

BOARD ASSURANCE FRAMEWORK SUMMARY

Quarter 1 / 2023



Sandwell and West Birmingham

NHS Trust

Ref	Executive Owner	Principle Risk	Residual Risk	Target Risk	Strength of Controls	Strength of Assurance	Key Performance Indicators		
BAF001	Chief Nurse & Chief Medical Officer	There is a risk that the Trust fails to deliver constant safe, high-quality care.	16	12	Amber	Amber	Harm free care	Deteriorating patient dashboard	Board Level Metrics
							Quality & Safety (Fundamentals of Care) metrics	CQC Assurance & Compliance Report	Safety dashboards
BAF002	Chief Finance Officer	There is a risk that the Trust fails to make best strategic use of its resources	20	4	Amber	Red	Financial Performance reporting	EAS Report	Internal Audit Reports
							Model Hospital data	Monthly Finance Report	Digital Strategy Reports
BAF003	Chief People Officer	There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce	16	4	Amber	Amber	Staff survey	POD Metrics	Vacancy Data
							WRES & WDES Data	Culture Heat Map	Retention data
BAF004	Chief Integration Officer/MD of Core Organisation	There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation	12	8	Red	Amber	IC Metrics	MMUH Metrics	Virtual Wards Data
BAF005	Managing Director MMUH Programme Company	There is a risk that the Trust fails to deliver the MMUH benefits case	16	12	Amber	Amber	PMO reporting	MMUH Metrics	MMUH Financial Report
							Construction Reports	Rightsizing Data	Workforce Data

Executive owner(s) Chief Nurse & Chief Medical Officer	Principle Risk There is a risk that the Trust fails to deliver constant safe, high-quality care.	Overseeing Committee Quality and Safety Committee
		Date of last Committee review Jun-23

Significant risks to achieving this objective 1. Significant deterioration in delivery in the standards of quality and safety of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes 2. Insufficient understanding and embedding of learning following significant events/incidents/complaints and evidencing improved practice and clinical outcomes. 3. Insufficient capacity and appropriately skilled workforce potentially resulting in a lack of ability to deliver safe care, effective outcomes and organisational objectives.	Associated risks on CRR 4754 , 1762, 3831, 666, 4019, 5170, 5161
Key controls currently in place to manage the risk to achieving this objective 1. Fundamentals of Care Framework 2. Corporate, Directorate and Service structures, accountability & quality governance arrangements at Trust. 3. Incident reporting and investigation policies and procedures.	Key assurances relating to effectiveness of the controls. Either (+) or (-) 1. Quality & Safety (Fundamentals of Care) metrics 2. Internal and External Audit 3. CQC Assurance & Compliance Reporting

Significant gaps in current controls 1. Lack of assurance of embedding learning and compliance with action plans 2. Recruitment/retention an ongoing issue 3. Funding for the CQI not clear	Areas where further assurance on effectiveness of controls is required 1. Buy in and engagement from staff on the the Fundamentals of Care Framework 2. Out of date policies and procedures and timecales for completion 3. Patient safety incident response plan and framework to be implemented.																								
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Key actions to achieve objective				Additional key actions required to mitigate risks or improve assurance			
Action	Lead	Target Date	Progress	Action	Lead	Target Date	Progress
1	CGO	Sep-23	Self-assessments being undertaken by groups. Triangulation dashboard being developed.	1	CGO	Oct-23	Action plan underway and target dates being established for all out of date policies
2	CNO	Mar-24	Communication of the delivery plan for the Fundamentals of Care to be agreed and implemented	2	CNO & CPO	Dec-23	Draft education strategy developed. Leadership programme pilot completed and programme commenced
3	CGO	Sep-23	PSIRF Implementation plan presented and agreed at the May Q&S Meeting. This set out the milstones to September 2023	3	CSO	Sep-23	Board, Executive and TMC development prioritised alongside the development of the academy and the review of our metrics planning as part of the proposed initial phase of the plan of we are given the go ahead.

