Board Assurance Framework Headlines July 2026

No	Risk	Primary Pillar/Priority	Secondary Pillar/Priority	Linked BAF Risks (interdependencies)	Entry Risk Score (LxC)	Current Risk Score (LxC)	Target Risk Score (LxC)	Lead Chief Officer	Oversight
BAF01	Financial delivery	Effectiveness: Financial	n/a	BAF03, 05.	4x4=16	4x4=16	1x4=4	CFO	Financial Recovery Board
BAF02	Health & wellbeing	People: Experience	People: Workforce transformation	BAF03, 04	4x4=16	4x4=16	2x4=8	CPO	People & Culture Committee
BAF03	Workforce transformation	People: Workforce transformation	n/a	BAF01, 02, 04	4x4=16	4x4=16	2x4=8	CPO	People & Culture Committee
BAF04	People Culture	People: Experience	People: Leadership; People: Development	BAF02, 03	5x3=15	4x3=12	2x3=6	CPO	People & Culture Committee
BAF05	Urgent & emergency care	Collaboration	Patients: Safe, high quality care	BAF06	5x4=20	5x4=20	2x4=8	COO	Board
BAF06	Digital strategy	Excellence	n/a	BAF01, 05, 07	4x4=16	3x4=12	1x4=4	CDIO	Digital Programme Board
BAF07	Cyber security	Excellence	n/a	BAF05, 06	4x5=20	4x5=20	3x5=15	CDIO	Digital Programme Board
BAF08	Fire Safety	Effectiveness: Buildings and Infrastructure	n/a	BAF01	4x5=20	3x5=15	2x3=6	MD	Quality Governance Committee

Who we are

We are experts in healthcare services. Dedicated to improving the health of our population, we provide joined-up services with partners that meet everyone's needs, nearer to home.

NHS
Worcestershire Acute Hospitals
NHS Trust

Why we exist
Our Purpose

Helping people to live healthier, more fulfilling lives

What we do every day
Our Mission

Being the best team we can be for our patients, each other and our partners

Where we want to get to
Our Vision

Everyone is proud of the difference we make. We are more than a hospital, we bring care together for people

How we will get there
Strategic Priorities

By being better connected with what matters

People
Nurturing a culture people want to be a part of

Patients
Meeting the needs of our patients and communities

Collaboration
Building strong connections and pathways

Excellence
Focusing on continuous improvement

Effectiveness
Enhancing our efficiency and effectiveness

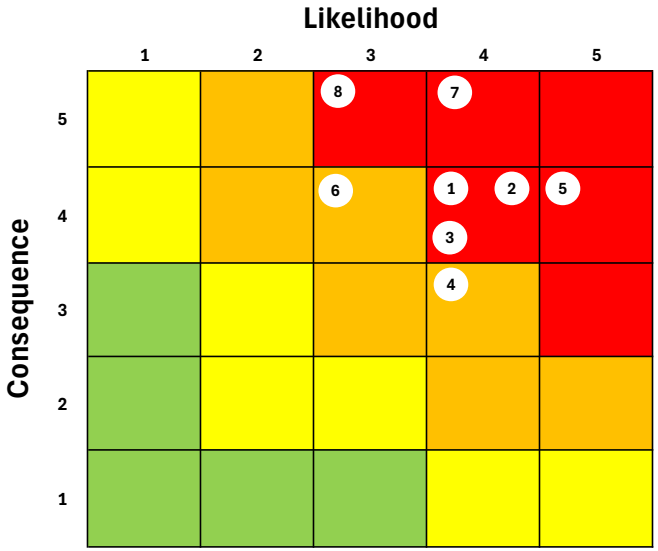
Guided by our Values

Being open and honest • **Ensuring people feel cared for** • **Showing respect to everyone**

