

Meeting Title	Board of Directors - Open		
Date	10 March 2022	Agenda item	Bo.3.22.21

Board Assurance Framework (Quarter 4, 2021/22), High Level Risk Register & Update on Risk Management Strategy Review

Presented by	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
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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 – 28 February 2022 High Level Risk Register and movement log: ETM – 17 January & 14 February 2022, Academies – 26 January & 23 February 2022		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

Board Assurance Framework

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 28 February 2022. The recommended assurance level in relation to each objective is set out below.

The assurance level in relation to each objective remains unchanged since the last report in January 2022. 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 22 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. The Medical Examiner role is now established and liaising with the Learning from Deaths team. Elective activity recovery will progress in Q4 as we open additional capacity to support the delivery plan. We are exceeding the faster diagnosis standard and achieving above the

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			75% standard; achieving the 2 week wait standard and on track to achieve the 62 day standard by end March.
2a	To deliver our financial plan	Confident	The financial framework for Oct 20 – March 21 (H2) 20/21 rolled forward into April 21 – Sept 21 (H1 of 21/22), with block funding arrangements in place, which broadly reflect (subject to a small number of adjustments) the block values received in H2 of 20/21. 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 small surplus of £1.7m (0.4%) for the end of month 10 (January). Given the month 10 position and projection for Month 12, the rating awarded for Q4 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 was sought from Board for a financial spending plan to allow delivery of the plan, however the impact of Omicron variant has further restricted delivery against expected levels. 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 nearly 2 years. This has impacted on our People experience as we now focus on recovery with COVID presentation having increased significantly December/January. This can be demonstrated through our staff absence figures which have increased (impacted by the Omicron variant), staff turnover, staff availability and recruitment pressures.
4	To be a continually learning organisation	Confident	<p>The learning and innovation demonstrated through the rapid transformation in response to the COVID-19 pandemic during Q1 2020/21 has been reported to the R&A Committee and the Board of Directors. However, COVID has limited training opportunities due to reduced elective operating which has impacted on surgical anaesthetic trainees. This has been mitigated where possible by allowing trainees to attend lists at The Yorkshire Clinic.</p> <p>There was a loss of teaching resource in Field House as the labs have been used as part of the Vaccine Hub. Inevitably, redeployment of trainees to COVID rotas has impacted on specific training opportunities, whilst creating unprecedented experience in the management of patients in a pandemic. The teaching facilities have now been fully restored to education.</p> <p>Feedback from HEE has been excellent despite recent challenges. Increased elective activity has enabled increased training opportunities in theatres and outpatients. Continued work is being undertaken with partner organisations to ensure that</p>

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			<p>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.</p> <p>Mandatory training and appraisal have now been fully recommenced as has research activity. There has remained good oversight of these areas despite the intermittent pauses in activity over the past 2 years.</p>
5	To collaborate effectively with local and regional partners	Confident	<p>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 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.</p>

High Level Risk Register and Movement Log

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 17 January and 14 February 2022, ETM considered a summary of all high level risks, aligned to their respective Academies and a movement log showing additions, closures and changes in score, and those risks which had passed their review date.

A summary of ETM's discussions was presented to the Academies on 26 January and 23 February 2022, 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.

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

New risks to the High Level Risk Register (HLRR)

ETM noted that six risks had been added to the HLRR with a score of 15 or over. Five were new risks, and one was an existing risk which had increased in score.

Risks 3725 (Vaccine as a Condition of Deployment (VCOD)) and 3630 (staffing shortages in children's community team) were accepted as high level risks. Although the regulations associated with VCOD may be repealed, it was agreed that the risk score should remain at 20 for the time being as the regulations were still in force, and new posts are being advertised in line with the VCOD requirements.

It was noted that new risk 3741 related to the impact of VCOD within Estates and Facilities. It was agreed that this risk would be closed down as it is addressed within the overarching risk (3725, referred to above).

The remaining three new risks (3744, 3730 and 3732) related to staffing levels. It was agreed that these risks would be rationalised given that they relate to the same risk.

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ETM therefore agreed to accept **three** new risks onto the HLRR (3725, 3630, and the rationalised staffing risk).

Risks which have changed in score

Three risks had decreased to a score below 15 since the last report and therefore no longer appear on the HLRR. It was agreed that risks 3637 (lack of side rooms for Aerosol Generating Procedures (AGPs)) and 3540 (risk that the Trust is not compliant with HSE/Manufacturer's guidance in relation to fit testing FFP3 masks) should be de-escalated to a score of 12, and therefore be removed from the HLRR.

In relation to risk 3585 (risk that patients come to harm due to increased waiting times as a result of insufficient elective capacity), it was agreed that this risk would be reviewed and updated to clarify that the impact of COVID-19 has resulted in extended backlogs. There was a query as to whether the score should remain at 16 rather than be reduced to 12, and the Chief Operating Officer agreed to consider this.

Risks which have been removed/closed

Two risks had been removed/closed since the last report:

- Risk 3720 – Staffing pressures in Children's Services due to Omicron – this risk has been closed as it is addressed via the wider staffing risks on the risk register (3744, 3730 and 3732).
- Risk 3204 – Safe nurse staffing – impact on patients – this risk has been closed and replaced with risk 3732.

ETM agreed that it was appropriate for these risks to be closed.

Risks beyond their review date

There were four high level risks which were beyond their review date. ETM agreed that these risks would be reviewed and updated as soon as possible.

Lead Directors

To ensure appropriate oversight, both a risk lead (who will be responsible for day to day management of the risk) **and** a lead director are now attributed to all risks scoring 15 and above. ETM agreed the appropriate director for each risk.

The complete high level risk register (as at 11 February 2022) of all risks scoring 15 and above is attached at Appendix 2, and the movement log is at Appendix 3.

Risk Management Strategy Review

The updated Risk Management Strategy will be presented to the Board for approval on 12 May 2022. This will include a revised format for the BAF which will clearly set out the risks to achieving the Trust's strategic objectives and the associated controls and assurances. The Board will also be asked to approve an updated risk appetite statement.

It has been suggested that the Academies should review and assess the relevant BAF risks, to ensure greater visibility of strategic risks and to enable to Board to gain assurance from its Academies as to whether the BAF risks are being appropriately managed. This proposal was considered by the Executive team on 28 February and was supported. It was noted that it was considered to be best practice for the BAF risks to be presented at Committee/Academy level, and that this would allow for more detailed discussions in relation to the individual strategic risks. However the Executive team was keen to ensure that there would continue to be an appropriate level of discussion at Board meetings, including consideration of the interdependencies between the risks.

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The Board is asked to note that the partnerships objective does not align to an Academy, therefore any risks associated with that objective would continue to be presented to ETM and the Board only.

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;
- note the high level risk register, the movement log and the summary of ETM's discussion in relation to the high level risks;
- note the update in relation to the review of the Risk Management Strategy; and
- agree whether the relevant BAF risks should be reported to the Academies, once the new BAF is finalised.

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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: <i>Risk assessment framework, quality governance framework, code of governance</i>
Care Quality Commission Domain: <i>well led</i>
Care Quality Commission Fundamental Standard: <i>good governance</i>
Other (please state):

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