

<b>REPORT TITLE:</b>	Board Assurance Framework Quarterly Report		
<b>SPONSORING EXECUTIVE:</b>	Kam Dhami, Chief Governance Officer		
<b>REPORT AUTHOR:</b>	Dan Conway, Associate Director of Corporate Governance / Company Secretary		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	7 <sup>th</sup> September 2022

<b>1. Suggested discussion points</b> <i>[two or three issues you consider Trust Board should focus on in discussion]</i>
<p>The report details the quarter one update to the Board Assurance Framework (BAF). The risks have been reviewed by each lead Executive, with gaps, assurance and controls added, along with actions to address these.</p> <ul style="list-style-type: none"> <li>The paper details the discussions taken place at each of the Board Committees and identifies where members feel additional work is required to gain further confidence.</li> <li>Each Executive lead has provided a narrative on the risk they are responsible for; what is going well, what are the challenges and what is the response.</li> <li>There are 5 next steps to be commenced before the presentation of the BAF at the November Board. These actions will help strengthen assurance the Board can take that the risks to achieving the Trust's Strategic Objectives are being appropriately mitigated.</li> </ul>

<b>2. Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	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
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							

<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
The BAF was considered at all the Board Committees in July 2022

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. REVIEW</b> the updated version of the BAF and provide comment

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>							
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	Deliver the MMUH benefits case					
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce					
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation					
Corporate Risk Register <small>[Safeguard Risk Nos]</small>							
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 Public Trust Board on 7<sup>th</sup> September 2022

### Board Assurance Framework Quarterly Report

#### 1. Introduction

- 1.1 The Board has a critical role to focus on risks that may compromise the achievement of the Trust's objectives. The Board Assurance Framework ("BAF") is how the Board holds itself to account for this role, i.e., the main tool to discharge responsibility for internal control.
- 1.2 In January 2022, ANHH Consulting ("ANHH") worked with the Board to develop a new BAF in response to the recently approved Strategy. This was formally agreed by the Trust Board in April 2022.
- 1.3 **Annex 1** provides all five of the BAF risks. This allows the Committee to understand how its risk aligns with and complements the other four.

#### 2. Trust Purpose

- 2.1 Our Trust has always aspired to be more than a hospital. In fact, we have always aspired to be more than a healthcare provider.
- 2.2 Our vision has been to become renowned as the best integrated care organisation in the NHS. This is because we have always believed that by working seamlessly with our population, our people, and our partners we could **"Improve the Life Chances and Health Outcomes of our Population"**. This is our purpose.

#### 3. Trust Vision

- 3.1 Our Vision is retained with one small amendment from "best" to **"most"** integrated care organisation in the NHS". This small change responds to feedback received and helps it to be read as being collaborative rather than competitive.
- 3.2 Our vision remains underpinned by the 2013 National Voices definition for person-centred coordinated care:
- 3.3 "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

#### 4. Trust Values

- 4.1 The Trust has agreed a new set of values: Ambition, Respect, Ambition (ARC). Our values are a reflection of what is best about us and what matters most to us, the people we care for and the wider community we serve. They support the delivery of our Patients, People and

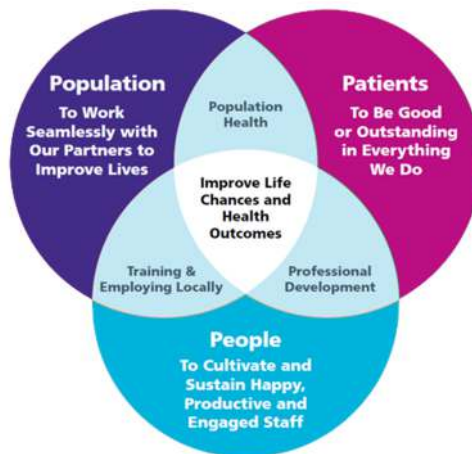
Population strategic objectives and the key enabling plans as well as the important programmes of work we are doing now and have planned for the future.

