



A survey of practice Board Assurance Frameworks (BAFs)

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A survey of practice Board Assurance Frameworks (BAFs)

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Executive Summary

'The BAF is broken. It is no longer fit for purpose yet is a formal requirement of good board practice and subject to external review' (John Bullivant, the New Assurance GGI, 2018). This paper considers examples of current practice and concludes that there is wide variation in application, definitions and understanding by users, although the general content still largely reflects the original 2003 guidance, Building the Assurance Framework: A Practical Guide for NHS Boards (Department of Health, March 2003). In particular the BAFs suffer from the absence of clear measurable time limited strategic objectives and forward trajectories of performance against which risk can be identified and mitigated. The situation can be improved and the paper concludes with recommendations for practitioners, Boards and regulators.

Introduction

This report is targeted at risk practitioners, boards and regulators. It draws on the expertise of governance professionals in the NHS and is intended to provide guidance to the reader of what constitutes a good Board Assurance Framework (BAF) today. The report is produced using input from the GARNet group which is comprised of governance, risk and assurance professionals who have formed a community of practise to work collaboratively and develop a standardised approach to risk, assurance and Board Assurance Frameworks.

The publication of guidance "Assurance: The Board Agenda" which was issued in July 2001 set out the principles of a good BAF. The guidance highlighted the requirements for all NHS Chief Executive Officers to sign an Annual Governance Statement, as part of the statutory accounts and annual report. This reinforces the need for Boards to be able to demonstrate that they have been properly informed about the organisational risk profile. In order to be confident that the systems of internal control are robust Boards need to be able to provide evidence that they have systematically identified their objectives and managed the principal risks to achieving them. A good BAF helps boards to undertake this duty.

What is A BAF?

One of the roles of the board is to focus on those risks which **may compromise the achievement of its high level strategic objectives**. A good BAF will provide a structure and process which enables the organisation to focus on the significant risks; it also highlights any key controls that have been put in place to manage the risk and any areas requiring further action, it highlights sources of evidence or assurance and any gaps. The BAF is therefore a comprehensive system, the visual manifestation of which is the BAF summary presented to NHS Boards. For the rest of this report we will refer to the BAF summary as the BAF.

The Audit Committee Handbook identifies the BAF as *“the key source of evidence that links strategic objectives to risk and assurance, and the main tool that the Board should use in discharging its overall responsibility for internal control”*.

The Institute of Chartered Secretaries and Administrators defines a BAF as; *“a structured approach for ensuring that boards get the right information which is accurate and relevant at the right time and with the level of assurance attributed to each source of data. It pulls together all data pertaining to organisations strategic goals and the risks it faces”*.

The definition adopted by the GARNet group is as follows *“the key source of information that links the strategic objectives to risk and assurance”*.

Current requirements for a BAF

The two main areas of influence which require Trusts to be able to evidence a robust BAF come from NHSI and the CQC as part of the Well Led inspection.

1. The National Health Service Improvement (NHSI) publication, *“Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts”* reports that the requirement for a BAF is within the Key Lines of Enquiry (KLOE) no. 5. The KLOE asks the question, *“are there clear and effective processes for managing risks, issues and performance”*. The underpinning descriptor asks if *“there is an effective and comprehensive process to identify, understand, monitor and address current and future risks”*. This is supported by the requirement for senior leaders to be able to evidence that a BAF and dynamic risk registers are in place and assessed by the board at least quarterly. Guidance from the NHSI encourages providers to undertake reviews of these requirements approximately every three years.
2. The Care Quality Commission (CQC) *Well Led domain requires providers to demonstrate that the “leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture”*. KLOE W2 asks, *“does the governance framework ensure that responsibility is clear and that quality performance and risks are understood and managed”*. The supporting prompts ask; *“is there an effective governance framework to support the delivery of the strategy and good quality care”?* *“Are the governance framework and management systems regularly reviewed and improved”?*

Given the requirements above it is clear that all Trusts are required to develop a Board Assurance Framework (BAF) and, in order for it to be effective the process must be underpinned by a **robust organisational governance process** which can withstand internal & external scrutiny. Internal scrutiny comes from the board of directors, specifically by the Non-Executive Directors (NED's) where it should be used to hold the executive team to account, external scrutiny comes from regulators and external auditors such as the NHSI, NHSE and the CQC during inspections and when things go wrong. Responsibility for the development of robust assurance processes should also lie with commissioners who will be held to account for what they buy.

