

BOARD ASSURANCE FRAMEWORK

January 2026 v3



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1. PURPOSE

The purpose and design of the Board Assurance Framework (BAF) is to ensure that the Board can be effective in driving the delivery of the strategic priorities and that it is receiving sufficient and timely assurance information on the management of risks to deliver on these objectives.

The BAF brings together in one place, all of the relevant information on the risks to achieving the Trust's strategic priorities. It is an essential tool for the Board to manage assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF, the Board can have confidence that they are providing thorough oversight of strategic risk.

The Trust Board is comprised of the Chair, Non-Executive Directors, the Chief Executive and Executive Directors. Other members of the Senior Leadership Team (SLT) attend Trust Board meetings.



Trust Strategic Priorities¹

- Collaborative working
- Learning organisation
- Safety, quality and experience
- Community first
- Whole life approach

2. INTRODUCTION

What is a Board Assurance Framework?

"An assurance framework is a structured means of identifying and mapping the main sources of assurance in an organisation, and coordinating them to best effect"

HM Treasury Guidance on Assurance Frameworks (2012)

A BAF should document the arrangements in place for managing an organisation's assurance, and is a key document presented to the Trust Board.

As above, the BAF is intended as an extension of the Trust's existing risk management arrangements to aid the Trust Board in driving the delivery of the strategic priorities and ensuring that it is receiving sufficient and timely assurance information on the management of risks to deliver on these objectives.

¹ [20250610 Vision-Strategy-2030.pdf](#)

The Trust Board is the decision-making body for the Southern Health and Social Care Trust, responsible for setting strategy and monitoring performance, ensuring that the Trust meets its statutory and regulatory duties and effectively manages risks.

Trust Board is responsible for: ²

- Establishing the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister;
- Constructively challenging the Trust's Senior Leadership Team in its planning, target setting and delivery of performance.
- Ensuring that the Department of Health (through the SPPG) is kept informed of any changes which are likely to impact on the strategic direction of the Trust or on the attainability of its targets, and determine the steps needed to deal with such changes.
- Ensuring that any statutory or administrative requirements for the use of public funds are complied with, that the Board operates within the limits of its statutory authority and any delegated authority agreed with the sponsor Department, and in accordance with any other conditions relating to the use of public funds, and that, in reaching decisions, the Trust Board takes into account all relevant guidance issued by Department of Finance and the Department of Health;
- Ensuring that the Trust Board receives and reviews regular financial information concerning the management of the Trust, is informed in a timely manner about any concerns about the activities of the Trust and provides positive assurance to the sponsor Department that appropriate action has been taken on such concerns.
- Demonstrating high standards of corporate governance at all times, including using the independent audit committee to help the Board to address the key financial and other risks facing the Trust.
- Appointing a Chief Executive to the Trust and, in consultation with the sponsor Department, setting performance objectives and remuneration terms linked to these objectives for the Chief Executive, which give due weight to the proper management and use of public monies.
- Act in good faith and in the best interests of the Trust.

In accordance with Health and Social Services Trusts (Membership and Procedure) Regulations (NI) 1994, the composition of the Board shall include a Non-Executive Chair, seven Non-Executive members, and up to 5 executive members including the Chief Executive, Executive Directors of Social Work, Medicine, Nursing and Finance. Other members of the Senior Leadership Team (SLT) attend Board meetings and report to the Board.

The Southern Health and Social Care Trust's vision is to deliver safe, high-quality care that is co-produced and co-designed in partnership with service users and staff who deliver our services. This

² [Policies and Procedures | Southern Health & Social Care Trust \(hscni.net\)](https://www.hscni.net) (standing orders.)

vision is reflected in our current Trust Strategic Priorities, which are underpinned by our Health and Social Care Values – Working Together, Excellence, Openness & Honesty and Compassion.



The BAF is an integral part of the governance arrangements for the Southern Trust and is underpinned by the Risk Management Strategy and the Corporate Risk Register and should be read in conjunction with the Integrated Governance and Assurance Framework.

- The Board Assurance Framework sets out the Trust’s strategic risks.
- The Corporate Risk Register provides the evidence base for those risks.
- Individual corporate risks, often across several domains, combine to create the strategic risks the Board must manage.

3. WHAT ASSURANCE MEANS

Assurance is evidence that shows we are reasonably managing our risks and that our objectives are being delivered. Sources of this evidence incorporate the three levels of assurance (Three Lines Model of Assurance):

- (1) department or service (those responsible for the area reported on);
- (2) organisational oversight (internal but independent of the area reported on); and
- (3) independent assurance (internal audit and other external assurance providers)

Sources of assurance include, but are not limited to:

- Reviews or checks within a department / service (e.g., manager reviews information completed by staff under their particular area of responsibility)
- An organisation wide review (e.g., corporate review of sickness and absence);
- Internal audit reports; or inspection and review by an external body (e.g. Accreditation Authorities (UKAS), RQIA, external auditors).

Definitions of Assurance

Assurance	Definition
Provides:	`Confidence` / `Evidence` / `Certainty`
To:	Directors / Non-Executives / Management
That:	What needs to be happening is actually happening in practice

Assurance will come from a variety of sources, both internal and external. When challenging assurance information at Board level, the Trust Board should continually ask:

- Where does the assurance come from?

- How reliable is this assurance?
- What is this assurance telling me?
- Is the assurance proportionate to the level of risk?

4. ASSURANCE MAPPING

Assurance mapping is a key part of developing and maintaining board assurance arrangements. It provides the Trust with an improved ability to understand and confirm that they have assurance over key controls, or where control gaps exist, and whether actions are in place to address these gaps. The assurance mapping process, using the Three Lines of Assurance model, and the way of illustrating the results using a BAF Risk Document, can give confidence to the Senior Leadership Team and Trust Board that they 'really know what they think they know'.

