

Report to:	Private Board of Directors	Agenda item:	10
Date of Meeting:	30 April 2020		

Title of Report:	Board Assurance Framework 2020/21
Status:	For Approval
Board Sponsor:	James Scott, Chief Executive
Author:	Adewale Kadiri, Head of Corporate Governance
Appendices	Appendix 1: BAF 2020/21 v10.1

1. Executive Summary of the Report

The Board Assurance Framework (BAF) is a key mechanism for ensuring that the Board is able to monitor those risks that could prevent the Trust from achieving its objectives. With the start of a new financial year, the BAF has been refreshed, with a number of new risks added, not least to reflect the impact of the COVID-19 pandemic. The Board is asked to pay particular attention to these new risks and the notional ratings that have been attached to them. Descriptions of the controls and assurances will be developed in conjunction with the executive directors over the coming weeks, as will the gaps and actions to fill them.

A new, hopefully simpler to use template is also being piloted, and feedback on this would be welcome.

2. Recommendations

The Board of Directors is asked to review the draft Board Assurance Framework and:

- Confirm the risk descriptions;
- Approve residual risk ratings;
- Provide any comment or feedback on the controls, assurances, and suggestions on gaps and actions;
- Identify any gaps where additional risks may need to be added to the BAF

3. Legal / Regulatory Implications

The Board of Directors is required to have a Board Assurance Framework in place for the year. In addition the Board Assurance Framework is one of the key sources of evidence to support the preparation of the Annual Governance Statement.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

The Board of Directors requires assurance that the Trust's priority objectives will be delivered, and must have regard to the key risks which may impact on this delivery. The Board Assurance Framework is the mechanism for monitoring the effectiveness of the controls that are in place to manage or mitigate these risks.

5. Resources Implications (Financial / staffing)

The production and maintenance of the Board Assurance Framework is the responsibility of the Head of Corporate Governance in conjunction with the relevant Executive Directors of the Trust.

6. Equality and Diversity

No issues have been identified in this report.

7.	References to previous reports
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This paper should be read in conjunction with the Strategic Framework for Risk Management, and quarterly update reports are presented to the Board.

8.	Freedom of Information
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Private – this document sets out key organisational risks which are confidential to the organisation.

Board Assurance Framework 2020/21

Overview

The draft Board Assurance Framework for 2020/21 is attached at Appendix 1 for the Board's consideration. The document contains a total of 12 risks, 8 of which have either been carried over in identical form from 2019/20 or have been slightly adapted. There are 4 new risks covering the following areas:

- BAF 4: The impact of COVID-19 in the short to medium term
- BAF 5: Failure to meet NHS Constitutional targets
- BAF 6: Failure to reduce carbon emissions and improve environmental sustainability
- BAF 11: Failure to invest in research.

For this year, a more deliberate attempt has been made to link the BAF to each one of the Trust's strategic goals, with the aim that the Board is constantly asking the question – what will prevent the organisation from meeting these objectives? Of course the BAF must remain a live and responsive document and it may well be that the answer to that question will change as the year unfolds.

New Risks

COVID-19

Clearly, this is the most topical risk on the framework, and the Board will no doubt wish to have a discussion about the way the risk has been described and whether this adequately captures both its short and medium term impacts. The rating that has been allocated should also be considered.

NHS Constitutional targets

In previous years, this risk has been incorporated within a wider discussion around a failure to maintain clinical standards. It has now been set out more explicitly to reflect the importance attached to these standards, and the difficulties that the Trust has had particularly in relation to the A&E 4 hour target.

Carbon emissions and the impact of climate change

This is of course another topical and important area, and although the Trust is making good progress, it is important that the Board maintains its focus on it, and that environmental sustainability remains a key consideration in all discussions about what the hospital should look like and should be doing in the future.

Research

Again, this is an area of relative success for the Trust, as one of the most active DGHs in the country. Its inclusion is a recognition of the importance for patient care and in terms of recruitment and retention of ensuring that the Trust continues to leverage clinical trial activity and innovation.

