



Insight - Board Assurance Framework

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The NHS continues to navigate a period of transformation—nationally, regionally, and within individual organisations. As strategic priorities evolve and operational pressures intensify, boards are increasingly challenged to maintain clarity of focus while anticipating and managing emerging risks. In this context, we conducted a review of 15 Board Assurance Framework (BAF) reports across Integrated Care Boards (ICBs), Providers, and Community Trusts. Our analysis covered 147 risks and aimed to identify common themes and examples of practice for you to consider. There is no “right” or “wrong” BAF, as each is developed to meet the specific requirements and risk management arrangements of the organisation it serves. Whether you are refining your own BAF or considering how to adapt to the shifting healthcare landscape, we hope this analysis contributes to help guide your next steps.

Veran Patel, Director of Health & Social Care



Key observations across all BAFs

Cyber Risk Visibility - Not all BAFs explicitly referenced cyber risks—This is worth considering given the growing national threat and the rise of AI-enhanced cyber-attacks. It is acknowledged that an organisation may be satisfied that the risk can be managed operationally. A notable example of practice includes the rollout of National Cyber Security Centre (NCSC) training—highlighting a proactive approach to cyber resilience.

Risks

- Risk Score Tracking - One BAF tracked risk scores over the past three months and flagged risks that had remained on the register for over a year, supporting longitudinal oversight.
- Risk Trajectory Mapping – One BAF included risk trajectory forecasts. For instance, a target score of 9 in 12 months may seem to be contradicted by a projected score of 12—offering valuable foresight for board discussions.
- Enhanced Risk Narratives Some BAFs provided detailed rationales for risk scores, identify emergent risks, and outline “Future Opportunities.” It is best practice to include horizon scanning for strategic risks.
- Emergent Risk Example: “Ongoing uncertainty regarding funding re-allocation to support the NHS 10-Year Health Plan.”
- Future Opportunity Example: “Growth opportunities from outside the ICB as a trusted provider.”

Risk Appetite - Where defined, reputational risk appetite varied across all BAFs, including:

- “Seeking” – willing to accept reputational risk with controls.
- “Cautious” – limited acceptance if fallout is controlled.
- Three of the fifteen BAFs did not include risk appetite alongside current and target risk scores—limiting the strategic context for risk evaluation.

Controls – The vast majority of controls listed were manual and there is scope to automate controls much further.

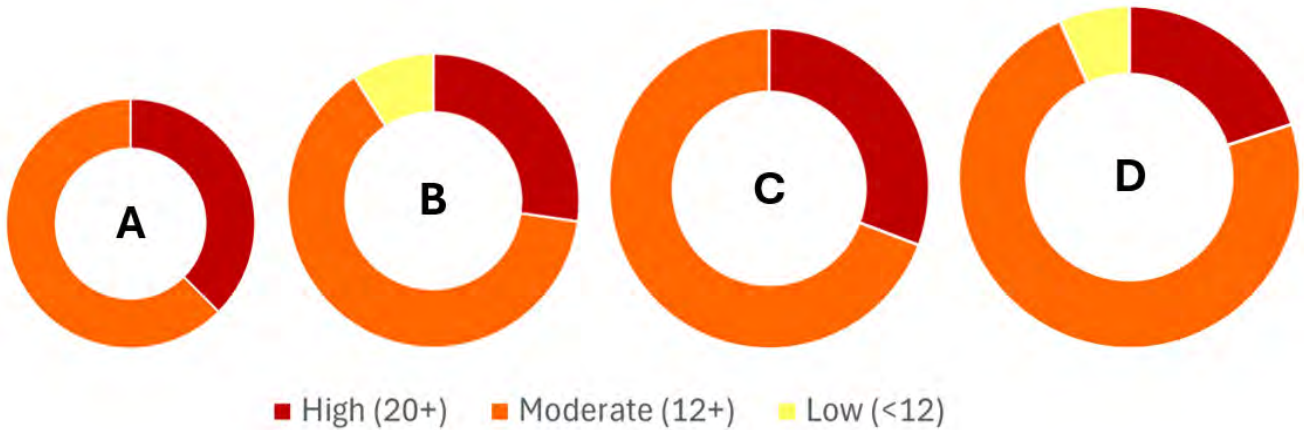
- Two BAFs provide a Controls Assurance rating for each key control, rated as Level 1 (Management), 2 (Oversight) and 3 (Independent) – this reflects the 3 lines of defence model which is a widely accepted framework for managing risk and providing assurance within organisations.