The assurance mapping process identifies and records the key sources of assurance that inform Board members of the effectiveness of how key strategic risks are managed or mitigated, the key controls and processes that are relied on to manage risks and as a result support the achievement of the Trust's strategic priorities.

5. TRUST, DEMONSTRATE, CHECK

Trust and Confidence

First line assurance involves a level of 'trust' and confidence by line management, that operational staff are delivering services within the expected standards, guidelines, policy, legislation, and that they are using regular review/local audit/data analysis, from a variety of sources to support this trust. Directorate Senior Leadership Teams will routinely use first line assurances to support their decision-making about service risks. e.g., self-assessment returns, incident reviews, 1:1 meetings etc.

Demonstrate

Second Line assurance necessitates the Senior Leadership Team to seek evidence and 'demonstrate' that controls and assurances are in place regarding performance, delivery of service, compliance with legislation, guidelines and policy, and that risk management systems are robust. It requires a level of internal independence from immediate line management to support what is believed to be true, as true. e.g., performance reports, finance reports, Committee meetings, KPIs etc.

Check

Third line assurance requires a level of independent verification 'check'. This means that an external party independent to the organisation will review and confirm that the position held by the Trust is accurate and where there are gaps, allow for further planning and actions to be taken. e.g., RQIA, Internal/External audit, professional regulatory bodies, Accreditation Authorities (UKAS), NISCC, Royal colleges etc.

The outcome of such verification is considered by both Senior Leadership Team and Trust Board or its subcommittees (e.g. Audit Committee). Identified gaps in controls and / or assurance will be monitored by the Trust Board until resolved and in line with the agreed risk appetite.

6. GOVERNANCE STRUCTURE

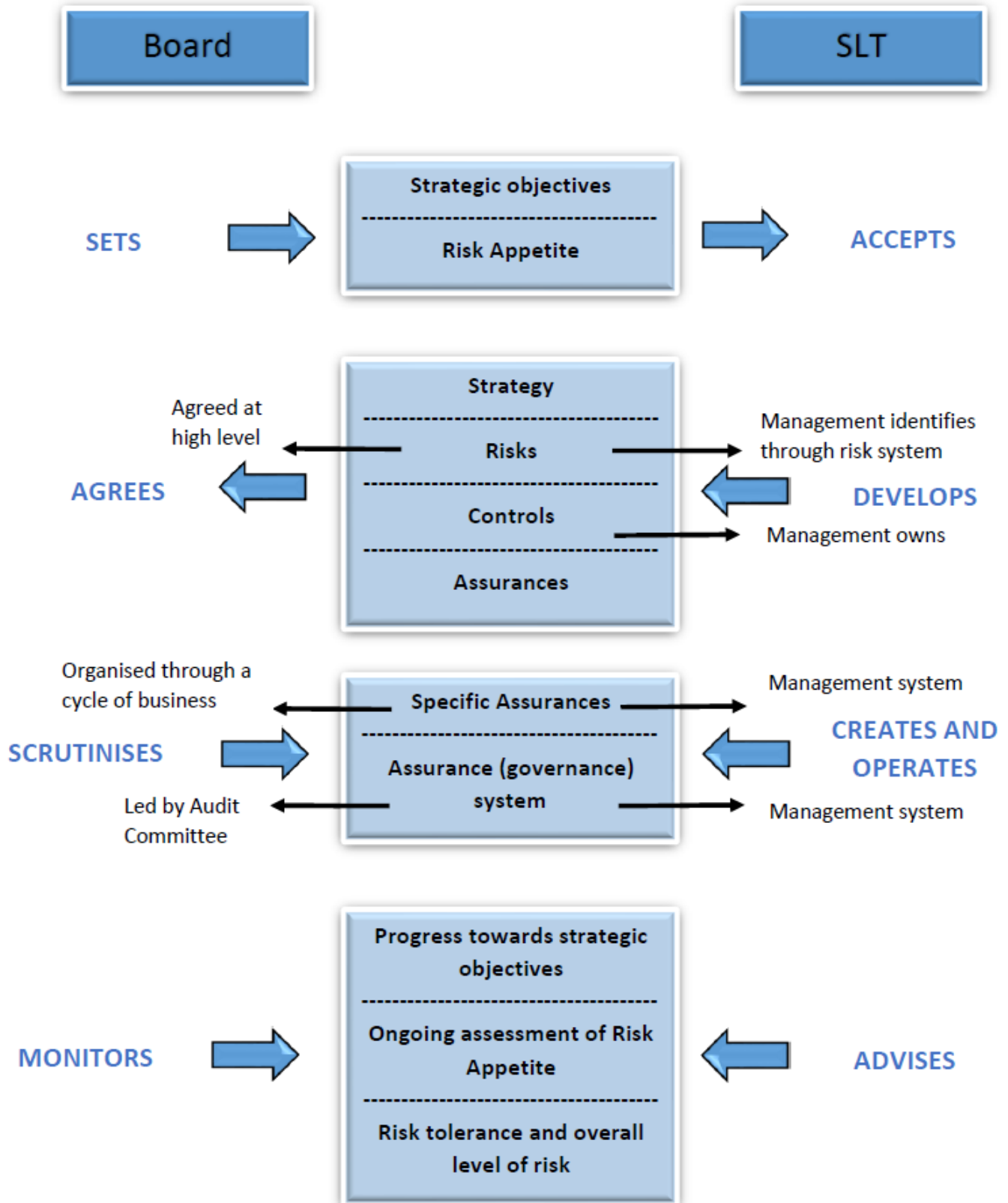
The Trust Board, as required by the Department of Health, has in place integrated governance structures and arrangements that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, social care, information and research governance aspects (see appendix 2).