## 5. Strategic Objectives

5.1 Over the next five years we will have three strategic objectives:

1. Our **People** – to cultivate and sustain happy, productive and engaged staff
2. Our **Patients** – to be good or outstanding in everything we do
3. Our **Population** – to work seamlessly with our partners to improve lives

5.2 In setting our strategic objectives we have considered how they are linked together. We must deliver improvements in all three objectives if we are to be successful in delivering our purpose. This is shown in the diagram below.



## 6. Trust Board Reputational Risk Appetite Statement

6.1 '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'.

## 7. Risk Score

7.1 The Risk Assessment & Risk Register Policy includes a risk assessment matrix. That matrix proposes scores and thresholds for both likelihood and severity.

**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

**SEVERITY:** What is the highest potential consequence of the risk?

Descriptor	Potential impact on individual(s)	Potential impact on organisation	Cost of control or litigation	Potential for complaint/litigation
Insignificant 1	No injury or adverse outcome	No risk to organisation	£0 to £50K	Unlikely to cause complaint/litigation
Minor 2	Short term injury or damage (1 month)	Minimal risk to organisation	£50K to £500K	Complaint possible, litigation unlikely
Moderate 3	Semi-permanent injury/damage (1 yr)	Some patient disruption or short-term sickness	£500K to £2m	High potential complaint, litigation possible
Major 4	Permanent injury	Long-term sickness, service closure	£2m to £4m	Litigation expected, multiple complaints
Catastrophic 5	Death and/or multiple injuries	National adverse publicity and enforcement action	£4m +	Multiple claims or one single, major claim

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

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	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

## 8. Overall Board Assurance Framework Summary and Commentary

- 8.1 During the July each of the risks were discussed at the relevant Board Committee. There were discussions around if the current risk score was relevant and if addition input was needed in the controls and assurances. As you can see from the summary below there has been no changes to the scores for the last quarter.
- 8.2 It was agreed at each committee that before the presentation of the next quarterly review, work is required to ensure that the delivery programmes and strategies are linked to the BAF risks. Actions, gaps, and controls need to have threads into forward plans and agendas. Each lead executive agreed to work with the Committee Chairs to carry out these reviews.
- 8.3 Detailed below is a summary of the discussions held at each committee in July and the executive lead has given some commentary on what is going well and what are the challenges in managing each BAF risk. Generally, require additional input, to give a better narrative on the controls and assurances and agree the gaps. This will in turn lead to further actions being added to this risk.
- 8.4 Adequate assurance for all 5 risks is still some way off, due to the need to improve the narrative within the BAF generally. Additionally, work is required to develop the work plans to ensure it reflects the BAF risk and reports are focussed on giving the committee the assurance needed.

<b>001 Risk:</b> There is a risk that the Trust fails to deliver safe, high-quality care.	<b>Assurance Committee:</b> Quality and Safety Committee	<b>Lead Executive:</b> Chief Nurse & Chief Medical Officer
---	--	--

**Summary of discussions/decisions made at the July 2022 Quality and Safety Committee**

It was noted that the target risk rating for the consequences and likelihood were not correct and needed reversed as the consequences were not going to change, it is the likelihood that needs to be reduced through the actions to mitigate the risk. A discussion took place over the gaps in controls and assurance which was recommended to be focussed on. The fundamentals of care as the quality strategy and everything that goes around that would be one way for the Committee to be assured, with the executives looking at the mitigating actions and this Committee having an overview. The committee agreed that there needs to be a more detailed discussion on the BAF at the next presentation.

<b>Quarterly Exec Commentary</b>	<b>What's going well?</b>	<b>What are the challenges</b>	<b>How are we managing the challenges?</b>
	<ul style="list-style-type: none"> <li>Fundamentals of care improvement work to launch 22<sup>nd</sup> September 2022. Engagement with both patients and staff is going well and we have received good feedback</li> <li>HSMR/SHIMI reducing</li> <li>Sepsis work ongoing</li> <li>Nutrition and Hydration group in place presenting at trust board in September</li> <li>Chief Nurse Quality &amp; Safety reviews in place</li> <li>Patient experience work plan agreed</li> <li>Allocate on target</li> </ul>	<ul style="list-style-type: none"> <li>The challenges are that there is a huge agenda to take forward to ensure we provide good quality consistent care. We are currently formulating a forward plan both for EQC and Q&amp;S and streamlining meetings and workplans to meet our objectives</li> </ul>	<ul style="list-style-type: none"> <li>We are managing the challenges via Fundamentals of care and via EQC</li> </ul>

