

Report to:	Public Board of Directors	Agenda item:	20
Date of Meeting:	1 May 2024		

Title of Report:	Board Assurance Framework Summary 2024-25
Status:	Approval
Board Sponsor:	Cara Charles-Barks, Chief Executive
Author:	Christopher Brooks-Daw, Chief of Staff
Appendices	Appendix 1: BAF Risks Summary Sheet

1.	Executive Summary of the Report
<p>This report provides oversight of the RUH Board Assurance Framework (BAF) as at 25th April 2024 and provides a summary of the key risks which could impact on the ability of the Trust to achieve its strategic objectives and priorities.</p> <p>BAF risks are routinely (no less than quarterly) reviewed through the Board sub-committee that is responsible for the corresponding subject area.</p> <p>The Executive Team reviewed all risks on the BAF during a workshop on 16th April 2025. This resulted in some rewording of existing risks, as well as a rebalancing of ratings. The Executive Team will routinely, no less than quarterly, review the full BAF.</p> <p>The full version of the BAF includes controls and mitigations for risks, as well as sources of assurance. It also reflects associated significant risks (rated ≥ 16) on the organisational risk register. Significant risks are overseen and reviewed through Trust Management Executive (TME) no less than quarterly.</p> <p>The Board will receive the full BAF in July 2024.</p>	

2.	Recommendations (Note, Approve, Discuss)
The Board of Directors is asked to note and discuss the Board Assurance Framework.	

3.	Legal / Regulatory Implications
The Board of Directors is required to have a Board Assurance Framework in place as it one of the key sources of evidence to support for the preparation of the Annual Governance Statement.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The full version the BAF reflects specific significant risks for each BAF risk.	

5.	Resources Implications (Financial / staffing)
None	

6.	Equality and Diversity
No issues have been identified in this report.	

7.	References to previous reports/Next steps
Previously considered by all Board Committees through September and October 2023	

8.	Freedom of Information
Public	

9.	Sustainability
None	

10.	Digital
None	



Royal United Hospitals Bath NHS Foundation Trust Board Assurance Framework 2024 / 2025

BAF SUMMARY						
Strategic Priority 1 : People we Care For - Together we will support you, as and when you need us most						
Objective: Consistently delivering the highest quality healthcare and outcomes						
1.1	Chief Nurse	Description of Risk: There is a risk that not meeting internally and externally set standards of quality and safety may result in harm to patients and/or experience below expected.	15	10		QGC 8 th Aoril 2024
	Quality Governance Committee					
1.2	Chief Operating Officer	Description of Risk: Increasing demand for both emergency and planned care is exceeding our capacity to treat patients promptly, leading to longer wait times for planned procedures. This could negatively impact patient outcomes and satisfaction.	16	12		FPC 23 rd April 2024
	Finance and Performance Committee					
Strategic Priority 2: People we Work With - Together we will create the conditions to perform at our best						
Objective: Demonstrating our shared values with kindness, civility and respect, all day, every day						
2.1	Chief People Officer	Description of Risk: Failure to reduce levels and incidences of discrimination by managers against staff, based on race, ethnicity, religion, gender, sexuality or disability could affect the Trust's ability to recruit and retain staff, expose the Trust to unlimited damages following successful litigation and adversely affect the organisation's reputation	16	12		People Committee March 2024
	People Committee					
2.2	Chief People Officer	Description of Risk: The Trust could experience significant staffing risks as a result of the limited supply of healthcare professionals in the national NHS workforce market	16	8		People Committee March 2024
	People Committee					
2.3	Chief People Officer	Description of Risk: Failure to provide effective management and leadership development and succession planning could lead to a poor culture and/or to making cultural improvements unsustainable, which could lead to poor Staff Survey results, higher staff turnover and which could adversely affect patient care and outcomes, staff health and wellbeing and workforce expenditure (including agency cost).	20	16		People Committee March 2024
	People Committee					

Strategic Priority 3: People in our Community – Together we will create one of the healthiest places to live and work Objective: Working with partners to make the most of our shared resources and plan wisely for future needs						
3.1	Chief Finance Officer	Description of Risk: Failure to deliver a viable financial plan and create a culture of financial accountability across the organisation would impact on the Trust's ability to achieve financial recovery and sustainability, and could ultimately affect its ability to provide safe, appropriate and effective care to our patients.	16	12		Finance and Perf. Committee April 2024.
	Finance and Performance Committee					
3.2	Chief Operating Officer	Description of Risk: There is a risk that Sulis Hospital is unable to achieve its agreed financial and operational targets, and is therefore unable to support the Trust in providing the required additional elective and diagnostic capacity.	16	10		SOC January 2024
	Subsidiary Oversight Committee					
3.3	Chief Medical Officer	Description of Risk: Failure to target adequate resources to meet the health and care needs of those in the population we serve who are in greatest need will lead to worse outcomes for those communities, and further exacerbate current inequalities in outcomes.	16	12		Quality Governance Committee April 2024
	Quality Governance Committee					
3.4	Chief Operating Officer	Description of Risk: Our aging estate with increasing backlog maintenance needs could lead to service disruptions, compromised patient safety, and a degraded experience for both patients and staff.	16	12		NCGC March 2024
	Non-Clinical Governance Committee					
3.5	Chief Operating Officer	Description of Risk: Climate change and its accelerating consequences threaten the health of patients, staff, and the wider community. Failure to achieve net zero goals and adapt to climate-related risks (e.g., overheating, flooding) may jeopardise the Trust's sustainability, its ability to provide care, and its commitment to future generations.	15	15		NCGC March 2024
	Non-Clinical Governance Committee					
3.6	Chief Finance Officer	Description of Risk: There is a risk that due to a lack of funding the Trust fails to take advantage of opportunities to develop digital capabilities that could improve patient and staff experience while also improving efficiency and effectiveness.	16	12		NCGC March 2024
	Non-Clinical Governance Committee					
3.7	Chief Finance Officer	Description of Risk: Cyber-security breaches, caused by deliberate malicious acts or inadvertent actions by staff, could result in an inability to use digital platforms, resulting in loss of services and data across the Trust, and in turn causing risk to patients.	16	12		NCGC March 2024
	Non-Clinical Governance Committee					