategy and Planning Group	1
2	Dedicated support in place to support development of strategy		0
3	Active membership of STP Digital work stream	STP Partnership board	3
4	Staff training in ICE and Bluespier	SQUID monitoring of viewed and filed results	0
5	Development of templates in Bluespier	SQUID monitoring of use of templates	0
6	Monitoring ICE and Bluespier	Divisional governance meetings	1
7	Reporting from divisional governance meetings	Divisional performance review meetings	1
8	Internal audit report on clinical systems	Internal audit/Audit and Assurance Committee	3
9	Data Quality Audits	Audit and Assurance Committee	3

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Lack of a Digital ICT strategy which includes working across the STP area	Digital Strategy to be developed	Oct 2018	Draft in place. Final to be presented to Trust Board
2	NED involvement in Strategy development	NED to be contacted	Sept 2018	NED being contacted
3	Implementation of agreed strategy	Action plan to be developed	Dec 2018	Not yet started
4	Lack of transparency in relation to reporting to Board Committee/Trust board on reading of results	Include monitoring in integrated performance report	Nov 2018	Currently being developed.
5	Risks associated with cybersecurity	Cybersecurity action plan to be implemented	On-going	
6	Resources (people and finance) to implement the cybersecurity action plan	Discussions held with SIRO	On-going	

BAF RISK REFERENCE *Summary for Datix entry*	9 Inability to sustain our clinical services	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks none)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we are unable to sustain our clinical services THEN the Trust will become unviable RESULTING IN inequity of access for our patients	**INITIAL**	4	4		
	TARGET	2	4		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Continuously improve our services to secure our reputation as the local provider of choice.
GOAL	More productive services
CQC DOMAIN	Responsive, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Strategy and Planning
RESPONSIBLE COMMITTEE	F&P Committee (Strategy and Planning Group)

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Trust clinical services strategy being developed	Trust Board	2
2	STP clinical strategy/reference group	STP Partnership Board	3
3	Strategic partnership agreement with University Hospitals Coventry and Warwickshire NHS Trust	Trust Board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Lack of clinical services strategy	Strategy being developed	Oct 2018	Early draft presented to Trust board, September
2	Specialised Commissioning support for strategic partnership proposals	Escalation to CEOs & STP Clinical Reference Group	Dec 2018	Memorandum of understanding in place. Partnership sub groups established.

BAF RISK REFERENCE *Summary for Datix entry*	10 Failure to deliver cultural change programme	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks tbd)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we do not deliver a cultural change programme. THEN we may fail to attract and retain staff with the values and behaviours required RESULTING IN lower quality care for our patients	**INITIAL**	3	5		⇔
	TARGET	1	5		
	PREVIOUS	3	5		
	CURRENT	3	5		

CONTEXT

STRATEGIC OBJECTIVE	Invest and realise the full potential of our staff to provide compassionate and personalised care
GOAL	Better quality patient care
CQC DOMAIN	Safe, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	4ward programme in place	Report to 4ward Steering Group/People and Culture Committee	1-2
2	People and Culture Strategy approved and action plan being implemented.	Report to People and Culture Committee	2
3	Freedom to Speak Up Guardian in place, policy approved, support network in place.	Report to People and Culture/Audit and Assurance Committees and Trust Board	2
4	Report from Health Education England in respect of junior doctors	People and Culture Committee	2
5	Range of policies in place to support staff in their day to day work e.g. occupational health	None	0

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Raise awareness about issues relating to	Communication campaign on Bullying and Harassment	Dec 2018	Currently being planned

REF	GAP	ACTION	BY WHEN	PROGRESS
	bullying and harassment			
2	Raise net culture scores and participation rates in key areas across the Trust	Further engagement sessions to be undertaken. Roll out of 'we do this by'	Oct 2018 Oct 2018	Work in train Work in train

BAF RISK REFERENCE *Summary for Datix entry*	11 Failure to recruit, retain and develop staff	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks 2873, 3485)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services RESULTING IN lower quality care for our patients	**INITIAL**	4	4		
	TARGET	2	4		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Invest and realise the full potential of our staff to provide compassionate and personalised care
GOAL	Timely access to our services; Better quality patient care; More productive services
CQC DOMAIN	Safe, Caring, Effective, Well led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of People and Culture
RESPONSIBLE COMMITTEE	People and Culture Committee

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Recruitment and Retention plan approved	Approved by Trust Board. Monitored through People and Culture Committee	2
2	Workforce transformation programme in place	Monitored through Trust leadership Group	1
3	People and Culture Strategy approved	Approved by Trust board. Monitored through People and Culture Committee	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	No agreed Education, Learning and Development Plan in place	Further work needed on the Plan	Nov 2018	Work continues
2	Further work on flexible working	Implementation of Timewise flexible working programme	Dec 2018	Additional resources being considered

REF	GAP	ACTION	BY WHEN	PROGRESS
3	Lack of national trust wide accreditation programme	Consider implementing Investors in People (IIP)	March 2020	
4	Review support for EU staff during transition phase	Utilise the HR employer support model for Brexit	March 2019	Tool has just been released. Currently reviewing how to roll out.
5	Health Education England reduction of funding for learning beyond registration	Comprehensive paper to the People and Culture Committee outlining the implications and opportunities for alternative funding	October 2018	

BAF RISK REFERENCE *Summary for Datix entry*	12 Reputational damage	**DATE OF REVIEW**	August 2018
DATIX REF	(linked to corporate risks none)	**NEXT REVIEW DATE**	November 2018

