

Board Assurance Framework (BAF) 2018/19 (Revised v1)

Strategic objective	Board Committee	Enabling Strategy
1. Our Patients: Providing consistently safe, responsive, high quality care	Quality Governance Committee	Clinical Strategy Quality Strategy
2. Our Services: Providing efficient and financially sustainable services	Finance Service Improvement and Delivery Committee	Digital Strategy Estates Strategy
3. Our People: Providing services by staff who demonstrate our values and behaviours	Workforce and Organisational Development Committee	People Strategy

SO 1. Providing consistently safe, responsive, high quality care

Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Delivering harm free care: reduction in pressure ulcers, falls and infection rates													
1a	Delivering harm free care: reduction in pressure ulcers, falls and infection rates	DoN	4138 4141 4144 4156	<p>Deterioration in safety and effectiveness of medical care and treatment caused by lack of compliance to Trust clinical policies, guidelines and pathways</p> <p>Non compliance with infection prevention and control regulations and standards</p> <p>Unsafe staffing levels on the wards and departments</p> <p>High nursing agency usage</p> <p>Uncontrolled outbreak of serious infectious disease caused by fundamental failure or application of infection control measures.</p>	<p>CQC Domains, Hygiene Code</p> <p>Local policies for PU prevention and Falls risk assessment</p> <p>RCN staffing standards</p> <p>NQB staffing standards</p>	<p>Primary defined safe staffing levels</p> <p>Clinical Governance Arrangements</p> <p>Quality and Safety Imp Prog</p> <p>Secondary Ward Accred Prog</p> <p>Quality improvement plans</p> <p>Quality Account</p> <p>Tertiary CQC Report</p>	<p>Insufficient housekeeping resource</p> <p>Poor cleaning audit compliance</p> <p>Bed Occupancy Rates</p> <p>High nursing vacancy rate</p>	<p>Golden hour walk rounds</p> <p>Increased supervision of housekeeping staff</p> <p>Housekeeping business case</p> <p>Exploring increasing anti-microbial support</p> <p>Restructured Trust IPC committee</p> <p>Ward Accreditation</p>	<p>Pressure Ulcer Reduction Plan</p> <p>Falls Reduction Plan</p> <p>CAUIT reduction plan</p> <p>Monitoring through QGC</p>	QGC	<p>No assurance received in relation to:-</p> <p>- Bed Occupancy</p> <p>- Nurse Staffing</p>	None identified	RED

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 1. Providing consistently safe, responsive, high quality care													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Improve our safety culture by delivering the Quality and Safety Improvement plan													
1b	Improve our safety culture by delivering the Quality and Safety Improvement plan	DoN	4042 4146 4145 4142	Deterioration in the safety and effectiveness of nursing and medical care Trust governance systems not fit for purpose Lack of structure to share learning Financial Special Measures	CQC	Primary Safe staffing policies Secondary Safer data Tertiary	High medical and nursing vacancy rate High sickness rate	R & R programme Cohort recruitment Financial Efficiency Programme Implementation of medical bank Strong nursing bank Appointment of Governance Lead	Monitoring through QSIB	QGC	Quality and safety improvement plan for 2018/19 not received	None identified	RED
Objective: Initiate the implementation of E prescribing													
1c	Initiate the implementation of E prescribing	DCEO	4157	Inadequate Business Case Failure to secure capital funding Inadequate clinical engagement; and implementation plans.	CQC MHRA	Primary CRIB/ FSID review of Business Secondary CMB Digital Strategy Board Tertiary NHS Digital maturity assessment	Capital not identified	Funding application to NHSI/ review of 19/20 capital priorities	ICT assurance report.	FSID	Bid submitted. Still lack assurance re Business Case Funding still not agreed.	Business Case submitted – need to monitor	Amber

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 1. Providing consistently safe, responsive, high quality care													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Strengthening our clinical governance and risk identification: developing a positive and open reporting culture as a learning organisation													
1d	Strengthening our clinical governance and risk identification: developing a positive and open reporting culture as a learning organisation	MD	4043 4154	Trust found to be systematically non-compliant with clinical governance regulations and standards caused by issues with design or application of local policies and procedures	CQC CCG	Primary Datix reporting SI processes Secondary DoC compliance report to QGC/TB Tertiary IA Pharmacy, prescribing and medicines management IA Learning from deaths IA Divisional Risk Management CQC IA Duty of Candour	Low level of compliance with DoC Backlog of incidents Low compliance with NICE guidelines and tech appraisals	Performance management through PSC Dedicated resource to address SI backlog	Patient Experience Report to QGC Incident Report to QGC	QGC	Not assessed	Not assessed	Not assessed