The Board will be aware that across these new risks, more work is needed to identify and describe the relevant controls and appropriate sources of internal and external assurance. This will be done in conjunction with the lead executives over the next few weeks, but any initial ideas and suggestions would be welcome.

Risks from the 2019/20 BAF that have not been carried forward

The following risks from the 2019/20 framework have not been carried forward or discernibly subsumed within a new description:

BAF 5: Impact of changes to the regulatory structure – this related mainly to the previous NHSI/E division of responsibilities which has now been addressed.

BAF 7: Failure to deliver the Estates Strategy – this may require further discussion in light on the one hand of the HIP2 funding, but on the other, the potential impact of COVID-19 on capital funding generally.

BAF 9: The impact of the failure of commissioners to respond to demographic change – it could be argued that the move to closer system based working across BSW potentially makes this less of a risk. However, the relationship between commissioners and providers is likely to evolve considerably as a result of COVID-19, and the Board may wish to revisit this area in future months.

BAF 11 – Rapid transformation of the wider system leading to less funding for the RUH – Again, this is a function of the traditional commissioner/provider split, which is likely to become less of a feature in light of more explicit system working and the realities of a post-COVID-19 world.

Next steps

In commenting on the function of the BAF going forward, the Board have stressed the importance of a link with the corporate risk register. The Head of Corporate Governance will work with colleagues to ensure that where necessary the BAF takes account of the highest rated corporate risks and vice versa.


Recommendations

The Board of Directors is asked to review the draft Board Assurance Framework and:

- Confirm the risk descriptions;
- Approve the residual risk ratings;
- Provide any comment or feedback on the controls, assurances, and suggestions on gaps and actions;
- Identify any gaps where additional risks may need to be added to the BAF

BAF 1	
Strategic objective	<ul style="list-style-type: none"> Recognised as a listening organisation, patient centred and compassionate Meet the individual needs of patients and carers, through high quality treatment and care throughout the patient journey: putting the patient at the heart of all we do. Quality improvement and innovation each and every day
Risk	If the Trust fails to capture or respond to patient experience feedback and learn from complaints, claims, incidents and inquests, it may result in avoidable patient harm, decrease in patient safety and outcomes, and a decrease in patient confidence in the Trust's services, further leading to regulatory intervention and adverse publicity that damage the Trust's reputation and could affect CQC registration.

Trust Values	Making a Difference	Lead Executive(s)	Medical Director and Director of Nursing & Midwifery
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial	30/04	4	4	16		ID	Score	Summary Risk Description
Current		4	2	8				
Target		4	1	4				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	8			

Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
Ward accreditation Programme and Ward Triangulation Table. Patient & Carers Experience Group Operational Clinical Governance Committee monthly meetings.	Internal assurances: Quarterly patient experience report to Quality Board. Quarterly Incidents, Claims and Inquests reports to Board of Directors. Serious Incident Investigation Reports to Operational Governance	