Why we did the review

The authors presumed that every NHS trust would have a BAF but recognised that each document would contain different information and would be subject to differing governance processes. This has prevented a standardised approach and any like for like comparison and has encouraged silo working. It was felt that the absence of guidance, direction and standardisation challenged the quality of the information being considered by the Board and may result in decisions being made against an inaccurate risk profile. Significant inconsistencies could also challenge the regulatory inspection process in situations where the inspector lacks the specialist knowledge makes decisions and therefore has the potential to skew the overall results of an inspection.

Informal guidance and articles relating to the development of a BAF can be found on the internet but the scope of their content appears to be limited or specific to a particular project and recent information is scarce. The Good Governance Institute (GGI) & Mersey Internal Audit Agency (MIAA) have regularly published focussed guidance documents which have been very helpful in providing some guidance to assist providers.

Regulators such as the Care Quality Commission (CQC), Commissioners and NHSI, along with partner organisations such as NHSE expect to be able to review providers BAF's as and when required however, there is no guidance from these organisations which explains to providers what elements of a BAF they expect to see in order to make an informed judgement on the risk profile of the organisation and therefore to conclude that the systems of internal controls are effective.

Consequently Trusts are working independently gathering information from whatever guidance is out there and hoping that what they're doing is right.

At the first meeting of the GARNet group the issue of silo working was discussed and it was felt that trusts were all doing the same thing in theory but working independently; the group thought that it would be a far more efficient use of time if ideas on what constituted a basic BAF were shared. This could lead to the development of a standardised format for all BAFs which is endorsed by regulators. This would result in a core list of elements which must be included in all BAFs with the option for trusts who wanted to add other elements dependent on their organisational needs.

What we did/ why is this publication different

As opposed to a report which was written by someone not involved in the development of BAFs, this BAF review has been formed by professionals within the GARNet who are governance risk and assurance specialists and are working with the development and management of the BAF process as part of their day to day job.

We used our professional network to reach out to colleagues and consider the variations between each of the individual documents. Using one of the GARNet group meetings a desktop exercise was undertaken and colleagues were divided into small groups and asked to consider the various BAFs and agree which elements they felt should be proposed as making up the core content. The group agreed that the elements of BAFs which were not considered to be core content would be referenced in this report and act as a prompt for Trusts to consider for inclusion onto individual BAFs.

It is hoped that the findings of this review will convince trust regulators to adopt the implementation of a standardised approach which reflects the findings of the review. This will result in scrutiny of standardised information; the outcome being a more consistent approach which could facilitate like for like comparison across trusts.

Where the BAF review is part of a formal inspection process a standardised approach can support the inspector, who may not be a specialist in the subject of BAFs.

The Guidance, "Building the Assurance Framework: A Practical Guide for NHS Boards" March 2003 set out a list of elements which should form a good BAF and It was this list from which most BAFs have been developed. The elements are listed below:

1. Establish principal objectives (strategic & directorate).
2. Identify the principal risks that may threaten the achievement of these objectives – typically in the range of 75-200 depending on the complexity of the organisation.
3. Identify and evaluate the design of key controls intended to manage these principal risks, underpinned by core controls assurance standards.
4. Set out the arrangements for obtaining assurance on the effectiveness of key controls across all areas of principal risk
5. Evaluate the assurance across all areas of principal risk
6. Identify positive assurances and areas where there are gaps in controls and / or assurances
7. Put in place plans to take corrective action where gaps have been identified in relation to principal risks
8. Maintain dynamic risk management

This review used the list as a baseline to see if there was a consistent evidence based approach to BAF formats and to see if there were any other elements which are included on BAFS which the GARNet group felt should be included on all BAFs.

