Paper ref:	TB (04/22) 005

Sandwell and West Birmingham NHS Trust

Report Title	Board Assurance Framework: Board Sign-Off		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	ANHH Consulting		
Meeting	Trust Board (Public)	**Date**	6th April 2022

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

Relevance to the new Trust Strategy

The Board Assurance Framework is how the Trust Board holds itself account for delivery of its new Trust Strategy, by identifying and addressing risks associated with delivery. It also describes how much the Board is prepared to put at risk to realise the benefits of an opportunity (risk appetite).

The existing SBAF, which was agreed as a five-year document by the Board, has 19 risks – and this BAF is the successor to it. The development process since January 2022 has, through Board engagement, reduced that number to five linked to the new Trust Strategy – Quality and Safety, Use of Resources, MMUH, People, and Integration.

Does the emerging BAF appropriately address the scope of the Trust Strategy?

Controls and assurances

Each risk is expressed as an event (there is a risk that…), trigger or contributing factors (caused by…) and consequence or impact (resulting in…).

Do the controls and assurances adequately respond to the identified causes?

Potential Risk Score

The Trust's Risk Assessment & Risk Register Policy identifies a 5 x 5 risk assessment matrix for risk scoring.

Is the Board happy with the proposed scores?

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

2. Previous consideration *[where has this paper been previously discussed?]*

The Board has developed the BAF over a 10-week period – at two Development Sessions and in various less formal, smaller settings. The BAF was received and accepted by the five Board Assurance Committees on 23rd and 25th March.

3. Recommendation(s)	
The Board is asked to:	
a.	**APPROVE** the BAF as a live management tool for immediate implementation
b.	**APPROVE** the Next Steps
c.	**RECEIVE** the first quarterly update report at its meeting in July 2022.

4. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*								
Trust Risk Register	x	Various						
Board Assurance Framework	x	This is the proposed, new, three-year BAF						
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 NHS TRUST

Report to the Trust Board: 6th April 2022

Board Assurance Framework: Board Sign-Off

1. Introduction

1.1 The Board has as critical role to focus on risks that may compromise the achievement of the Trust's strategic objectives. The Board Assurance Framework ("**BAF**") is how the Board holds itself to account for this role, i.e., it is the main tool to discharge responsibility for internal control.

1.2 Since January 2022, ANHH Consulting ("**ANHH**") has been working with the Board to develop a new BAF in response to the recently approved Trust Strategy. The document at Annex 2 is the final draft version, which has been subjected to considerable co-production, including at Board Assurance Committees on 23rd and 25th March.

1.3 The Board is asked to approve the recommendations made in section 4 below.

2. Navigating the BAF

2.1 The existing SBAF has 19 risks. The new BAF has 5 risks, one each for the nominated assurance Committees. This is a bold and radical departure that should make it easier for Committees (and the Board) to identify the key issues to drive agendas and cycles of business.

2.2 The BAF is constructed as follows:

2.2.1 A front cover that highlights the Trust's Purpose and Vision, as described in the new Trust Strategy, and the Board's overarching agreed reputational risk appetite statement

2.2.2 Three section cover pages in line with the three Trust Strategy headings - Patients, People, Population - which provide:

a) A reminder of the associated Strategic Objective

b) The assurance Committee responsible for the risks identified under the 3 P headings – Quality & Safety, FIP, and MMUH (Patients); POD (People), and Integration (Population)

c) The Board's self-assessment of existing and aspirational levels of Risk Appetite, as agreed at the Board Development Session on 9th January 2022

d) The CQC Well Led Key Lines of Enquiry to which the risk relates. This will allow the Board to prepare for any inspection through its own self-assessment

e) An inherent (existing) and target risk score. This is informed by the risk assessment matrix at Appendix 2 of the Trust's Risk Assessment & Risk Register Policy (June 2017), which is summarised at Annex 1 of this Report. The Board will note that all five risks are currently scored as high, which is entirely appropriate

for strategic risks of this significance (Quality and Safety, Use of Resources, MMUH Benefits Realisation, People, and Partnership).

