Report to:	Public Board of Directors	Agenda item:	8
Date of Meeting:	29 July 2020		

Title of Report:	Board Assurance Framework 2020/21
Status:	For Discussion
Board Sponsor:	Libby Walters, Interim Chief Executive
Author:	Adewale Kadiri, Head of Corporate Governance
Appendices	Appendix 1: BAF 2020/21 v10.2

1.	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.

This is the Board's second view of the refreshed BAF for 2020/21. It remains a work in progress, but gaps in controls and assurance, and actions to address these have been identified for most of the risks. These will be challenged and strengthened in the coming months with more detailed scrutiny at the Board committees. The Board is asked to note the impact of the COVID-19 pandemic on the various risks and to determine whether this has been properly addressed in each case.

The BAF is attached at Appendix 1 for the Board's consideration. When it was first presented at the April meeting, the Board was informed of the new risks as below

- 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: Transformation of the wider system leading to a funding shortfall for the RUH.

More work has now been done on the framework, with gaps in controls and assurance being identified in respect of most risks (still awaited for BAF7, 8, 11 and 12), as well as actions to address these.

With regard to BAF 8, this risk is to be re-calibrated to better reflect the issue under consideration, which is the need for system thinking in order to better manage current and future demand. Similarly, with regard to BAF 11, this risk is to be re-worked as the way it is currently drafted does not reflect the way in which the RUH works within and engages with the BSW ICS.

BAF 12 (disorderly exit from the EU) has been retained on the BAF as it remains unclear whether an agreement will be reached, but it is not clear whether there are at present any actions that need to be taken.

Another new risk has now been added – BAF 13 (failure to undertake risk assessments in relation to the impact of COVID-19 on 'high risk' staff). While this is of course an important issue for the Trust, it should be noted that its inclusion on the BAF has been mandated. The Director for People will be able to provide an update on the Trust's progress in this area.

The Committees will continue to pay particular attention to the risk ratings, but any views that the Board may have at this stage would be welcomed.

2.	Recommendations

The Board of Directors is asked to review the Board Assurance Framework and:
- Confirm the risk descriptions;
- 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.
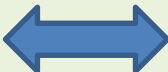
7.	References to previous reports

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

Public.

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BAF 1	
Strategic objective	• 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		
						ID	Score	Summary Risk Description
Initial	30/04	4	4	16	⟷			
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				

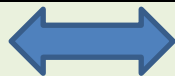| Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
Ward accreditation Programme and Ward Triangulation Table. Patient & Carers Experience Group Complaints and PALS systems and processes including monitoring themes.	**Internal assurances:** Quarterly patient experience report to Quality Board. Quarterly Incidents, Claims and Inquests reports and Learning from Deaths to CGC and Board of Directors.	

Duty of Candour processes and compliance monitored	Improvement plans following national patient surveys.
Being Open Policy.	Patient Stories at Board of Directors meetings and made available on intranet for staff.
Internal Audit process.	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.
Participation in eQuest patient surveys.	
Participation in national patient surveys.	Lead for Claims, Inquests and Risk meets regularly with Divisions to share learning.
Monthly Quality Board meeting.	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.
	Review of the patient safety priorities and Quality Account priorities by the Council of Governors' Quality Working Group.
	Executive 'Go and See Walks'.
	External assurances: Monthly Friends and Family Scores.
	Annual CQC Picker Results (national patient surveys).
	Council of Governors – feedback from members and the public.
	External Well-Led review undertaken in 2018.
	KPMG internal audit review of Duty of Candour gave significant assurance. An action plan has been developed and is being delivered.
	CQC liaison meetings with core services.
	Health Watch feedback and commissioned work
	Programme of regular CQC liaison meetings and core service liaison

		meetings		

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
	Embedding learning from serious incidents	Serious Incident Panel in the process of being set up as a sub-group of the refreshed Quality Board to oversee investigations and learning from incident and Duty of Candour breaches	July 2020	
		Implementing actions arising from the Serious Incident internal audit review	Sept 2020	
	Consistency of processes for ensuring quality on wards and clinical areas	Ward triangulation process being reviewed against True North measures and CQC domains	Sept 2020	
Hiatus in CCG quality assurance work since the BSW merger		Director of Nursing and Midwifery to engage with BSW CCG	Sept 2020	
	Feedback from friends and family	A new process for obtaining feedback from friends and family is to take effect from 1 July 2020. This will ask questions about patients' overall experience and others that are linked to True North measures	Dec 2020	

