

REPORT TITLE:	Board Assurance Framework Report		
SPONSORING EXECUTIVE:	Kam Dhami, Chief Governance Officer		
REPORT AUTHOR:	Dan Conway, Associate Director of Corporate Governance / Company Secretary		
MEETING:	Public Trust Board	DATE:	10 th January 2024

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on in discussion]*

The Trust Board is required to review the BAF. In doing so, the Board is asked to consider the following:

- The **strength levels of the controls and assurances** and note the work that has been undertaken to improve all the BAF risks in this area.
- The Board committees received the BAF in the November **2023 meetings** to discuss progress and any gaps. There was a lack of robust discussion at the committees (apart from MMUH Opening Committee) and this will be addressed at the next committee by making the BAFG the substantive item.
- All the BAF Impact Description's (ID) remain a committee assurance level **amber** (Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy), given that we are now 2 years into this BAF cycle there needs to be some emphasis on moving some of the 22 Impact Descriptions into **green** assurance.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

At all Board Committees in November 2023

4. Recommendation(s)

The Public Trust Board is asked to:

- a. **ACCEPT** the current position of the BAF risks and scores.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	X	Make best strategic use of its resources

Board Assurance Framework Risk 03	x	<i>Deliver the MMUH benefits case</i>					
Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	n/a
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	n/a

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to Public Trust Board on 10th January 2024

Board Assurance Framework Update

1. Introduction

1.1 The Board Assurance Framework (BAF) is the key source of evidence that links the Trust's strategic objectives to risks, controls and assurances, and is the primary tool that the Board uses to discharge its overall responsibility for internal control.

2. Committee Presentations and reviews

2.1 The November 2023 round of Board Committees all had the BAF scheduled on the agenda.

2.2 Each of the committee leads and Chairs reviewed their BAF, the Integration Committee discussed the BAF risk and supported the transition to the new template, which now has now more defined impact descriptions of challenges to the achievement of the principal risks.

3. Summary

3.1 The updated BAF summary below (the full committee BAF details are contained in the Reading room) and the current risk ratings associated with each risk are shown below in a heat map. The BAF is embedded within each Board committee's agenda and is reviewed on a monthly/quarterly basis by each committee (dependent on the committee cycle.)

HEATMAP

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12 BAF 003	16 BAF 001 BAF 005	20 BAF 002
3 Moderate	3	6	9	12 BAF 004	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

- 4.1 A summary of the up-to-date position for each risk is provided below and the committee should refer to **Appendix 1** for more detail.
- 4.2 The impact descriptions that are considered likely to increase or reduce the principal risk were individually rated by the committee meetings for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key):

Key to lead committee assurance ratings:	
●	Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current strategic risk management in addressing the threat or opportunity - no gaps in assurance or control AND current exposure risk rating = target or - gaps in control and assurance are being addressed.
●	Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current strategic risk treatment management.
●	Red = Negative assurance: the Committee is not satisfied that there is sufficient reliable evidence that the current strategic risk treatment management is appropriate to the nature and/or scale of the threat or opportunity

Quality and Safety BAF Risk

Strategic Objective: Patients - To be good or outstanding in everything we do			
BAF001: There is a risk that the Trust fails to deliver constant safe, high-quality care.			
Initial Risk Score	4	4	16
Current Risk Score	4	4	16
Target Risk Score	4	3	12
Impact Description (ID) (what might cause this to happen)			Committee Assurance Rating for each ID
1a	Significant Failure to deliver the standards of quality and safety for patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes		Amber
1b	Insufficient understanding and embedding of learning following significant events/incidents/complaints and evidencing improved practice and clinical outcomes.		Amber
1c	Safe & skilled workforce not achieving adequate numbers & skill mix impacts on the ability to deliver safe care, effective outcomes and organisational objectives.		Amber
1d	A lack of a trust-wide systematic approach that is understood and owned by the organisation resulting in reduced patient experience and missed opportunities		Amber
<u>Milestones to support reaching target score.</u>			
a) PSIRF embedded in the organisation.			
b) Quality improvement system embedded as a standard approach across the trust.			
c) Successful implementation of fundamentals of care year one deliverables.			
d) Full implementation of allocate software for staffing, rostering and job planning across all staff groups.			

Finance, Investment and Performance BAF Risk

Strategic Objective: People - Patients - To be good or outstanding in everything we do			
BAF002: There is a risk that the Trust fails to make best strategic use of its resources			
Initial Risk Score	4	4	16
Current Risk Score	4	5	20
Target Risk Score	4	1	4
Impact Description (ID) (what might cause this to happen)			Committee Assurance Rating for each ID
2a	Failure to ensure adequate infrastructure, capacity and governance to deliver CIP.		Amber
2b	Insufficient capital resources to progress required investments.		Amber
2c	Income and Expenditure performance resulting in cashflow challenge to operations and capital investments		Amber
2d	Lack of capacity to effectively plan to address strategic risk		Amber
2e	Failure to meet operational performance targets		Amber
2f	Failure to adopt and exploit digital solutions that can enhance patient care and improve efficiency.		Amber
<u>Milestones to support reaching target score.</u>			
a) Achievement of the 4% CIP Target.			
b) Achievement of the MMUH Benefits.			
c) National and local funding alignment.			

