

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>8</b>
<b>Date of Meeting:</b>	<b>12 January 2022</b>		

<b>Title of Report:</b>	<b>Board Assurance Framework Review</b>
<b>Status:</b>	<b>For Information and Discussion</b>
<b>Board Sponsor:</b>	<b>Cara Charles-Barks, Chief Executive</b>
<b>Author:</b>	<b>Adewale Kadiri, Head of Corporate Governance</b>

## 1. Executive Summary of the Report

The Board Assurance Framework (BAF) is a key mechanism for ensuring that the Board is able to monitor those risks that could prevent the Trust from achieving its strategic objectives. The BAF identifies and scores the risks, and describes the steps being taken to manage, mitigate or avoid their impact.

The purpose of this paper is to set out the Board's overall approach to the BAF, summarise the 16 risks as currently listed, and highlight actions being taken to address those considered to be the most pressing.

One of the main aims of the BAF is to help drive the Board's agenda and ensure that sufficient time is spent on issues that are key to achieving the Trust's objectives. It is therefore important that the BAF process is flexible enough to adapt to the Trust's internal and external risk environment.

## 2. Recommendations (Note, Approve, Discuss)

The Board is asked to note this update and discuss any potential changes to the risks or their ratings, or to suggest any additional risks.

## 3. Legal / Regulatory Implications

As the Board's highest level risk register, the BAF is key to evidencing that the Trust meets the requirements of the Care Quality Commission's Well Led framework.

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

The Report sets out all of the Trust's current BAF risks, and the Board has the opportunity to suggest additional risks based on their understanding of the Trust's internal and external risk environment.

## 5. Resources Implications (Financial / staffing)

Not applicable

## 6. Equality and Diversity

Not applicable

## 7. References to previous reports

Specific BAF risks are discussed at the meetings of the respective lead Board Committees, and these discussions are referenced in the relevant Committee Chairs' reports to the Board

<b>8.</b>	<b>Freedom of Information</b>
	Public

## Board Assurance Framework Review

### Background

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. In other words, it focuses on the highest level risks facing the organisation – both operational and strategic.

### Methodology

The Trust has 5 True North goals or strategic priorities:

- Recognised as a listening organisation; patient centred and compassionate
- Be an outstanding place to work where staff can flourish
- Quality improvement and innovation each and everyday
- Be a sustainable organisation that is fit for the future
- Work together with our partners to strengthen our community

At the start of each financial year, the Board determines, based on its understanding of the internal and external environment, those issues, events, possibilities, etc. that could jeopardise its achievement of these priorities. Of course, this list will not remain static and the BAF is a constantly changing document, with some risks being added and others taken off all the time.

Each risk is owned by an executive director who is responsible for the description of the risk and its initial scoring, as well as setting out the controls (systems that are in place to help ensure delivery) and assurances (independent evidence that the controls are working). The lead executive will also identify if there are any gaps in the controls and/or assurances, and will set out the actions being taken to address these.

Each risk also has a committee lead, based on the subject area. The lead committee would be one of the 5 principal NED-led Committees to which the Board delegates aspects of its remit. The Committees are responsible for scrutinising in detail the risks that have been allocated to them – including the adequacy and effectiveness of the controls, and the strength of the assurances. They also help ensure that the actions to fill any gaps are the right ones and that they are being delivered. Both the Board as a whole and each of the Committees play an important “horizon scanning” role in suggesting other possible BAF risks, based on their knowledge of challenges in the wider environment.

### Current BAF risks

Set out below is the list of risks that currently sit on the Trust’s BAF along with their scores. The scoring system is based on the well-established 5x5 methodology which scores risks according to the impact that they would have on the organisation and the likelihood of their occurring.

The small arrows against some of the risks indicate the most recent movements in the ratings, and the Board will note that risk 4 around safe staffing levels is at the highest possible rating of 25. There have been no downward movements in the scores during the last quarter.

Author: Adewale Kadiri, Head of Corporate Governance Document Approved by: Cara Charles-Barks, Chief Executive Agenda Item: 8	Date: 7 January 2022 Version: 1 Page 3 of 7
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## Royal United Hospitals Bath