2.2.3 The detail of the five risks:

a) The risk descriptions, framed in line with the Trust's Risk Management Fact Sheet. This distinguishes between the uncertain event (what could occur), the risk cause (the trigger or contributing factor), and the risk effect (the consequence or impact on delivery of the objective)

b) The controls and assurances that are in place to address the cause, and the evidence that those mitigations are in place, are being followed, and are making a difference.

3. Next Steps

3.1 Assuming the Board approves the BAF as a live management tool for immediate use, the next steps, led by the Director of Governance, will be to:

a) Formally "retire" the extant SBAF

b) Prepare a two-page file note to explain the process that has been followed to transition from SBAF to BAF, i.e., to confirm how the Board manages strategic risk

c) Build the new BAF into the Cycles of Business for the nominated assurance Committees

d) Develop a reporting format and framework that will enable quarterly exception reporting through Committees to the Board

e) Keep a constant eye on controls and assurances, and any gaps. For example, the Delivery Plans that are being developed as Fundamentals of Care and the People Plan will create a sea change in the levels of controls and assurance

f) Ensure consistent, high-quality report writing. The assurance provided by Reports will only be as good as the intelligence and insight that they contain

g) Amend the Terms of Reference of the nominated assurance Committees to reflect their roles aligned to the BAF

h) Guide Committee Chairs to ensure that their Chair's Assurance Reports provide the Board with clarity regarding management of its strategic risks.

4. Recommendations

4.1 The Trust Board is asked to:

a. **APPROVE** the BAF as a live management tool for immediate implementation
b. **APPROVE** the Next Steps
c. **RECEIVE** the first quarterly update report at its meeting in July 2022.

ANHH Consulting

31st March 2022

Annex 1: Risk Assessment Matrix

1. **LIKELIHOOD:** What is the likelihood of the harm/damage/loss occurring?

LEVEL	DESCRIPTOR	DESCRIPTION
1	Rare	The event may only occur in exceptional circumstances
2	Unlikely	The event is not expected to happen but may occur in some circumstances
3	Possible	The event may occur occasionally
4	Likely	The event is likely to occur, but is not a persistent issue
5	Almost Certain	The event will probably occur on many occasions and is a persistent issue

2. **SEVERITY:** What is the highest potential consequence of this risk? *(If more than one, choose the higher)*

Descriptor	Potential Impact on Individual (s)	Potential Impact on Organisation	Cost of control / litigation	Potential for complaint / litigation
Insignificant 1	**No injury or adverse outcome**	**No risk at all to organisation**	**£0 - £50k**	**Unlikely to cause complaint / litigation**
Minor 2	**Short term injury / damage** e.g. injury that is likely to be resolved within one month	**Minimal risk to organisation**	**£50k - £500k**	**Complaint possible Litigation unlikely**
Moderate 3	**Semi-permanent injury / damage e.g. injury that may take up to 1 year to resolve.**	• **Some disruption in service with unacceptable impact on patient** • **Short term sickness**	**£500k - £2m**	**High potential for complaint Litigation possible**
Major 4	**Permanent Injury** • **Loss of body part(s)** • **Loss of sight** • **Admission to specialist intensive care unit**	• **Long term sickness** • **Service closure** • **Service / department external accreditation at risk**	**£2m - £4m**	**Litigation expected/certain Multiple justified complaints**
Catastrophic 5	**Death and/or multiple injuries (20+)**	• **National adverse publicity** • **External enforcement body investigation** • **Trust external accreditation at risk**	**£4m+**	**Multiple claims / single major claim**

3. **RISK RATING:** Use matrix below to rate the risk *(e.g. 2 x 4 = 8 = Yellow, 5 x 5 = 25 = Red)*