Key Findings from Community Trusts - specific BAF Review

Number of risks and ratings for Community Trusts

Note the size of the circles reflects the total number of risks.

Note that there was inconsistency in the scoring across the BAFs so we have taken the following scoring to define the overall score of 15+ High, 8+ Moderate .

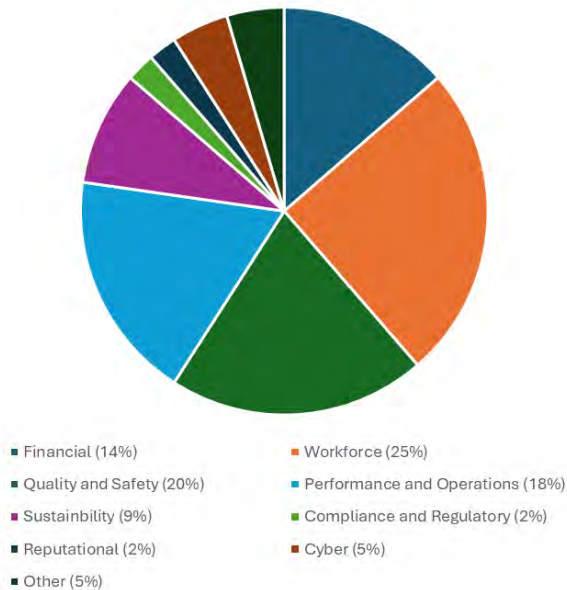


	Consequence				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood					
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5



Risk Category Distribution

Breakdown of Risk Category (Community)



Assurance & Controls

Assurance Sources: All Community Trusts included both internal and external assurances.

- One Community Trust comprehensively RAG rates each of the key actions being taken to address gaps in controls using the matrix below (with thanks to LCHS)

Progress with delivery of actions to address gaps in controls and / or assurances will be rated in accordance with the matrix shown in the Table below.

Action Plan Progress RAG Rating	
Blue	Completed & embedded and added to controls or assurances
Green	Completed & ongoing and / or not yet fully embedded
Amber	In progress & on track



Assurance Quality

- One Community Trust BAF included a standard column on the committee responsible for “ownership” of the risk.
- One Community Trust BAF included a column on the type of risk mitigation i.e. treat, transfer, tolerate or terminate.

Risk Appetite

One Community Trust BAF lacked any reference to risk appetite.

Where defined, reputational risk appetite varied:

- “Seeking” – willing to accept reputational risk with controls.
- “Cautious” – limited acceptance if fallout is controlled.

Control Mechanisms

Control Type	Count	Examples
Manual Controls	42	Manual exception reporting, collation and analysis of surveys, meetings and policies
IT-Enabled Controls	2	Power BI dashboards, Cybersecurity monitoring tools

Notable Practice: One Community Trust BAF included an assurance per control as well as gaps in control and gaps in Assurance.

Strategic Implications for Community Trusts

- Risk Saturation: High volumes of moderate risks may suggest a need for prioritisation and potential recalibration of risk appetite.
- Control Maturity: Heavy reliance on manual controls indicates an opportunity to expand digital assurance mechanisms.
- Assurance Clarity: Variability in how assurance is presented (positive/negative, gaps) suggests consideration of developmental work across BAFs.



Please refer to the Annex for more detailed information on the reviewed Board Assurance Frameworks.



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Annex

As Workforce related issues are a focus for many Community Trusts, we have summarised the risks and identified key drivers from these BAFs and other notable practice for consideration.