<p>Complaints and PALS systems and processes including monitoring themes.</p> <p>Duty of Candour processes and compliance monitored via Management Board.</p> <p>Being Open Policy.</p> <p>Internal Audit process.</p> <p>Participation in eQuest patient surveys.</p> <p>Participation in national patient surveys.</p> <p>Health Watch and CCG</p> <p>Bi-monthly meeting of the CCGs' Clinical Outcomes and Quality Assurance Committee which reviews and monitors all elements of the quality contract.</p> <p>Monthly Quality Board meeting.</p>	<p>Committee.</p> <p>Improvement plans following national patient surveys.</p> <p>Patient Stories at Board of Directors meetings and made available on intranet for staff.</p> <p>Delegation of any concerns by Board of Directors to Clinical Governance Committee. In addition, the Clinical Governance Committee has its own assurance workplan to which it adds items on a quarterly basis.</p> <p>Lead for Claims, Inquests and Risk meets regularly with Divisions to share learning.</p> <p>Improving Together has a breakthrough objective to improve patient safety. The driver metrics associated with this are to increase awareness of harm events as demonstrated by increased datix reporting, and the number of safety-related improvements implemented will also be tracked.</p> <p>Review of the patient safety priorities and Quality Account priorities by the Council of Governors' Quality Working Group.</p> <p>Executive 'Go and See Walks'.</p> <p>External assurances: CQC report 2018 contains significant commentary about the Trust demonstrating it is a learning organisation.</p> <p>Monthly Friends and Family Scores.</p> <p>Annual CQC Picker Results (national patient surveys).</p> <p>Council of Governors – feedback from members and the public.</p> <p>KPMG internal audit reviews</p> <p>External Well-Led review undertaken in 2018.</p> <p>KPMG internal audit review of Duty of Candour gave significant</p>	
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	assurance. An action plan has been developed and is being delivered. CQC liaison meetings with core services.	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 2	<ul style="list-style-type: none"> Be an outstanding place to work where staff can flourish Be a flexible and dynamic employer of choice, providing rewarding careers, staff support, clear and open communications and compassionate leadership
Strategic objective	
Risk	If shortages in the supply of registered nurses, doctors and other healthcare professionals impacts on the Trust's ability to fill vacancies, it will affect the provision of consistently safe and high quality care, workload, staff morale and resilience. This will impact on the Trust's status as an employer of choice in the local area, further reducing the ability to recruit and retain staff, and further impacting on patient care and experience.

Trust Values	Everyone Matters	Lead Executive(s)	Director for People
Latest Review Date		Board Monitoring Committee	People Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial	30.4	4	4	16		ID	Score	Summary Risk Description
Current		4	2	8				
Target		4	2	8				
Risk Appetite								


Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)	
	8				
Key Controls (what are we doing about the current risk?)		Assurance on Controls (How do we know if the things we are doing are having an impact?)			Level/Change
Improving Together Programme – investment in staff. Trust Membership of QUEST Investment in staff engagement and team development N&MW Strategy 2017 - 2020 Medical, Nursing and Midwifery and scientific workforce Planning Groups N&M Recruitment & Retention Group and action plan Ongoing international recruitment programme Trust and Divisional workforce plans		Internal Assurance Workforce Reports and risks to Strategic Workforce Committee Monthly Workforce Metrics Reports to Management Board and Board of Directors Stress Audits EAP monthly reports People Committee review and challenge Director ward/department ‘Go and See Walks’			

Talent management and succession planning programme. Leadership Strategy Preceptorship Policy for Nurses, Midwives and AHPs Occupational Health and Employee Assistance Programme Values embedded Trust objectives, appraisal process and recruitment Agency controls and rota support Neutral vendor contract in place for nurse agency (with Bristol Trusts) Electronic staffing dashboard Implementation of Allocate rostering system	Friends and Family Test for staff quarterly survey results. 'Go Engage' quarterly survey results Health & wellbeing Activities monitored via H&W steering group Monthly monitoring of staff survey actions at Strategic Workforce Committee N&M Recruitment & Retention Plan reviewed at monthly N&M Recruitment & Retention Group Effect of Neutral Vendor contract being tracked at monthly N&M Workforce Planning Group Meetings External Assurance Annual Staff Survey Results Annual Patient Survey Results Friends and Family Test results E&Y Well-Led assessment in 2018	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 3	
Strategic objective	<ul style="list-style-type: none"> Continue to place patient safety and quality improvement at the heart of all we do. Meet individual needs of patients and carers, through high quality treatment and care throughout the patient journey: putting the patient at the heart of what we do. Quality improvement and innovation each and every day.
Risk	If the Trust fails to maintain clinical standards, through inadequate clinical practice or failures of governance, this may result in avoidable patient harm and a deterioration in patient safety and outcomes, failure to comply with regulatory standards, and could lead to regulatory intervention, adverse publicity, reputational damage, and loss of confidence by patients and the local community.