BOARD ASSURANCE FRAMEWORK (Quarter 1 / 2023)

Executive owner(s) Chief Finance Officer	Principle Risk There is a risk that the Trust fails to make best strategic use of its resources	Overseeing Committee Finance, Investment & Performance Committee
		Date of last Committee review Jun-23

Significant risks to achieving this objective 1. ICB system's deficit results in a negative financial impact to the Trust 2. Failure to deliver financial plan and maintain financial sustainability. 3. Cost Improvement Plan that reflects the Trust's commitment	Associated risks on CRR TBC
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Key controls currently in place to manage the risk to achieving this objective 1. Long Term Finance Strategy and associated delivery plan 2. Monitoring of performance related requirements 3. Incident reporting and investigation policies and procedures.	Key assurances relating to effectiveness of the controls. Either (+) or (-) 1. Reporting against the delivery of Plan 2. CFO engagement across ICS and Regional footprints 3. Key Performance Indicators
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Significant gaps in current controls 1. Incomplete or poorly implemented sustainability and efficiency and productivity plans 2. Gaps in establishment controls driving budgetary variances 3. Failure to return financial grip to the system	Areas where further assurance on effectiveness of controls is required 1. Shortfall in digital funding 2. Uncertainty in relation to economic outlook and impact of public sector, 3. MMUH - complete affordability model, secure funding sources
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Risk Assessment	Con	Lik	Risk Score
Inherent Risk Assessment (04-22)	4	4	16
Residual Risk Assessment (06-23)	4	5	20
Target Risk Assessment	4	3	12

Strength of controls	Amber
Strength of assurance	Red

Controls & Assurances	
Green	No gaps in controls or assurances
Amber	Some gaps in controls or assurances
Red	Significant gaps in controls or assurances

Key actions to achieve objective			
Action	Lead	Target Date	Progress
1 Develop and implement costing strategy and plan aligned to system providers	CFO	Sep-23	2 specialties to begin, Emergency Care and Obstetrics SWB Head of Costing is the Chair of the System Costing Group
2 Improve workforce controls impacting on budgetary control	CFO & CPO	Aug-23	22/23 Plan realigned to include finance and workforce plans
3 Enhanced budgetary controls through accountability framework	CFO	Jul-23	Need to complete the HFMA and approve the action plan

Additional key actions required to mitigate risks or improve assurance			
Action	Lead	Target Date	Progress
1 Model Hospital data agreed and reported on through FIP to identify opportunities for financial improvement.	CFO	Oct-23	The Use of Resources Report due to FIPC
2 Review arrangements for efficiency and productivity	CFO	Jul-23	The Executive pillars of productivity work underway
3			

BOARD ASSURANCE FRAMEWORK (Quarter 1 / 2023)

Executive owner(s) Chief People Officer	Principle Risk There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce.	Overseeing Committee People & OD Committee
		Date of last Committee review Jun-23

Significant risks to achieving this objective 1. Trust is unable to deliver the priorities set out in the People Plan. 2. loss of workforce productivity arising from a short term reduction in staff availability 3. Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development	Associated risks on CRR 1762, 4754, 3831, 5170, 5227, 5166
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Key controls currently in place to manage the risk to achieving this objective 1. The People Plan 2. MMUH workforce delivery plans 3. Provider Collaborative action plan agreeing the top 4 priorities	Key assurances relating to effectiveness of the controls. Either (+) or (-) 1. POD metrics 2. Recruitment Dashbaord 3. WRES and WDES reporting
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Significant gaps in current controls 1. Robust plan on long term arrangements for recruitment delivery needs to be developed 2. Financial and workforce plan to be updated to take account of CIP and workforce reprofiling 3. Visibility and ownership of the EDI agenda	Areas where further assurance on effectiveness of controls is required 1. Just and Learning Culture implementation 2. MMUH Workstream delivery requirements and alignment with Core Organisation priorities 3. Structurd talent management programme for the organisation linked to credible career development pathways
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Key actions to achieve objective				Additional key actions required to mitigate risks or improve assurance			
Action	Lead	Target Date	Progress	Action	Lead	Target Date	Progress
1	CPO	Sep-23	TOM, vision and staffing structures developed Stabilisation programme for underperforming areas in place and being monitored and reported via POD. Business case currently being developed to support request for additional investment into POD.	1	CNO	TBC	
2	CPO	Sep-23	High level plan developed and socialised with Workforce Transformation and Development Group People Plan reporting now integrated within POD Forward Planner Granular consolidated plan across all delivery workstreams of the People Plan to be developed to support delivery oversight and programme monitoring	2	CFO	Jul-23	Workforce Plan linked to finance and activity developed as aprt of annual plan submission. Plan is being updated to take account of CIP's and workforce reprofiling
3	CPO	Sep-23	Development programme commissioned for EDI Team to include coaching and development to strengthen the function and support a proactive approach to leading EDI priorities for the Trust Staff network development programme commissioned to support the review and ovehaul of staff networks this includes supporting the network chairs and executive sponsors .Programme to commence in July 23.	3	CPO	Mar-25	

