

# 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           |

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

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

| <b>Significant gaps in current controls</b><br>1. Lack of assurance of embedding learning and compliance with action plans<br>2. Recruitment/retention an ongoing issue<br>3. Funding for the CQI not clear  | <b>Areas where further assurance on effectiveness of controls is required</b><br>1. Buy in and engagement from staff on the the Fundamentals of Care Framework<br>2. Out of date policies and procedures and timecales for completion<br>3. Patient safety incident response plan and framework to be implimented. |     |            |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                       |  |       |                                   |       |                                     |     |  |
|--|--|-----|------------|------------|----------------------------------|---|---|----|----------------------------------|---|---|----|------------------------|---|---|----|--|-----------------------|--|-------|-----------------------------------|-------|-------------------------------------|-----|--|
| <table border="1"> <thead> <tr> <th>Risk Assessment</th> <th>Con</th> <th>Lik</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Assessment (04-22)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Residual Risk Assessment (06-23)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Assessment</td> <td>4</td> <td>3</td> <td>12</td> </tr> </tbody> </table> | Risk Assessment  | Con | Lik        | Risk Score | Inherent Risk Assessment (04-22) | 4 | 4 | 16 | Residual Risk Assessment (06-23) | 4 | 4 | 16 | Target Risk Assessment | 4 | 3 | 12 | <p><b>Strength of controls</b> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Amber</span></p> <p><b>Strength of assurance</b> <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Amber</span></p> <table border="1"> <thead> <tr> <th colspan="2">Controls &amp; Assurances</th> </tr> </thead> <tbody> <tr> <td style="background-color: green; color: white;">Green</td> <td>No gaps in controls or assurances</td> </tr> <tr> <td style="background-color: yellow; color: black;">Amber</td> <td>Some gaps in controls or assurances</td> </tr> <tr> <td style="background-color: red; color: white;">Red</td> <td>Significant gaps in controls or assurances</td> </tr> </tbody> </table> | Controls & Assurances |  | Green | No gaps in controls or assurances | Amber | Some gaps in controls or assurances | Red | Significant gaps in controls or assurances |
| Risk Assessment  | Con  | Lik | Risk Score |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                       |  |       |                                   |       |                                     |     |  |
| Inherent Risk Assessment (04-22)   | 4  | 4   | 16         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                       |  |       |                                   |       |                                     |     |  |
| Residual Risk Assessment (06-23)   | 4  | 4   | 16         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                       |  |       |                                   |       |                                     |     |  |
| Target Risk Assessment   | 4  | 3   | 12         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                       |  |       |                                   |       |                                     |     |  |
| 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 |      |             |   | 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.<br>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.<br>Leadership programme pilot completed and programme commenced  |
| 3                                | CGO  | Sep-23      | PSIRF Implimentation 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)**

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

|   |                                       |
|---|---------------------------------------|
| <b>Significant risks to achieving this objective</b><br>1. ICB system's deficit results in a negative financial impact to the Trust<br>2. Failure to deliver financial plan and maintain financial sustainability.<br>3. Cost Improvement Plan that reflects the Trust's commitment | <b>Associated risks on CRR</b><br>TBC |
|---|---------------------------------------|

|  |  |
|--|--|
| <b>Key controls currently in place to manage the risk to achieving this objective</b><br>1. Long Term Finance Strategy and associated delivery plan<br>2. Monitoring of performance related requirements<br>3. Incident reporting and investigation policies and procedures. | <b>Key assurances relating to effectiveness of the controls. Either (+) or (-)</b><br>1. Reporting against the delivery of Plan<br>2. CFO engagement across ICS and Regional footprints<br>3. Key Performance Indicators |
|--|--|

|   |   |
|---|---|
| <b>Significant gaps in current controls</b><br>1. Incomplete or poorly implemented sustainability and efficiency and productivity plans<br>2. Gaps in establishment controls driving budgetary variances<br>3. Failure to return financial grip to the system | <b>Areas where further assurance on effectiveness of controls is required</b><br>1. Shortfall in digital funding<br>2. Uncertainty in relation to economic outlook and impact of public sector,<br>3. MMUH - complete affordability model, secure funding sources |
|---|---|

| 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         |

|                              |       |
|------------------------------|-------|
| <b>Strength of controls</b>  | Amber |
| <b>Strength of assurance</b> | 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<br>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)**