Workforce Risk	Expanded Context	Key Driver	Notable Practice
Workforce Sustainability	Persistent challenges in recruiting, training, and retaining skilled professionals threaten long-term service delivery and increase reliance on temporary staffing.	Difficulty recruiting, training, and retaining skilled staff threatens long-term service delivery and organisational resilience.	NIHR Workforce Research Partnerships: £24M investment into 5 regional partnerships to test new retention models, wellbeing strategies, and flexible deployment.
Training & Development Gaps	Limited access to structured development pathways can hinder staff progression and reduce confidence in delivering new models of care.	Inadequate support for staff development may hinder new care models, reduce service quality, and impact retention.	General Practice Assistant Role: Rolled out via Primary Care Training Hubs to support skill mix and create new career pathways.
Innovation & Improvement Barriers	Staff may feel disempowered or unsupported in contributing to service improvement, leading to disengagement and stagnation.	Lack of empowerment to innovate may lead to disengagement, poor performance, and suboptimal patient outcomes.	Spread & Adoption Framework (HEE): A five-step model to scale successful workforce innovations across NHS regions.
Leadership & Culture Challenges	A lack of inclusive, compassionate leadership can erode trust and morale, especially during periods of change.	Absence of inclusive, compassionate leadership risks low staff morale, poor engagement, and increased turnover.	Compassionate Leadership Programme (NHS England): Embeds inclusive leadership principles through coaching, peer support, and reflective practice.
Recognition Deficit	When staff contributions are not acknowledged, it can lead to undervaluation and increased turnover.	Failure to celebrate and thank staff may reduce retention and destabilise services.	"Thank You" Campaigns (BUPA & NHS Trusts): Structured recognition programmes using digital platforms and peer-nominated awards.
Board-Level Conflicts	Misalignment between system Boards can dilute strategic focus and impact workforce integration.	Potential conflicts of interest between Boards within the system could compromise governance and organisational integration.	Integrated Governance Models (ICS): Joint workforce committees across Trusts and ICBs to align priorities and reduce friction.
Clinical Safety Risks	Workforce shortages and morale issues can compromise safe staffing and regulatory compliance, leading to avoidable harm.	Staffing gaps, morale issues, financial pressures, and regulatory compliance failures may lead to increased harm and reduced patient satisfaction.	Safe Staffing Dashboards (NHS Digital now NHSE): Real-time monitoring of staffing levels linked to patient safety indicators.
Cultural Alignment Stress	Mergers or restructures may clash with existing cultures, causing disengagement and resistance.	Merging organisational cultures may negatively affect staff morale and engagement.	Culture Integration Workshops (Private Sector): Used by HCRG (Virgin Care) and others to co-design shared values and behaviours post-merger.
Labour Market Pressures	High competition and turnover, especially in early-career roles, can lead to burnout and service instability.	Tight competition and high turnover, especially in early service years, could lead to burnout and service delivery failures.	Flexible Career Pathways (NHS Scotland): Modular training and portfolio careers to retain early-career professionals.
Wellbeing Threats	Sustained workload and stress can erode resilience, increase absences, and degrade care quality.	Sustained workload, isolation, and stress may harm staff resilience, increase absences, and degrade patient care quality.	Wellbeing Hubs (NHS Trusts)

Workforce Controls Summary Table

Control Area	Expanded Description	Benefits	Notable Practice
Training & Development Initiatives	Structured programmes to build staff capability, meet statutory requirements, and support career progression. Includes leadership and apprenticeship pathways.	Ensures legal compliance, builds future leaders, improves retention, and supports new care models.	Use of Apprenticeship Levy to fund clinical and non-clinical roles, creation of Education Oversight Groups with KPIs to monitor impact, and leadership academies tailored to community care settings.
Strategic Workforce Planning	Long-term planning to ensure the right people are in the right roles, with succession plans and job alignment to service needs.	Reduces vacancy risk, improves service continuity, and aligns workforce with strategic goals.	Implementation of 'Plan for Every Post' succession planning model, job planning compliance dashboards, and 'Grow Our Own' schemes targeting local recruitment and career progression.
Culture & Engagement Programmes	Organisational development initiatives that promote shared values, inclusion, civility, and psychological safety.	Builds trust, improves morale, reduces turnover, and supports a positive working environment.	Launch of 'Better Together' OD programme, embedding Group Values into recruitment and appraisal processes, and rollout of Just Culture and Civility training across all staff levels.
Policy & Governance Alignment	Harmonised HR policies, equality frameworks, and staff networks with executive sponsorship to ensure fairness and compliance.	Promotes consistency, supports inclusion, and ensures regulatory alignment.	Alignment of HR policies and T&Cs across services, active staff networks with executive sponsors, and structured WRES/WDES reporting cycles linked to improvement plans.
Wellbeing & Recognition	Programmes that support mental health, resilience, and staff appreciation, including board-level guardians and formal recognition schemes.	Boosts morale, reduces burnout, improves retention, and demonstrates leadership commitment to staff wellbeing.	Establishment of Board-level Wellbeing Guardians, launch of Reward & Recognition Policies, and Annual Staff Awards with ELT participation and visibility.
Feedback & Accountability Mechanisms	Tools and processes to gather staff feedback, monitor engagement, and ensure performance accountability through appraisals and surveys.	Enables continuous improvement, builds trust, and ensures staff voices are heard and acted upon.	Use of Pulse Surveys with real-time dashboards, structured 1:1s and appraisals, and embedded Freedom to Speak Up Guardians reporting directly to senior leadership.