RISK DETAILS

RISK DESCRIPTION	RATING	L	C	R	CHANGE
IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	**INITIAL**	4	4		
	TARGET	2	3		
	PREVIOUS				
	CURRENT	4	4		

CONTEXT

STRATEGIC OBJECTIVE	Invest and realise the full potential of our staff to provide compassionate and personalised care Continuously improve our services to secure our reputation as the local provider of choice
GOAL	Better Quality Patient Care
CQC DOMAIN	Responsive, Effective, Well Led

ACCOUNTABILITY

CHIEF OFFICER LEAD	Director of Communication and Engagement
RESPONSIBLE COMMITTEE	Trust Board

CONTROLS AND ASSURANCE

REF	CONTROL	ASSURANCE	LEVEL
1	Proactive media management	Weekly report to trust board (real time news) Communications report to Trust Board	1-2
2	Internal programme of communication and engagement built around 4ward	Report to 4ward and People and Culture Committee	1-2
3	On-going programme of stakeholder engagement	Communication report to Trust Board	2

ACTIONS

REF	GAP	ACTION	BY WHEN	PROGRESS
1	Positive news stories	Proactive media management	On-going	
2	Better use of social media	Active use of social media channels	On-going	
3	Lack of stakeholder awareness	Regular stakeholder briefing	On-going	
4	Use of all possible communication channels	Continuous review of communications and engagement channels	On-going	

Glossary

N/A	Not applicable
CQC	Care Quality Commission
STF	Sustainability and transformation fund
QIS	Quality Improvement Strategy
CGG	Clinical Governance Group
QGC	Quality Governance Committee
ICE	Pathology and radiology reporting system
SQUID	Safety and Quality Information Dashboard
ACP	Advanced clinical practice
IPC	Ifection Prevention and Control
CNO	Chief Nursing Officer
ISS/Engie	Providers of support services under contract to the PFI
SOP	Standard operating procedures
CMO	Chief Medical Officer
ASR	Acute Services Review
EU	European Union
HR	Human Resources
NHS I	NHS Improvement
PMO	Project management office
SRO	Senior responsible officer
STP	Sustainability and transformation partnership
Tbd	To be determined

Proposed BAF Strategic risks mapped to the Trust Strategic Objectives, Goals and CQC domain

Strategic Objective	Strategic risk	Goal	CQC domain
1. **Deliver safe, high quality compassionate patient care**	1 IF we do not have in place robust clinical governance for the delivery of high quality compassionate care THEN we may fail to consistently deliver what matters to patients RESULTING IN negative impact on patient experience (including safety & outcomes) with the potential for further regulatory sanctions.	Better quality patient care Well led	Safe Caring Effective Well Led
	2 IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage	Better quality patient care	Safe Effective Well Led
	3 IF we do not deliver the statutory requirements under the Health and Social Care Act (Hygiene code) THEN there is a risk that patient safety may be adversely affected RESULTING IN poor patient experience and inconsistent/varying patient outcomes	Better quality patient care	Safe Effective Well Led
	4 IF we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning THEN we will fail the national quality and performance standards RESULTING IN a negative patient experience and a failure to exit special measures and to attain STF funding	More productive services	Safe Responsive Effective

Strategic Objective	Strategic risk	Goal	CQC domain
	8 IF we do not have effective IT systems which are used optimally THEN we will be unable to utilise the systems for the benefit of patients RESULTING IN poorly coordinated care for patients and a poor patient experience	More productive services Better quality patient care Well Led	Safe Effective Well Led
2. Design healthcare around the needs of our patients, with our partners	5 IF there is a lack of a strategic plan which balances demand and capacity THEN patients will be in the wrong place at the wrong time RESULTING IN a major impact on the trust's ability to deliver safe, effective and efficient care to patients	Timely access to our services	Safe Responsive Effective
3. Invest and realise the full potential of our staff to provide compassionate and personalised care	10 IF we do not deliver a cultural change programme. THEN we may fail to attract and retain staff with the values and behaviours required RESULTING IN lower quality care for our patients	Better quality patient care	Safe, Effective, Well Led
	11 IF are unable to recruit and retain sufficient numbers of skilled, competent and trained staff, including those from the EU THEN there is a risk to the sustainability of some clinical services RESULTING IN lower quality care for our patients	Timely access to our services Better quality patient care More productive services	Safe Caring Effective Well led
	12 IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care	Better Quality Patient Care	Responsive Effective Well Led

Strategic Objective	Strategic risk	Goal	CQC domain
4. Ensure the Trust is financially viable and makes the best use of resources for our patients.	6 IF we are unable to resolve the structural imbalance in the Trust's income and expenditure position THEN we will not be able to fulfill our financial duties RESULTING IN the inability to invest in services to meet the needs of our patients.	More productive services	Effective Well led
	7 IF we are not able to unlock funding for investment THEN we will not be able to modernise our estate, replace equipment or develop the IT infrastructure RESULTING IN the lack of ability to deliver safe, effective and efficient care to patients	More productive services	Effective Well led
5. Continuously improve our services to secure our reputation as the local provider of choice.	11 IF we are unable to sustain our clinical services THEN the trust will become unviable RESULTING IN inequity of access for our patients	More productive services	Responsive Effective Well led
	12 IF we have a poor reputation THEN we will be unable to recruit or retain staff RESULTING IN loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care		