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

|  |  |
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| <b>Significant risks to achieving this objective</b><br>1. Trust is unable to deliver the priorities set out in the People Plan.<br>2. loss of workforce productivity arising from a short term reduction in staff availability<br>3. Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development | <b>Associated risks on CRR</b><br>1762, 4754, 3831, 5170, 5227, 5166 |
|--|--|

|  |  |
|--|--|
| <b>Key controls currently in place to manage the risk to achieving this objective</b><br>1. The People Plan<br>2. MMUH workforce delivery plans<br>3. Provider Collaborative action plan agreeing the top 4 priorities | <b>Key assurances relating to effectiveness of the controls. Either (+) or (-)</b><br>1. POD metrics<br>2. Recruitment Dashbaord<br>3. WRES and WDES reporting |
|--|--|

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| <b>Significant gaps in current controls</b><br>1. Robust plan on long term arrangements for recruitment delivery needs to be developed<br>2. Financial and workforce plan to be updated to take account of CIP and workforce reprofiling<br>3. Visibility and ownership of the EDI agenda | <b>Areas where further assurance on effectiveness of controls is required</b><br>1. Just and Learning Culture implementation<br>2. MMUH Workstream delivery requirements and alignment with Core Organisation priorities<br>3. Structurd talent management programme for the organisation linked to credible career development pathways |
|---|--|

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| Inherent Risk Assessment (04-22)   | 4  | 4   | 16         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |   |   |                       |  |       |                                   |       |                                     |     |  |
| Residual Risk Assessment (06-23)   | 4  | 4   | 16         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |   |   |                       |  |       |                                   |       |                                     |     |  |
| Target Risk Assessment   | 4  | 3   | 12         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |   |   |                       |  |       |                                   |       |                                     |     |  |
| 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 |      |             |   | 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<br><br>Stabilisation programme for underperforming areas in place and being monitored and reported via POD.<br><br>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<br><br>People Plan reporting now integrated within POD Forward Planner<br><br>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.<br><br>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<br><br>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      |  |

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

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

| <b>Significant gaps in current controls</b><br>1. Clear view of the health inequalities for the population we serve<br>2. Commitment from GP's to the delivery of place<br>3. Lack of live data based on the needs of the population  | <b>Areas where further assurance on effectiveness of controls is required</b><br>1. Single operating plan for the partners working jointly in Ladywood & Perry Barr Locality<br>2. Board level metrics for Green Delivery Plan<br>3. Regeneration delivery plan |     |            |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |   |   |                       |  |       |                                   |       |                                     |     |  |
|---|---|-----|------------|------------|----------------------------------|---|---|----|----------------------------------|---|---|----|------------------------|---|---|---|---|-----------------------|--|-------|-----------------------------------|-------|-------------------------------------|-----|--|
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| Risk Assessment   | Con   | Lik | Risk Score |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |   |   |                       |  |       |                                   |       |                                     |     |  |
| Inherent Risk Assessment (04-22)  | 4   | 4   | 16         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |   |   |                       |  |       |                                   |       |                                     |     |  |
| Residual Risk Assessment (06-23)  | 4   | 3   | 12         |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |   |   |                       |  |       |                                   |       |                                     |     |  |
| Target Risk Assessment  | 4   | 2   | 8          |            |                                  |   |   |    |                                  |   |   |    |                        |   |   |   |   |                       |  |       |                                   |       |                                     |     |  |
| 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  |      |             |   | Additional key actions required to mitigate risks or improve assurance |            |             |   |
|---|------|-------------|---|--|------------|-------------|---|
| 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.  |