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BAF 2 Strategic objective	• 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
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		
						ID	Score	Summary Risk Description
Initial	30.4	4	4	16	⬌			
Current		4	2	8				
Target		4	2	8				
Risk Appetite								
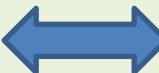
Risk Score	Q1 (Apr May Jun)	Q2 (Jul Aug Sept)	Q3 (Oct Nov Dec)	Q4 (Jan Feb Mar)	
	8				

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.	**Internal Assurance**	
Trust Membership of QUEST	Workforce Reports and risks to Strategic Workforce Committee	
Investment in staff engagement and team development	Monthly Workforce Metrics Reports to Management Board and Board of Directors	
N&MW Strategy 2017 - 2020		
Medical, N&M, AHP and scientific workforce Planning Groups	Stress Audits	
N&M Recruitment & Retention Group and action plan	EAP monthly reports	
Ongoing international recruitment programme	People Committee review and challenge	
Trust and Divisional workforce plans	Director ward/department 'Go and See Walks'	

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

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
No current approved Leadership Strategy				
	Vacancies in key roles (e.g Associate Director of Organisational and People Development	Recruitment to key posts underway	June 2020	
Resourcing of BSW strategic workforce planner		HEE funding for BSW strategic workforce planner	June 2020	
Effectiveness of BSW Local Workforce Action Board				
Effective and responsive rostering system		Allocate being rolled out to replace existing electronic dashboard	Sept 2020	

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BAF 3	
Strategic objective	• 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		
						ID	**Score**	**Summary Risk Description**
Initial		4	5	20				
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				

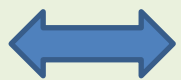| Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
Ward accreditation Programme Nursing and Midwifery peer audit programme. Monitoring through Action Groups: Dignity and Privacy, Nutrition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

Hydration.

Ward Quality Dashboard and performance framework (including escalation).

CQC Insight data.

Duty of Candour processes and compliance monitored via Management Board.

Clinical Outcomes Group meetings.

Morbidity and Mortality Group meetings.

Clinical Governance Committee meetings.

Monthly Executive Performance Review meetings with Divisions.

Bi-monthly Mortality Review Group.

Deteriorating Patient Steering Group

Infection, Prevention and Control metrics presented quarterly to Board of Directors within Quality paper.

Mortality Review Group

Patient Safety Driver metrics on divisional scorecard

Divisions.

Triangulation of Executive 'Go and See Walks' via Executive Huddle Meetings.

Mock CQC inspection of areas rated by the CQC as "requires improvement".

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).

Nursing Intensive Support Clinical Review process in place – reporting to Divisional performance meetings.

Ward and Outpatient accreditation programme developed aligned to the CQC standards and continuous improvement and monitoring system.

Ward staffing reviews now revised and in place.

Never events reviewed via CGC

Learning from Deaths reviewed quarterly by Board of Directors.

External assurances:
Regular review of Dr Foster data.

Outcome of commissioner visits to clinical areas and reports of the visits.

External Agency Visits

Feedback from patient experience.

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.