The Southern Health and Social Care Trust, in keeping with its Standing Orders and Scheme of Reservation and Delegation, operates a corporate governance structure led by Trust Board supported by sub committees.

As outlined below, assurance is provided through the committee structure to Trust Board. The Senior Leadership Team is represented on each committee and provides information to support decision-making and effective operation of the Trust at all levels.

Within the governance structure, there are sub-committees and groups, each with delegated responsibility. The reporting and accountability mechanisms will be described in the new Integrated Governance and Assurance Framework. Governance and reporting arrangements are vital aspects of an effective BAF, and as such, clear lines of accountability, roles and responsibilities have been defined for the Senior Leadership Team and the Trust Board.

7. DIAGRAM OF THE LINES OF ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES FOR SLT AND THE BOARD



8. RISK APPETITE

All risks which are identified within the Trust are graded in accordance with the regional risk matrix and entered on the appropriate risk register. **Corporate Risks** work 'bottom up' and the Senior Leadership Team act as the filter for risk issues from Directorate Risk Registers for identification as Corporate Risks.

Based on the knowledge of risks identified, the SLT will determine the level of assurance that should be available to them regarding those risks and review the Corporate Risks on a monthly basis.

Where a strategic or corporate risk remains outside the Trust's stated risk appetite, then enhanced controls, increased frequency of assurance and escalation to the Trust Board or its committees will be required until the risk is reduced or formally accepted by the Board.

The risk appetite of the Trust Board is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame.

The Trust understands its risk appetite, i.e. 'the amount and type of risk that it is prepared to pursue, retain or take' in pursuit of its strategic objectives, is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings and therefore should be at the heart of an organisation's risk management strategy – and indeed its overarching strategy. Notwithstanding this, the Trust has a very low tolerance for risks that may compromise the safety of service users, staff, or the public, and such risks will only be accepted where they are unavoidable and subject to robust mitigation and oversight.

- The Board sets the Trust's risk appetite.
- The BAF shows how that appetite applies to the Trust's strategic risks.
- The Corporate Risk Register records the specific risks and controls, and escalates those that fall outside appetite for Board oversight.

Southern Health and Social Care Trust Risk Management Statement

The Southern Health and Social Care Trust (SHSCT) recognises that its long-term sustainability depends upon optimising risk in relation to the delivery of its strategic objectives, and also that the relationship with service users, staff, contractors, the general public and other stakeholders is key to the Trust's success.

As such, SHSCT upholds a duty of care to ensure that Health and Safety is not compromised and therefore, taking into consideration that most risks cannot be completely eliminated, the Trust will have a low tolerance to risks that could result in a negative impact on the Health and Safety of service users, staff, contractors, the general public and other stakeholders.

However, within the boundaries of regulatory constraints, the Trust has an open appetite to take well-considered and balanced risks to pursue innovation and opportunities where outcomes can be improved for the population we serve, whilst being confident that through good risk management the threats can be managed.

Financial	<ul style="list-style-type: none">• How will we use our resources?
Regulatory	<ul style="list-style-type: none">• How will we meet standards within regional, national and regulatory frameworks?
Quality	<ul style="list-style-type: none">• How will we deliver higher quality and safer services?
Reputational	<ul style="list-style-type: none">• How will we be perceived
People	<ul style="list-style-type: none">• How will we recruit, develop and retain our staff?
Digital	<ul style="list-style-type: none">• How will we ensure our digital systems are secure, effective and support our strategic priorities?

Domain Name	Average Risk Rating Score*	Suggested Risk Appetite Statement Based on Group Feedback
Financial	3	<p>The Trust has an open appetite - We are prepared to accept some financial risk as long as appropriate controls are in place.</p> <p>When considering Essential Services: MODERATE - We will accept some financial risk (controlled overspend) where there is clear benefit to care, service delivery, or transformation</p> <p>When considering Non-Critical Services: MODERATE - We will accept some financial risk (controlled overspend) where there is clear benefit to care, service delivery, or transformation</p>
Regulatory	3	<p>The Trust has an open appetite - We are prepared to accept the possibility of some regulatory challenge where we are confident we would be able to challenge this successfully</p> <p>When considering Essential Services: MODERATE - Tolerate minor or technical breaches only when there is a clear action plan and no impact on safety, quality, or ethics</p> <p>When considering Non-Critical Services: MODERATE - Tolerate minor or technical breaches only when there is a clear action plan and no impact on safety, quality, or ethics</p>
Quality	3	<p>The Trust has an open appetite - We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards</p> <p>When considering Essential Services: MODERATE - Accept temporary reductions in quality metrics when necessary (e.g. during resourcing challenges) provided safety is protected</p> <p>When considering Non-Critical Services: MODERATE - Accept temporary reductions in quality metrics when necessary (e.g. during resourcing challenges) provided safety is protected</p>
Reputational	3	<p>The Trust has an open appetite - We are prepared to accept the possibility of some reputational risk if there is the potential for improved outcomes for our stakeholders</p> <p>When considering Essential Services: HIGH - Accept reputational risk if it enables long-term improvement, transformation or ethical action even when it attracts scrutiny or public criticism</p> <p>When considering Non-Critical Services:</p>