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

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

| <b>Significant gaps in current controls</b><br>1. 3rd party assurance on integrated programme<br>2. Lack of strategy and actions to manage the risk of health population demand changing<br>3. Certainty of workforce readiness for a successful move  | <b>Areas where further assurance on effectiveness of controls is required</b><br>1. Benefits tracking<br>2. Trust medium terms financial plan impact on affordability<br>3. ICBs strategic risk of inequality of access to care for our population between Black Country and West Birmingham |                                  |            |  |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
|--|--|----------------------------------|------------|--|----------------------------------|---|---|----|----------------------------------|---|---|----|------------------------|---|---|----|--|-----------------------------|-------|----------------------------------|-------|-----------------------------------|------------------------------|-------|--|-------|-------------------------------------|--|--|--|-----|--|
| <table border="1"> <thead> <tr> <th>Risk Assessment</th> <th>Con</th> <th>Lik</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Assessment (04-22)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Residual Risk Assessment (06-23)</td> <td>4</td> <td>3</td> <td>16</td> </tr> <tr> <td>Target Risk Assessment</td> <td>4</td> <td>2</td> <td>12</td> </tr> </tbody> </table> | Risk Assessment  | Con                              | Lik        | Risk Score                                 | Inherent Risk Assessment (04-22) | 4 | 4 | 16 | Residual Risk Assessment (06-23) | 4 | 3 | 16 | Target Risk Assessment | 4 | 2 | 12 | <table border="1"> <tr> <td><b>Strength of controls</b></td> <td>Amber</td> <td><b>Controls &amp; Assurances</b></td> <td>Green</td> <td>No gaps in controls or assurances</td> </tr> <tr> <td><b>Strength of assurance</b></td> <td>Amber</td> <td></td> <td>Amber</td> <td>Some gaps in controls or assurances</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Red</td> <td>Significant gaps in controls or assurances</td> </tr> </table> | <b>Strength of controls</b> | Amber | <b>Controls &amp; Assurances</b> | Green | No gaps in controls or assurances | <b>Strength of assurance</b> | Amber |  | Amber | Some gaps in controls or assurances |  |  |  | Red | Significant gaps in controls or assurances |
| Risk Assessment  | Con  | Lik                              | Risk Score |  |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
| Inherent Risk Assessment (04-22)   | 4  | 4                                | 16         |  |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
| Residual Risk Assessment (06-23)   | 4  | 3                                | 16         |  |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
| Target Risk Assessment   | 4  | 2                                | 12         |  |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
| <b>Strength of controls</b>  | Amber  | <b>Controls &amp; Assurances</b> | Green      | No gaps in controls or assurances          |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
| <b>Strength of assurance</b>   | Amber  |                                  | Amber      | Some gaps in controls or assurances        |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |
|  |  |                                  | Red        | Significant gaps in controls or assurances |                                  |   |   |    |                                  |   |   |    |                        |   |   |    |  |                             |       |                                  |       |                                   |                              |       |  |       |                                     |  |  |  |     |  |

| 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.<br><br>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<br>Medium/Amber : 8-12<br>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<br>Medium/Amber : 8-12<br>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.<br>- 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.<br>- The residual risk is the level of risk that remains after efforts to identify and eliminate some or all of the risk.<br>- 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.<br>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<br>Medium/Amber : 8-12<br>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<br>1  | Unlikely<br>2 | Possible<br>3 | Likely<br>4 | Almost Certain<br>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<br>1  | Unlikely<br>2 | Possible<br>3 | Likely<br>4                         | Almost Certain<br>5 |
| 5 Catastrophic  | 5          | 10            | 15            | 20                                  | 25                  |
| 4 Major         | 4          | 8             | 12            | 16<br>BAF 001<br>BAF 003<br>BAF 005 | 20<br>BAF 002       |
| 3 Moderate      | 3          | 6             | 9             | 12<br>BAF 004                       | 15                  |
| 2 Minor         | 2          | 4             | 6             | 8                                   | 10                  |
| 1 Insignificant | 1          | 2             | 3             | 4                                   | 5                   |