	Outcomes of reviews by peers or regulators; eg; CQC IRMER inspection, NHSE review of chemotherapy services, NHSI IP&C review, PH peer review etc. Review of progress in addressing recommendations from 2018 CQC inspection. CQC liaison meetings with core services. Internal Auditor review of CQC action plan given significant assurance	

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
	Consistency of processes for ensuring quality on wards and clinical areas	Ward triangulation process being reviewed against True North measures and CQC domains	Sept 2020	
Effectiveness of audit programme		Nursing and Midwifery peer review programme under review	Sept 2020	
	Consistent use of Improving Together to help drive improvements in clinical standards	Embedding the use of driver and tracker metrics into the monthly executive performance review meetings with the divisions	Dec 2020	
Implementation of a Quality Strategy		To be launched in the autumn and overseen by Quality Board	Sept 2020	
	Ability for staff to raise concerns about poor clinical standards	Monthly meetings with the Freedom to Speak Up Guardian to continue	Sept 2020	

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BAF 4	Recognised as a listening organisation, patient centred and compassionate
Strategic objective	
Risk	**If the Trust fails to effectively manage the pressures of the COVID-19 outbreak for both patients and staff directly infected, it will fail to maintain safe levels of care and treatment. The Trust will also not be able to offer urgent clinical care for patients not infected with Coronavirus as capacity and staffing levels will not support safe delivery of care.** **There is a secondary risk related to public confidence in accessing healthcare providers which may result in patients not seeking help in an emergency in both primary and secondary care. This may result in patients presenting t the Trust late and with advanced symptoms.** **There is also the risk that the Trust will fail to effectively manage the transition back to the wider range of clinical activity, with the result that services are unable to cope with demand, patient safety is compromised and staff morale is affected.**

Trust Values	• 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		
						ID	**Score**	**Summary Risk Description**
Initial		5	4	20				
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				

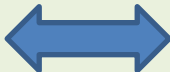| Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
• Following daily and weekly guidance provided by national bodies including Public Health England, Department of Health and NHSI/E • Gold, Silver and Bronze Command structure that is responsible for	• Daily tracking of agreed performance metrics • Assessment against Project plan to increase capacity within the organisation and the wider community (beds, staff & equipment)	

the strategic, tactical and day to day management of the response to the outbreak (in line with Major incident response) • Executive team oversight of the response and challenge provided to the actions that are being taken • Full Board of Director oversight • BSW system response and engagement with regional critical care network • Clinical Pathway group supporting COVID and non-COVID activity pathways	• Gold action log and risk register • Regular bed and resources modelling to ensure capacity and/or resources to support clinical services • Specific PPE tracking via Gold to ensure 72+ hour provision in all PPE supply lines.	

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
Ability to accurately forecast national and local modelling impact		Local modelling of impact and daily monitoring of actual performance Learning from Weston	Ongoing	
National supply of Personal Protective Equipment (PPE)		Tracking of PPE stock control and usage	Ongoing	
Effective risk management with regard to certain classes of staff including those from a BAME background		Provision of holistic support from team and divisional level up, including via Occupational Health	Ongoing	
Pressure on resources as a result of restart		Active consultation with divisions and services in terms of PPE requirement, bed numbers, staffing and social distancing requirements	Ongoing	

BAF 5	Review, challenge and support the actions we take to improve our performance against national standards; with regard to equality and

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Strategic objective	diversity, and in response to research, evidence and best practice
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.** **Impact of Covid-19 Incident Response – as a result of the Covid-19 pandemic, there has been a reduction in patients accessing healthcare coupled with a need to postpone many routine activities in response to the Covid demand on services. This has resulted in a reverse of impacts on our national standards. A&E 4 hour performance has improved during the pandemic whilst a negative impact on RTT, diagnostic and cancer pathways has been seen.**

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		
						ID	Score	Summary Risk Description
Initial		4	5	20	⟷			
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			
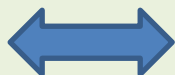
Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
Detailed challenge and support at Management Board Regular oversight from Board of Directors and at Clinical Governance Committee	**Internal:** CGC assurance of processes surrounding key risks and issues Detailed operational performance report to Board Board level debate of key risks and issues	

Ongoing internal delays review in relation to DTOCs	Internal audit reports
Divisional performance reviews	
Phase 2 COVID Response Programme Board and sub-group structure	**External**
	NHSI Single Oversight Framework rating
	CQC Insights Report