Methodology

Following expressions of interest the GARNet group was established; the initial meeting had 11 attendees. At that meeting the group agreed to support the review project and the review paper. In order to ensure a broad scope of opinion was captured to inform the comparison a generic email was forwarded to 24 local NHS trusts asking them to share their BAFS or, if they preferred not to share the whole document to share a summary. Only one trust submitted a summary the rest shared the whole BAF document

The second GARNet meeting had 22 attendees; it heard a presentation from MIAA on a review of the content of BAFs within their portfolio and facilitated the workshop discussing and reviewing the BAF's which had been submitted for the review.

BAFs were received from 24 trusts. Out of the 24, 22 were acute trusts, 2 were CCG's and 1 was a Community Trust.

Twenty BAFs were recorded on a word document and four were recorded on an excel spread sheet.

The Review

Each individual BAF was reviewed and the content was entered into an excel spreadsheet. On some BAFs the wording of the individual elements was different, but on closer scrutiny it was apparent that the detail within the element was the same; in this situation the elements were grouped. The review listed all the elements and identified which were the most common.

The following elements appeared in all 24 BAFs. Figure 1

1. Risk descriptor
2. Responsible executive officer
3. Initial date of assessment
4. Review date
5. Controls
6. Assurance
7. Gap in controls
8. Gaps in assurance
9. Action plan
10. Initial risk rating
11. Current risk rating
12. Target risk rating
13. All trust used the old NPSA 5x5 model for risk rating
14. Link to strategic objective/aim
15. Report to which committee
16. All BAFs had some way of demonstrating the history of the risk rating throughout the year

Other elements which appeared in BAFs

1. Three trusts defined the three lines of assurance
2. Impact on strategic objectives
3. Planned trajectory over next 2 years
4. CQC domain
5. Sub-committee review
6. Key work programmes
7. Quality Priorities
8. Rationale for current risk score
9. Provider License compliance
10. Background
11. Link to trust risk register
12. Operational Lead

The format for each BAF was different.

The following supplementary questions were also asked and 18 trusts responded:

Which Executive Director has responsibility for the BAF at Trust Board?

Corporate Secretary	4
Chief Executive Officer	3
Director of Corporate Affairs/Services	3
Director of Nursing, Midwifery & Quality	2
Director of Governance	2
Assistant Director Corporate Governance	1
Director of Finance	1
Director of Commissioning & Quality Assurance	1
Medical Director	1

Who has responsibility for the operational management of the BAF?

Corporate Secretary	4
Head of Risk	2
Risk Manager	2
Deputy Board Secretary	1
Director of Corporate Governance	1
Assistant Director of Risk & Assurance	1
Senior associate = Director of Assurance & Compliance	1
Head of Planning & Risk	1
Risk & Governance Manager	1
Risk Lead	1
Executive Lead	1
Deputy Director of Governance	1
Deputy Corporate Secretary	1

How often is the BAF presented to Board?

4 times per year	12
12 times per year	1
6 times per year	2
2 times per year	3

Do board members receive training?

Yes	12
No	6

Levels (lines) of Assurance

Levels of assurance can be found from three main sources; these are defined below.



Within the review there was a wide variation in Trusts referencing the lines of assurance; some Trusts did not mention them at all, some Trusts noted internal and external assurance and one Trust noted four lines of assurance. This finding is not considered to be significant merely reflects the inconsistencies within the process.