Executive owner(s)	Principle Risk	Overseeing Committee
Chief Integration Officer/MD of Core Organisation	There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation	Integration Committee
		Date of last Committee review
		Jun-23

Significant risks to achieving this objective 1. Inadequate or inappropriate foundations for effective collaborative working across the system (Sandwell) 2. Ineffective delivery of a shared plan across health and social care (Perry Barr) 3. Poor support from primary care and added challenge from other providers outside of the place	Associated risks on CRR TBC
Key controls currently in place to manage the risk to achieving this objective 1. Health & Wellbeing Board aligned Strategy 2. Place operational delivery plans 3. Trusts primary care strategy & delivery plan	Key assurances relating to effectiveness of the controls. Either (+) or (-) 1. IC Metrics IC Metrics 2. Sandwell Health and Care Partnership Reports 3. Ladywood and Perry Barr Partnership Reports

Significant gaps in current controls 1. Clear view of the health inequalities for the population we serve 2. Commitment from GP's to the delivery of place 3. Lack of live data based on the needs of the population	Areas where further assurance on effectiveness of controls is required 1. Single operating plan for the partners working jointly in Ladywood & Perry Barr Locality 2. Board level metrics for Green Delivery Plan 3. Regeneration delivery plan																
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Action	Lead	Target Date	Progress	Action	Lead	Target Date	Progress		
1	Robust governance for Sandwell with devolved responsibility to the host (SWB) structure.	CIO	Jul-23	The BC 5 year forward plan now confirms the presence of Place Based Partnerships in the new structures with the delegation coming through local managing directors.	1	Develop board level metrics for the Green Delivery Plan	MD of MMUH	Jul-23	delivery of this years activities on track. Future years project plans need to be scheduled up to 2023 and work done to agree deliverable that link to board level metrics.
2	Agree a leadership and delivery approach with partners in Birmingham for the Ladywood and Perry Barr locality.	CIO	Aug-23	BSOL review of leadership in each locality now started and expected to complete in May following a delay due to industrial action. In the meantime, as reported in last month's committee, local arrangements with GP's and BCHC have started to improve confidence in delivery. Metrics associated with measuring progress will be ready at the same time.	2	Longer term regeneration plan development	MD of MMUH	Jul-23	the Trust has established a partnership with IGLOO to inform their approach to coproducing a joint development plan.

Executive owner(s) Managing Director MMUH Programme Company	Principle Risk There is a risk that the Trust fails to deliver the MMUH benefits case	Overseeing Committee MMUH Opening Committee
		Date of last Committee review Jun-23

Significant risks to achieving this objective 1. A failure to design and transform inpatient and community-based clinical services 2. Poor programme management 3. A lack of capacity, resource, and capability to deliver and embed sustainable change on time	Associated risks on CRR 5157, 5158, 5159, 5168, 5169, 5160, 5161, 5170, 5163, 5164, 5171, 5165, 5166, 5167, 5143, 5227, 5267,
Key controls currently in place to manage the risk to achieving this objective 1. Integrated master plan working towards readiness underpinned by robust work stream plans that are fully aligned. 2. Communications and Engagement plan 3. Delivery of the MMUH Affordability Plan	Key assurances relating to effectiveness of the controls. Either (+) or (-) 1. Risk Register Reports with Programme level risks 2. MMUH Metrics 3. PMO reporting