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
Ability to maximise site capacity to manage increased demand for elective care – social distancing impact and site layout		Assessing options of environmental enhancements to increase ward and outpatient waiting room capacity Working with Independent Sector partners to maximise use of IS capacity	July 2020 Q3/4 20/21	
	Unknown unmet need for healthcare as patients have not accessed primary and secondary care due to the perceived risk of Covid-19	Liaising with GP colleagues to look at different ways of supporting patient needs and building patient confidence National communication plan Local communication plan	Ongoing	

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BAF 6	• Be an environmentally sustainable organisation that is fit for the future
Strategic objective	• Reduce our environmental impact by reducing our carbon emissions and our carbon footprint • To become carbon neutral by 2050 in line with the climate change act (2008) • To implement and maintain an RUH strategic vision for sustainability
Risk	**As a major organisation in B&NES and (the NHS) being a major contributor to UK carbon emissions, failing to enable an appropriate strategy and outcomes for year on year reduction in the RUH environmental impact and carbon emissions will lead to a failure to meet the 2050 carbon neutral target. It may also result in future regulatory intervention and a decrease in staff and public confidence leading to adverse publicity that damages the Trusts' reputation.**

Trust Values	• Everyone matters • Making a difference • Working together	Lead Executive(s)	Brian Johnson, Director of Estates and Facilities
Latest Review Date	25 June 2020	**Board Monitoring Committee**	Non-Clinical Governance Committee

Risk Rating	Date	Impact	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
						ID	Score	Summary Risk Description
Initial		4	4	16	⬅➡			
Current	25/6	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	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
• Monthly, quarterly and annual review and reporting on energy and CO2 performance (elec, gas, fuel oil, waste, water) • Development of new 5 year sustainability plan (2020-2025)	**Internal Assurance** • Monthly E&F Divisional Board receives data on energy and CO2 performance and trend • Monthly E&F EPR receives data on energy and CO2 performance	

- Development of carbon reduction trajectory (to 2030)
- Annual collection and review of measured Scope 1 and Scope 2 emissions[1]
- Adoption of the NHS Sustainable Development Unit tool for assessing and auditing our sustainability credentials[2]
- Development of behavioural change program with support from University of Bath.
- Move to 'green' energy supply contracts by April 2021

and trend
- Improving Together program includes carbon reduction (sustainability) as True North
- Quarterly reporting of sustainability to NCGC and feedback
- Feedback from NCGC
- Annual update and review of SDAT scoring
- RUH Water supply company (Water2business) are engaged to provide additional audits on water consumption, identifying peak usage (potential leaks) until April 2021.
- Financial review/reporting via finance team on quarterly and annual utility expenditure.

External Assurance
- Annual ERIC submission to NHSi
- Feedback from patients, governors and visitors on the steps that the Trust is taking to improve its environmental sustainability

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
Inability to obtain sufficiently detailed measurement of energy use		Commissioning more sub-metering	Apr 2021	
Delivery of 5 year sustainability and carbon reduction targets		Implementation of Sustainable Development Management Plan	Mar 2021	
Implementation of behavioural change programme at divisional level				
Timeliness of move to 'green' energy supply contracts				

[1] Scope 1 emissions - **Direct Emissions** from the activities of an organisation or under their control. Including fuel combustion on site such as gas boilers, standby generators. Scope 2 emissions - **Indirect Emissions** from electricity purchased and used by the organisation.
[2] Sustainable Development Assessment Tool – SDAT

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BAF 7	
Strategic objective	• 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
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		Lead Executive(s)	Director of Finance
	• Everyone Matters • Working Together • Making a Difference		
Latest Review Date		**Board Monitoring Committee**	Audit Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
						ID	**Score**	**Summary Risk Description**
Initial		4	4	16	⟷			
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
Strategic Plan	**Internal Assurance:**	