	LIKELIHOOD				
SEVERITY	**Rare 1**	**Unlikely 2**	**Possible 3**	**Likely 4**	**Almost Certain 5**
5 Catastrophic	**5**	**10**	**15**	**20**	**25**
4 Major	**4**	**8**	**12**	**16**	**20**
3 Moderate	**3**	**6**	**9**	**12**	**15**
2 Minor	**2**	**4**	**6**	**8**	**10**
1 Insignificant	**1**	**2**	**3**	**4**	**5**

Green = LOW risk **Yellow = MODERATE risk** **Amber = MEDIUM risk** **Red = HIGH risk**

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Sandwell and West Birmingham NHS Trust

Annex 2: Board Assurance Framework

PURPOSE

To improve the life chances and health outcomes of our population.

VISION

Most integrated health care provider.

REPUTATIONAL RISK APPETITE STATEMENT

As a Board, we are willing to take decisions that are likely to bring scrutiny of the organisation.
We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

PATIENTS

Strategic Objective: *To be good or outstanding in everything we do.*

Assurance Committee: Quality and Safety Committee

Existing Risk Appetite (Cautious): *Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.*

Aspirational Risk Appetite (Seek): *We will pursue innovation where appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.*

CQC Well Led Key Lines of Enquiry: 2 (clear vision and credible strategy to deliver high quality, sustainable care), 3 (culture of high quality, sustainable care), 4 (roles and systems for good governance and management), 5 (managing risks, issues, and performance), 6 (information effectively processed, challenged, and acted on), 8 (robust systems for learning, continuous improvement, and innovation)

Inherent Risk Score: 16 (4 “Likely” x 4 “Major”)
Target Risk Score: 4 (1 “Rare” x 4 “Major”)

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
Quality and Safety	***There is a risk that the Trust fails to deliver safe, high-quality care***		
	caused by:		
	• *lack of implementation of a quality improvement process* • *unwarranted variation of clinical practice outside acceptable parameters* • *insufficient understanding and sharing of excellence and learning in its own systems and processes*	Internal: • Learning from Deaths Committee • VTE Group • Mortality Reviews • Rapid Improvement Week • Case Note Reviews • UNITY electronic patient record • Structured Judgement Reviews External: • Healthcare Evaluation Data • CQC Insight Data • CQC Alerts • Public View • Healthcare Quality Improvement – NCAPOP (National Clinical Audit and Patients Outcome Programme) • National Quality Improvement Programme	Mortality: • Executive Medical Director's Assurance Reports to Q&S Committee and Board • Monthly Mortality Dashboard • HSMR and SHMI indices • ME Community Deaths Reports • Medical Examiner Reports • NHS Digital Quarterly Data Learning for improvement: • Serious Incident Reports • Executive Chief Nurse's Assurance Reports to Q&S Committee and Board • Legal Quarterly Report • Never Events Reports • PROMS metrics • Commissioner and NED quality visits • GDON and Matron announced visit audit reports Third level assurance: • CQC planned and unannounced inspection reports • Internal and External Audit reports
	• *lack of self-awareness of services that are not delivering*	Group Review meetings Clinical Governance meetings Directorate/Specialty governance meetings Improvement Programme Patient Reference Group (to be established)	Improvement Plans