Thoughts from some Non-Executive Directors

As Non-Executive Directors are responsible for the scrutiny of the BAF the NED's from The Walton Centre were asked what their thoughts were on what works and what doesn't work with the BAF. It is acknowledged that more information could be gained from a wider catchment of Non Executives; however for the sake of this review the comments were as follows:

According to Non-Executive Directors what makes an effective BAF?

- When the information in the BAF explains the context and is written in a way that the Non-Executive Director (NED) can understand.
- Trust Board understanding of the value of a good BAF and its contribution to the strategic plan.
- Full engagement from the lead Executive Director and the Trust/board.
- If the individual who has operational responsibility for the BAF has a sound knowledge base of risk assessment & governance.
- Commitment from executives to dedicate time to reviewing and populating the BAF.
- A good governance process to underpin BAF
- NEDs having the appropriate skills to constructively challenge their executive colleagues and others on the content of the BAF.
- Clarity in the Terms of Reference on the roles of Trust Board, Audit Committee and committees of the board.

According to Non-Executive Directors what doesn't work?

- Where Board members do not understand the importance of a BAF and believe it is to "tick a box" exercise for the regulators
- Lack of training provided to the executive team on benefits of the BAF. And, if the training is provided the executives prioritising other tasks and therefore choosing not to attend.
- No time to undertake a robust review of the document.
- Lack of understanding on what assurance is as opposed to control.
- Inability to describe risk in a way that a Non-Executive Director can understand it.
- Governance process not enabling timely amendments to the BAF and the potential for loss of version control

What did the review highlight as the main things that obstruct the effectiveness of the BAF?

Focus on assurance

When Boards fail to provide adequate focus on the effectiveness of the controls and the strength of the assurance.

In order to be confident that the systems of internal control are effective the role of the Board and its committees is to challenge the individual elements of assurance, to obtain confidence that the controls are effective. Where the Board and its committees do not obtain that assurance it should request that further action is taken by the risk owner to obtain the required level of information to adequately inform the Board; examples of the sources of this added information are, a subject matter specialist or an internal or external audit.

Two out of the twenty four Trusts who contributed to the review referenced the three lines of defence as referenced in the NHS Audit Committee Handbook and eighteen Trusts focussed on internal and external assurance. Where Boards do not acknowledge the importance of assurance levels there is the potential for them to only use internal assurance, this renders the independent element of scrutiny is untapped. This is linked to the importance of Trusts recognising the importance and value of internal and external audit opinion in order to provide external independent audit opinion to the Trust Board.

Where Boards fail to focus on the robustness of assurances there is the potential to operate with a false level of confidence that the significant risks faced by the organisation are being adequately controlled; when in fact they are not. One Trusts view was the "absence of good quality sources of assurance for some objectives and difficulty in collating all assurances systematically on a timely basis (dependency on the engagement of other departments being a factor)".

Another stated that "some risks held on the BAF are intangible, we know they are there, we have no tangible control but they have a potential for major impact on our organisation".

Board behaviour

The behaviours of Board members play a key role in the success of the BAF process.

The review identified a lack of engagement in Trusts where the executive team do not have a clear understanding of the purpose and benefit of a robust BAF, this was an opinion that was supported by the NED group.

One Trust reported the following, "In our Trust, executives are appointed from Deputy roles who have never been involved in a BAF before and they are expected to know all about the systems of internal control when in fact they don't."

This lack of understanding of the benefits and purpose of the BAF can be linked to the training provision underpinning the BAF process. Although 12 out of the 18 Trusts who responded to the review said that they provided training, there is no consistency in terms of content, frequency or attendance. It may be that training is provided but due to the lack of engagement executives choose not to attend.

Another Trust highlighted the difficulties experienced during the routine review of the BAF. The BAF was not considered as a priority to the Executive Lead and therefore there was a lack of attention given to completing the actual review.

One Trust that took part in the review said "It doesn't feel like the BAF is truly live, the risk handlers only review their risks when an update is due at Board, so quarterly, and there is often little challenge or questions from the Board. Unclear if the Board actually sees themselves as owning it – more as another paper that comes their way for information".