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 1. Providing consistently safe, responsive, high quality care													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Patient experience reflects our ambition as a Trust to put patients and safety first													
1e	Patient experience reflects our ambition as a Trust to put patients and safety first.	DoN	-	Adverse publicity High Bed Occupancy Recruitment & Retention Staff culture and behaviour Staff morale	CQC National patient survey NICE	Primary Patient Experience Strategy Secondary Staff Charter Listening and Responding to concerns FTSUG	High nursing & medical vacancies Implementation of clinical strategy Insufficient data intelligence	R&R work programme Patient experience strategy workplan Volunteers strategy Data analytics project	Patient Experience Report to QGC	QGC	Not assessed	Not assessed	Not assessed

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 2. Our Services: Providing efficient and financially sustainable services													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Design and Implement a revised leadership and performance management framework													
2a	Design and Implement a revised leadership and performance management framework	CEO	-	Ineffective consultation process resulting in lack of engagement	CQC	Primary Task and finish group Secondary Tertiary IA Data Security Standards IA Divisional Governance IA Divisional Risk Management KPMG Review Well Led Assessment Staff Survey CQC	-	-	CEO Update to TB	TB	For the assurance committee to assess	For the assurance committee to assess	For the assurance committee to assess
Objective: Preparing for a comprehensive Electronic Patient Record													
2b	Preparing for a comprehensive Electronic Patient Record	DCEO	-	Inadequate business case Failure to secure capital funding Risk of delivery due to competing demands, resource.	CQC	Primary Business Case-CRIB/FSID review Secondary CMB/ Digital Strategy Board Tertiary NHS Digital Maturity Assessment.	Capital funding beyond 18/19 not identified	STP funding application/national funding programme for EPR (tbc)	IG ICT Assurance Report	FSID	Business Case still in process	Committee will review in September 2018	Red

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 2. Our Services: Providing efficient and financially sustainable services													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Delivering the trajectories to achieve operational performance targets in 2018/19 planning guidance													
2c	Delivering the trajectories to achieve operational performance targets in 2018/19 planning guidance	COO	4175 4176	Volume of emergency demand and planned care significantly exceeds the ability of the Trust to manage it resulting in prolonged adverse impact	CQC	Primary Delivery of Theatre productivity programme Delivery of outpatient productivity programme Acute Services Review 100 day improvement prog Operational management arrangements Secondary Performance Report Tertiary NHSI Quarterly Review CQC	Workforce constraint ASR/STP not progressing at required pace	Continued full engagement in STP and ASR programmes	Operational Delivery Plan	FSID	Gaps relate to staffing and capacity. Increased demand above plan No evidence of right capacity plans in place. National benchmarking plan.	Improvement trajectories are mainly on track.	Red
Objective: Deliver financial target agreed by Trust Board													

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 2. Our Services: Providing efficient and financially sustainable services													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
2d	Deliver financial target agreed by Trust Board	DoF	4061	Under achievement of financial efficiency savings Loss of income Reduction in cash liquidity affecting ability to meet obligations Failing of key financial controls and grip and control measures Financial penalties for failure to deliver the terms of commissioner contract	CQC NHSI CCG	Primary Annual Plan signed off by TB Directorate workshops Secondary Fin Turnaround Group PRM Oversight Tertiary IA Integrity of General Ledger IA Key Financial Systems IA Pay expenditure HOIA Opinion Ext Audit opinion KPMG Reviews	Efficiency plans not in place	Directorate workshops to confirm schemes	Finance Report	FSID	FEP - Plans and Delivery Run rate still not on track Cash availability to support deficit.	FRP Turnaround Director appointment FTG – external support	Red
Objective: Development of estates strategy and investment programme to reduce backlog maintenance and eradicate critical infrastructure risk													

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 2. Our Services: Providing efficient and financially sustainable services													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
2e	Development of estates strategy and investment programme to reduce backlog maintenance and eradicate critical infrastructure risk	DoE	3520 3690 4003 3687 3688 3720 3721 3722 3689 3723	Trust cannot demonstrate statutory compliance with fire enforcement notices Delay in STP delays development of estates strategy Failure and lack of resilience in old and obsolete infrastructure	CQC	Primary Estates policy and procedures Fire safety action plan Secondary Tertiary PLACE CQC HSE Fire Inspections Model Hospital				FSID	STP Delays Only addressing part of infrastructure	External monies secured SET and LCB Clinical Strategy/ ASR outcome Sighted on risks.	Amber
Objective: Delivering the ULH related elements of the Lincolnshire Single System Plan													
2f	Delivering the ULH related elements of the Lincolnshire Single System Plan	Deputy CEO	tbc	Trust Objectives not aligned to single system plan Failure of system to deliver their elements of ULHTs plans Failure of ULHT to delivery Annual Plan objectives	NHSE NHSI	Primary ULHT plan (incorporates single system plan required) Secondary BAF and Board performance report STP Exec	STP single plan by monitoring process	STP Exec	Board performance reports	FSID	Monitoring/ not assessing the SSP yet.	SET	Amber