Our Strategy 2025-30

Board Assurance Framework Heat Map July 2026

Risk Ratings:	
Very high:	15-25
High:	8-12
Moderate:	4-6
Low:	1-3



Risk Appetite Statement

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST RISK APPETITE STATEMENT

RISK APPETITE LEVEL ▶ / RISK TYPES ▼	0. NONE - Avoid Avoidance of risk and uncertainty is a key system objective	1. LOW- Minimal 'As low as reasonably possible' (ALARP) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	2. MODERATE – Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	3. HIGH – Open Willing to consider all potential delivery options and accept a degree of inherent risk while also providing an acceptable level of reward (and VfM)	4. SIGNIFICANT – Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	5. SIGNIFICANT – Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
FINANCE *How will we use our resources?*	Avoidance of financial loss is a key objective. We have no appetite for financial loss. We are only willing to accept the low-cost option as VfM is the primary concern. Tight controls in place with limited devolved decision taking authority.	We are only prepared to accept the possibility of very limited financial risk. VfM is the primary concern. Strong central control with limited devolved decision taking authority.	We are prepared to accept possibility of some limited financial risk. VfM is the primary concern but willing to consider other benefits or constraints. Resources are generally restricted to existing commitments. Strong central control is the default but some devolvement of decisions is accepted.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not being the overarching factor. Resources are allocated in order to capitalise on opportunities. We carefully balance central control with devolvement of decisions.	We will invest for the best possible return and accept the possibility of increased financial risk. Resources allocated without firm guarantee of return. We tend to devolve decisions with lower levels of inherent risk.	We will consistently invest for the best possible return for stakeholders, recognizing that the potential for substantial gain outweighs inherent risks. Our default is to devolve decisions where possible, only keeping central control for decisions with the highest levels of inherent risk.
REGULATION *How will we be perceived by our regulators?*	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of some limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to accept decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders
PEOPLE *How will we develop our people?*	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approached to workforce recruitment and retention are not a priority and will only be adopted if established and proved to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk as a direct result from innovation as long as there is the potential for improved recruitment and retention and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have impact on our people but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but is worthwhile due of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
QUALITY *How will we deliver safe services?*	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely necessary.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risks and possibility of improved outcomes and appropriate controls are in place.	We are prepared to accept the possibility of short-term impact on quality outcomes with potential for longer-term rewards.	We are willing to take decisions on quality where there may be higher inherent risks but potential for significant longer-term gains.	We seek to take high risk decisions on quality in pursuit of significant gains and mitigation to our other risks.
REPUTATION *How will we be perceived by the public and our partners?*	We have no appetite for any decisions that could lead to additional scrutiny or attention on the organisation. External interest in the organisation viewed with concern.	Our appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	We are prepared to accept the possibility of limited reputational risk as long as appropriate controls are in place to limit the risk.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
INNOVATION *How progressive and innovative do we want to be?*	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. General avoidance of systems/ technology developments.	Innovations always avoided unless essential or established and proved to be effective in a variety of settings	Tendency to stick to the status quo, innovations in practice generally avoided unless really necessary. Systems/technology developments limited to improvements to protection of current operations & practice.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery.	Innovation is the priority– consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery.

Approved April 2026

Board Assurance Framework Risk Summary	
Risk Reference	BAF01
Strategic objectives and priorities	Effectiveness: Financial

Date	July 2026
Risk Headline	Financial delivery
Risk owner	Chief Finance Officer

Risk	Cause	Impact
Risk of failure to deliver the Trust's agreed financial plan and achieve long-term financial stability.	The 2026/27 financial plan is dependent on delivery of a challenging cost and productivity improvement plan (CPIP) of 6.8%.	Regulatory intervention. Negative reputation. Impact on ability to achieve wider strategic priorities. Impact on delivery of ICS financial delivery

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	April 2025	4x4=16	4x4=16	↔	1x4=4	Moderate-cautious
	June 2026	4x4=16	4x4=16			

Current Controls and Mitigations	
1. Financial Recovery Board oversight	2. People and Culture Committee oversight
3. Enhanced financial controls	4. Enhanced vacancy controls
5. Enhanced controls of temporary staff usage	6. New weekly Executive Financial Recovery meeting
7. New Operational & Assurance Committee	8. New Agency Reduction Programme Board
9. Strengthened forecasting	10. Adoption of national financial controls and toolkits
11. New recovery framework in place	12. Support from NHSE to deliver financial improvement plan in 2026/27