The report identified situations where due to either, the conflicting time pressures experienced by the executive lead and/or the lack of engagement in the process the routine BAF review was undertaken by the relevant deputy. This behaviour could incur added challenge as, although the deputy may have the relevant training to undertake the review they would not necessarily have the strategic oversight of the implications on the strategic direction. This compromises the detail of the information contained within the document and will not reflect the actual situation; therefore Boards could make uninformed judgements on the effectiveness of the controls and render the organisation vulnerable.

In their document, "Building a Framework for Board/Governing Body Assurance" the GGI suggest that in many organisations the BAF report functions as a risk register. This suggestion was supported by the review and was thought to stem from the issues mentioned above.

One Trust stated that one barrier to an effective report was "ensuring it is not seen as an add on, stand alone or tick box exercise but forms an integral part of the agendas and work of each sub-committee. If developed and used correctly, it is a tool for formulating and driving the agenda and ensuring that risk is managed accordingly".

Another Trust felt that in order to overcome this obstruction there needs to be "Ownership and understanding by Executive Directors and by Board generally as to its function – it is seen as a 'must do' as opposed to something to support the Board".

A Trust can have the best BAF in the world but if the Board behaviours are wrong it won't be effective.

Another point raised during the review was the effectiveness of the challenge from the NEDs. The BAF review process will not be effective if the NED's do not have the confidence or ability to positively challenge the Executive team.

Language

The review highlighted the vast variation on the language used in BAF reports. It was difficult to identify areas of standardisation across the 24 reports as the majority of the BAFs reviewed used different words to describe similar elements.

As noted earlier, a comment from one of the NED's reflects the frustration felt when the information contained within the BAF is not detailed enough to provide adequate information for a NED who may only spend 3 days per month in the organisation; this could also be said for someone external to the organisation reading the information.

There is the potential for those completing the report who work with the issues on a daily basis to assume that someone such as a NED will be able to understand the context of the issues. Alternatively, some BAFs in the review contained a lot of information and may have the potential to confuse the reader or deter them from taking the time to read it all.

The issue of language does not just reflect the BAF report but has also been said for risk registers and incident reports. One Trust was asked by the Trust CQC Engagement Manager, who was reading the incident reporting forms, to be mindful that due to the lack of detail on the reporting form they could not understand what was being reported; the CQC requested more context to the incident reports.

Poor Governance Process

It doesn't matter how good your BAF document or your board behaviour is, if the supporting governance process isn't robust the management of the systems of internal control will fail and therefore the board of directors will not be making informed decisions on the strategic challenge.

As Trusts are moving into a more complex external environment the local and national systems of internal control need to change to become fit for purpose and future proofed. In the wider context of the Sustainability and Transformation Partnerships (STP) and the Accountable Care Organisations (ICO) and Integrated Care Systems, the current shape of the BAF process is not able to provide a standardised risk profile due to the local inconsistencies in the BAF process across the STP footprint. This will also cause difficulties in trying to align with local authority risk registers)

Guidance relating to what form a BAF should take is out dated, the system is old fashioned and broken and requires a more fundamental rethink. The GARNet group felt that there was a lack of guidance from regulators explaining what they expected to see in a BAF and they relied on guidance from other sources such as the GGI; therefore, it's understandable that there is a fragmented approach. One solution to this would be for individual STP's to develop their own BAFs in line with their strategic plan; this would enable structured STP Board oversight and provide ownership by the STP executive and a clear line of accountability in situations where controls have not been effective

Trusts can then use the STP BAF as a reference point when populating their own reports.