Trust Values	Making a Difference	Lead Executive(s)	Medical Director and Director of Nursing & Midwifery
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	5	20		ID	Score	Summary Risk Description
Current	30/4	4	2	8				
Target		4	1	4				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	8			

Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
<p>Ward accreditation Programme and Ward Triangulation Table.</p> <p>Nursing and Midwifery peer audit programme.</p> <p>Monitoring through Action Groups: Dignity and Privacy, Nutrition and Hydration.</p>	<p>Internal assurances:</p> <p>Reports on Safety and Quality to Management Board, Quality Board, Board of Directors and Clinical Governance Committee.</p> <p>Discussion at Monthly Executive Performance Review meetings with Divisions.</p>	


<p>Ward Quality Dashboard and performance framework (including escalation).</p> <p>CQC Insight data.</p> <p>Duty of Candour processes and compliance monitored via Management Board.</p> <p>Clinical Outcomes Group meetings.</p> <p>Morbidity and Mortality Group meetings.</p> <p>Clinical Governance Committee meetings.</p> <p>Monthly Executive Performance Review meetings with Divisions.</p> <p>Bi-monthly Mortality Review Group.</p> <p>Deteriorating Patient Steering Group</p> <p>Infection, Prevention and Control metrics presented quarterly to Board of Directors within Quality paper.</p> <p>Mortality Review Group</p> <p>Patient Safety Driver metrics on divisional scorecard</p>	<p>Triangulation of Executive 'Go and See Walks' via Executive Huddle Meetings.</p> <p>Mock CQC inspection of areas rated by the CQC as "requires improvement".</p> <p>Self-assessment of the core services against the CQC's domains undertaken. Core service leads in depth review and challenge through divisional performance meetings, Quality Board and by Executive leads (including review of evidence and performance data).</p> <p>Nursing Intensive Support Clinical Review process in place – reporting to Divisional performance meetings.</p> <p>Ward and Outpatient accreditation programme developed aligned to the CQC standards and continuous improvement and monitoring system.</p> <p>Ward staffing reviews now revised and in place.</p> <p>Never events reviewed via CGC</p> <p>Learning from Deaths reviewed quarterly by Board of Directors.</p> <p>External assurances: Regular review of Dr Foster data.</p> <p>Outcome of commissioner visits to clinical areas and reports of the visits.</p> <p>External Agency Visits</p> <p>Feedback from patient experience.</p> <p>Outcomes and feedback from bi-monthly meeting of the CCGs' Clinical Outcomes and Quality Assurance Committee which reviews and monitors all elements of the quality contract.</p> <p>Outcomes of reviews by peers or regulators; eg; CQC IRMER inspection, NHSE review of chemotherapy services, NHSI IP&C review, PH peer</p>	
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	<p>review etc.</p> <p>Review of progress in addressing recommendations from 2018 CQC inspection.</p> <p>CQC liaison meetings with core services.</p> <p>Internal Auditor review of CQC action plan given significant assurance</p>	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 4	Recognised as a listening organisation, patient centred and compassionate
Strategic objective	
Risk	<p>If the Trust fails to effectively manage the pressures of the COVID-19 outbreak and treat infected patients, it will fail to reduce the number of seriously illnesses and deaths arising from the outbreak.</p> <p>Failure to support the relevant clinical teams will lead to poor morale, increases in sickness absence and increased pressures on other members of staff. Failure to effectively manage non-COVID-19 patients who are admitted to the hospital at the same time could increase the overall pressure on the hospital, and lead to a loss of confidence in the Trust from the local community.</p> <p>Failure to effectively manage the ending of the outbreak and learn lessons will mean that the Trust is under prepared for any future outbreak</p>

Trust Values	<ul style="list-style-type: none"> Everyone matters Making a difference Working together 	Lead Executive(s)	Rebecca Carlton, Chief Operating Officer
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Impact	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		5	4	20		ID	Score	Summary Risk Description
Current		5	3	15				
Target		5	2	10				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	15			


Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
<ul style="list-style-type: none"> Following daily and weekly guidance provided by national bodies including Public Health England, Department of Health and NHSI/E Gold, Silver and Bronze Command structure that is responsible for the strategic, tactical and day to day management of the response to the outbreak (in line with Major incident response) 	<ul style="list-style-type: none"> Daily tracking of agreed performance metrics Assessment against Project plan to increase capacity within the organisation and the wider community (beds, staff & equipment) Three times per week BSW Gold call to provide additional layer of assurance that plans are in place and delivering 	

<ul style="list-style-type: none"> Executive team oversight of the response and challenge provided to the actions that are being taken Full Board of Director oversight 		
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
<ul style="list-style-type: none"> Ability to accurately forecast national and local modelling impact National supply of Personal Protective Equipment (PPE) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Local modelling of impact and daily monitoring of actual performance Tracking of PPE stock control and usage 	<ul style="list-style-type: none"> 	

BAF 5	Review, challenge and support the actions we take to improve our performance against national standards; with regard to equality and diversity, and in response to research, evidence and best practice
Strategic objective	
Risk	If the Trust fails to meet the NHS Constitutional targets (RTT 18 weeks, diagnostic 6 weeks, A&E 4 hours and cancer waits), patients will experience poor quality of care and potentially adverse outcomes, the Trust's reputation with its regulators, commissioners, patients and the local community will deteriorate, and the Trust could be subject to regulatory intervention. This would also affect morale among staff and potentially make the trust a less favourable place to work.

Trust Values	Making a Difference	Lead Executive(s)	Chief Operating Officer
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	5	20		ID	Score	Summary Risk Description
Current	30/4	4	4	16				
Target		4	3	12				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	16			


Key Controls <i>(what are we doing about the current risk?)</i>	Assurance on Controls <i>(How do we know if the things we are doing are having an impact?)</i>	Level/Change
Detailed challenge and support at Management Board Regular oversight from Board of Directors and at Clinical Governance Committee Ongoing internal delays review in relation to DTOCs Divisional performance reviews	Internal: CGC assurance of processes surrounding key risks and issues Detailed operational performance report to Board Board level debate of key risks and issues Internal audit reports External	

	NHSI Single Oversight Framework rating CQC Insights Report	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 6	<ul style="list-style-type: none"> Be a sustainable organisation that is fit for the future Work to reduce our environmental impact
Strategic objective	
Risk	Failure to reduce the Trust's carbon emissions and improve its environmental sustainability in line with the required trajectory will call into question the Trust's status as a good corporate citizen and have a significant negative impact on efforts to reduce the improve sustainability across the Bath and North East Somerset area. It could also lead to penalties being imposed by the local authority, and will be damaging to the Trust's reputation.

Trust Values	<ul style="list-style-type: none"> Everyone matters Making a difference Working together 	Lead Executive(s)	Brian Johnson, Director of Estates and Facilities
Latest Review Date		Board Monitoring Committee	Non-Clinical Governance Committee

Risk Rating	Date	Impact	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current	30/4	4	3	12				
Target		4	2	8				
Risk Appetite								


Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	12			

Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
Quarterly reporting on carbon emissions, energy and water use, and waste reduction to the Non-Clinical Governance Committee and the Board of Directors	<p>Internal</p> <p>Feedback from staff as to how sustainable the Trust is.</p> <p>Feedback from NCGC</p> <p>External</p> <p>Outcome of the assessment of the Trust's sustainability credentials against targets developed by the Sustainable Development Unit</p>	

	<p>Feedback from patients, governors and visitors on the steps that the Trust is taking to improve its environmental sustainability</p> <p>External audits</p> <p>Increases or reductions in energy and water use</p>	
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BAF 7	<ul style="list-style-type: none"> Work together with our partners to strengthen our community Work in partnership with organisations and groups to build joined-up holistic patient care for all communities in our healthcare region, including looking after population health Share in the responsibilities of leadership in our healthcare economy and region, driving forward innovative and collaborative approaches to deliver healthcare improvements and efficiencies
Strategic objective	
Risk	The Trust fails to deliver its financial target or control total, and this leads to a loss of confidence in the Trust's ability to deliver without a higher level of central control, and could lead to regulatory intervention. Within the health economy, the pressures lead to difficult organisational relationships leading to problems in aligning strategic direction and creating an effective and cohesive health and social care system.