		HIGH - Accept reputational risk if it enables long-term improvement, transformation or ethical action even when it attracts scrutiny or public criticism
People	4	<p>The Trust has a seek appetite - We will pursue innovation, accepting workforce risks that may disrupt short-term but can improve staff skills and abilities in the long term</p> <p>When considering Essential Services: MODERATE - Accept short-term pressure on staff during periods of change or crisis, with clear plans for mitigation, recovery, and support</p> <p>When considering Non-Critical Services: HIGH - Tolerate risks in pursuit of broad strategic goals recognising that uncertainty and strain may occur during transformation or resource constraint</p>
Digital	3	<p>The Trust has an open appetite – We encourage digital innovation to improve quality and efficiency while maintaining robust risk management and assurance processes</p> <p>When considering Essential Services: MODERATE - Will accept managed digital risk where strong controls and governance exist and benefits to care and quality are clear</p> <p>When considering Non-Critical Services: MODERATE - Will accept managed digital risk where strong controls and governance exist and benefits to care and quality are clear</p>

****Based on Trust Board Review Day on 23rd October 2025 and subsequent discussion at SLT on 6th January 2026***

9. ASSESSMENT

The BAF requires the Board to consider the effectiveness of each control through the process of obtaining assurances that the systems and processes are in place and operating effectively.

The Board Assurance Arrangements Preparedness Assessment (appendix 3) should be completed on an annual basis by members of the Trust Board, to provide a measure of progress as well as highlighting areas that require further development within the Trust.

Trust Board receives assurances through a range of internal control frameworks including:

- Reports from sub-committees to the Board;
- Risk management process;
- Monitoring of the Corporate Plan;
- Performance management framework;
- Clinical Audit;
- Mid-year and annual governance statements etc.
- Executive Director Governance frameworks
- Quality Management System

In addition, the Trust Board ensures objective assurance is also provided from independent reviewers including RQIA, Accreditation Authorities, Departmental reviews, Internal and External Audit.

As with risk management, managing assurances through the BAF is an on-going process. To ensure that the process is useful, the frequency with which updates are required should be considered as part of setting the board assurance arrangements but may also evolve over time with familiarity.

The 'three lines of assurance' approach is a model that pulls risk management and compliance into a common and robust framework. By defining the sources of assurance in three broad categories, it helps to understand how each contributes to the overall level of assurance provided and how best they can be integrated and mutually supportive. (See *Assurance Mapping*)

RISK SCORING FOR RISK REGISTERS IS BASED ON LIKELIHOOD AND IMPACT AS SUMMARISED IN THE RISK ASSESSMENT MATRIX BELOW:

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time frame Descriptions of Frequency
<i>Almost certain</i>	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
<i>Likely</i>	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
<i>Possible</i>	3	Might happen or recur occasionally	Expected to occur at least monthly
<i>Unlikely</i>	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
<i>Rare</i>	1	This will probably never happen/recur	Not expected to occur for years

Impact (Consequence) Levels					
Likelihood Scoring Descriptors	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

ASSESSMENT OF CONTROL EFFECTIVENESS RATINGS IS SUMMARISED BELOW BASED ON HM TREASURY GUIDANCE

High	Controls in place assessed as adequate/effective and in proportion to the risks
Medium	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
Low	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
	Insufficient information at present to judge the adequacy/effectiveness of controls

TYPES OF CONTROL:

Control Type	Control Description
Preventative Control	Designed to prevent the risk from occurring (e.g. robust policy frameworks, training programs etc.)
Detective Control	Aimed at identifying the risk if it arises (e.g. monitoring systems, audits)
Corrective Control	Help in managing consequences if a risk materialises (e.g. crisis response measures, contingency measures)

TYPES OF LINES OF ASSURANCE:

Line	Line Description
First Line	Frontline or operational delivery areas. Provided by those responsible for service delivery. Provides Assurance that performance is monitored, risks are identified and addressed, and objectives are being achieved.
Second Line	Associated with oversight of management activity. Separated from delivery but not independent of Trusts management chain. Could include compliance assessments or reviews to determine policies are being met and objectives achieved.
Third Line	Independent and more objective assurance. Focuses on the role of internal audit but can include other sources including External Audit and Independent Inspections e.g. RQIA and Internal Audit

10. BAF DASHBOARD

The Board Assurance Framework (BAF) records Executive-led assessments of the key risks to the delivery of the Trust's Strategic Priorities and the level of internal control to prevent these risks occurring / mitigating their impact.

The Summary Dashboard which forms part of the Executive Summary for the BAF prompts Board debate around:

- the level of assurance in place that demonstrate the controls being relied upon to manage each Strategic Risk are effective and where gaps in assurance may exist; and
- the acceptance of current levels of strategic risk by reviewing ratings for the likelihood of each risk occurring (Current Risk Rating).

The Strategic Risks contained in the BAF summary dashboard are expanded on within Directorate risk registers, and specifically those risks which have been categorised as Corporate Risks of a high or extreme level.