The NHS Code of Governance states that NHS Boards can delegate some of the role of scrutiny of assurances to its sub-committees, this provides more time on the Board agenda and makes the most appropriate and efficient use of expertise. Boards may be able to place greater reliance on assurances if they are confident that they have been robustly scrutinised by one of their sub-committees within an agreed process of risk appetite and delegate risk tolerance. As part of this review the GARNet group shared examples of where delegated responsibility poses the following challenges:

- Where the Board delegates responsibility to its committees the terms of reference of the relevant committees must be explicit enough to define the role of that committee in relation to the BAF process. The GARNet group discussed the confusion which arises regarding the different and overlapping roles of the Committees where organisations attempt to have them both scrutinising different assurances in relation to a single strategic objective. For example; the Audit Committee Handbook states that the role of the Audit Committee is to:

“Satisfy itself that the systems and processes in place are working as they should. It should review the processes for developing the framework and its format to ensure that they remain relevant and effective for the organisation. In this way the committee can provide assurance that the framework concentrates on the right high risk areas”.

One Trust in the review reported occasions where the Chair of the Audit Committee frequently discussed the detail of the risk i.e. the risk descriptor or rating this is detail which would have been discussed at the Quality Committee the following week.

- The group also discussed the challenge in situations where the committee chair doesn't have the required knowledge base to manage the meeting and to ensure that the discussion focuses on the issues relevant to the committee e.g. when the role of the committee is to review the assurances but discussion at the committee focuses on the rating. If the BAF review isn't appropriately focussed the Board will be inadequately informed. Trusts should ensure that committee Chairs receive appropriate training on the specific skills required to effectively Chair committees.
- A further challenge highlighted was when the Board Committees reviewing different objectives/risks on the BAF are scheduled close together and when the committees suggest that changes are made to the document. Changes made in one committee may then render a BAF which has previously been circulated in the papers for a later committee incorrect. Consideration needs to be given to the process which supports the BAF being received at the Board to ensure that the information presented to the Board is accurate and ensure good version control.

One Trust in the review reported that the three committee meetings of the board reviewing the BAF takes place within 3 weeks of each other. If one of these committees suggests a change this is not made at that time as it would render the other documents reporting into the later committees inaccurate. In order to ensure version control any changes from the board committees is noted in the chairs report to the Trust Board for discussion and agreement.

The role of internal and external audit, assessment could assist in the further development of the governance process. There is currently no system based process to review assurance processes across the broader area. Auditors undertake audits of systems of internal control as part of the annual review of the statement of internal control; therefore there is an assumption that they will have gathered a wealth of information.

At the second GARNet meeting Mersey Internal Audit and Solutions presented their review document entitled “What keeps Trust Boards awake at night? Foundation and NHS Trust Assurance Framework Benchmarking (2017 Edition), which reported on the findings of BAF reviews they had undertaken in Trusts within their portfolio. If auditors worked in collaboration their consolidated findings could be used as a benchmark and provide system wide confidence of effectiveness.

Alignment between the strategic objectives and performance

The BAFs suffer from the absence of clear measurable time limited strategic objectives and forward trajectories of performance against which risk can be identified and mitigated. Our review of BAFs submitted found few objectives that were either strategic or defined; for example “putting patients first” and “valuing our people” are both strong aspirations but may present a significant challenge when being measured. Of course all Trust have many imposed targets but the BAF must provide support to the Board on the likelihood or not of achieving their strategic goals and if these are not articulated it is hard to see how risks can be defined and mitigated. Respondents also lamented the lack of alignment between performance and risk. We conclude therefore that in order to be in a position to align strategic objectives and performance the objectives must be SMART. Aligning the two develops an accountability framework which will highlight where future performance against the BAF is being compromised.

During the review, one Trust stated that the “lack of connectivity with our performance report” as being a barrier to an effective governance process; they further added “we are trying to address this by developing key risk indicators within our integrated performance report”

And finally; when asked the question about the barrier one Trust responded with “Not applicable – our BAF process works effectively as there is buy-in and full-engagement from Executives and Non-Executive Directors”

Risk Matrix

Out of all the trusts who took part in the review 23 Trusts used the 5x5 matrix and the risk descriptors which were initially recommended by the National Patient Safety Agency. The group felt that this was outdated therefore some Trusts reported that they had redefined the risk descriptors to suit their organisation. The GARNet group agreed to share any risk descriptors and to review at a future meeting and agree a revised list.