Gaps in Control	Related Actions	Lead	Due Date	Progress
Continued use of agency staff	Reduce agency staff usage and expenditure	CPO	March 27	Not delivering to plan year to date (YTD) at month (m)2. New initiatives are in place for 26/27 to improve.
Continued reliance on bank staff	Reduce bank staff usage and expenditure	CPO	March 27	Not delivering to plan YTD at m2. New initiatives are in place for 26/27 to improve.
High proportion unidentified CPIP schemes to meet target	Develop CPIP plans to achieve full CPIP target	CFO	Aug 26	Executive-led workshops taking place, focused on maximising scheme maturity as well as challenging delivery
Under performance of financial plan impacting receipt of deficit funding, driving adverse cash position	Submit application for cash support	CFO	June 26	Application submitted June 2026
Capacity to delivery financial improvement plan	Establish financial improvement taskforce	CFO	July 26	Terms of reference agreed. Local leads appointed. Additional capacity being recruited.
Additional operational capacity open beyond planned timescales in response to operational pressures	Close Pathway Discharge Unit	COO	July 26	Full closure expected to take place on 1 July

Key Assurance Indicators	Date Reported	Performance	Change
Delivery of financial plan	June 26	Performance behind plan YTD at m2	-
CPIP performance	June 26	YTD performance is behind plan, with a significant gap in identified schemes to meet target	-
Cash position	June 26	Cash position at risk due to Q1 performance resulting in loss of Q2 deficit funding	-
Agency expenditure reduction	June 26	YTD above plan at m2	-
Bank staff expenditure reduction	June 26	YTD above plan at m2	-
Productivity cost per unit of clinical output (WAU)	June 26	0.4% YTD (better than 2025/26)	-

Delivery of financial plan 2025/26	April 26	Not delivered	↔

Independent Assurance	Date	Rating/Outcome	Previous rating (date)	Change
NHS Oversight Framework Segmentation (1-5)	June 26	Segment 4 (quarter 4)	Segment 4 (quarter 3)	↔
Internal Audit: payroll	2024/25	Significant assurance	n/a	n/a
Internal Audit: Accounts receivable/payable	2024/25	Significant assurance	n/a	n/a
Internal Audit: expenses	2024/25	Significant assurance	n/a	n/a
Internal Audit: bank and agency staffing	2024/25	Moderate assurance	n/a	n/a
External Audit Value for Money assessment	2025/26	3 significant weaknesses	2 significant weaknesses	↓
Internal Audit: financial ledger and reporting	Mar 26	Significant assurance	n/a	n/a
Internal Audit: procurement	Nov 25	Significant assurance	n/a	n/a
Provider Capability Assessment Rating	Feb 26	Amber/Red (2025/26)	n/a	n/a
Internal Audit: financial systems	2026/27	TBC	n/a	n/a
Internal Audit: Bank and agency staffing: high earners	2026/27	TBC	n/a	n/a

Summary Update:
Risk updated for 2026/27 including refreshed actions and assurance indicators. YTD financial performance is behind plan at month 2 driven in particular by a gap in CPIP plans and under-delivery of plans to reduce expenditure on temporary staff, linked with continued operational pressures and the costs associated with industrial action. With support of NHSE a financial improvement taskforce is being established to ensure improvement and delivery.