THE STRATEGIC PRIORITIES THAT THE BAF IS BASED ON:



The key risk areas identified that could impact on the Trust's ability to meet its Strategic Priorities are:

STRATEGIC RISKS	STRATEGIC PRIORITIES IMPACTED	RATIONALE
<p>Workforce and people risks (combining staff wellbeing, recruitment, retention, and capacity across specialties)</p>	2,3,4,5	Safe, high-quality care and continuity across the life course depend on a stable, skilled and supported workforce. Workforce fragility directly affects service availability in community and hospital settings and limit's the Trust's ability to learn, innovate and improve.
<p>Operational and service delivery risks (encompassing delays, access to services, and maintaining service quality)</p>	1,2,3,4	Sustained demand and capacity pressures undermine safe care delivery, timely access and patient experience. Effective service delivery relies on learning from performance data and collaboration with system partners to manage flow and access
<p>Cyber security risks (technology enablement, digital readiness, and cyber security threats)</p>	1,2,3	Increasing reliance on digital systems means cyber disruption directly impacts safe care delivery. Digital capability underpins organizational learning and effective collaboration across the wider health and social care system.
<p>Financial and sustainability risks (covering financial recovery, budgeting, and sustainability efforts)</p>	2,3,4,5	Financial sustainability is essential to maintain safe services over the long term. Constraints on funding limit investment in people, estates, digital capability and transformation required to support community based and life course care models.
<p>Compliance and reputational risks (addressing regulatory compliance, infection control, and public perception)</p>	1,3,4	Failure to meet regulatory or quality standards erodes public trust, damages relationships with partners and regulators, and risks intervention that could compromise service delivery and community confidence.

* – 1. Collaborative Working, 2. Learning Organisation, 3. Safety, Quality & Experience, 4. Community First, 5. Whole Life Approach

RAG ratings in the BAF reflect the current level of strategic risk exposure relative to the Board's stated risk appetite, not the numerical risk score in the Corporate Risk Register

RED – The current level of risk exposure is materially outside appetite and requires continued Board oversight.

AMBER – The current level of risk exposure is moderately outside appetite and requires committee level assurance.

GREEN – The current level of risk exposure is within appetite and managed through standard governance routes.

- The **Corporate Risk Register** uses numerical scoring (likelihood x impact) to quantify operational risks.
- The **BAF** uses **risk appetite** to determine whether strategic exposure is acceptable.
- The two are therefore **linked, but not interchangeable**.

A **red RAG rating** does not imply failure of controls: it indicates that the Board is currently exposed to more risk than it has stated it is willing to tolerate.

In accordance with the Board's Risk Appetite Statement, the RAG ratings presented in this BAF reflect the current level of strategic risk exposure relative to the Board's stated appetite and tolerance levels, particularly in relation to essential and non-critical services.

1	STRATEGIC RISK: WORKFORCE AND PEOPLE
Risk Description (linked to Strategic Priorities)	There is a risk that workforce capacity, capability, recruitment, retention and wellbeing challenges may prevent the Trust from delivering its Strategic Priorities, particularly those relating to safety, quality, experience and a whole-life approach to care. While this risk applies across the organisation, it is most acute in critical clinical and professional groups where persistent vacancies and limited workforce supply reduce resilience.
Impact of the Risk (implications)	<ul style="list-style-type: none"> • Reduced ability to deliver safe, high-quality and timely care • Increased service fragility and reduced continuity of care • Increased reliance on temporary staffing and associated financial pressure • Deterioration in staff wellbeing, engagement and retention • Adverse impact on patient experience and public confidence
RAG Rating	
Reasoning	Persistent medical workforce shortages are impacting safe and sustainable service delivery and cannot be resolved in the short terms within existing workforce supply constraints.

Existing Control and Source of Assurance (reflecting current risk rating)	Type of Control	Line of Assurance	Where is this assurance reported to and frequency of assurance? (i.e. what committee/Group within Trust)	Control Effectiveness (RAG Rating)
Recruitment Initiatives: Ongoing campaigns, including targeted international recruitment	Preventative	First line	Monthly recruitment report to Medical Director, Chief Executive & Director HROD, copies to Divisional MDs	

efforts to fill critical vacancies in specialties.				
Workforce Monitoring and Reporting: Regular reporting on workforce metrics (e.g., vacancy rates, locum usage) to ensure transparency and enable timely interventions.	Detective	Second Line	<ul style="list-style-type: none"> • People and Culture Committee deep dives per Division/ Service • Medical Director reports • Job Planning Steering Group • Monthly locum usage report issued to service areas • Reports to Trust Board/Board Committees 	
Wellbeing and Support Services: Dedicated health and wellbeing programs, such as clinical psychology services, occupational health support, and resources for managing stress and burnout.	Preventative	Second Line	<p>Progress reports to:</p> <ul style="list-style-type: none"> • SLT, • Trust Board, • People & Culture Steering Group • Health and Safety Committee, • People & Culture Committee 	
Collaboration with Other Trusts: Cooperative initiatives with other Trusts and agencies to share resources or leverage expertise in hard-to-fill areas.	Corrective	Second Line	<p>Reports to:</p> <ul style="list-style-type: none"> • SIPB (Strategy Implementation Programme Board) • SPPG (Strategic Planning and Performance Group) • DOH (Department of Health) 	

<p style="text-align: center;">Current gaps in controls/ Assurance</p>	<p style="text-align: center;">Mitigating Actions</p>
<p>Reliance on Locum Staff: High dependency on temporary locum staff, which can lead to inconsistencies in care and increased costs.</p>	<p>International Recruitment: Expansion of overseas recruitment campaigns, including partnerships with recruitment agencies to secure international healthcare professionals.</p> <p>Other medical / non-medical recruitment: Review potential for non-consultant roles to release consultant capacity.</p> <p>Use of other (non-medical) disciplines to provide services for patients.</p>
<p>Persistent Vacancies: Ongoing difficulties in filling specific roles, especially in rural or less desirable locations, and challenges with long-term workforce planning.</p>	<p>Workforce Planning and Retention Efforts: Long-term workforce planning that includes strategic initiatives to retain and support current staff through better career development, coaching, and flexible work options.</p>
<p>Training Gaps: Limited time and resources for training and development programs that could aid staff retention and reduce turnover</p>	<p>Wellbeing Programs Expansion: Enhanced support for wellbeing programs, such as stress management training and increasing access to occupational health services.</p>

2	STRATEGIC RISK: OPERATIONAL AND SERVICE DELIVERY
Risk Description (linked to Strategic Priorities)	There is a risk that sustained demand, capacity constraints and service pressures may prevent the Trust from delivering its Strategic Priorities relating to safety, access, learning and community-based care. This includes the Trust's ability to maintain safe flow through services and respond effectively to both planned and unscheduled care demands.
Impact of the Risk (implications)	<ul style="list-style-type: none"> • Delays in access to care and treatment • Increased risk of harm due to overcrowding or service disruption • Reduced patient and service user experience • Increased pressure on staff and reduced organisational learning capacity • Increased scrutiny from regulators and commissioners
RAG Rating	
Reasoning	Sustained demand and flow pressures are creating risks to timely and safe care.

