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| <b>Report to:</b>       | <b>Public Board of Directors</b> | <b>Agenda item:</b> | <b>10</b> |
| <b>Date of Meeting:</b> | <b>6 July 2022</b>               |                     |           |

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| <b>Title of Report:</b> | <b>Board Assurance Framework Summary Report</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>   |
| <b>Appendices</b>       | <b>Appendix 1: BAF Risks Summary Sheet<br/>Appendix 2: BAF Risks rated <math>\geq 20</math> and key actions</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 provide an update on the content and development of this year's BAF, and highlight actions being taken to address the individual risks.

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.

In summary, the main changes to the BAF since the last report are as follows:

- A new risk (15) has been added to reflect the issues around maternity staffing
- The Subsidiary Oversight Committee is now overseeing BAF10 (potential medium and longer term benefits of acquiring Sulis Hospital not achieved)
- BAF 4 and BAF 12 have been merged and BAF 12 deleted
- Financial risks (7, 8 and 11) updated

### 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.

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| <b>5.</b>   | <b>Resources Implications (Financial / staffing)</b> |
| Not applicable  |  |
| <b>6.</b>   | <b>Equality and Diversity</b>                        |
| Not applicable  |  |
| <b>7.</b>   | <b>References to previous reports</b>                |
| The last BAF summary report was presented at the March 2022 meeting |  |
| <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. The Board and its Committees have been working with executive leads to agree the constituent risks of the 2022/23 BAF, along with the key controls and sources of assurance. This process is now complete, and the list of these risks is set out below.

### Current BAF risks

The summary sheet in Appendix 1 is a snapshot of the current risks that the Board has agreed could, if not properly managed, prevent the Trust from achieving its strategic goals. The lead directors and committees have agreed on measures that should help to manage these risks, as well as action plans to move from the current rating to the lower target score. Arguably, once a risk has reached its target rating, it can be removed from the BAF on the basis that it has either been effectively managed or its impact mitigated to such an extent that it could be accepted as part of business as usual. However, it is acknowledged that it will be easier for some of the risks to achieve their targets than others.

Since the last update to the Board, a number of changes have been made to some of the risks, either by the executive leads or the lead committees:

- A new risk, BAF 15 (delivery of sub-optimal maternity services linked to staffing levels) has been added to reflect the specific challenges within this service. The full risk description sets out in detail all of the actions being taken around the recruitment of additional staff and retention and support for existing colleagues, but the current rating of 20 reflects the issues around patient safety and experience that these shortages present.
- The Subsidiary Oversight Committee has taken over from Finance and Performance as the lead committee for BAF 10 (potential medium and longer term benefits of acquiring Sulis Hospital are not achieved). As the SOC is more closely engaged in oversight of Sulis' performance and development, it is in a better position to assess how well this risk is being managed.
- BAF 4 (failure to achieve the NHS constitutional emergency, elective, diagnostic and cancer targets) and BAF12 (inadequate capacity across the system to provide timely elective care and avoid unduly long patient waits) have been merged and BAF 12 has been deleted.
- The financial risks that are facing both the Trust and the wider BSW system have now been better described. BAF 7 (failure to deliver the Trust's financial plan and develop the longer term financial plan) and BAF 8 (lack of sufficient capital funding prevents the Trust from making the necessary investments in its infrastructure to provide and support safe services for patients) set out the risks facing the RUH, while BAF 11 (Failure of the BANES, Swindon Wiltshire Integrated Care System to deliver its financial plan and failure to develop a plan to return to financial sustainability) relates to the system's position. The focus in both cases is on need for longer term planning to help achieve financial sustainability across the system.

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### The risk environment

The Board will note that the BAF as a whole clearly reflects the key challenges facing the NHS post-pandemic – the need to catch up with the backlog of elective and cancer care, while also managing growing non-elective demand, and to do so in a way that is financially sustainable, while also managing staff shortages and health and wellbeing issues. It also highlights the paucity and unpredictability of capital funding and the consequent strains on infrastructure, as well as the need to be mindful of our environmental impact.

The executive leads and colleagues are actively engaged in managing these risks through a range of immediate actions, including, for example, some specific capital works in respect of BAF2 (Failure to prevent avoidable healthcare associated infection harm), and longer term work with BSW partners in respect of Risks 11, 13 and 14. The Committees will continue to monitor the delivery of these actions, including timescales.

### Future work

The BAF is, understandably an agile document. While many of the major risks facing the organisation are unlikely to change in the short term, it is possible that new risks will emerge or that existing risks will need to be managed differently. The lead committees assess their risks at each meeting, and are best placed to respond to changes in the risk environment that require a re-appraisal of how these are managed.

It is also for the Committees to consider whether the risk as set out still accurately describes the issues that the organisation is facing on a particular subject. For example, it is intended that the Non-Clinical Governance Committee, at its next meeting later this month, will assess whether Risk 6 (failure to reduce the Trust's environmental impact and become carbon neutral by 2030) sufficiently covers the Trust's environmental sustainability obligations and risks.

The Board is invited to put forward any potential risk areas that they think ought to be considered for inclusion, as well as any changes they wish to suggest to the focus of any of the existing risks.