Annual Business/Operational Plan	Monthly Finance and Contract Monitoring Reports to Board of Directors and Management Board
Financial Plan and financial reporting	Monthly CQUIN Scorecard reports to Management Board and Quality Board
Five Year Financial Strategy in place	
STP Financial Recovery Plan	Clinical Commissioning Reference Group.
RUH Clinical Commissioning Reference Groups Terms of Reference	CCRG Sub-Group (Elective Demand Management Group) to review areas where demand is increasing.
Clinical Engagement Group	Contract Review Board meeting.
CCG Engagement Meetings	Audit Committee
Stakeholder Engagement Plan	
PESTLE and SWOT Analysis	
Business Planning Process.	**External Assurance:**
RUH senior staff attendance at Clinical Senate and Clinical Network meetings.	Contracts agreed before the start of the financial year with the local Clinical Commissioning Groups
	Dr Foster data re market share
CCG QIPP working group	Regular Executive-to-executive communications with BaNES CCG regarding system QIPP delivery
	STP engagement.
	Contract Review Board
	1:1 between Trust and CCG Executives
	Full engagement in Sustainability and Transformation Partnership (STP) by Executives and Chair with monthly scheduled meetings of the STP

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

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BAF 8	
Strategic objective	• 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
Risk	**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.** **Failure of the system to engage in working across organisational boundaries to deliver unified, seamless care 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.**

Trust Values	• Everyone Matters • Working Together • Making a Difference	Lead Executive(s)	Chief Operating Officer
Latest Review Date		**Board Monitoring Committee**	Clinical Governance Committee/Non-Clinical Governance Committee

Risk Rating	Date	Consequence	Likelihood	Score	Change since last month	Related BAF & Corporate Risk Register Entries		
						ID	Score	Summary Risk Description
Initial		4	4	16	⟷			
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)*

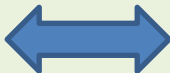| Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
STP Engagement	System-wide A&E action plan regular review and challenge by NHSI/E	
Sharing risk of discharge with commissioners	Wiltshire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

Improving Together Programme and introduction of daily improvement huddle targeting whole hospital response	Emergency Care strategy via the UCCB.	
Contracting/partnering with tertiary providers in Bristol and elsewhere	Winter Plan 19/20 supported by Clinical Cabinet – continuation of forum to support emergency care flows	
A&E Delivery Board (AEDB) chaired BSW Chief Executive	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.	
Partners in Wiltshire Health & Care		
Wiltshire Integrated Care Board		
BaNES Integrated Alliance Board	Q4 elective demand and capacity plan agreed	
Wiltshire delivery group – a system partner forum to drive transformation		
Business planning of demand and capacity at specialty level 19/20		
Locally developed performance trajectories against improvement plans		
Effective treatment and discharge planning at ward level Strategic goal set as strengthening partnerships across the wider system :True North with breakthrough objective **Discharges before Midday**		

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

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BAF 9	
Strategic objective	• 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
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	• 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		
						ID	**Score**	**Summary Risk Description**
Initial		4	4	16	⟷			
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) Diversity and Inclusion Strategy - recruitment	**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	People Committee	
Board development programme	**External** Well-Led assessment undertaken in 2018	
Organisational values		

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
The regional talent management programme has been paused		A local talent management programme is being piloted	Sept 2020	
	Reduced staff survey return rate	Ongoing development of staff engagement strategy and integration of team development into Improving Together training	Sept 2020	

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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	• 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	
						ID	Score	Summary Risk Description
Initial		4	4	16	⟷			
Current		4	3	12				
Target		4	2	8				
Risk Appetite								

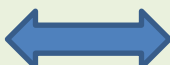| Risk Score	Q1 *(Apr May Jun)*	Q2 *(Jul Aug Sept)*	Q3 *(Oct Nov Dec)*	Q4 *(Jan Feb Mar)*
	12			

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	**Internal:**	
Annual Strategy Refresh process	Trust Board and Board sub-committee structures	
Capacity and Demand analysis	Management Board	
Board of Directors Strategic Planning Away Days	Strategic planning self-assessment process	
Regular SWOT analyses updates	Executive Performance Reviews	
Horizon scanning	Internal audit	
Joint Needs Assessment process	**External:**	