Trust Values	<ul style="list-style-type: none"> Everyone Matters Working Together Making a Difference 	Lead Executive(s)	Director of Finance
Latest Review Date		Board Monitoring Committee	Audit Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current	30/4	4	3	12				
Target		4	2	8				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	12			


Key Controls (<i>what are we doing about the current risk?</i>)	Assurance on Controls (<i>How do we know if the things we are doing are having an impact?</i>)	Level/Change
Strategic Plan Annual Business/Operational Plan Financial Plan and financial reporting	Internal Assurance: Monthly Finance and Contract Monitoring Reports to Board of Directors and Management Board Monthly CQUIN Scorecard reports to Management Board and Quality	

<p>Five Year Financial Strategy in place</p> <p>STP Financial Recovery Plan</p> <p>RUH Clinical Commissioning Reference Groups Terms of Reference</p> <p>Clinical Engagement Group</p> <p>CCG Engagement Meetings</p> <p>Stakeholder Engagement Plan</p> <p>PESTLE and SWOT Analysis</p> <p>Business Planning Process.</p> <p>RUH senior staff attendance at Clinical Senate and Clinical Network meetings.</p> <p>CCG QIPP working group</p>	<p>Board</p> <p>Clinical Commissioning Reference Group.</p> <p>CCRG Sub-Group (Elective Demand Management Group) to review areas where demand is increasing.</p> <p>Contract Review Board meeting.</p> <p>Audit Committee</p> <p>External Assurance:</p> <p>Contracts agreed before the start of the financial year with the local Clinical Commissioning Groups</p> <p>Dr Foster data re market share</p> <p>Regular Executive-to-executive communications with BaNES CCG regarding system QIPP delivery</p> <p>STP engagement.</p> <p>Contract Review Board</p> <p>1:1 between Trust and CCG Executives</p> <p>Full engagement in Sustainability and Transformation Partnership (STP) by Executives and Chair with monthly scheduled meetings of the STP</p>	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 8	<ul style="list-style-type: none"> Work in partnership with organisations and groups to build joined-up holistic patient care for all communities in our healthcare region, including looking after population health Share in the responsibilities of leadership in our healthcare economy and region, driving forward innovative and collaborative approaches to deliver healthcare improvements and efficiencies
Strategic objective	
Risk	<p>Demand for services across the BSW footprint is not matched by supply and/or the system is not adequately funded. The lack of capacity planning across the system, and the lack of community and social care capacity would have a knock on effect on patient flow.</p> <p>Failure of the system to engage in working across organisational boundaries to deliver unified, seamless care, and the failure of hospital care that connects timely decision making with safe effective and early discharge could increase the pressure on Trust services and negatively impact the quality of care patients receive. This could result in increasing “stranded” patients, increased risk to patient safety and higher likelihood of patient deterioration and readmission, and an inability to deliver against performance targets.</p>

Trust Values	<ul style="list-style-type: none"> Everyone Matters Working Together Making a Difference 	Lead Executive(s)	Chief Operating Officer
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current		4	3	12				
Target		3	2	6				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)


Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
STP Engagement	System-wide A&E action plan regular review and challenge by NHSI/E	
Sharing risk of discharge with commissioners	Wiltshire Health & Care Board meetings (and BaNES equivalents)	