<b>Summary and forward look</b>	<p>There are 5 current actions to support the mitigation of this risk, all of which are within the target date. 4 of these actions should be completed before the next presentation of the BAF at Trust Board. This should lead to a discussion at the next Quality and Safety Committee around if these had the expected reduction in the risk score. If not, additional actions will need to be agreed to support the reduction.</p> <p>The EQC and Q&amp;S workplans to be reviewed against BAF controls and actions, to ensure that there is correlation.</p>
---------------------------------	---

<b>002 Risk:</b> There is a risk that the Trust fails to make best strategic use of its resources	<b>Assurance Committee:</b> Finance, Investment & Performance Committee	<b>Lead Executive:</b> Chief Finance Officer
---	---	--

**Summary of discussions/decisions made at the July 2022 Finance, Investment & Performance Committee**

It was noted that the strategy delivery plans had been linked specifically to the strategic use of their resources. Finance is impacted by all other plans; therefore, there is a need to keep an eye on other strategic risks because good care is less expensive. The BAF was working well for the Finance Team, in terms of linking the team’s priorities and objective setting linked to PDRs. It was agreed that the executive lead and the Chair of the committee would work to review the BAF against the forward planner.

<b>Quarterly Exec Commentary</b>	<b>What’s going well?</b>	<b>What are the challenges</b>	<b>How are we managing the challenges?</b>
	<ul style="list-style-type: none"> <li>• Plan to link finance and procurement specific measurables to Fundamentals of Care through Directorate-wide QIHD in October - "good care costs less"</li> <li>• Finance directorate and team objectives, and individual PDRs for 2223 linked to BAF</li> <li>• ICS wide costing group established led by SWBH and costing strategy in development</li> <li>• SWBH leading back-office collaboration programme as part of Provider Collaboration</li> <li>• Procurement strategy 22-25 signed off with clear EDI and Sustainability measurable deliverables</li> <li>• Business investment group established</li> <li>• MMUH affordability model complete</li> </ul>	<ul style="list-style-type: none"> <li>• 2223 performance against plan</li> <li>• Lack of equitable ICS resource allocation process</li> <li>• Capacity to service the BSol ICS effectively</li> <li>• Lack of progress on measuring the underlying position of the system</li> <li>• Tracking actual delivery against MMUH affordability model, funding of the gap</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Recovery plan in development</li> <li>• Development of an ICS financial planning framework</li> <li>• Regular 1:1s established with BSol ICS CFO, agreed co-design of involvement</li> <li>• Regular ICS DoF meetings with a work programme to address the underlying position of the system and constituent organisations</li> <li>• Reporting to start quarterly against MMUH affordability model, co-creation of pack to engage BSol and Black Country ICS Stakeholders in the MMUH benefits case</li> </ul>

<b>Summary and forward look</b>	There are 7 current actions to support the mitigation of this risk, all of which are within the target date. 5 of these actions should be completed before the next presentation of the BAF at Trust Board. There is work to do to get detail of progress of these actions into the BAF report and establish if they will have the required effect of reducing this risk. The Finance, Investment & Performance Committee will need to discuss following Private Trust Board today if the current risk needs to be updated and if the score (both current and target) is still acceptable and if any additional actions are required to be included.
---------------------------------	--

<b>003 Risk:</b> There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce	<b>Assurance Committee:</b> People & OD Committee	<b>Lead Executive:</b> Chief People Officer
---	---	---

**Summary of discussions/decisions made at the July 2022 People & OD Committee**

The committee agreed that a fuller deep dive was required on the BAF to agree the changes and updates required. The Chair requested that when the BAF is next presented that the report will focus on all 5 BAF risks and not just the People & OD Committee risk to ensure any additional assurances or escalations are identified. The BAF will be the first item on the agenda at the next presentation.