NHS Foundation Trust

Ref	Risk Description	Initial Score	Current Score	Target Score	Lead
1	Failure to maintain person centred, compassionate and safe care	12	20↑	8	Chief Nurse
2	Failure to keep patients safe from infection	16	16	12	Chief Nurse
18	Insufficient isolation facilities to prevent the spread of infection and protect people who are susceptible to infection				Dir of Estates
4	Inability to maintain safe staffing levels across the hospital	16	25↑	12	Dir for People
5	Members of staff from a Black, Asian or Minority Ethnic background have a worse experience of working at the Trust than their White counterparts	12	12	8	Dir for People
6	The experiences of frontline staff during the COVID pandemic could result in longer term health problems leading to extended absences and some deciding to leave the Trust	12	12	8	Dir for People
7	Failure to achieve the NHS Constitutional emergency, elective diagnostic and cancer targets	16	20↑	12	COO
8	That the Improving Patient Flow Together programme fails to bring about the required step change in performance, quality of care and patient experience	16	16↑	9	COO
9	Failure to reduce the Trust's environmental impact and become carbon neutral by 2030	16	16	12	Dir of Estates
10	Failure to deliver the Trust's financial targets	16	16	12	Dir of Finance
11	Cyber-security breaches leading to potential data loss, including exposure of patient and other sensitive information, regulatory intervention and reputational damage	12	12	8	Dir of Finance

17	That the business case for acquiring Sulis Hospital Bath is not achieved, and the unit's stated role of helping the Trust meet its elective recovery targets is not realised	12	12	8	COO
13	Inadequate capacity across the system to provide timely elective care and avoid unduly long patient waits	16	16	12	COO
15	Non-elective demand exceeds the Trust's ability to cope, leading to reduction in the quality of care and longer waits	20	20	12	COO
16	Community services are not sufficiently responsive to enable patients to get home promptly, leading to hospital beds being occupied by patients who do not need them. The Trust is then unable to accommodate new patients and patient decompression.	16	20↑	12	COO

The Board will note that the highest rated risks (20 and above) correspond with the areas of most pressure to the NHS as a whole in the current emergency – staff shortages, backlogs in elective care, long waits in the emergency department and delays in offloading ambulances, and difficulties in discharging patients into the community as a result of the staffing and capacity challenges in those settings.

Key actions being taken to address the highest rated risks (20-25)

Failure to maintain person centred, compassionate and safe care:

- A comprehensive review of nursing and midwifery staffing levels is underway to ensure that all clinical areas have the staff they need to guarantee safe and effective patient care. Regular checks will be held to ensure that safe staffing levels are being maintained and staff will be able to highlight problems in their areas in real time.
- A task force has been set up to review and help improve recruitment processes across the organisation.
- Opportunities for clinical staff to reflect on their practice, such as through Schwartz rounds and Grand rounds<sup>1</sup> are being enhanced.
- The Trust's Nursing and Midwifery Strategy is being developed, and this will cover issues such as recruitment and retention, training and development and quality of care.
- More in-depth analysis of data and trends emerging from complaints, incidents and inquests is being carried out, along with steps to help ensure that learning is derived from these and shared.

Inability to maintain safe staffing levels across the hospital – a number of the steps being taken have been mentioned above, but in addition:

- Health Education England funding is being targeted at staff training and development
- In the immediate short term, the household contact risk assessment programme is being managed in conjunction with the infection prevention and control team
- A dedicated programme aiming to eliminate nursing and midwifery vacancies is in place
- A detailed recruitment plan to ensure that Sulis Hospital is able to fill its own vacancies has also been drawn up.

Failure to achieve the NHS Constitutional emergency, elective diagnostic and cancer targets:

- Plans have been developed and are being implemented to recover the delivery of elective care in line with national guidance
- Plans are also in place to deliver improvements in 62 day performance in relation to cancer care

<sup>1</sup> Schwartz Rounds are group reflective practice forums giving staff from all clinical disciplines an opportunity to reflect on the emotional and social aspects of their work. Ground rounds are open to all professionals, and are an opportunity to showcase commendable research and novel therapies.

- The additional capacity provided by Sulis Hospital is being utilised to maintain elective care in the face of significant emergency pressure at the RUH
- Electronic communication aids continue to be used in areas such as Outpatients to minimise the need for patient contact and reduce delays in patient care.

Non-elective demand exceeds the Trust's ability to cope, leading to reduction in the quality of care and longer waits:

- The Ageing Well Programme across the BSW footprint is implementing a range of interventions to support patients and reduce the need for emergency hospital care
- Expansion of the Trust's same day emergency care services
- Work being done also across BSW on reducing demand for emergency care, reviewing 111 call rates, and rolling out rapid responses to rising pressures on the system as they occur.

Community services are not sufficiently responsive to enable patients to get home promptly, leading to hospital beds being occupied by patients who do not need them:

- System-wide approach to winter planning
- Additional investments in discharge services at locality level across BSW
- Understanding of and planning for bed shortfalls during the winter months – interventions are being made to reduce bed gaps
- Innovative and collaborative work is taking place between the Trust and its community partners on different schemes for the delivery of out of hospital support packages.

### Conclusion

The BAF continues to reflect the most serious risks facing the organisation at any time and is key to helping the Trust address and manage these. The Board is asked to note this update, discuss any potential changes to the risks or their ratings, or to suggest any additional risks.