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 2. Our Services: Providing efficient and financially sustainable services													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Design, consultation and implementation of Acute Services Review													
2g	Design, consultation and implementation of Acute Services Review	DCEO	-	Failure of system to agree clinical models Failure to complete pre consultation Business case Failure to consult in a timely manner Failure to attract capital/revenue to support change	CQC NHSE NHSI	Primary ASR steering group Clinical Strategy Review Board Secondary 2021 Programme Board SET/LCB Tertiary NHSE/NHSI oversight	Lack of single governance model	Agreement of decision making process/governance models at LCB/SET	Clinical Strategy report to 2021 Board Trust Board review	FSID	PCBC may fail to deliver on time	SET LCB	Red
Objective: Deliver inpatient ward reconfiguration at Pilgrim Hospital Boston													
2h	Deliver inpatient ward reconfiguration at Pilgrim Hospital Boston	COO	-	Unable to reconfigure staffing models and complete workforce change in the required timescale Unable to finalise 8b ward upgrade Risk of delivery due to completing demands, resource	CQC	Primary Reconfiguration group Secondary Productive Services Delivery Board Tertiary CQC Model Hospital	-	-	Operational Plan updates	FSID	No assurances received	Assurance report sought for meeting in August	Red

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 3. Our People: Providing services by staff who demonstrate our values and behaviours													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Workforce skills and numbers: A workforce that is fit for purpose, reflects our clinical strategy and is affordable													
3a	Workforce skills and numbers: A workforce that is fit for purpose, reflects our clinical strategy and is affordable	DHR	4140 4153 3001 4078 4079 4080 4082	Significant deterioration in nursing staff capacity/ capability across the Trust resulting in unplanned closure or sustained disruption to services Significant deterioration in medical staff capacity/ capability across the Trust resulting in unplanned closure or sustained disruption to services Increased reliance on temporary workforce results in unplanned expenditure impacting on financial position Loss of experienced workforce in short timeframe caused by age profile of workforce Loss of trainees as a result of poor training experience causing disruption to services and impacting on reputation	CQC HEE	Primary Workforce operational plan Recruitment framework and associated policies Leadership programme Appraisal process Agency cost reduction plan Secondary Tertiary Staff Survey Exit Interviews CQC Report	Vacancy Rates Proportion of workforce which is temporary Turnover rates Non Medical appraisal and core learning targets not being achieved	Launch of new leadership programme Launch of individual performance management system Holding managers to account for ensuring staff have completed core learning and appraisal	People Strategy and Workforce Operational Plan reports to W&OD	W&OD	For the assurance committee to assess	For the assurance committee to assess	For the assurance committee to assess

Board Assurance Framework (BAF) 2018/19 (Revised v1)

SO 3. Our People: Providing services by staff who demonstrate our values and behaviours													
Ref	What the Organisation aims to deliver (outcome required)	Delivery Lead	Ref on risk reg	What may prevent this objective being met	Link to standards	Identified Controls	Control Gaps	Control Gaps Mitigation	Assurance Report	Assurance Committee	Assurance Gaps Where not gaining effective evidence	Assurance Gap Mitigation	Assurance rating
Objective: Engagement through change: A workforce that is engaged with what the Trust is seeking to achieve and its values													
3b	Engagement through change: A workforce that is engaged with what the Trust is seeking to achieve and its values	DHR	4081 4083	Low staff morale, lack of job satisfaction and uncertainty about the future resulting in poor quality service, patient experience and reputational damage Delays in management of organisational change process adversely affecting reputation, confidence of staff regulators and partner organisations	CQC	Primary Leadership programme Appraisal Process Secondary Quarterly Report from FTSU Guardian to Board Workforce performance in IPR Tertiary IA Compliance with Public Sector Equality Duty Staff Survey Exit Interviews CQC Report	2017 staff survey results concerns re levels of engagement and morale Non Medical appraisal and core learning targets not being achieved	Pulse Survey in July 2018 Regular engagement report to W&OD and TB Directorates considering own response to staff survey results Staff charter and vision and values	People Strategy and Workforce Operational Plan reports to W&OD	W&OD	For the assurance committee to assess	For the assurance committee to assess	For the assurance committee to assess