Significant gaps in current controls 1. 3rd party assurance on integrated programme 2. Lack of strategy and actions to manage the risk of health population demand changing 3. Certainty of workforce readiness for a successful move	Areas where further assurance on effectiveness of controls is required 1. Benefits tracking 2. Trust medium terms financial plan impact on affordability 3. ICBs strategic risk of inequality of access to care for our population between Black Country and West Birmingham																															
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Key actions to achieve objective				Additional key actions required to mitigate risks or improve assurance			
Action	Lead	Target Date	Progress	Action	Lead	Target Date	Progress
1. Secure 3rd party assurance on integrated programme.	CEO	Jul-23	The MMUH OC was updated verbally in April 23 of NHPs intention to put in place a Gateway assurance process for Cohort 1, due to lessons learnt from preceding projects in the cohort. The MMUH Programme via the Managing Director have proposed to share the scoping proposal with NHP input via the Transformation Director with a view to potentially joint commission the Gateway review.	1. Reposition programme to be driven by benefits delivery.	Managing Director MMUH Programme Company	Jul-23	Following the update in April work continues (to conclude for the June reporting cycle) in establishing a delivery and governance framework for benefits. This will include financial and non financial benefits tracking, alignment to the critical success factors and clarity on roles and responsibilities.
2. Establish an effective interface between the MMUH programme and PLACE.	MMUH Delivery Director	Aug-23	The Place based pathway level focus remains equitable patient pathways in the MMUH Programme is virtual ward pathway for respiratory and frail patients, as well as those patients in care homes requiring acute care interventions. , as well as those patients in care homes requiring acute care interventions.	2. Development of the medium terms cost model related to the health population changes.	Director of Operational Finance	Jul-23	During the next reporting cycle the final plan submission assumptions relating to MMUH will be revised to align with the revised practical completion date and 2024 opening.
3. Irradicate maturity assessment red RAG rating for the Workforce quadrants and gain confidence in recruitment, MOC and OD quadrant delivery.	MMUH Delivery Director	Jul-23	Transition to new ways of working and resilience in both MMUH Programme and the Core Organisation continues to be overseen by an Executive oversight group including the 2 Managing Directors, Chief People Officer, Delivery Director and a new MMUH Director of Workforce. Staff network development programme commissioned to support the review and overhaul of staff networks this includes supporting the network chairs and executive sponsors .Programme to commence in July 23.	3.			

Board Assurance Framework Summary

Column Heading	Guidance	Example
Ref	A unique identifier for each row should be assigned.	E.g. 1.
Executive Owner	Role that is accountable for the delivery of the specific corporate objective.	E.g. Name and Role.
Corporate / Strategic Objective	Corporate / Strategic Objectives are the in year or longer-term goals for the NHS provider. They are often set by top management and they will provide the focus for setting more detailed objectives for the functional activities carried out across the provider.	This will be specific to SWB, but an example might be 'To be a centre of excellence for research and innovation, education and specialist services'.
Residual Risk	The residual risk is the level of risk that remains after efforts to identify and eliminate some or all of the risk. Residual risk should be shown as a risk score, based upon multiplying the consequence by likelihood. See the risk scoring matrix and risk exposure matrix tabs for further details.	High/Red : 15-25 Medium/Amber : 8-12 Low/Green : 1-6
Target Risk	The target risk is the level of risk that the provider wishes to achieve and/or accept. Generally, the target risk will be equal to or lower than the current risk. As with the current risk, the target risk should be shown as a risk score, based upon multiplying the consequence by likelihood. See the risk scoring matrix and risk exposure matrix tabs for further details.	High/Red : 15-25 Medium/Amber : 8-12 Low/Green : 1-7
Strength of Controls	Controls are repeatable actions which are taken to reduce the level of risk which SWB faces. They are designed to reduce the likelihood of a risk occurring and/or reduce the impact of the risk, should it happen. Within the context of the BAF, the strength of controls to ensure the corporate objective can be met should be assessed with RAGs of Green (no gaps), Amber (some gaps) or Red (significant gaps).	E.g. Amber - Some gaps in controls or assurances
Strength of Assurance	There are many sources of assurance across SWB, including but not limited to the provider's internal audit function. The role of internal audit is to provide an independent and objective opinion to the provider's Board on the adequacy and functioning of the system of internal control for the provider. The strength of assurance over the controls to ensure the corporate objective can be met should be assessed with RAGs of Green (no gaps), Amber (some gaps) or Red (significant gaps).	E.g. Amber - Some gaps in controls or assurances
Key Performance Indicators	Metrics and/or indicators that are used to measure the extent to which the corporate objective is expected to be met/achieved.	This will be specific to each SWB, but an example might be 'bed occupancy', 'sickness rate' and/or 'mandatory training'.

