

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	2 November 2022		

Title of Report:	Board Assurance Framework Summary Report
Status:	For Information and Discussion
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Appendices	Appendix 1: BAF Risks Summary Sheet Appendix 2: BAF Risks rated ≥ 20 and key actions

1. Executive Summary of the Report
<p>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.</p> <p>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.</p> <p>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.</p> <p>In summary, the main changes to the BAF since the last report in July are as follows:</p> <ul style="list-style-type: none"> • The rating for BAF 5 (failure to maintain patient flow through the hospital...) has been increased from 16 to 20 • The Non-Clinical Governance Committee has asked that the scope of BAF 6 (failure to reduce the Trust's environmental impact and become carbon neutral by 2030) be broadened to include the impact of climate change on the Trust.

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
The last BAF summary report was presented at the March 2022 meeting	

8.	Freedom of Information
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 and keep up to date the constituent risks of the 2022/23 BAF, along with the key controls and sources of assurance.

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 and continue to review and challenge the 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. Indeed, as part of the early thinking around the 2023/24 BAF, the Board is considering whether those long standing risks that are more difficult to shift ought to be treated differently from those that could ultimately be managed off the BAF.

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:

- The risk rating for BAF 5 (failure to maintain patient flow through the hospital continues to affect performance, safety of care and patient experience) has been increased from 16 (consequence = 4 x likelihood = 4) to 20 (4x5). This is mainly in recognition of the difficulties that the Trust has experienced around Non Criteria To Reside and the lack of capacity within local community and social care services. It is also noted that the work that is currently being done to increase en suite facilities is having the temporary effect of reducing bed capacity.
- The Non-Clinical Governance Committee has asked that the current scope of BAF 6 (failure to reduce the Trust's environmental impact and become carbon neutral by 2030) be broadened to cover the wider impact of climate change and what the Trust needs to do about it going forward. This work is underway and would have been reported to the Committee's meeting that was held yesterday.
- Further work is also being done in respect of BAF 9 (cyber security) to reflect, as much as is possible, the actions that have been taken to better protect the Trust from attack and the risks that still remain. The outcome of this work will also be reported to NCGC.
- BAF 1, 2 and 15 have been updated to reflect the factors that are contributing to risks around the maintenance of high quality services. With regard to BAF 1 (delivery of sub-optimal quality services), reduced staffing levels, more recently seen among Allied Health Professionals, insufficient isolation facilities and the lack of bed capacity are the most recent contributory factors. For BAF 2 (failure to

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prevent avoidable healthcare associated infections), unfilled vacancies within the cleaning teams and insufficient bed spacing on some wards are two of the recent issues, while for BAF 3 (sub-optimal maternity services) a key issue is the fact that the BirthRate+ tool has identified the requirement for additional posts for which funding is not currently available.

- 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.

The risk environment

The Board will note that the BAF as a whole reflects some of the key challenges facing the NHS post-pandemic – lack of staffing is a particular theme, as is capacity, both here at the hospital and within the community.

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, and the different approach that the Non-Clinical Governance Committee now intends to take in respect of both of its risks reflects this.

As always, 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. It is intended that discussions leading to the agreement of the 2023/24 BAF will start in December – any early thoughts on what this ought to focus on are welcome.

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.



Royal United Hospitals Bath

NHS Foundation Trust

Appendix 1

Ref	Risk Description	Initial Score	Current Score	Target Score	Lead	Lead Committee	Risk Appetite
Strategic Priority 1: Recognised as a listening organisation; patient centred and compassionate							
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
Strategic Priority 2: Be an outstanding place to work where staff can flourish							
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
Strategic Priority 3: Quality improvement and innovation each and everyday							
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	20	12	Chief Operating Officer	F&PC	Cautious
Strategic Priority 4: Be a sustainable organisation that is fit for the future							
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

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.	20	20	12	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
Strategic Priority 5: Work together with our partners to strengthen our community							
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 (all rated at 20)

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 being held twice 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
- Review and benchmarking of Allied Health Professional roles at the RUH and across the BSW Acute Hospital Alliance

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:

- Continue to work towards Maternity Incentive Scheme and Ockenden compliance
- Bi-annual Midwifery staffing review
- 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.

Failure to maintain patient flow through the hospital continues to affect performance, safety of care and patient experience:

- Revising bed model to identify capacity gaps and mitigations for winter
- Confirming the Trust's winter plan
- Engaging sisters and matrons in the revised approach to ward flow

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

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 , including exposure of patient and other sensitive information, regulatory intervention and reputational damage:

- Implementing plans to migrate systems off unsupported servers
- Identifying dedicated roles in IM&T/Cyber and data security that require resource
- Accessing and following advice from the Data Protection Officer on compliance with UK GDPR and regulatory standards to help guide progress on cyber security

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

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- 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.