Existing Control and Source of Assurance (reflecting current risk rating)	Type of Control	Line of Assurance	Where is this assurance reported to and frequency of assurance? (i.e. what committee/Group within Trust)	Control Effectiveness (RAG Rating)
Capacity and Demand Monitoring: Systems in place to review service capacity regularly and prioritise high-need patients, including managing waiting	Detective	Second Line	<ul style="list-style-type: none"> • Performance report and Corporate CPD scorecard to Finance & Performance Committee • Monthly acute divisional performance meeting 	

lists and using virtual consultations			<ul style="list-style-type: none"> • Monthly Acute Directorate SMT Performance and Governance meeting • Monthly report to SLT on rebuild/Service Delivery plan 	
Contingency and Escalation Plans: Plans for emergency scenarios or high-demand periods to maintain service continuity, such as extra weekend clinics or temporary staffing increases.	Corrective	Second line	<ul style="list-style-type: none"> • Emergency Planning and Business Continuity Meeting • Organisational Governance Steering Group • SLTRA 	
Independent Sector Contracts: Engagement with independent sector providers to supplement capacity and reduce backlogs for elective procedures and diagnostics.	Preventative	Second line	<ul style="list-style-type: none"> • Performance Report to Finance & Performance Committee • Corporate CPD Performance Scorecard to Finance & Performance Committee • Risk escalation to ARAC/Governance Committee 	
Use of Virtual Consultations: Digital consultations to alleviate demand on physical appointments, ensuring that essential services remain accessible.	Corrective	First line	<ul style="list-style-type: none"> • Performance report and corporate CPD performance scorecard to Finance & Performance Committee • Monthly acute divisional performance meeting • Monthly Acute Directorate SMT 	

<p style="text-align: center;">Current gaps in controls/ Assurance</p>	<p style="text-align: center;">Mitigating Actions</p>
<p>Resource Constraints: Persistent limitations on staffing and physical resources prevent timely responses to fluctuating demand.</p>	<p>Developing New Service Models: Initiatives like ambulatory care models or same-day emergency care (SDEC) to improve patient flow and reduce demand on inpatient services.</p>
<p>Data and Real-Time Capacity Management: Limited access to integrated systems for real-time data tracking, impacting efficient resource allocation and patient flow.</p>	<p>IT System Enhancements: Investment in digital systems to improve scheduling, patient tracking, and data analysis, enabling faster and more accurate decisions.</p>
<p>Physical Space Limitations: Lack of available space in hospitals for additional beds, particularly during peak demand.</p>	<p>Collaboration with the Independent Sector: Increasing contracts and partnerships with external providers for elective care and diagnostics to alleviate pressure on NHS facilities.</p>

3	STRATEGIC RISK: CYBER SECURITY
Risk Description (linked to Strategic Priorities)	Risk to the HSC network availability in the event of a cyber-attack on HSCNI or a supplier/partner organisation, resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data.
Impact of the Risk (implications)	<ul style="list-style-type: none"> • Unparalleled HSC-Wide disruption of services due to lack of/unavailability of systems that facilitate HSC services (e.g. appointments, admissions to hospital, ED attendance) or data contained within. This may result in the need to cancel appointments and treatments, or divert emergency/essential clinical or other services. • Significant business disruption which could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the Service • Unauthorised access to, or interference with, any Trust medical devices, systems or information (including clinical/medical systems) • Theft of patient/client data, confidential information or finances • Substantial fines and significant reputational damage
RAG Rating	
Reasoning	Cyber disruption remains a significant threat to the safe operation of digitally enabled services, despite strengthened controls and assurance.

Existing Control and Source of Assurance (reflecting current risk rating)	Type of Control	Line of Assurance	Where is this assurance reported to and frequency of assurance? (i.e. what committee/Group within Trust)	Control Effectiveness (RAG Rating)
People: The Trust has a number of people controls	Preventative	First Line	<ul style="list-style-type: none"> • Cyber Oversight Group • Trust Digital Governance Steering Group • Organisational Governance Steering Group 	

<p>in place in relation to Cyber Security:</p> <ul style="list-style-type: none"> • Mandatory training for Cyber and Information Governance. • Supplementary Cyber Training provided via the Metacompliance Platform. • Test phishing exercises issued periodically to staff. • Annual Cyber Comms Plan 			<ul style="list-style-type: none"> • SLT Risk and Assurance • Governance Committee 	
<p>Governance: The Trust have a number of Governance controls in place in relation to Cyber Security:</p> <ul style="list-style-type: none"> • Compliance with NIS regulations • Annual Digital Internal Audit • Change Control Process in place for the Digital Environment. • HSC Information Security Policy and associated User standards 	<p>Preventative</p>	<p>Third Line</p>	<ul style="list-style-type: none"> • Technology Enabled Change Programme Board • Internal audits to Audit and Risk Assurance Committee • Trust Cyber Security Oversight Group • Regional Cyber Programme Board • NIS Regulations Self-Assessment and Audit • Trust Digital Governance Steering Group • Organisational Governance Steering Group • SLT Risk and Assurance • Governance Committee 	