Board Assurance Framework Risk Summary	
Risk Reference	BAF02
Strategic objectives and priorities	People: Experience, Workforce Transformation

Date	**July 2026**
Risk Headline	Staff wellbeing
Risk owner	Chief People Officer

Risk	Cause	Impact
There is a risk to the health and wellbeing of our staff	• Operational pressures • High workload • Industrial action • Societal pressures – economic and rising poor mental health	• Sickness absence • Low morale • Burnout • Inability to provide the highest quality care

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	April 2025	4x4=16	4x4=16	↔	2x4=8	High-open

Current Controls and Mitigations	
1. Occupational health service	2. Health and wellbeing communications and resource signposting
3. Clinical psychologist support	4. Health @ Work service
5. Menopause Support Group	6. Oversight by Staff Experience Delivery Group
7. Employee Assistance Programme	8. Annual flu vaccination programme
9. Targeted intervention meetings with managers in sickness hotspots	10. Sickness management support by HR advisory team
11. Digital financial support package	12. Mental health expertise within occupational health service
13. Health and wellbeing passport	14. Staff wellbeing and relaxation rooms
15. Menopause toolkit	16. Refreshed SOP for reasonable workplace adjustments

Gaps in Control	Related Actions	Lead	Due Date	Progress
Up to date policy and process for workplace adjustments	Review reasonable adjustment support for disabled colleagues	CPO	March 26	Complete
Strategy for reducing sickness	Develop a Sickness Absence Strategy	CPO	March 26	Close
	Implement Attendance Programme	CPO	March 27	New programme to review management of sickness absence

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Monthly sickness absence	July 26	In May sickness reduced to 4.94% (but higher than last year and above annual target).	↑
Flu vaccination rate	Feb 25	Performance improved to 31% on 31.12.25	↑
Percentage of sickness absence attributable to stress	July 26	High and increased in May	↑

Independent Assurance	Date	Rating/Outcome	Change
Staff Survey 2024 results: 'we are safe and healthy'	March 25	Score of 6.09: Improvement compared to 2024 and equal to average result for peer group	-
Staff Survey 2025 results: 'we are safe and healthy'	March 26	Score of 6.30: Improvement compared to 2025 and above national and peer group average	↑
Internal Audit: sickness absence management	May 26	Significant assurance	n/a
Internal Audit: Working life improvement plan	May 27	Planned	n/a

Summary Update
Actions are progressing well and converting to controls. Assurance about processes is good. Sickness absence has reduced but is above target and absence related to stress remains high.

Board Assurance Framework Risk Summary	
Risk Reference	BAF03
Strategic objectives and priorities	People: Workforce transformation

Date	**July 2026**
Risk Headline	Workforce transformation
Risk owner	Chief People Officer

Risk	Cause	Impact
Failure to deliver workforce transformation and achieve a sustainable workforce	• Recruitment challenges in some services and staff groups • Operational pressures impacting timely recruitment • Agenda for change terms not competitive for some roles. • Demand exceeds capacity in some departments • Requirement to reduce temporary staffing • Requirement to reduce non-clinical headcount • Staffing required for temporary operational capacity, which has remained open longer than planned	• Need for continued reliance on temporary staff in additional capacity areas. • Staff unable to achieve full operating capability • Failure to achieve full productivity • Failure to deliver national and local standards

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x4=16	April 25	4x4=16	4x4=16	↔	2x4=8	High-open

Current Controls and Mitigations	
1. Agency Programme Board	2. Job planning consistency panel
3. Vacancy controls	4. Quality Impact Assessments for workforce transformation programmes
5. Enhanced agency and bank staffing controls	6. Target Operating Models for corporate services
7. PMO Improvement Team support for workforce programmes	8. Workforce Transformation & Modernisation Programme

Gaps in Control	Related Actions	Lead	Due Date	Progress
Continued reliance on temporary staff	Implement improvement plan with support from NHSE	CPO	March 26	Closed (annual action)
	Implement Trust-wide CPIP scheme for 2026/27	CPO	March 27	Planned temporary staffing rate reductions from 1/9/26
Continued reliance on bank staffing	Implement bank reduction plan	CPO	March 26	Closed (annual action)
Vacancy numbers above target	Recruitment to establishment	CPO	March 26	Recruitment has increased
High sickness levels	See BAF02			
100% compliant and accurate job plans for medical staff	Complete roll-out of medical e-roster	CMO	March 27	Programme continues for all medical staff
Capacity to manage full breadth of workforce transformation and people processes	Scope potential for increased use of AI for people processes	CPO	March 26	Close
Effective, efficient, sustainable admin and clerical workforce structures	Admin and clerical workforce review	CPO	~~March 26~~ March 27	Programme continues into 2026/27