### 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.

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**Royal United Hospitals Bath**  
NHS Foundation Trust

**Appendix 1**

| Ref  | Risk Description  | Initial Score | Current Score | Target Score | Lead                          | Lead Committee   | Risk Appetite |
|--|---|---------------|---------------|--------------|-------------------------------|------------------|---------------|
| <b>Strategic Priority 1: Recognised as a listening organisation; patient centred and compassionate</b> |   |               |               |              |                               |                  |               |
| Risk 1   | Delivery of sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards   | 20            | 20            | 12           | Chief Nurse                   | QGC              | Minimal       |
| Risk 2   | Failure to prevent avoidable healthcare associated infection (HCAI) with reportable organisms, including COVID-19 leading to harm   | 16            | 16            | 12           | Chief Nurse                   | QGC              | Minimal       |
| Risk 15  | Delivery of sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards – Maternity services linked to staffing levels                                    | 20            | 20            | 12           | Chief Nurse                   | QGC              | Minimal       |
| <b>Strategic Priority 2: Be an outstanding place to work where staff can flourish</b>                  |   |               |               |              |                               |                  |               |
| Risk 3   | Failure to ensure there are enough people in the organisation to do the job is likely to lead to increased experiences of incivility; discrimination; burnout; exhaustion; higher bank & agency spend ; and poor patient outcomes | 20            | 20            | 15 (5x3)     | Director for People & Culture | People Committee | Open          |
| <b>Strategic Priority 3: Quality improvement and innovation each and everyday</b>                      |   |               |               |              |                               |                  |               |
| Risk 4   | Failure to achieve the NHS Constitutional emergency, elective diagnostic and cancer targets, which leads to an inability to provide timely care and avoid unduly long patient waits   | 20            | 20            | 15           | Chief Operating Officer       | F&PC             | Cautious      |
| Risk 5   | That the failure to maintain patient flow through the hospital continues to affect performance, safety of care and patient experience   | 16            | 16            | 12           | Chief Operating Officer       | F&PC             | Cautious      |
| <b>Strategic Priority 4: Be a sustainable organisation that is fit for the future</b>                  |   |               |               |              |                               |                  |               |
| Risk 6   | Failure to reduce the Trust's environmental impact and become carbon neutral by 2030  | 16            | 16            | 12           | Director of Estates           | NCGC             | Open          |
| Risk 7   | Failure to deliver the Trust's financial plan and to develop the longer term financial plan   | 16            | 16            | 12           | Director of Finance           | F&PC             | Cautious/Open |
| Risk 8   | The lack of sufficient capital funding prevents the Trust from making the necessary investments in its infrastructure to provide and support safe services for patients   | 20            | 20            | 12           | Director of Finance           | F&PC             | Cautious/Open |

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| Risk 9   | Cyber-security breaches leading to inability to use digital platforms due to a cyber-attack resulting in potential loss of services across the Trust and loss of data.  |    |    |    | Chief Digital Officer   | NCGC | Cautious |
| Risk 10  | That the potential medium and longer term benefits of acquiring Sulis Hospital Bath are not achieved  | 12 | 12 | 8  | Chief Operating Officer | SOC  | Open     |
| <b>Strategic Priority 5: Work together with our partners to strengthen our community</b> |   |    |    |    |                         |      |          |
| Risk 11  | Failure of the BANES, Swindon Wiltshire Integrated Care System to deliver its financial plan and failure to develop a plan to return to financial sustainability  | 16 | 16 | 12 | Director of Finance     | F&PC | Open     |
| Risk 13  | Non-elective demand exceeds the Trust's ability to cope, leading to reduction in the quality of care and longer waits   | 20 | 20 | 12 | Chief Operating Officer | F&PC | Open     |
| Risk 14  | 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 | Chief Operating Officer | F&PC | Open     |

## Appendix 2

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

Delivery of sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards:

- Bi-annual review of Nursing & Midwifery staffing
- Safer staffing meetings held three times a day
- Development of an out of hours Senior Nurse rota
- Launch a of a live e-roster to enable staff to raise a 'red flag' regarding staffing levels
- Development and implantation of the plan to increase the number of side rooms with en-suite facilities across the hospital.

Delivery of sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards – Maternity services linked to staffing levels:

- Two safer staffing meetings per day
- Development of an out of hours Midwifery on call rota
- Redo BirthRate+ to calculate staffing levels with the aim of achieving Continuity of Carer requirements
- Running a focussed recruitment campaign for Maternity
- Assessing measures to improve retention rates among midwives.

Failure to ensure there are enough people in the organisation to do the job is likely to lead to increased experiences of incivility; discrimination; burnout; exhaustion; higher bank & agency spend ; and poor patient outcomes:

- Medical establishment review to be completed
- Strategic workforce plans to be completed
- Candidate attraction and recruitment plans to be developed
- Equality, Diversity and Inclusion review to be completed
- Introduction of a Scope for Growth and Succession planning programme
- Trust Education plans to be written
- Review of AHP establishment to be carried out
- Health Education England to assist the Trust in developing its workforce planning process

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

- 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.

The lack of sufficient capital funding prevents the Trust from making the necessary investments in its infrastructure to provide and support safe services for patients:

- Long term capital planning relating to Sulis Hospital is being developed
- Development of a BSW infrastructure strategy

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 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.

The risk that cyber-security breaches, and that these lead to potential data loss, including exposure of patient and other sensitive information, regulatory intervention and reputational damage:

- The commercial sensitivity of some of the actions being taken means that details cannot be placed into the public domain, but training and awareness raising is being cascaded throughout the Trust, and extra resource is being provided as required.

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