<ul style="list-style-type: none"> • User account management Processes inc: Joiners, Movers and Leavers. • Vulnerability Management Group to review and address known Vulnerabilities 				
<p>Technical: The Trust has a number of technical controls in place in relation to Cyber Security:</p> <ul style="list-style-type: none"> • Local and regional Digital Infrastructure • IT Security Software • Network Segmentation • Implementation of Multi Factor Authentication • Privileged tiered IT Accounts and Privileged Access Workstations 	<p>Preventative</p> <p>Detective</p> <p>Corrective</p>	<p>First Line</p>	<ul style="list-style-type: none"> • Cyber Oversight Group • Trust Digital Governance Steering Group • Regional Cyber Programme Board • Organisational Governance Steering Group • SLT Risk and Assurance • Governance Committee 	
<p>3rd Party Supply Chain: The Trust has a number of controls in place for 3rd Party Suppliers to protect the IT network and ensure</p>	<p>Preventative</p>	<p>First Line</p>	<ul style="list-style-type: none"> • Cyber Oversight Group • Contract Management Steering Group • Trust Digital Governance Steering Group • Regional Cyber Programme Board 	

<p>continuity of service provision:</p> <ul style="list-style-type: none"> • Third Party Supplier contracts and access request process • 3rd Party Supplier Cyber Reconnection Protocol • Digital Services Technical Design Authority (TDA) 			<ul style="list-style-type: none"> • Organisational Governance Steering Group • SLT Risk and Assurance • Governance Committee 	
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<p style="text-align: center;">Current gaps in controls/ Assurance</p>	<p style="text-align: center;">Mitigating Actions</p>
<p>People: Low uptake of regional Metacompliance training and high interaction with test phishing email exercises.</p>	<p>Training and Awareness: Training and awareness campaign for Metacompliance campaigns.</p> <p>Phishing email communication part of Cyber Annual Comms Plan. Users that have clicked on link or entered data as part of the test Phishing exercises are being contacted and asked to complete relevant Cyber Training. Repeat offenders escalated to Directors.</p>
<p>Governance: The Trust has a number of recommendations outstanding from the Stage 1 and Stage 2 CAF NIS assessments.</p>	<p>Additional Resources: Funding required for additional resources to implement recommendations.</p>

Technical: The Trust has an ageing Digital estate that requires investment.	Investment Priorities: Annual Capital investment priority list developed with strategic prioritisation of funds for high risk areas.
Technical: Different network segmentation solutions are in operation across the Trust.	Additional Investment: Business Case for extension of SDA implementation under development.
Technical: Approval for regional Cyber Programme Business Case remains outstanding. This would increase Cyber resources and provide additional technical security solutions.	Regional Business Case Approval: Regional Cyber Business Case requires regional approval and endorsement. Updates being provided via Regional Cyber Programme Board.
Technical: Failure to comply with Technical Standards as part of ICT Security Policy.	Mandatory MFA Registration: Mandatory enforcement of MFA registration for Microsoft 365 users.
3rd Party Supply Chain: Trust has been unable to implement the regional 3 rd Party Supplier Management Framework due to resource constraints.	Redevelopment of 3rd Party Management Framework: Pilot to be completed of new 3 rd Party Management Framework and learning applied to inform new documentation.
3rd Party Supply Chain: Digital related contracts that are managed outside of Digital Services may not have appropriate cyber security and data protection clauses.	Digital Checklist for Contract Management: Checklist to be developed for Digital related contracts to assist contract owners with contract management obligations.

4	STRATEGIC RISK: FINANCIAL AND SUSTAINABILITY
Risk Description (linked to Strategic Priorities)	There is a risk that financial pressures and sustainability challenges may limit the Trust's ability to deliver its Strategic Priorities over the short, medium and long term. This includes constraints on investment in services, workforce, estates, digital capability and environmental sustainability.
Impact of the Risk (implications)	<ul style="list-style-type: none"> • Reduced capacity to maintain and develop services • Constraints on workforce investment and transformation • Deferred infrastructure and sustainability improvements • Increased risk to safety and quality if financial constraints impact service delivery • Increased external scrutiny and intervention
RAG Rating	
Reasoning	Financial pressures and statutory duties are constraining investment and transformation, creating sustainability risks.

Existing Control and Source of Assurance (reflecting current risk rating)	Type of Control	Line of Assurance	Where is this assurance reported to and frequency of assurance? (i.e. what committee/Group within Trust)	Control Effectiveness (RAG Rating)
Financial Monitoring and Forecasting: Regular budget reviews, tracking of financial performance, and forecasting to identify and address budget variances early.	Detective	Second line	<ul style="list-style-type: none"> • Trust Board • SLT • Chief Executive accountability meetings • Finance & Performance Committee • Delivering Value Programme Board 	
Cost-Saving Initiatives: Implementing energy-saving and sustainability projects,	Preventative	Second line	<ul style="list-style-type: none"> • Organisational Governance Steering Group • SLTRA • Governance Committee 	




such as LED lighting, energy-efficient systems, and renewable energy sources.				
Contingency Planning: Financial contingency plans, including scenarios for managing budget cuts, unexpected costs, or over-reliance on temporary funding.	Preventative	Second line	<ul style="list-style-type: none"> • Trust Board • SLT 	
Financial Recovery Plans: Structured recovery plans to address deficits, with monthly financial reports tracking progress toward financial stability.	Corrective	Second line	<ul style="list-style-type: none"> • Trust Board • SLT • Finance & Performance Committee • Delivering Value Programme Board 	