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

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
Management Board effectiveness		The structure, purpose and focus of Management Board is under review – shorter more focused meetings are now held weekly. A review of this new structure is to be held at the end of June	Jul 2020	
Improving Together	During the peak of the COVID-19 emergency, use of the formal Improving Together methodology was paused, and the rolling out of training has not yet re-commenced	Monitoring of the Trust's performance and strategic projects at Management Board using the Improving Together methodology is to resume.	Jul 2020	
	System based service development	The Trust is fully engaged in the BSW ICS development programme, and is working closely with its partners to develop robust governance processes to enable effective decision making. The Trust also remains an active part of the Acute Hospitals Alliance.	Ongoing	

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Strategic objective	BAF 11
Risk	**There is a risk that the drive for rapid transformation of the wider health system and increased community based capacity (including private providers shifting resources away from the Trust) leads to a reduction in funding available for RUH services and transformation without means for an equivalent reduction in expenditure and/or disintegration of the current STP alliances.**
QI1	

Trust Values		Lead Executive(s)	Director of Strategy
Latest Review Date		**Board Monitoring Committee**	Non-Clinical Governance Committee

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

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

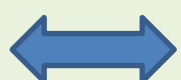| Key Controls *(what are we doing about the current risk?)*	Assurance on Controls *(How do we know if the things we are doing are having an impact?)*	Level/ Change
Relationships: Proactive relationship management approach including commissioners, GPs, acute, community providers and public Joint working initiatives e.g. FLOW discharge pathways, MDT care homes pilot, STP Acute Alliance, pathology hub and spoke governance discussions, Urgent Care Centre partnership, Integrated Care Alliance Joint forums e.g. STP, Clinical Commissioning Reference Groups, Commissioning College, Wiltshire Health and Care Partnership Board, A&E	**Internal:** Reported levels of stakeholder engagement in planning and change programmes Stakeholder mapping and relationship audits STP and Integrated Care Development updates to Board and Strategic Assurance Committee by CEO Triangulation of STP, strategic and annual plans down to specialty level.	

Delivery Board, Health and Wellbeing Boards, Somerset STP Acute Settings of Care and Clinical Forum, Local Health Economy Communications Group

Associate Medical Director accountability for GP Engagement Programme

System-wide clinical charter and strategy

Planning:

Long term integrated planning across health community – STP framework and evolving Integrated Care Partnership and Alliances

Dedicated Business Development Team including private patient and overseas manager and support

Research and Innovation Director role focused on partnerships and new development opportunities

Improving Together infrastructure ensuring regular strategy and service model review and improvement

Dedicated Major Projects core Team ensuring delivery of benefits to time and budget

Strong QIPP delivery framework and budget management processes

Estates redevelopment programme focused on capacity management

Strong stakeholder engagement ethos including co-development of strategic plans

3-5 year strategic planning process and regular review

Robust annual operational planning and contracting processes

Active exploration of and documented processes for decision making around new income opportunities and utilisation of spare capacity including tenders/ commercial/fundraising

Financial and Commercial risk assessments

Monitoring:

Performance and Contract Management Systems

Regular Management Board and Board Meetings

Finance, Financial Risk and Performance Monitoring Reports to Board of Directors and Management Board

Contract Review Board

Strategic Planning Audit

Strategic Assurance Committee ToR and agendas plus development of Improving Together Strategy Deployment Room.

Board of Director Away Day agendas and annual Board review of organisational SWOT

RUH Redevelopment Business Cases

Quarterly Business plan review by Board of Directors and Management Board

Process reviews by non-clinical governance committee

Regular reports on major projects to Management Board and Board of Directors

Commercial Transactions Steering Group TOR and minutes

Post project implementation reviews

CoG strategy and outreach groups

External:

STP plan, clinical forum, risk assessment and financial model/monitoring

WH&C performance reports to RUH board

Direct contractual relationships and business plans with local system providers e.g. Virgin Care (e.g. Sexual Health Services); BEMS (e.g. Urgent Care Centre Tender); STP Acute Alliance; Wiltshire Health and Care

NHS long term plan and funding arrangements/ assurances

Better Value Better Care Group – review of Model Hospital and strategic QIPP

Clinically led, Service Line Management approach		

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

Strategic objective	BAF 12
Risk	**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:** - **EU workforce may leave the Trust due to ongoing uncertainties;** - **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;** **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.**
QI1	

