

Report Title	Strategic Board Assurance Framework: Update and planned refresh		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Dan Conway, Associate Director of Corporate Governance		
Meeting	Trust Board (Public)	Date	

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

The Board Assurance Framework (BAF) records and reports on the thematic risks to delivery of the Trust's strategic goals, the controls in place, sources and levels of assurance and any gaps in controls or assurance.

We are at a point of transition into a new set of strategic objectives supporting delivery of our new Five-Year Strategy, detailed in the report is the executive narrative of the current SBAF risks for this transitional period.

There are some recommendations for the closure and potential re-opening of a number of risks and the narrative for the reasons why are detailed, the closing of these risks will be picked up in step 1 of the BAF Re-fresh (*see item 4.3*).

There are also 3 new potential SBAF risks for discussion by the Board, these are risks that the Board need to be aware of due to the current healthcare environment, whilst we plan and develop the refreshed BAF. Their inclusion will be discussed and agreed as part of step 1 of the BAF Re-fresh (*see item 4.3*).

The plans for the BAF refresh are detailed along with estimated timelines.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective 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 *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **CONSIDER** the Executive Lead updates to the current SBAF risks
- b. **SEEK** assurance of the management of the proposed additional strategic risks
- c. **SUPPORT** the plans and timelines for the SBAF refresh

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

Trust Risk Register	x	Risk Number(s):				
Board Assurance Framework	x	Risk Number(s): SBAF 1 - 19				
Equality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board: 2nd December 2021

Strategic Board Assurance Framework: Update and planned refresh

1. INTRODUCTION

- 1.1 The current Trust Strategic Board Assurance Framework was aligned to the 2020 Vision.
- 1.2 In June 2021 the Board received a review of the controls for each SBAF risk and assessment of the assurance level, as decided by the relevant Board Committee,
- 1.3 As a reminder the definitions for each level of assurance are set out below; the highest level of assurance is “substantial” meaning the Board / Board Committee is substantially assured that “they really know what they think they know”.

Assurance level	Definition
Zero	Indicates poor effectiveness – there is no assurance that the controls are working either way
Limited	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve
Adequate	Some issues identified that if not addressed, could increase the likelihood of the risk materialising.
Substantial	Controls are suitably designed, being consistently applied and are effective in practice.

- 1.4 We are in a period of transition for the Trust and a new Trust strategy will be brought to the January Board for approval. This will require a full review of the risks to the delivery vehicles within the new strategy. During this transition period the current risks needed to be reviewed and any potential new risks identified for consideration for the new BAF.

2. SBAF DOCUMENT: EXECUTIVE REVIEW

- 2.1 The current SBAF has been reviewed by the executive leads and a narrative on each risk is below. A detailed review of the score, assurances and actions has not taken place; the narrative gives the Board an update of the executive leads comments on where the Trust is currently as we move into the period of transition.
- 2.2 As part of the review process a number of additional strategic risks have been identified. These are set out below. The Governance Department will work with the executive leads to review how the new risks fit within the new strategic priorities. It was felt that these risks should be highlighted to the Board now during the transitional period, so assurance could be gained that these are being identified and managed. These will then be part of the considerations of the refreshed BAF

2.3 A summary of the Executive lead narrative for each risk is provided below.

SBAF 1 – Management bandwidth (Frieza Mahmood)				
There is a risk that management bandwidth does not match organisational and system wide ambition because of either recruitment or capability difficulties, leading to project delays that compromise our improvement trajectory to meet our undertakings and ambitions.				
Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE	
12 (3 X 4)	12	8		
Executive commentary on holding assurance:				
Recent mitigations to this overall risk include:				
<ul style="list-style-type: none"> • New Executive role to lead PBP and Integration agenda and expectations of ICS • Commissioned review of Executive portfolios and responsibilities • Procured additional PMO resource for MMUH • Procured additional workforce planning resource for MMUH • Wraparound support for band 7 ward sisters from corporate and Group nursing leadership 				
Gaps in assurance still include:				
<ul style="list-style-type: none"> • People & OD team capacity and capability. Will deliver development programmes and tools to increase organisational development skills and capability to deliver cultural change. Will re-prioritise business as usual work based on governance risks and thematic review of People Plan deliverables alongside increasing capacity and specialist skills on a non-recurrent basis to support MMUH workforce transformation objectives. 				