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
	• *insufficient staff with the correct skill set*	Interdisciplinary Quality & Safety Assurance Framework Ward Accreditation Programme Improvement Programme Back to the Floor reviews Quality and Safety Review process Perfect Ward smart inspection app Improvement Plans <u>Governance Forums</u>: • Fundamentals of Care Steering Group • Monthly Group Director of Nursing confirm and challenge meetings • Group Review meetings • Nursing and Midwifery Committee • Monthly Matron confirm and challenge meetings • Clinical Governance meetings • Directorate/Specialty governance meetings Safety Huddles <u>Professional Codes of Conduct</u> • NMC Code • GMC Good Medical Practice Guide • HCPC Standards of Conduct, Performance and Ethics • Code of Conduct for NHS Managers • Health and Social Care Act 2008 (amended 2014 – Part C)	<u>Exception reports</u>: • Executive Chief Nurse's Nursing Assurance Reports to Q&S Committee and Board • Safe Staffing Report • FFT reports <u>Internal inspection and review reports</u>: • Back to the Floor reports • Perfect Ward audit reports • 15 Steps audit reports • Perfect Ward exception reports • Clinical group Quality Reports <u>Data sets</u>: • Quality and Safety Review data packs • Nursing Assurance Information Boards • Perfect ward audit results • PALS contacts data • Complaints, clinical incidents, adverse events Safety Huddle audit reports Executive Chief Nurse's Nursing Assurance Reports to Q&S Committee and Board Executive Medical Director's Assurance Reports to Q&S Committee and Board
	resulting in:	**Contingency Plan**	
	• *poor patient outcomes, including increased mortality and increased regulatory scrutiny, intervention, and enforcement action*		

Strategic Objective: *To be good or outstanding in everything we do.*

Assurance Committee: Finance, Investment & Performance Committee

Existing Risk Appetite (Cautious): *We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.*

Aspirational Risk Appetite (Seek): *We will invest for the best possible return and accept the possibility of increased financial risk.*

CQC Well Led Key Line of Enquiry: Use of Resources, 4 (roles and systems for good governance and management), 5 (managing risks, issues and performance), 6 (information effectively processed, challenged, and acted on)

Inherent Risk Score: 16 (4 "Likely" x 4 "Major")
Target Risk Score: 4 (1 "Rare" x 4 "Major")

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
Use of Resources	***There is a risk that the Trust fails to make best strategic use of its resources***		
	caused by:		
	• *lack of clarity regarding commissioning arrangements*	West Birmingham Finance Sub-Group	Reporting to ICS Boards Reporting to FIP Committee Reporting to Trust Board ICS Risk Share Agreement SWBCCG activity + cost information Medium Term Cost Model (in development, due April 2022) ICS finance governance structure (in development)
	• *uncertainty regarding the impact of Acute Care collaboration*	ICS DoFs Group Partnership Agreement / MoU Provider Collaborative(s)	
	• *the unknown impact of the establishment of ICSs and ICPs*	Monthly attendance at ICP Boards ICS ICP budget workstream Attendance at ICS Board HFMA Payments and Specialised Commissioning Committee	
	• *failure to return financial grip to the system*	MMUH Business Case ICS financial support Financial Strategic Plan	Reporting to FIP Committee Reporting to MMUH Committee Reporting to Trust Board Outsourcing of non-clinical services
	• *unforeseen/unplanned variations in demand*	Demand management with system partners Benchmarking Lessons learned from COVID	Delivery Plan Reporting to FIP Committee Reporting to Board Internal Audits Suite of key metrics, including DNAs, bed occupancy, length of stay

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
	• *incomplete or poorly implemented sustainability plans*	Sustainability Strategic Plan Green Travel Plan Procurement Strategy Model Hospital	Reporting to FIP Committee PAM and ERIC data Utility costs
	• *poor financial management by budget holders and/or inappropriate or inadequate internal processes*	Accountability Framework Standing Financial Instructions Model Hospital efficiency benchmarking NHS Benchmarking Club Local benchmarking Joined-up cashflow forecasting Prudent financial forecasting CIP forecasting Rollover budgets Assurance level provided as part of Committee and Board reporting	Delivery Plan Monthly cashflow and I&E reports Expenditure budgets reconciled to LTFM Block income covers costs Financial planning driven by ICS and national assumptions IQPR Reporting to FIP Committee
	resulting in:	**Contingency Plan**	
	• *an inability to provide accessible care and best outcomes to its patients and population within available resources*		

Strategic Objective: *To be good or outstanding in everything we do.*

Assurance Committee: MMUH Opening Committee

Risk Score: 12 (3 “Possible” x 4 “Major”)
Target Risk Score: 4 (1 “Rare” x 4 “Major”)