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Agency staff usage	July 26	32.26 whole time equivalent (WTE) reduction in May, continuing a downward trend but 21.88 above target	↑
Bank staff usage	July 26	91.54 WTE over target in May	↓
Vacancy rate	July 26	Rate increased in May to 8.09% against target of 6.5%	↓
Annual staff turnover	July 26	7.5% compared to 11.5% target (better than last year)	↑
Consultant job planning	June 26	Unchanged at 85% against target of 95%	↔

Independent Assurance	Date	Rating/Outcome
NHSE: agency reduction oversight	Oct 25	NHSE regional team supportive intervention
Staff survey 2024: “there are enough staff”	Mar 25	Above national average score and an improvement on 2023
Staff survey 2025: “there are enough staff”	Mar 26	Above national average score and a 4% improvement on 2024
Internal Audit: Bank and Agency Staffing	2024/25	Moderate assurance
Internal Audit: Payroll (contracted out)	Mar 26	Significant assurance
Internal Audit: NHS Professionals Pre-employment checks	July 26	Planned
Internal Audit: bank and agency staffing – high earners	May 27	Planned

Summary Update
Temporary staffing usage continues to be a challenge, although this is on an overall downward trajectory. The vacancy rate has increased, driven by an increased establishment Annual staff turnover remains strong.

Board Assurance Framework Risk Summary	
Risk Reference	BAF04
Strategic objectives and priorities	People: Experience, Leadership, Development

Date	**July 2026**
Risk Headline	People Culture
Risk owner	Chief People Officer

Risk	Cause	Impact
Risk of a failure to sustain a positive change in organisational culture	• Multiple changes in senior leadership over time • Organisational change • History of low staff engagement • Examples of poor culture within workforce	• Poor staff experience • Failure to attract and retain the best people • Inability to deliver high quality care and treatment

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
5x3=15	Feb 24	5x3=15	4x3=12	↓	2x3=6	High-open
	June 25	4x3=12				

Current Controls and Mitigations	
1. FTSU Guardian and Champions	2. Refreshed Trust values based on staff engagement
3. Staff Networks	4. Sexual safety charter and toolkit
5. Cultural Ambassadors	6. National Mandatory Training MOU
7. Mandatory Training Oversight Group	8. Refreshed appraisal documentation and system
9. People Strategy based on staff engagement	10. Increased communication of staff survey actions to improve staff engagement
11. NHS Elect online training and development available to all staff	12. Anti-racism charter in place
13. Refreshed induction and mandatory training programmes	NHS Staff Standards

Gaps in Control	Related Actions	Lead	Due Date	Progress
Effective policies and processes for conflict resolution	Develop respectful resolution policy, framework, toolkit and manager training	CPO	Oct 26	Good progress with positive Staff Side engagement
Incidents of racism	Implement Anti-Racism Charter	CPO	Oct 26	Signed November 25, 12-month programme now in progress
Effective staff training	Refresh induction and mandatory training programmes	CPO	Mar 26	Close and add to controls
Low appraisal rates	Improve appraisal process	CPO	Mar 26	Improvements to process and system rolled out.

Key Performance/Assurance Indicators	Date Reported	Performance	Change
Mandatory training rates	July 26	Performance dropped to 83% against 90% target	↓
Appraisal rates (non-medical)	July 26	Performance dropped to 84% against 90% target	↓
Appraisal rates (medical)	July 26	93% against 90% target	↔

Independent Assurance	Date	Rating/Outcome	Change
Staff Survey 2024: Response rate	Mar 25	46%	↑
Staff Survey 2024: Engagement score	Mar 25	6.82: Slightly below average but better than 2023	↑
Staff Survey 2024: We are always learning	Mar 25	5.61: Slightly below average but better than 2023	↑
Staff Survey 2024: We are compassionate & inclusive	Mar 25	7.31. Above average and better than 2023	↑
Staff Survey 2025: Response rate	Mar 26	48%	↑
Staff Survey 2025: Engagement score	Mar 26	6.84: Above average and better than 2024	↑
Staff Survey 2025: We are always learning	Mar 26	5.69: Above average and better than 2024	↑
Staff Survey 2025: We are compassionate & inclusive	Mar 26	7.36. Above average and better than 2024	↑

Summary Update
Good progress on actions, which are increasing the number of controls in place. KPIs have dipped due to some outliers.