Current gaps in controls/ Assurance	Mitigating Actions
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<p>Heavy Reliance on Non-Recurrent Funding: Dependence on temporary funding streams creates financial instability and limits long-term planning.</p>	<p>Long-Term Financial Planning: Developing longer-term financial strategies to reduce reliance on non-recurrent funding and optimize resource allocation.</p>
<p>Limited Sustainability Resources: Insufficient funds or staff for sustainability projects, particularly in environmental initiatives aimed at reducing the trust's carbon footprint.</p>	<p>Focus on Cost-Effective Sustainability Projects: Prioritizing sustainability initiatives that also generate cost savings, like energy efficiency, to support both financial and environmental goals.</p>
<p>Difficulty Achieving Long-Term Financial Goals: Constraints in meeting both short- and long-term financial targets due to unpredictable funding and increasing costs.</p>	<p>Alternative Funding Exploration: Identifying additional funding sources, such as grants or partnerships, to support essential projects and reduce reliance on core budgets.</p>

5	STRATEGIC RISK: COMPLIANCE AND REPUTATIONAL
Risk Description (linked to Strategic Priorities)	There is a risk that cumulative pressures arising from workforce, operational, financial or infrastructure challenges may prevent the Trust from meeting regulatory, statutory and quality expectations, undermining delivery of its Strategic Priorities and damaging public trust.
Impact of the Risk (implications)	<ul style="list-style-type: none"> • Regulatory intervention or enforcement action • Loss of organisational autonomy or imposed service change • Increased complaints, incidents and litigation • Adverse media coverage • Erosion of trust with service users, staff and partners
RAG Rating	
Reasoning	Cumulative service and infrastructure pressures are increasing the risk of regulatory intervention and reputational harm.

Existing Control and Source of Assurance (reflecting current risk rating)	Type of Control	Line of Assurance	Where is this assurance reported to and frequency of assurance? (i.e. what committee/Group within Trust)	Control Effectiveness (RAG Rating)
Infection Control Protocols: Strict adherence to infection prevention and control guidelines, including regular audits and training for clinical staff.	Preventative	First line	<ul style="list-style-type: none"> • HCAI and AMS Strategic Forum • Ventilation, water, environmental and decontamination committees • Safety and Quality Steering Group • SLTRA • Governance Committee • PHA 	

<p>Regular Compliance Audits: Scheduled compliance checks to ensure alignment with healthcare regulations, quality standards, and best practices.</p>	<p>Detective</p>	<p>First Line</p>	<ul style="list-style-type: none"> • HCAI and AMS Strategic Forum • Ventilation, water, environmental and decontamination committees • Safety and Quality Steering Group • SLTRA • Governance Committee • PHA 	
<p>Transparent Public Communication: Proactive public engagement and communications to maintain trust, especially in response to adverse events or incidents.</p>	<p>Corrective</p>	<p>Second Line</p>	<ul style="list-style-type: none"> • Weekly reports to SLT in relation to datix incidents, SAIs, etc. • 	
<p>Training and Awareness Programs: Staff education on regulatory and quality standards, ensuring that compliance expectations are widely understood.</p>	<p>Preventative</p>	<p>Second Line</p>	<ul style="list-style-type: none"> • People and Culture Steering Group • People and Culture Committee 	

<p>Current gaps in controls/</p>	<p>Mitigating Actions</p>
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Assurance	
Under-Resourced Compliance Functions: Limited staff or resources for thorough compliance management, particularly in areas such as clinical audits.	Strengthening Internal Audits: Expanding the compliance function, including clinical audits, to better identify and rectify areas of risk.
Inconsistent Infection Control Implementation: Variability in adherence to infection control standards across sites or departments.	Enhanced Training for Staff on Infection Control: Increased training sessions and compliance monitoring to ensure consistent adherence to infection protocols.
Public Perception and Media Exposure: Heightened risk of reputational damage due to public scrutiny of NHS services, especially with delays or complaints.	Crisis Communication Planning: Developing robust communication strategies to respond swiftly and transparently to incidents that may impact public trust, such as service delays or quality concerns.

***NOTE** – Red ratings do not indicate failure of controls.

11.APPENDICES

Appendix 1 - Applying Risk Appetite Matrix

Appendix 2 - Trust High Level Governance Structure

APPENDIX 1 - Applying Risk Appetite Matrix

Applying risk appetite matrix

RISK APPETITE LEVEL →	NONE Avoidance of risk is a key organisational objective.	MINIMAL Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	CAUTIOUS Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	OPEN Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	SEEK Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	SIGNIFICANT Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
RISK TYPES ↓						
FINANCIAL → How will we use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY → How will we be perceived by our regulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable Challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY → How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL → How will we be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of Significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE → How will we be perceived by the public and our partners?	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
DIGITAL → How will technology and data enhance our delivery while protecting our systems and security?	We avoid any new digital exposure and relies solely on existing, fully offline or paper-based processes	We use digital systems only where absolutely required to meet statutory or clinical obligations with extremely tight controls	We adopt digital solutions with strong governance and a "safety first" approach, prioritising data protection, compliance and patient safety	We encourage digital innovation to improve quality and efficiency while maintaining robust risk management and assurance processes	We actively seek opportunities to use emerging digital technologies to enhance patient outcomes and service delivery, accepting managed risks where benefits are clear	We deliberately embrace high digital risk appetite to drive radical innovation and transformation, accepting potential short terms disruption to deliver long term goals

Trust High Level Governance Structure