SBAF 2 – Collapse of local care home market (Liam Kennedy)				
Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating pressures on acute hospital beds.				
Initial risk score (L X I)	Current risk score	Target score	Overall movement	Current assurance level
15	9	5		
Risk was closed: as part of the re-refresh we need to think about a new risk specifically linked to Domiciliary care provision or adult social care services as a whole, which feeds into the population corporate objective				



SBAF 3 – GP retention/recruitment (Liam Kennedy)

There is a risk that difficulties in recruiting and retaining local GPs leads to fragmentation within practice and PCNs and unpredicted patterns of referral behaviour and LTC emergency care, resulting in unmet demand or need because our system is not operating to its 5 year plan.

Initial risk score (L X I)	Current risk score	Target score	Current assurance level LIMITED
9 (3 X 3)	9	6	

Executive commentary on holding assurance:

This SBAF was closed down some time ago and was a risk at a point in time when we had a batch of GPs retiring. It is probably still an issue but one that needs picking up through Place Board, mainly managed thorough CCG.

SBAF 4 – Failure of vulnerable services (David Carruthers)

There is a risk that vulnerable service improvement plans are delayed by a lack of cross organisational cohesion or pace, leading to service failures necessitating either emergency changes to service models or patients not being able to access services within the STP footprint.

Initial risk score (L X I)	Current risk score	Target score	Current assurance level LIMITED
12 (3 x 4)	12	8	

Executive commentary on holding assurance:

Acute collaboration programme initially designed to tackle service sustainability issues which are best mitigated on an inter-Trust basis. 16 specialities being analysed by x 3 meetings with specialty representation form each ICS acute provider. Focus of these meetings has been to identify areas for possible collaboration to improve the quality of service and reduce risk of service compromise in any provider. Outcome of these and next steps are awaited but will allow focus on those areas with greatest risk and therefore opportunity to improve. Working with partners across ICS boundaries is also important for understanding co-dependencies and opportunities for collaboration.

SBAF 5 – welearn implementation (Kam Dhami)

There is a risk that organisational learning does not improve with “welearn” sufficiently

to address our quality improvement ambitions, resulting in the Trust not sustaining a Good rating after 2020.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level LIMITED
12 (4 x 3)	9	12	
Executive commentary on holding assurance:			
A recently appointed deputy director will oversee the re-launch of the WeLearn programme that will be designed to ensure effective organisation-wide learning takes place following adverse events as well as from successes. This will dovetail with the WeAssure work on evidencing quality improvement against CQC domains, Trust-wide.			

SBAF 6 – Midland Met Final Contractor (Rachel Barlow)			
There is a risk that we will not secure or sustain a Midland Met Final Contractor owing to approval delays, resulting in further confusion about the future model and leading to employee flight and service sustainability difficulties in acute care.			
Initial risk score	Current risk score	Target score	Current assurance level Note – this risk was previously closed
Executive commentary on holding assurance:			
This risk is to be closed and consideration for the new BAF Risk re-worded to:			
<i>There is risk that MMUH contractor does not meet programme completion expectations as a result of labour/materials shortages or commercial concerns, resulting in further delay on completion, confusion about care model implementation, leading to employee flight, service sustainability difficulties and significant commercial consequences.</i>			

SBAF 7 – Partners signing to ICP vision (Dave Baker)			
There is a risk that not all partners will sign up to the practicalities of the ICP vision and resist change including personnel change, resulting in a hiatus and loss of trust which could imperil our ability to make changes of importance to the long term care model our communities need.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level LIMITED

12(3x4)	12	8
<p>Executive commentary on holding assurance:</p> <p>Lots of work done on this in recent months, particularly Sandwell PBP – now being led by Executive Director of Integration (Interim), for example 500k funding agreement from Better Care Fund, case for change document adopted by all statutory partners, D2A programme changes etc</p> <p>West Birmingham subtly different – we co-lead this and it is subject to Birmingham City Council being unprepared to consider West Birmingham as a “place” in its own right – unmitigated risk here regarding programme resources, clarity on priorities etc</p>		

SBAF 8 – Digital Plan gap (Martin Sadler)			
<p>There is a risk that the immediate pressures that drove the development of our Digital Plan was and is not sufficiently agile and responsive to end-user needs, resulting in a gap between intention and practice over the next three years.</p>			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE
16(4 x 4)	12	9	
Risk Closed			