Board Assurance Framework Risk Summary	
Risk Reference	BAF05
Strategic objectives and priorities	Collaboration: All Patients: safe, high-quality care; Home First

Date	**July 2026**
Risk Headline	Urgent & Emergency Care
Risk owner	Chief Operating Officer

Risk	Cause	Impact
Risk of failure to improve urgent and emergency care (UEC)	• Increased demand in both volume and acuity for urgent and emergency care. • High demand for elective care. • Discharge pathway delays.	• Continued high demand for acute inpatient beds. • Longer waits in Emergency Department • Long delays for ambulance patients • Longer waits for elective care • Continued use of temporary escalation spaces • Increased risk of patient harm • Poor patient experience • Pressured working environments • Financial pressures • Failure to meet local and national targets. • Regulatory intervention.

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
5x4=20	March 2025	5x4=20	5x4=20	↔	2x4=8	High-open

Current Controls and Mitigations	
1. Oversight of improvements by new UEC Recovery Board	2. Standard Operating Procedures for key UEC pathways and use of Temporary Escalation Spaces to improve flow and maintain patient safety and experience.
3. UEC navigators	4. Continual monitoring of and response to daily UEC and patient flow dashboards
5. Stress-tested winter plan	6. Call Before Convey now mandated part of WMAS ambulance conveyance process.
7. PMO support for multiple deliverables	8. NHSE GIRFT support Ambulance pitstop
9. Regular engagement meetings with WMAS	

Gaps in Control	Related Actions	Lead	Due Date	Progress
High attendance numbers at ED	Work with partners to develop ED avoidance plan	CCSO	Mar 26	Work has commenced
Long waits in ED and poor patient flow due to high attendance numbers	Implement UEC recovery plan	COO	Mar 26	Close – divided into workstreams
	Implement Front Door Improvement Workstream	COO	Mar 27	Improvements shown in all workstream metrics in May
	Implement Effective Site Management workstream	CPO	Mar 27	Progress in May rated amber
Poor patient flow due to high 'front door' demand	Implement Flow and Discharge workstream	COO	~~Mar 26~~ Aug 26	Close
Por patient flow due to late discharges.	Implement Streaming Pathways improvement plan	COO	Mar 26	Close
	Implement elective recovery programme	COO	Mar 26	Close
	Implement Effective Discharge workstream	CNO	Mar 27	Progress in May rated amber
Continued periods of resident doctor industrial action	Implement established arrangements for operational management during periods of industrial action	COO	Apr 26	Close
Poor patient experience and impact on patient care due to long waits in ED	Implement Acute Care Standards workstream	CDIO	Mar 27	New workstream; progress in May rated red
	Implement Frailty workstream	CMO	Mar 27	Progress in May rated amber

Key Assurance Indicators	Date Reported	Performance	Change
ED 4-hour standard (78%)	July 26	May performance improved to 71.9%	↑
ED 12-hour standard (10%)	June 26	Deterioration in April to 11.6%	↓
Ambulance handovers <45 mins (80%)	July 26	May performance maintained above 80% target	↔

Independent Assurance	Date	Rating/Outcome	Previous rating/s	Change
NHSE UEC Support	Sept 25	Tier 2	Tier 1	↑
NHS Oversight Framework Segmentation (quarterly)	June 26	Segment 4 (Q4)	Segment 4 (Q1) Segment 3 (Q2) Segment 4 (Q3)	↔
Internal Audit: Performance & Accountability Framework	2024/25	Significant assurance	n/a	n/a
Care Quality Commission: UEC at WRH	Apr 24	Requires Improvement	Inadequate (2020)	↑
Internal Audit: Patient transfers/handovers (joint review with partner trust)	Mar 26	Limited assurance	n/a	n/a
Provider Capability Assessment Rating	Feb 26	Amber/red	n/a	n/a
Internal Audit: Temporary Escalation Spaces	Mar 27	Planned	n/a	n/a