Quarterly Exec Commentary	What's going well?	What are the challenges	How are we managing the challenges?
	<ul style="list-style-type: none"> <li>Engagement sessions on new values were well received.</li> <li>We are seeing Improving employee involvement and motivation scores.</li> <li>The Band 5 nursing vacancies are filled</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence and turnover levels are still above target.</li> </ul>	<ul style="list-style-type: none"> <li>Rectification plans are in place with focus on hotspot areas.</li> </ul>

<b>Summary and forward look</b>	<p>There are 6 current actions to support the mitigation of this risk, all of which are within the target date. 1 of these actions should be completed before the next presentation of the BAF at Trust Board. The committee has concerns that they are not getting the data to be able to know we have assurance on performance for all areas. Work on the forward planner and the reporting requirements will need to be completed before the next presentation.</p> <p>Given that sickness absence and turnover levels have been identified as a challenge the executive lead will need to review the actions to address these and included them with the BAF for agreement at People &amp; OD Committee.</p>
---------------------------------	--



<b>Risk 004:</b> There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation	<b>Assurance Committee:</b> Integration Committee	<b>Lead Executive:</b> Chief Integration Officer
--	---	--

**Summary of discussions/decisions made at the July 2022 Integration Committee**

The committee agreed that work was required to understand the gaps to the committee agenda and on the wider determinants of health such as the relationships with partners. Monitoring progress with Igloo going forward needed to be added to the BAF. Ambitions needed to be set to drive the scores down. The gaps and controls column were to be used to build the future planner for the Committee.

<b>Quarterly Exec Commentary</b>	<b>What's going well?</b>	<b>What are the challenges</b>	<b>How are we managing the challenges?</b>
	<ul style="list-style-type: none"> <li>Sandwell Place Based Partnership has made substantial progress in the delivery of the operating model with all priority work streams now in delivery. The Integrated discharge hub is operating over 7 days with live data to inform multi-agency targeted intervention where there are delays.</li> <li>The Care Navigation Centre is operational and working with West Midlands Ambulance Service to divert calls into community pathways. We are meeting the target of seeing &gt; 70% of relevant patients requiring urgent community care within 2 hours. We have received funding to commence virtual wards. Partners across Sandwell are attending and engaging in the Place meetings and contributing to all work streams. We are also commencing</li> </ul>	<ul style="list-style-type: none"> <li>Progress within Ladywood and Perry Barr remains a challenge with inconsistencies in delivery and community development centred on other areas of Birmingham and Solihull.</li> <li>Ensuring that SWBT is a key consideration in BSOL planning assumptions remains a challenge, particularly around MMUH pathway development</li> </ul>	<ul style="list-style-type: none"> <li>We are strengthening our partnership with local GPs in West Birmingham to ensure a cohesion between SWBT and primary care. From the 1st of August we officially formed our PCN in West Birmingham</li> <li>We continue to engage with other providers and BSOL ICB to ensure SWBT plays a key role in the area</li> </ul>

	citizen engagement to ensure co-production of services		
<b>Summary and forward look</b>	<p>There are 5 current actions to support the mitigation of this risk, all of which are within the target date. 3 of these actions should be completed before the next presentation of the BAF at Trust Board. This should lead to a discussion at the next Integration Committee around if these had the expected reduction in the risk score.</p> <p>There are some challenges identified with relationships with partners, which need to be factored into this risk. This will lead to additional actions and the committee will need to review the score (both current and target).</p>		