<p>Improving Together Programme and introduction of daily improvement huddle targeting whole hospital response</p> <p>Contracting/partnering with tertiary providers in Bristol and elsewhere</p> <p>A&E Delivery Board (AEDB) chaired BSW Chief Executive</p> <p>Partners in Wiltshire Health & Care</p> <p>Wiltshire Integrated Care Board</p> <p>BaNES Integrated Alliance Board</p> <p>Wiltshire delivery group – a system partner forum to drive transformation</p> <p>Business planning of demand and capacity at specialty level 19/20</p> <p>Locally developed performance trajectories against improvement plans</p> <p>Effective treatment and discharge planning at ward level</p> <p>Strategic goal set as strengthening partnerships across the wider system</p> <p>:True North with breakthrough objective Discharges before Midday</p>	<p>Emergency Care strategy via the UCCB.</p> <p>Winter Plan 19/20 supported by Clinical Cabinet – continuation of forum to support emergency care flows</p> <p>Improving Together programme and roll out of A3 thinking for improvement plans and particularly UTC/Minors and ED 4hrs Local scorecards monitoring locally owned metrics connecting to the True North.</p> <p>Q4 elective demand and capacity plan agreed</p>	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 9	<ul style="list-style-type: none"> Live our values, so every member of staff knows they matter and are making a difference Share in the responsibilities of leadership in our healthcare economy and region, driving forward innovative and collaborative approaches to deliver healthcare improvements and efficiencies
Strategic objective	
Risk	If the Trust is unable to maintain and develop across the organisation leadership that can motivate and bring staff on the organisational development journey, this may lead to disengagement, and inconsistency in the adoption of the Trust's values and culture across the organisation, resulting in reduced staff morale and poorer patient outcomes.

Trust Values	<ul style="list-style-type: none"> Everyone Matters Working Together Making a Difference 	Lead Executive(s)	Chief Executive & Director for People
Latest Review Date		Board Monitoring Committee	People Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current		4	3	12				
Target		4	2	8				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	12			


Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
Talent management and succession planning project Engagement with SW Leadership Academy Aspire Programme for 'ready now' directors Improving Together Programme (executive support workstream, management system training and capability building work stream)	Internal Staff survey action plans monitored through Strategic Workforce Committee meetings Go Engage survey and team development toolkit Challenge and feedback through TCNC meetings Monitoring through Improving Together Programme Board	

Executive team development programme, extended to Management Board membership Board development programme Organisational values	People Committee External Well-Led assessment undertaken in 2018	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

Strategic objective	BAF 10
Risk	If the Trust fails to deliver against its strategy, the objective that it has set itself, in consultation with internal and external stakeholders, will not be met. This could lead to the Trust failing to secure improvements in the quality of services, the experience of patients using those services and in establishing greater collaboration with partners across the local and regional health and social care system

Trust Values	<ul style="list-style-type: none"> Everyone Matters Working Together 	Lead Executive(s)	Chief Executive and Director of Strategy
Latest Review Date		Board Monitoring Committee	Board of Directors

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current		4	3	12				
Target		4	2	8				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	12			


Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
Strategic and Business Planning Processes Annual Strategy Refresh process Capacity and Demand analysis Board of Directors Strategic Planning Away Days Regular SWOT analyses updates Horizon scanning Joint Needs Assessment process	Internal: Trust Board and Board sub-committee structures Management Board Strategic planning self-assessment process Executive Performance Reviews Internal audit External:	

<p>Improving Together Status Exchange Process</p> <p>Better Care Plans set out planned impact.</p>	<p>A&E Delivery Board, including representation from all BSW CCG, Somerset CCG and South Gloucestershire to allow whole Trust perspective.</p> <p>NHSI Oversight Meetings</p> <p>Contract Review Board</p> <p>Clinical Commissioning Reference Board</p> <p>Full engagement in Sustainability and Transformation Partnership (STP) by Executives and Chair with monthly scheduled meetings of the STP:</p> <p>STP Board</p> <p>Acute Care Alliance</p> <p>STP Finance Meeting</p>	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

BAF 11	Enable patients to participate in research, and give them access to research undertaken
Strategic objective	
Risk	Failure to invest in research and to create and adapt to new ways and working and techniques prevents the Trust from taking advantage of the latest innovations. This would mean that patients are potentially at a disadvantage, and it may affect the Trust's ability to attract staff who would want to work at the cutting edge of clinical practice.