SBAF 9 – Cost reduction/income plans (Dinah McLannahan)			
<p>There is a risk that our necessary level of cash backed cost reduction and income and expenditure plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.</p>			
Initial risk score (L X I)	Current risk score (L X I)	Target score	Current assurance level LIMITED
20 (5x4)	12	8	
<p>Executive commentary on holding assurance:</p> <p>Despite the significant change in payment mechanisms in the NHS, this strategic risk remains relevant. It has long been the aim of the Trust to achieve a cash backed break even position and this was reconfirmed at a Board development session in April 2021. This item is overseen by FIC on a regular basis and through Board finance reporting.</p>			

SBAF 10 – NHS payment methods preventing ICS working (Dinah McLannahan)

There is a risk that the mechanism for contracting and payment in the NHS caused by a failure of national bodies to require adoption of capitation based contracting will result in the Trust not achieving its aim to be the best integrated care provider in the NHS by not allowing money to flow freely around our local system.

Initial risk score (L X I)	Current risk score (L X I)	Target score	Current assurance level LIMITED
20 (5 x 4)	12	8	

Executive commentary on holding assurance:

This strategic risk remains relevant albeit remaining with limited assurance due this being mainly a national policy driven issue, with significant external factors. The risk is regularly reviewed at FIC committee.

SBAF 11 – Labour supply (Frieza Mahmood)

There is a risk that labour supply does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures.

Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE
20 (5 x 3)?	12	9	

Executive commentary on holding assurance:

Significantly mitigated by coordinated overseas RGN recruitment of late. Trust 6 point People Plan will, when deployed, mitigate retention and staff engagement risks but not recruitment gaps/vacancies. Interim workforce trajectories and cost/opportunity cost analysis (linked to more robust annual planning process) will give us a platform from which to make over-recruitment decisions as an executive, should we wish to do so.

SBAF 12 – Staff development time (Frieza Mahmood)

There is a risk that we do not create the time for our employees to develop over the next two years, and that we are less able to deliver our community based, public health focused model of care at the same time as opening Midland Met.

Initial risk score	Current risk score	Target score	Current assurance level LIMITED

(L X I)			
6 (2 x 3)	6	4	
Executive commentary on holding assurance:			
<p>PDR's remained an important area of focus during the pandemic although the emphasis was shifted on wellbeing and development rather than reviewing performance which supported ensuring we were able to identify staff needs and prioritise areas for support.</p> <p>The Learning Development and Education Sub-committee has been re-energised with the Terms of Reference being reviewed and an underpinning governance structure created to support the delivery of workforce transformation and development objectives with a core emphasis on creating a voice for all professions and ensuring there is a bespoke development pathway and capacity created for release and embedding learning through the creation of a multi-disciplinary action plan which is in early stages of development and will be consulted on through the CLE and assured through POD Committee.</p>			

SBAF 13 – Workforce Wellbeing inc. Mental Health (Frieza Mahmood)			
There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions are not targeted at those at prospective risk, resulting in absence and teams not being able to deliver to their full potential.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level
			ADEQUATE
16 (4 x 4)	12	6	
Executive commentary on holding assurance:			
<p>The pandemic wellbeing services and new Occupation Health and wellbeing approach was approved by Executive Group and CLE this year. However, staff wellbeing will be materially impacted the most by reducing vacancies and improving access to car parking, out of hours food options etc.</p>			

SBAF 14 – Mortality reduction (David Carruthers)			
There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level
			ADEQUATE
16 (4 x 4)	16	12	
Executive commentary on holding assurance:			

The effect of COVID on mortality in the Trust has been reviewed and presented at the Trust Board. QI work focuses on areas of main concern which remain sepsis and pneumonia. The other areas that require a focus on are related to documentation and the need to improve depth of coding, removal of symptoms from coded episodes, reduce number of finished consultant episodes and make sure palliative care coding is undertaken where needed. Working groups have focused, via the learning from deaths committee, on sepsis and pneumonia, while increased interaction between mortality leads and coders is underway to improve documentation issues. The appointment of a 'digital fellow' to work between clinical teams and coders has occurred to facilitate the above documentation issues and also to help develop QI work where indicated. First tier review of most hospital deaths is now embedded and SJR review requested in the 15- 25 % of cases where possible issues with care have been identified. Those where there is significant concern are discussed at the learning from deaths committee, where national early warning data is also scrutinised to identify areas where further analysis is needed. Improving the documentation issues should improve the ability to identify those areas where quality of care may need to improve.