BAF Corporate Objective

Fields	Guidance	Example
Executive Owner	Role that is accountable for the delivery of the specific corporate objective.	E.g. Name and Role.
Corporate / Strategic Objective	Corporate / Strategic objectives are the in year or longer-term goals for SWB. They are often set by top management and they will provide the focus for setting more detailed objectives for the functional activities carried out across the provider.	This will be specific to SWB, but an example might be 'To be a centre of excellence for research and innovation, education and specialist services'.
Overseeing Committee	Assurance or management committee responsible for overseeing that the relevant corporate objective is met and/or relevant risks are being managed. This is likely to be Audit and/or Risk Management Committee if the provider has these in its committee governance structure.	E.g. Board or Quality Committee.
Date of last Committee review	Date of last Committee review.	E.g. Date (Month/Year).
Key performance indicators	Metrics and/or indicators that are used to measure the extent to which the corporate objective is expected to be met/achieved.	This will be specific to SWB, but an example might be 'bed occupancy', 'sickness rate' and/or 'mandatory training'.
Significant risks	Material risks that may threaten SWB from meeting the corporate objective. The risk title and description should be clearly recorded. Each risk description should outline the risk event, the cause(s) and the impact or consequence that could result from the reasonable worst-case scenario of the risk. Where possible, risk descriptions should be formulated as "There is a risk that <risk event> as a result of <cause> which may lead to <impact>."	E.g. "There is a risk that SWB may not be able to recruit, retain and efficiently deploy the required resource, as a result of a failure to attract the right talent, which may lead to poor patient outcomes and increased regulatory scrutiny."
Associated risks on CRR	Reference made to the applicable risks as recorded within the Corporate Risk Register (CRR).	This will be specific to SWB.
Key controls	Controls are repeatable actions which are taken to reduce the level of risk which SWB faces. They are designed to reduce the likelihood of a risk occurring and/or reduce the impact of the risk, should it happen. These are the controls that make delivery of the corporate objective more likely.	E.g. "The HR department ensures that all prospective employees and contingent workers successfully pass employability checks, which include obtaining satisfactory references, identification, Right to Work and Reside information, financial and fraud screening checks."
Key assurances	Assurances relating to the effectiveness of controls. The three lines of defence model is an accepted regulated framework designed to facilitate an effective risk management system. This model is used across the public and private sector because it provides a standardised and comprehensive risk management process that clarifies roles, reduces cost and reduces effort. Different departments play a distinct role within this model.	E.g. Internal audit independent review of SWB's recruitment and pre-employment check procedure.
Significant control gaps	Gaps or weaknesses in the control environment that are required in order for SWB to meet its corporate objective.	E.g. x% of SWB's front-line employees do not have right to work in the UK.
Further assurance required	Further assurance over the control environment required due to gaps or weaknesses in the control environment.	E.g. Internal audit independent review of SWB's recruitment and pre-employment check procedure.
Risk assessment	The Risk assessment should cover an inherent risk assessment, residual risk assessment and target risk assessment. - The inherent risk is the level of risk without the effect of controls. Usually, this is at the point that the risk was originally identified and assessed. - The residual risk is the level of risk that remains after efforts to identify and eliminate some or all of the risk. - The target risk is the level of risk that the provider wishes to achieve and/or accept. Generally, the target risk will be equal to or lower than the current risk. All these risks assessments should be shown as a risk score, based upon multiplying the consequence by likelihood. See the risk scoring matrix and risk exposure matrix tabs for further details.	High/Red : 15-25 Medium/Amber : 8-12 Low/Green : 1-6
Strength of controls	Controls are repeatable actions which are taken to reduce the level of risk which SWB faces. They are designed to reduce the likelihood of a risk occurring and/or reduce the impact of the risk, should it happen. Within the context of the BAF, the strength of controls to ensure the corporate objective can be met should be assessed with RAGs of Green (no gaps), Amber (some gaps) or Red (significant gaps).	E.g. Amber - Some gaps in controls or assurances
Strength of assurance	There are many sources of assurance across SWB, including but not limited to the provider's internal audit function. The role of internal audit is to provide an independent and objective opinion to the provider's Board on the adequacy and functioning of the system of internal control for the provider. The strength of assurance over the controls to ensure the corporate objective can be met should be assessed with RAGs of Green (no gaps), Amber (some gaps) or Red (significant gaps).	E.g. Amber - Some gaps in controls or assurances
Actions to achieve objective	Actions to ensure risks are managed to meet the corporate / strategic objective should be set out. These actions should also include the lead person responsible for the action, the target date for the completion of the action and progress updates.	This will be specific to SWB.
Additional actions	Actions to ensure risk controls are optimised to ensure risks are being managed effectively. These actions should also include the lead person responsible for the action, the target date for the completion of the action and progress updates.	This will be specific to SWB.

Risk Assessment Matrix

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

HEATMAP

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 BAF 001 BAF 003 BAF 005	20 BAF 002
3 Moderate	3	6	9	12 BAF 004	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5