

Meeting Title	Board of Directors - Open		
Date	20 January 2022	Agenda item	Bo.1.22.14

Board Assurance Framework (Quarter 3, 2021/22) and High Level Risk Register

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Lead Director	Mel Pickup, Chief Executive		
Purpose of the paper	This paper provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives		
Key control	Understanding the Board's risk appetite related to the achievement of the Trust's strategic objectives is a key component of the Board Assurance Framework		
Action required	For decision		
Previously discussed at/informed by	Board Assurance Framework: ETM – 10 January 2022 High Level Risk Register and movement log: ETM – 15 November & 20 December 2021, Academies – 24 November 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic objectives.

The Board Assurance Framework (BAF), attached at Appendix 1, collates information about risk appetite, relevant risks, and assurance, for each of the Trust's five Strategic Objectives. This supports Board members in considering the papers and topics discussed at Board meetings, and informing an overall view about the level of assurance provided.

The content of the BAF has been reviewed and updated by Executive Directors. The full BAF was reviewed at the Executive Team Meeting on 10 January 2022. The recommended assurance level in relation to each objective is set out below.

Analysis

The assurance level in relation to each objective remains unchanged since the last report in November 2021. The key points that the Board should be aware of are as follows:

Strategic Objective		Current Assurance Level	Key points
1	To provide outstanding care for our patients	Limited confidence	Whilst we have processes in place to monitor and record patient safety and quality of care, we have now been operating in a system under extreme pressure for 20 months. Work that we want to do to move to 'outstanding' has been delayed throughout this period. The recovery of elective activity is placing additional challenge on our processes, but progress has been made with the launch of the Quality & Patient Safety Academy and the success of the deteriorating patient tile. The clinical outcomes group has been re-launched and learning from deaths work has progressed well including thematic review of all HOCI deaths.

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2a	To deliver our financial plan	Confident	The Trust has submitted a breakeven plan for the first half of 2021/22 which is in line with all other organisations in the ICS. The Trust is reporting a breakeven position for the end of month 8 (November). Given the month 8 position and projection for Month 9, the rating awarded for Q3 is green.
2b	To deliver our key performance targets	Little or no confidence	In response to the COVID-19 pandemic there was a national directive to halt all routine and non-essential activity. During this period waiting times significantly increased and performance against access targets deteriorated. The re-establish and recovery programme has commenced, however was impacted by the increased COVID presentation during Wave 2 and Wave 3 of the pandemic. A further increase in COVID demand is being experienced currently which is impacting on our recovery plans along with the general increase in non-elective presentations. The clinical prioritisation process continues to allocate resources to patients whose disease progression was time sensitive. The trust has developed an ambitious H2 recovery plan which is in line with the latest national operational guidance for H2. Approval will be sought from Board for a financial spending plan to allow delivery of the plan. We continue to utilise all available independent sector capacity to undertake elective activity in line with the current contractual arrangement which has now been extended in H2 as well as the agreed insourcing contract to further increase our internal capacity.
3	To be in the top 20% of employers in the NHS	Limited confidence	Whilst we have processes in place which have enabled us to maintain our focus on the achievement and assurance associated with this objective particularly around workforce supply and wellbeing and resilience of staff, we have now been operating under pressure as a Trust for 20 months. This has impacted on our People experience as we now focus on recovery with COVID presentation increasing again. This can be demonstrated through our staff absence figures which are increasing again (and are worsening due to the impact of the Omicron variant), recruitment pressures and our staff survey/pulse survey results.
4	To be a continually learning organisation	Confident	Continued work is being undertaken with partner organisations to ensure that surgical trainees have the best offer possible in relation to elective work. Orthopaedics for example has been a particular challenge, but all trainees now have an individualised training plan.
5	To collaborate effectively with local and regional partners	Confident	Since the onset of the pandemic, health & care partners have worked together on joint planning and to align decision making, for example through the council's Advisory Board ("Gold"). The Act as One programme has created 7 transformation programmes on behalf of the whole "place", 3 led by BTHFT Execs (access, diabetes, respiratory) and reporting to Bradford H&C Partnership Board (chaired by BTHFT CEO). (These 7 programmes are currently

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suspended due to Omicron operational pressure). Work is underway across the ICS to ensure arrangements are in place to be able implement the requirements of the Health and Social Care Bill when it is anticipated to come into effect in July 2022. There is extensive system-wide discussion underway in respect of the development of the "Place Based Partnership" for Bradford District & Craven, plus the revised Strategic Partnering Agreement (SPA), submission of joint plans to NHSE and operational matters like COVID-19 vaccination programmes.

High Level Risk Register and Movement Log

At the last Board meeting a change to the risk escalation process was agreed, and all risks scoring 15 and above are now escalated to the Executive Team Meeting (ETM) on a monthly basis and then to the relevant Academies and the Board. We now refer to these escalated risks as 'high level' risks rather than 'strategic' risks.

At its meetings on 15 November and 20 December 2021, ETM considered a summary of all high level risks, aligned to their respective Academies. The December meeting received a movement log showing additions, closures and changes in score, and those risks which had passed their review date (NB a movement log was not provided in November as it was the first time that the high level risks had been presented).

A summary of ETM's 15 November discussion was presented to the Academies on 24 November 2021, alongside the risks within their remit. The Academy chair reports to this Board include details of the matters discussed in relation to high level risks. (NB There were no Academy meetings in December.)

The December ETM summary is below. There were no exceptional items requiring escalation to the Board:

- ETM discussed the high level risk register and reviewed the movement log.
- There was one new risk relating to the risk that children will come to harm due to a lack of staff capacity to manage an increasing caseload across Yorkshire & Humber. There is also a risk to staff health and wellbeing and to skilled staff retention. This risk has a current rating of 16. ETM reviewed and agreed the mitigations in place.
- There were three risks which had changed in score. One of these (3546, caring for very sick children on the wards) had increased to a score over 15, and one (3597, digital dictation) had reduced from 16 to 12 and therefore no longer appears on the high level risk register. In relation to risk 3157 (risk to safety and quality of care due to non-compliance with the neonatal critical care service specification), the score had increased from 12 to 15, and it was agreed that additional controls would be reflected on the risk register in relation to the inclusion of neonatal within the Outstanding Maternity Services programme from January 2022.
- One risk had been closed (2935), relating to the risk of an outbreak or epidemic, as it was out of date and was instead now reflected within risk 3538 which relates to the impact of COVID-19 on maintaining operational services and the potential of harm.
- There were three risks which had just passed their scheduled review date. All have since been reviewed and updated.

The complete high level risk register (as at 17 December 2021) of all risks scoring 15 and above is attached at Appendix 2, and the movement log is at Appendix 3.

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Recommendation

The Board is asked to:

- review the Board Assurance Framework in the context of the discussions to date and the papers and topics discussed in today's meeting, and to decide if the level of assurance indicated for each Strategic Objective is appropriate; and
- note the high level risk register, the movement log and the summary of ETM's discussion in relation to the high level risks.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients				g		
To deliver our financial plan and key performance targets		Finance	g		Performance	
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	The assurance level relating to the delivery of key performance targets is currently being reported as red (little or no confidence). The reasons for this are outlined above.					

Risk Implications	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: Risk assessment framework, quality governance framework, code of governance
Care Quality Commission Domain: well led
Care Quality Commission Fundamental Standard: good governance
Other (please state):

Relevance to other Board of Director's Committee:	
Audit Committee	Other (please state)
▪	Academies