SBAF 15 – Improve research goals (David Carruthers)

There is a risk that we are unable to achieve our qualitative and quantitative goals for research because we do not broaden the specialties that are research active, principally because we are unable to recruit personnel and provide time and infrastructure to deliver commercial, CRN, and personal research, thus limiting research translation from science to practice.

Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE
9 (3 x 3)	9	6	

Executive commentary on holding assurance:

COVID led to significant change within R+D portfolio with a stop brought to all commercial and CRN studies, with the focus turning to national COVID studies which we made a significant contribution to. Now we look to restart suspended studies, prioritising those of potential greatest impact. In addition, we are extending our approach to generating a research forum in the trust to help develop clinician initiated research and improving utilisation of the research facility at Sandwell. The R+D strategy is being reviewed and updated in line with the new Trust strategy and work is progressing with enhancing our links with University partners as well as a move to join the Birmingham Health Partners research collaboration.

SBAF 16 – Unreliable Informatics structure (Martin Sadler)

There is a risk that strategic initiatives and the Trust’s digital ambitions will not be achieved as a result of the unreliable Informatics infrastructure, the lack of digital/ technical skills, the lack of business owner involvement or customer insight, and inappropriate third party support arrangements which may lead to a lack of faith in Informatics and a lack of timely engagement with them and the inability to achieve the

improvement we are seeking.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level LIMITED
12 (4 x 3)	12	6	
Risk Closed			

SBAF 17 – Unity (Liam Kennedy)			
There is a risk that we do not automate our processes, standardise them safely and reduce errors and duplication because not all our staff develop and retain the necessary skills and confidence to optimise our new electronic patient record (Unity).			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE
16 (4 x 4)	6	8	
Executive commentary on holding assurance:			
<p>This risk was about the implementation of Unity rather than optimisation and was agreed previous as part of a previous review the optimisation was to be picked up outside of the SBAF.</p> <p>The risk actions at the time were complete, the IT infrastructure and service were brought up to acceptable levels and the risk was mitigated.</p> <p>There is still a risk that the Trust will fail to maximise the benefits of technology advances and technology supported innovations, including the optimal use of the clinical systems already in place if it fails to invest sufficiently in the time to support staff to work digitally and in the training and in the hardware and software that will enable us to deliver high standards of care. Failing to mitigate the risk will lead to substandard care and the ability to maximise fully the technology supported healthcare innovations that exist.</p>			

SBAF 18 – Commissioning changes (Richard Beeken)			
There is a risk that implementation of changes to commissioning in West Birmingham prevents the Trust and partners from delivering a common approach to integrated care for all patients using Midland Met resulting in operational deficiencies after the opening of the hospital.			
Initial risk score	Current risk score	Target score	Current assurance level LIMITED

(L X I)			
20 (5 x 4) Red?	9	6	
Executive commentary on holding assurance:			
<p>These were also adopted by West Birmingham Place Based Partnership Board. Trust CEO leads service planning group for transition of ICSs between BSol and BCWB, which includes MMUH service models and eradicating postcode access differences between community and MH services at the “border”. The Trust Board’s “key tests” statement continues to be the yardstick used to gain assurance on the transition.</p>			

SBAF 19 – Sustainability of services on 2 sites (Rachel Barlow)			
There is a risk that we are unable to sustain services on 2 sites until 2023 without service reconfiguration or investment in non-retained estate. This would compromise our ability to deliver seven day multi professional services because locational alignment is not achieved concurrently.			
Initial risk score (L X I)	Current risk score	Target score	Current assurance level ADEQUATE
12 (3 x 4)	12	8	
Executive commentary on holding assurance:			
<p>Service and estates plans reviewed and risk level maintained. Could be a financial risk dependant on move date. We will assess this in due course once we understand the construction programme.</p> <p>Again associated with the unknown move date the sustainability of service transformation over winter which is part of our future care model e.g. frailty and D2A needs financial security past 2022.</p>			

1. Identified Strategic Risks

- 3.1 During the review of the SBAF a number of additional strategic risks were identified.
- 3.2 It is important that the Board receive assurance that the risks have been identified and would be part of the considerations of the SBAF refresh. The risks and the Executive Leads narrative of how these are being managed are detailed below:

Management of a Pandemic (Liam Kennedy)
Failure to maintain effective systems to respond to a pandemic could result in: a failure to maintain delivery of core services during a pandemic; disease transmission resulting in

staff and patient illness and mortality; unsafe levels of staff absence; a reduction in quality, safety and patient experience.