Annex

We have aggregated and sorted the assurances from across the BAFs and identified good practice for consideration.

Line of Defence	Assurance Mechanism	Description	Notable Practice
First Line: Management Assurance	Statutory/mandatory training compliance	Ensures staff meet legal and professional standards through monitored completion rates.	Real-time compliance dashboards with automated reminders and escalation protocols.
	Leadership development programmes	Builds internal leadership capacity and supports succession planning.	Tailored leadership academies linked to strategic priorities and staff feedback.
	Apprenticeship levy utilisation	Funds internal development and creates new career pathways.	Targeted use of levy for hard-to-fill roles and community-based recruitment.
	'Grow our own' approach	Develops internal talent to reduce reliance on external recruitment.	Localised career pathways with mentoring and rotational placements.
	'Plan for Every Post'	Succession planning for critical roles.	Role-by-role risk assessment and development plans embedded in workforce strategy.
	Job planning compliance	Aligns staff capacity with service demand.	Digital job planning tools with clinical engagement and oversight.
	Appraisals and 1:1s	Supports performance and development through regular dialogue.	Standardised templates with quality checks and escalation for missed reviews.
	Reward and Recognition Policy	Formalises appreciation and incentivises excellence.	Peer-nominated awards and digital recognition platforms.
	Annual staff awards and ELT visibility	Celebrates achievements and boosts morale.	ELT-led ceremonies with staff stories aligned to Trust values.

Annex

Line of Defence

Second Line:
Oversight &
Monitoring

Assurance Mechanism

Education Oversight Group and KPIs

Pulse and NHS staff surveys with action plans

Freedom to Speak Up processes

Culture programmes (EDI, Civility, Just Culture)

Staff networks with executive sponsorship

Comprehensive wellbeing offer with board-level guardians

Feedback loops and escalation

Description

Monitors training impact and alignment with strategic goals.

Captures engagement and identifies areas for improvement.

Provides safe channels for raising concerns.

Promotes inclusion, fairness, and psychological safety.

Empowers diverse voices and supports inclusion.

Strategic oversight of staff wellbeing.

Ensures staff concerns are heard and acted upon.

Notable Practice

Quarterly reporting with triangulation against service outcomes.

Real-time dashboards and visible action tracking with staff involvement.

Guardian reports directly to Board with thematic analysis and follow-up.

Mandatory training and EDI metrics reviewed at executive level.

Networks embedded in governance with budget and influence over policy.

Guardian-led wellbeing rounds and quarterly reporting to Quality Committee.

Integrated feedback tracker with escalation routes and resolution timelines.

Line of Defence

Third Line: Independent
Assurance

Assurance Mechanism

NHS Staff Survey

WRES and WDES submissions

External audits and inspections

Advocacy service

Freedom to Speak Up
Guardian reports

Description

National benchmarking of workforce experience.

Regulatory reporting on race and disability equality.

Independent review of workforce practices and compliance.

Independent support for staff navigating concerns.

Independent assurance of speaking-up culture.

Notable Practice

Comparative analysis with peer Trusts and published improvement plans.

Action plans co-produced with staff networks and published externally.

Internal audit of CQC workforce standards with Board-level review.

Embedded referral pathways and anonymised reporting to governance groups.