Trust Values		**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		
						ID	**Score**	**Summary Risk Description**
Initial								
Current		4	4	16	⟷			
Target								
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
Regular external reporting to regional office on a range of government-led programmes to prepare for Brexit Regular internal reporting to the Management Board led by Deputy COO	**Internal assurances:** EU exit Resilience Group, led by Deputy COO Task & Finish Group to recommence meetings in August 2019. From 1st October to meet weekly. All Risks reviewed in August 2019. **External assurances:** NHSE to share lessons learnt from previous EU Exit planning. RUH completed lessons learnt review in May 2019. Guidance from NHSE informing Trusts not to stockpile medicines, as this is being managed nationally All previous NHSE submission re procurement and risks completed. Board of Director report in September 2019. Management Board report in August 2019. Review learning from desk top scenarios between New Year and end of March 2019. Additional table top exercise completed on clinical supplies in October 2019. Attendance at regional executive workshop in September 2019. Completion of regional NHSE request for 'Temperature Check' of Trust readiness. No issues identified by Regional EU Exit Lead. Attendances at BANES CCG led EU Exit planning group, requesting date to recommence meetings. RUH attended local system (BSW) EU exit scenario testing in March 2019 and October 2019.	

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

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	BAF 13
Strategic objective	Be an outstanding place to work where staff can flourish
Risk **QI1**	There is clear and emerging evidence of the risk factors that result in higher prevalence and acuity of Covid-19. If the Trust does not undertake risk assessments with staff identified as 'high risk', we will fail in our legal duty to protect the health, safety and welfare of our staff.

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

Risk Rating	**Date**	**Impact**	**Likelihood**	**Score**	**Change since last month**	**Related BAF & Corporate Risk Register Entries**		
						ID	**Score**	**Summary Risk Description**
Initial	26/6/20	4	3	12				
Current	15/7/20	4	2	8				
Target	1/8/20	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**
Completion of risk assessment • Roll-out of nationally recommended risk assessment document • HR Business Partner support for line managers • Employee Assistance support for staff who request it, including access to counsellors who specialise in support for BAME staff • Staffing Solutions completion of risk assessments with Bank staff identified as being at risk • Regular Trust-wide communications across all channels • Letters sent directly to the homes of BAME staff members and staff who are shielding about the risk assessment process and support	• Central collation of Covid-19 risk assessments to ensure corporate oversight of completion and quality • Daily publication of completion rate at Trust, divisional, speciality and ward / team level • Review of progress at Covid-19 Gold Command meetings • Daily reporting to NHSI/E • All local documentation approved through Covid-19 Workforce Group and Gold Command where appropriate • Scrutiny through People Committee	

available
- Identification of 'very high risk' staff using Electronic Staff Record to identify priority risk assessments
- Engagement in all national and regional discussions about achieving completion of risk assessments to ensure we are up to date and to learn from good practice
- All material – risk assessments, letters, other communications – shaped by the BAME Staff Network (Fusion Network) and tested with other staff to ensure documents are easy to understand

Supporting health, safety and welfare of staff
- Occupational Health support and guidance for staff identified as being at risk, including clear trigger points in risk assessment for OH support
- Clear scoring system within risk assessment to ensure appropriate action to be taken
- Clarity about which parts of the hospital are appropriate working environments, dependent upon risk assessment score
- Signposting to Employee Assistance Programme in all material, recognising, for example, that those returning from shielding are likely to feel anxious

Gaps in Control	Gaps in Assurance	Actions to Address Gaps in Controls and Assurances	Due Date	L/C
- National guidance on those considered 'at risk' is inconsistent and constantly changing - National guidance on data requirements is inconsistent and constantly changing	As at 15/7/20 79% of BAME risk assessments completed and 35% of other 'high risk' risk assessments completed	- Broaden the communication to raise awareness of those considered to be 'at risk' in line with changing guidance - Broaden the monitoring and incorporate into daily publication of completion rates - Further HR Business Partner engagement with line managers	1/8/20	

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

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	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 breech of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendation or improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches 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.

Likelihood	Consequence				
	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