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
MMUH	***There is a risk that the Trust fails to deliver the MMUH benefits case***		
	caused by:		
	• *A failure to design and transform inpatient and community-based clinical services* • *A lack of capacity, resource, and capability to deliver and embed sustainable change on time* • *Significant unforeseen variances in activity projections, and patient acuity and dependency across the system* • *Poor programme management* • *Inadequate risk identification and management* • *Suboptimal stakeholder and system transformation at place level*	<u>Planning and governance documents</u>: • Acute Care model • Long Term workforce plan • Affordability plan • Integrated master plan working towards readiness May 2023 inclusive; underpinned by robust work stream plans that are fully aligned • Communications and engagement plan (with full stakeholder mapping) • Risk register <u>Internal structures</u>: • Effective governance structure from Directorates to Executive Programme Board to Trust Board Committees • Programme Management Office <u>External support and review</u>: • NHS NHP Gateway process • Peer reviews and supportive relationships through to implementation for major areas of transformation • Third party, external assurance on affordability	• Assurance accepted on corporate delivery capability and capacity gaps identified and mitigated, e.g., specialist OD skills, analytical capacity • Assurance accepted in clinical and operational capacity to deliver transformation and readiness • PMO RAG rated reporting on master plan delivery • Risk register reported and evidence of effective management and mitigation • Trust Board level metrics tracked against forecast delivery plan • SOPs in place and effectiveness evidence in delivery metrics (input and output measures) • Activity plans tracked and realized • Peer review / gateway evidence outputs for major transformation areas – evidence of learning • Evidence of learning from others and outputs of internal and external deep dives into areas of programme risk and significant risks

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
	resulting in:	**Contingency Plan**	
	• *failure to deliver best care for patients, as expressed in the new hospital business case*	Outcome of NHP Programme will enable the Trust to expand/add to controls and assurances Plan B – Construction – high risk Plan Z – if all fails – risk of dispute	

PEOPLE

Strategic Objective: *To cultivate and sustain happy, productive, and engaged staff.*

Assurance Committee: People & OD Committee

Existing Risk Appetite (Open): *We are prepared to accept the possibility of some workforce risk, as a direct result from innovation, as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.*

Aspirational Risk Appetite (Significant): *We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.*

CQC Well Led Key Lines of Enquiry: 1 (leadership capacity and capability), 2 (clear vision and credible strategy to delivery high quality, sustainable care) 3 (culture of high quality, sustainable care), 4 (roles and systems for good governance and management), 5 (managing risks, issues, and performance), 6 (information effectively processed, challenged, and acted on)

Inherent Risk Score: 16 (4 “Likely” x 4 “Major”)
Target Risk Score: 4 (1 “Rare” x 4 “Major”)

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
People	***There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce***		
	caused by:		
	• *inability to attract and retain the required and representative workforce talent and skills*	<u>Management of the workforce market</u>: ICS workforce programme to manage demand and competition in the system in collaboration with partners Membership of the ICS People Committee Assertive recruitment to areas with chronic vacancy challenges National payment mechanisms and banding panels Remuneration Committee	Reports to People Committee Close collaboration with universities Close collaboration with HEE Greater employability in local population
		<u>Focus on Research and Development</u>: R&D Strategic Plan Training in research skills PA allowances for research Job planning and advertising Learning, Development and Education Committee	Reports to People Committee Number of research active applicants for vacant roles R&D Annual Report Commercial income Articles in peer review journals
		Best quality environment and facilities ("intuitive technology")	Opening of MMUH to programme Provision of collaboration technologies and environments Development of a Learning Campus and Faculty