A Good News Story

This is an example of a Trust which has turned their BAF process around.

The Board development review during 2017 recommended an enhanced Board Assurance Framework (BAF) to reflect best practice and this development was supported by internal audit when they reported in April 2018. The Board recognised that an efficient and effective Assurance Framework is a fundamental component of good governance, providing a tool for the Board to identify and ensure that there is sufficient, continuous and reliable assurance, organisational stewardship and the management of the major risks to our organisational success. Given this context, the right time to enhance the BAF was in quarter one.

Independent expert support was commissioned from a Trust with a solid track record of exceptional performance in governance. Time out with the Executive team and appropriate senior leaders took place during June and July. The key outcomes are:

- (a) A better understanding of the added value and critical importance of the BAF to the long-term success of the Trust.
- (b) An enhanced range of draft strategic risks co-produced by the Executive Directors reflecting the refreshed strategic objectives for 2018/19.
- (c) A better understanding of the range of effective control systems and assurance and actions to continually improve to mitigate the risks over time.
- (d) A review of the operational/clinical risks, graded 15 and above, better alignment with the strategic risks and appropriate mitigation via trust-wide quality improvement plans.
- (e) An outline of the BAF operating process so there is a consistent and better understanding by the

Executive Team and senior leaders on the current process and how this is to be enhanced to reflect best practice.

The draft BAF and operating process was considered by members of the Board at a Board development session in July prior to the recommendation for approval by the Trust Board on 25th July. In addition the Board Assurance Framework Dashboard was produced with provides an overview of all strategic risks including the proposed Sub-Committees identified to monitor progress.

Recommendations

To practitioners

1. The person who is operationally responsible for the population of the BAF must be competent and have authority to challenge.

To boards

2. Boards must be brave enough to define the planned outcomes of strategic objectives
3. Specific training must be developed and provided to Executive Teams; both to individual Executives upon joining the Trust and to the Trust Board on an annual basis. Inspectors should be familiar with the training so that they can detect noncompliance.
4. It is recognised that a BAF relates the strategic challenge to Trusts. However given the fast pace of the continually changing landscape it is recommended that an update of the BAF must be undertaken at least quarterly and reported to the Trust Board.

To regulators

5. Regulators should define the methodology against which they will be assessing the standard of board assurance and specifically the Board BAF document in Trusts.
6. They should be explicit in how they will review assurance across health systems in the future

To auditors

7. Auditors could consider using the information they have gathered to influence the high level gaps in control /assurance and to share examples of better practice
8. They should be explicit in how they plan to manage with others, assurance reviews across health systems in the future

To the future

9. In order to ensure that the BAFs Trusts are using are more fit for purpose and future proofed, the STP's need to develop their own BAF, this would enable individual Trusts to develop their own internal systems of control which would underpin and therefore support the national profile.
10. The standard risk matrix is no longer fit for purpose and requires updating perhaps using assurance mapping to define how confident we can be at the different lines of defense

Conclusion

It is clear there is much confusion on what the BAF is for and how to use it effectively. Some basics such as measurable outcomes for objectives are missing and there is a lack of clarity as to how regulators will review the assurance process.

The report believes there is room for some formal guidance on content to allow standardisation of BAF reports but this should not stifle innovation.

As place based systems become more commonplace, we need to develop better systems of governance and risk sharing along clinical pathways and in support of collective decision taking between organisations.

Finally whilst the opening quote suggested BAFs are broken we do not believe they are without value. They need some urgent focus and repair both in how they are populated and used but we believe this is a worthy endeavour and critical to support joint working and partnerships in the future.



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