<b>005 Risk:</b> There is a risk that the Trust fails to deliver the MMUH benefits case	<b>Assurance Committee:</b> MMUH Opening Committee	<b>Lead Executive:</b> Chief Development Officer	
<b>Summary of discussions/decisions made at the July 2022 MMUH Opening Committee</b>			
<p>The committee agreed that gaps and controls needed to be built upon and exception reporting required the PMO to start forecasting as part of the deep dives. It was noted that that once the BAF had been developed, the content of each Committee’s agenda providing mitigations to the risks would be the required discipline to provide assurance.</p>			
<b>Quarterly Exec Commentary</b>	<b>What’s going well?</b>	<b>What are the challenges</b>	<b>How are we managing the challenges?</b>
	<ul style="list-style-type: none"> <li>Revised construction contract agreed July 2022.</li> <li>Integrated programme critical path under review with process to conclude start of October 2022.</li> <li>NHP transformation leads engaged to support operational readiness, digital and workforce aspects of the programme.</li> </ul>	<ul style="list-style-type: none"> <li>4 red workstreams without a forecast to move to amber /green</li> <li>IT</li> <li>Decommissioning</li> </ul>	<ul style="list-style-type: none"> <li>Early deep dive reviews scheduled to review all major decisions, business cases and potential funding requirements. NHP digital team engaged for support. Review of very senior IT capacity in train to support the workstream function.</li> <li>Estates strategy work in train but delayed. Due to complete in Q3 2022.</li> </ul>

	<ul style="list-style-type: none"> <li>• Programme capacity and structure review underway in line with Managing Successful Programme methodology. There has been excellent executive engagement in this work. This will be further socialised at an extraordinary MMUH OC prior to being presented to the October Trust Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Affordability</li> <li>• Workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Many of the infrastructure work items are on track for this year and the Programme Deep dive and realignment will likely move this work stream out of red rating.</li> <li>• The Affordability status is known and presented to MMUH and FIPC in July 2022. Actions are clear to seek mitigation through financial planning. The MSP structure if approved will increase very senior financial capacity to concentrate on this work stream. In October we will review the timeline to move to amber rating.</li> <li>• Business cases approved for recruitment and MOC. Timeline for implementation TBA and data set to track delivery. NHP workforce team engaged for support. Leadership capacity for the work stream going forward needs agreement under MSP structure proposal.</li> </ul>
<p><b>Summary and forward look</b></p>	<p>There are 8 current actions to support the mitigation of this risk, all of which are within the target date. 7 of these actions should be completed before the next presentation of the BAF at Trust Board. This should lead to a discussion at the next Integration Committee around if these had the expected reduction in the risk score. Additional actions will need to be agreed as the completion of the 7 actions will not significantly move this risk to its target score.</p> <p>Oversight of all the BAF risks is required at the MMUH Opening Committee due to the direct links to the hospital not opening on schedule and not hitting the benefits case.</p>		

- 8.4 Generally there is more work to do to allow for the most effective assurance, information provided within the BAF should be considered alongside other sources of information provided to Board and its committees, including other reports received, discussions held. This triangulation will ensure that the BAF represents the assurance that Board and Committee members believe they have received.
- 8.5 The tables below give a summary of the recent changes over the last quarter and the current scores for principal risks are summarised in the following heat map.

<b>Highlight of recent changes:</b>	
<b>NEW RISKS:</b>	<b>0</b>
<b>CHANGES IN SCORE:</b>	<b>0</b>
<b>CLOSED RISKS:</b>	<b>0</b>

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

## 9. Next steps

- 9.1 Before the presentation of the BAF to Trust Board in November the following work will be undertaken:
- The BAF risks for each committee to be included in the agenda template. Additionally, a standing item at the end of each agenda asking- Have any of the reports/discussions today mitigated the risk included in the BAF?
  - Agreed the links to the strategy delivery programmes and map these to each BAF risk.
  - All the risks require a thorough review to ensure gaps in external and internal assurances are in place, and that assurances that have been described are aligned to the corresponding controls.

- Review the control actions to ensure there is a clear thread on the committee forward plans and how this links into the reporting schedule for Trust Board.
- Finalise the Corporate Risk Register and review which high level risk feed into each BAF risk.

9.2 This work will be supported by a review confirm and challenge session with the Chief Governance Officer.

## **10. Recommendations**

The Trust Board is asked to:

- a) **REVIEW** the updated version of the BAF and provide comment.

Dan Conway  
Associate Director of Corporate Governance/Company Secretary

31<sup>st</sup> August 2022

Appendix 1: Detailed BAF Report