People and OD BAF Risk

Strategic Objective: People - To cultivate and sustain happy, productive, and engaged staff			
BAF003: There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce.			
Initial Risk Score	4	4	16
Current Risk Score	4	4	16
Target Risk Score	4	3	4
Impact Description (ID) (what might cause this to happen)			Committee Assurance Rating for each ID
3a	Plan, attract, recruit, and develop (workforce planning and safe staffing).		Amber
3b	Staff experience and retention (culture and climate).		Amber
<u>Milestones to support reaching target score.</u>			
a) Improving staff wellbeing.			
b) Increasing recruitment and improving turnover.			
c) Embedding improvements in Equality, Diversity and Inclusion			
d) Improving staff satisfaction and engagement			

Integration BAF Risk

Strategic Objective: Patients - To work seamlessly with our partners to improve lives.			
BAF004: There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation			
Initial Risk Score	4	4	16
Current Risk Score	4	3	12
Target Risk Score	4	2	8
Impact Description (ID) (what might cause this to happen)			Committee Assurance Rating for each ID
4a	Failure of the Trust to engage in shared planning and decision-making at System and Place partnership level.		Amber

4b	Failure to redesign the model of care to build on attendance avoidance, Admission avoidance and Length of stay reduction resulting in a growth for acute hospital services.	Amber
4c	Failure to address directly the Health inequalities of each town footprint by using the core 20 plus 5 model resulting in deteriorating population health.	Amber
4d	Failure to work with partners in our role as an anchor institution to collectively address the wider determinates of health within our population resulting in poorer life chances.	Amber
<i>Milestones to support reaching target score.</i>		
a) TBC		

MMUH Opening BAF Risk

Strategic Objective: Patients - To work seamlessly with our partners to improve lives.			
BAF005: There is a risk that the Trust fails to deliver the MMUH benefits case			
Initial Risk Score	4	4	16
Current Risk Score	4	4	16
Target Risk Score	4	3	12
Impact Description (ID) (what might cause this to happen)			Committee Assurance Rating for each ID
5a	There is significant failure to deliver sustained clinical transformation and related benefits case resulting in inability to fit into MMUH and non-delivery of improved health outcomes and patient experience.		Amber
5b	Failure to secure revenue funding for the workforce model needed to deliver the approved and transformed clinical model, which will impact on the ability to deliver the strategic benefits related to both the clinical and workforce models.		Amber
5c	Failure to secure capital funding and progress build for the on-site Urgent Treatment Centre which will result in increased and overwhelming demand in the Emergency Department, compromising Urgent Emergency Care standards associated with the business and benefits case.		Amber
5d	A significant failure to prepare our workforce to move and work in MMUH and adopt new ways of working, that results in suboptimal delivery of clinical transformation and delivery of the people objectives and associated benefits case.		Amber
5e	There is failure to establish an effective strategic benefits oversight and delivery framework that results in the inability to provide assurance on the delivery of the strategic benefits case.		Amber
5f	Failure to secure capital funding and progress digital transformation and SMART optimisation at MMUH will compromise the digital impact on the strategic benefit case.		Amber
<i>Milestones to support reaching target score.</i>			
a) TBC			

5. BAF Actions

- 5.1 Each of the BAF risks have a set of actions, all have an identified executive lead, along with the detail of where each of the actions will be monitored within the governance structure.
- 5.2 Below is a summary of when the number of actions and when they are due to be complete:

Q&S

Summary	Dates to be agreed	Completed	Overdue	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25
Q1 Data	5	1	1	0	3	6	4	2
Q 2 Data	0	6	1	0	0	3	8	5

FIPC

Summary	Dates to be agreed	Completed	Overdue	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25
Q1 Data	1	0	1	0	10	16	1	3
Q 2 Data	2	4	3	0	0	18	9	1

POD

Summary	Dates to be agreed	Completed	Overdue	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25
Q1 Data	2	1	3	0	8	1	6	2
Q 2 Data	0	7	0	0	1	5	4	5

Integration

Summary	Dates to be agreed	Completed	Overdue	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25
Q1 Data	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a
Q 2 Data	0	3	0	0	0	0	7	9

MMUHO

Summary	Dates to be agreed	Completed	Overdue	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25
Q1 Data	0	0	0	6	2	0	1	0
Q 2 Data	0	3	7	0	0	11	7	3

TOTAL ACROSS THE FULL BAF

Q1 Data	8	3	4	6	23	23	12	7
Q 2 Data	2	20	11	0	1	37	28	13

6. Summary

- 6.1 Overall, the BAF revised structure and action management has been received well and having the actions managed through iBabs is showing real progress in updating and closing off actions in real time.
- 6.2 There are currently 130 actions across all 5 BAF risks and Integration Committee are just finalising their updated BAF actions. Over the last quarter we have agreed completion dates for 6 of the outstanding actions. 20 actions have been closed off and agreed (**appendix 2 in the reading room details all of the BAF actions**).
- 6.3 We did have a challenge in the last quarterly review at several of the committee meetings where the BAF report was low on the agenda and there wasn't time for a robust discussion. It has now been agreed that the next presentation of the BAF will

be the substantive item at the top of the agenda (this happens already at the MMUH Opening Committee).

7. RECOMMENDATIONS

The Public Trust Board is asked to:

- a) **ACCEPT** the current position of the BAF risks and scores.

Dan Conway

Associate Director of Corporate Governance / Company Secretary

19th December 2023

Reading Room:

- Committee BAF risks
- BAF Action Logs