Board Assurance Framework (BAF) 2018/19 (Revised v1)

The BAF management process

The Board assigns each strategic objective to a lead assurance committee for regular review. The role of the lead assurance committee is to:

- Review the assurance rating, based on evidence provided in reports from the lead executives, and recommend any changes to the Board
- Evaluate reports and risk assessments provided by the lead executives against each area of risk (as part of their regular work programme) and rate the level of assurance that can be given to the Board
- Identify any gaps in assurance and ensure these are addressed with the lead executive for future meetings of the committee
- Identify any gaps in primary controls and ensure the lead executive has appropriate plans in place to address them

To facilitate this process, each lead assurance committee will need to receive regular reports from lead executives which provide sufficient management information and analysis of relevant key risks including an up to date corporate risk assessment, to enable the committee to make a judgement as to the level of assurance that can be provided to the Board.

All reports to assurance committees should first have been reviewed and approved by the lead executive.

Key to controls

Primary Controls – Interventions closest to risk/department

Secondary controls – Organisational oversight that would identify deviation

Tertiary controls – Third party – independent oversight

Key to committee assurance ratings:



Green = Positive assurance: the Committee is satisfied that effective controls are definitely in place and appropriate assurances are available



Amber = Inconclusive assurance: the Committee believes effective controls are in place but assurances are uncertain and/or possibly insufficient



Red = Negative assurance: the Committee is not satisfied that effective controls are in place and/or appropriate assurances are not available to Board

Board Assurance Framework (BAF) 2018/19 (Revised v1)

Risk Scoring Guide

Risk type	Severity score & descriptor (with examples)				
	1 Very low	2 Low	3 Moderate	4 High	5 Very high
Harm (physical or psychological)	Significant but not permanent harm affecting a small number of patients, staff or visitors within a single location.	Significant but not permanent harm affecting a large number of patients, staff or visitors within a single location.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors within a single directorate.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors across more than one directorate.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors throughout the Trust.
Service disruption	Manageable, temporary disruption to peripheral aspects of service provision affecting one or more services.	Noticeable, temporary disruption to essential aspects of service provision reducing the efficiency & effectiveness of one or more services.	Temporary, unplanned service closure affecting one or more services or significant disruption to efficiency & effectiveness across multiple services.	Extended, unplanned service closure affecting one or more services; prolonged disruption to services across multiple directorates / sites.	Indefinite, unplanned general hospital or site closure.
Compliance & reputation	Limited impact on public, commissioner or regulator confidence. e.g.: Small number of individual complaints / concerns received.	Noticeable, short term reduction in public, commissioner and / or regulator confidence. e.g.: Recommendations for improvement for one or more services; concerns expressed in local / social media; multiple complaints received.	Significant, short term reduction in public, commissioner and / or regulator confidence. e.g.: Improvement / warning notice for one or more services; independent review; adverse local / social media coverage; multiple serious complaints received.	Significant, long-term reduction in public, commissioner and / or regulator confidence. e.g.: Special Measures; prohibition notice for one or more services; prosecution; sustained adverse national / social media coverage.	Fundamental loss of public, commissioner and / or regulator confidence. e.g.: Suspension of CQC Registration; Parliamentary intervention; vitriolic national / social media coverage.
Finances	Some adverse financial impact (unplanned cost / reduced income / loss) but not sufficient to affect the ability of the service / department to operate within its annual budget.	Noticeable adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more services / departments to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more directorates to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of the organisation to achieve its annual financial control total.	Significant aggregated financial impact (unplanned cost / reduced income / loss) affecting the long-term financial sustainability of the organisation.

Likelihood score & descriptor (with examples)				
1 Extremely unlikely	2 Quite unlikely	3 Reasonably likely	4 Quite likely	5 Extremely likely
Unlikely to happen except in very rare circumstances. Less than 1 chance in 1,000 (< 0.1% probability). No gaps in control. We managed.	Unlikely to happen except in specific circumstances. Between 1 chance in 1,000 & 1 in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.	Likely to happen in a relatively small number of circumstances. Between 1 chance in 100 & 1 in 10 (1- 10% probability). Evidence of potential threats with some gaps in control.	Likely to happen in many but not the majority of circumstances. Between 1 chance in 10 & 1 in 2 (10 - 50% probability). Evidence of substantial threats with some gaps in control.	More likely to happen than not. Greater than 1 chance in 2 (>50% probability). Evidence of substantial threats with significant gaps in control.

Risk scoring matrix						
Severity	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Likelihood				
Risk rating	Very low (1-3)	Low (4-6)	Medium (8-10)	High (12-16)	Very high (20-25)	