Executive commentary on holding assurance:

The overarching Covid Risk is managed through 3 forums, Tactical group weekly focusing on the detailed actions for each group / work stream mainly focusing on emergency care risks, strategic weekly where trust / place wide decisions are made to rectify impending risks and the Restoration and Recovery, which focuses on the risks around the elective recovery component.

The 3 meetings combined manage the management of the risks posed by the pandemic

(Daren Fradgley)

Failure to work in partnership with key stakeholders to understand the community risk presented through the challenges in the wider determinants of health could result in a widening gap in the health inequalities of the population we serve.

Executive commentary on holding assurance:

Part of the Place Based Partnership response will be to understand the communities we serve through direct engagement and also working with health watch and the wider partnership team. In addition, a great emphasis is being placed on understanding the metrics relating to the wider determinants of health. This will ensure that the operational and transformation plan directly addresses them or highlights the gaps in service for future development. This work is underway through the Place Based Partnership road map

(Daren Fradgley)

Failure to work with key stakeholders and communities to build a robust Place Based Partnership to address the challenges presented through the wider determinants of health could result in unsustainable services for the future delivering poorer quality due to challenged access.

Executive commentary on holding assurance:

To directly address the challenges of the wider determinants of health, a Place Based Partnership has been established with the Trust as the host for Sandwell and as a partner for Ladywood & Perry Barr. The delivery Road Map for the remainder of 21/22 seeks to address the organisation, governance and decision making of this partnership whilst developing the leadership maturity and culture for the future.

- 3.3 The absence of risk scores is due to the fact that risk assessments are in the process of being carried out and will be presented to the appropriate board committee for sign-off in the future.

2. SBAF Refresh

- 4.1 The Trust is developing a new five-year Strategy, led by the Chief Executive and the Director of Partnerships and Innovation. The Strategy is framed around Patients, People and Population, and will be ready for Board review in January 2022. This will lead to the BAF being refreshed and a new set of strategic risks being agreed.
- 4.2 The Trust will engage the services of ANHH Ltd to support us through a process of review, discussion, debate, and facilitated development, to produce a new Board Assurance Framework (“BAF”) that responds to the new Strategy.
- 4.3 The planned timeline for this is detailed below:

Step 1	Principal activities	Timeline (by
1) Well-Led Statement	The corporate governance team to produce a short narrative to explain how the Trust manages its strategic risks, the role of and reporting on the SBAF, the function of Committees and Board members, and the process to be followed for the new Strategy. This statement will be available to the Board as	Early December
2) Tidy-up of SBAF	This step will retire the existing SBAF . It will provide a final version of the document, explaining why risks have been closed, and identifying any extant risks that could still transfer	17 December

Step 2	Principal activities	Timeline (by
3) Familiarisation with the new Strategy	Work with the corporate governance team, the Director of Partnerships and Innovation, the CEO, and other key Trust officers, to understand the key themes of the new Strategy, and to determine the principal risks to its delivery. This will help us to develop the BAF.	Mid-January

4) Board Development Session	<p>A full-day, face-to-face board development session.</p> <p>In the first half, we will introduce the process, explain the role of a BAF, explain how it links to strategy, explain the role of Committees, explain how risk management works and its link to the Trust’s Risk Policy, explain the role of NEDs and EDs, explain risk tolerance and appetite, and critique the SBAF to explain how the new BAF will be different.</p> <p>In the second half, we will split the Board into Committee groups to develop risk descriptions in line with the Strategy headings. Also identify a</p>	End of January
5) Controls and Assurances	Sessions to be held with the Chairs, Lead EDs, and other principal officers for each Committee, to confirm the risk descriptions, and to identify potential controls and assurances against the	End of February
6) Committee meetings	Each Committee to review the work to date, and to have a short workshop to score risks in line with the Policy – inherent, residual, target scores.	Mid-March
7) Board sign-off	At the March Trust Board meeting the new BAF to be presented and agreed.	End of March

3. Recommendations

The Trust Board is asked to:

- a. **CONSIDER** the Executive Lead updates to the current SBAF risks
- b. **SEEK** assurance of the management of the proposed additional strategic risks
- c. **SUPPORT** the plans and timelines for the SBAF refresh

Dan Conway
Associate Director of Corporate Governance /
Company Secretary

24th November 2021