Trust Values	<ul style="list-style-type: none"> Working Together Making a Difference 	Lead Executive(s)	Medical Director
Latest Review Date		Board Monitoring Committee	Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		4	4	16		ID	Score	Summary Risk Description
Current		4	3	12				
Target		4	2	8				
Risk Appetite								


Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	12			

Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

Strategic objective	BAF 12
Risk	<p>If there is a disorderly EU Exit that does not adequately plan for the needs of the health service, the Trust's ability to operate a full suite of services for patients may be affected, for example:</p> <ul style="list-style-type: none"> - The Trust may no longer have access to staff resource from the EU due to immigration rule changes; - The availability of key resources, including certain medicines and medical consumables (such as radio-pharmacy isotopes, blood products etc.) may be affected; - There may be cost inflation for resources from the EU due to reduced availability (including additional inflation of capital costs); - Key support services such as radiology, nuclear medicine and pathology may be at risk due to the inability to access parts for equipment manufactured in the EU; - The Trust's capital plans may be put at risk due to contractors losing workforce or being unable to access supplies; - Wider system risks may occur that increase operational pressure on the Trust e.g. lack of care home staff resulting in care home closures; <p>This would result in a reduced level of care for patients and potentially lead to patient harm and possible financial and reputational risk to the Trust.</p>

Trust Values	<ul style="list-style-type: none"> • Everyone Matters • Working Together 	Lead Executive(s)	Chief Operating Officer – SRO: Deputy Chief Executive
Latest Review Date		Board Monitoring Committee	Audit Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
Initial		5	4	20		ID	Score	Summary Risk Description
Current		4	4	16				
Target		4	1	4				
Risk Appetite								

Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)
	16			

Key Controls (what are we doing about the current risk?)	Assurance on Controls (How do we know if the things we are doing are having an impact?)	Level/Change
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<p>Regular external reporting to regional office on a range of government-led programmes to prepare for Brexit</p> <p>Regular internal reporting to the Management Board led by Deputy COO</p>	<p>Internal assurances: EU exit Resilience Group, led by Deputy COO</p> <p>External assurances: Attendances at BANES CCG led EU Exit planning group, requesting date to recommence meetings.</p>	
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Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C

APPENDIX A: RISK GRADING CRITERIA

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its Consequence (the scale of impact on objectives if the risk event occurs) and its Likelihood (the probability that the risk event will occur). The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical or psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	There is a risk that other providers could innovate more quickly and deliver more services which add to the cost pressures in the system leading to a reduction in funding available for RUH services without reduction in expenditure. Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR or other agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint or inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment or service Gross failure of patient safety if findings not acted on Inquest or ombudsman inquiry Gross failure to meet national standards

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective or service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective or service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendation or improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss or interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood Score

The Likelihood Score is calculated by determining how likely the risk is to happen according to the following guide. Scores range from 1 for rare to 5 for almost certain.

Score	Descriptor	Description
1	Rare	Extremely unlikely to happen/recur – may occur only in exceptional circumstances – has never happened before and don't think it will happen (again)
2	Unlikely	Unlikely to occur/reoccur but possible. Rarely occurred before, less than once per year. Could happen at some time
3	Possible	May occur/reoccur. But not definitely. Happened before but only occasionally - once or twice a year
4	Likely	Will probably occur/reoccur. Has happened before but not regularly – several times a month. Will occur at some time.
5	Almost Certain	Continuous exposure to risk. Has happened before regularly and frequently – is expected to happen in most circumstances. Occurs on a daily basis

The **Risk Score** is determined by the Consequence (Severity) x Likelihood.

	Consequence				
Likelihood	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 – Almost Certain	5	10	15	20	25
4 – Likely	4	8	12	16	20
3 – Possible	3	6	9	12	15
2 – Unlikely	2	4	6	8	10
1 – Rare	1	2	3	4	5