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
		Recruitment Policy and processes Stabilisation Plan Retention Plan <u>Focus on education and training</u>: - Career development pathways - Lateral opportunities into other roles - Talent Management Plan (TBD) - National Pioneer "Flex for Work Programme" - Leadership and Board Development - Accredited Managers Programme - Consultant Leadership Programme	Recruitment times: advert to in-post Number of applicants per post Trend in staff retention rate Trend in staff turnover Analysis of exit interviews % staff who leave for a higher banded job Trend for appraisal rates % completed Personal Development Plans Training for 600 key leaders Managerless models in community areas Well-led rating by service and for the Trust
	• *lack of focus on an inclusive and compassionate working environment*	<u>Embedding of a values-led culture</u>: - Refreshed Values and Behavioural Framework - Focus on staff health and wellbeing - Restoration and Recovery Group - NHSE&I Quarterly Pulse Check Survey - National Annual Staff Survey - Friends and Family Test	Reporting on values-based recruitment Trend for days lost to sickness absence Signature to the NHS Compact Access to wellbeing services for disadvantaged protected groups Trend for pulse check staff engagement Scores for motivation, ability to contribute to improvements, and recommendation of the organisation Post MMUH opening staff experience scores in the top quartile Staff Survey results improving to top quartile performance

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
		Addressing inequality and discrimination: EDI Plan and Policies ICS Anti-Racism Pledge and Action Plan Disability Confident Checklist Stonewall Checklist Freedom to Speak Up Guardian Staff Network	High Impact actions for achieving EDI aims POD Committee Reports and Cycle of Business Investors in People Charter Mark National Accredited Living Wage employer Reporting against Model Employer Goals Trends for WRES and WDES data Gender pay gap FTSU Quarterly Board Report Staff training records
	• *inability to define and implement transformative workforce models*	System approach to integration: Provider Collaboratives Long-term workforce model Place based plans	Effective deployment of skills Delivery of MMUH benefits plan Annual Operating Plans
	resulting in:		
	• *Unsustainable services and unsafe staffing levels*		

POPULATION

Strategic Objective: *To work seamlessly with our partners to improve lives.*

Assurance Committee: Integration Committee

Existing Risk Appetite (Open): *We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.*

Aspirational Risk Appetite (Seek): *We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.*

The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right sets of values, maintaining the required level of compliance with our statutory duties. We have a low appetite for risk related to the safety of supported people or the workforce. We believe that the Place Based Partnership can enable calculated risk-taking in relation to achieving positive individual outcomes and improving service quality, with a shift towards prevention and early intervention.
There is an appetite to be creative at the boundaries of regulation while operating within policy.

CQC Well Led Key Lines of Enquiry: 1 (leadership capacity and capability), 2 (clear vision and credible strategy to delivery high quality, sustainable care)
4 (roles and systems for good governance and management), 5 (managing risks, issues, and performance),
6 (information effectively processed, challenged, and acted on), 7 (public, staff, and partners engaged and involved)

Inherent Risk Score: 16 (4 “Likely” x 4 “Major”)
Target Risk Score: 8 (2 “Unlikely” x 4 “Major”)

Reference	Risk Description	Controls *Things in place to address the cause*	Assurances *Triangulated evidence that the controls are in place, being followed, and making a difference*
Population	***There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation***		
	caused by:		
	• *inadequate or inappropriate foundations for effective collaborative working across the system (Sandwell)*	Trust governance arrangements: • Governance embedded into Board committee structure Partnership governance arrangements: • Shared leadership through the CIO • Shared vision and objectives • Partnership Agreement • Formal reporting lines from both Place Boards into the Integration Committee • Leadership Surveys and OD programme • Outcomes based commissioning • Accountability Framework • Risk Share Agreement	Reports to Board Reports to Integration Committee Reports from the partnership forum(s) 11 'Transformed Out of Hospital Care' outcome measures
	• *ineffective delivery of a shared plan across health and social care (Perry Barr)*	Delivery Plan ICS Financial Framework ICS PMO Partnership Development Team JSNAs at place level Informatics teams	Reports to Board Reports to Integration Committee PWC 'Good Growth for Cities' score Transformed Hospital Metrics Data and insight analysis capability within primary care (known gap in assurance)
	resulting in:	**Contingency Plan**	
	• *continued inequalities in health status and outcomes in the Trust's population*		