Summary Update
New UEC Recovery Programme with multiple workstreams now established,

Board Assurance Framework Risk Summary	
Risk Reference	BAF06
Strategic objectives and priorities	Excellence: Technology and digital

Date	**July 2026**
Risk Headline	Digital Strategy
Risk owner	Chief Digital and Information Officer

Risk	Cause	Impact
Risk of failure to develop, modernise and improve information technology through timely delivery of the digital strategy.	• Scale, number and complexity of individual projects create pressure on delivery and coordination • Workforce capacity and capability • Competing digital priorities across clinical, operational and corporate services • Dependence on legacy systems, limiting pace of improvement and innovation • Wealth of products and solutions on the market make evaluation, selection and standardisation for Trust needs challenging.	• Planned service/ quality benefits not achieved • Risk to patient safety and quality • Planned financial savings not achieved • Increased operational inefficiency • Opportunities for productivity improvements not realised • Poor staff morale • Maximum digital maturity not achieved. • Increased cyber resilience risk • Reputational impact

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score		Risk Appetite
4x4=16	February 2024	4x4=16	3x4=12	↔	Mar 2027	2x4=8	Significant-seek
	May 2025	3x4=12			Mar 2028	1x4=4	

Current Controls and Mitigations	
1. Digital governance framework	2. Annual business planning cycle
3. Programme and project governance	4. Monitoring and oversight through Trust governance structure
5. Regular review and alignment of digital resource plans	6. Funding secured for Digital Patient Flow solution
7. Benefits and outcomes realisation programme – monthly oversight and challenge	8. Demand to Delivery (D2D) Framework

Gaps in Control	Related Actions	Lead	Due Date	Progress
Change management	Embed Optimisation process and ringfenced team	CDIO	Sept 2026	In place, and currently embedding
Digitally capable workforce	Implement Digital Skills Framework (DFS)	CDIO	Mar 2027	Development of DFS is in progress
Delay due to extraneous factors	Embed relationships with partner NHS and commercial organisations	CDIO	Mar 2027	Progressing well
Prioritisation of digital programmes and projects can affect delivery of EPR Programme	Clinically led prioritisation of programmes and projects	CDIO	July 2026	A new prioritisation mechanism is being trialled Establishment of Clinical Design Authority
Workforce change aligned to digital improvements	Support better use of technology in administrative functions	CPO	Mar 2027	In progress – reported to People & Culture Committee

Key Assurance Indicators	Date Reported	Performance	Change
Progress against agreed programme milestones	December 25	On track	↔
Digital training and competency assessment	July 26	On track	n/a
Benefits Realisation and reporting	July 26	On track	n/a
Clinical Safety Assurance – DCB0129 / DCB0160 compliance	July 26	On track	n/a
Financial control – actual spend / budget	July 26	On track	n/a

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Digital Maturity Assessment Score	Sept 26	TBC		
NHSE external assurance report (EPMA)	Oct 25	Amber/green (safe to go-live)	n/a	n/a

Summary Update
Good progress is being made on delivering the Digital Strategy. The key programmes of Digital Patient Flow and Ambient Voice Technology are on track to deliver in 2026. Enhanced controls and assurance mechanisms have been implemented providing significant assurance on the progress. A structured Demand to Delivery framework has been established to prioritise investment, maximise resource utilisation, and ensure delivery capacity is aligned to strategic and operational objectives. A stepped reduction in the target risk score has been agreed to provide a realistic trajectory for risk mitigation whilst maintaining delivery of existing priorities and embedding the new approach.

Board Assurance Framework Risk Summary	
Risk Reference	BAF07
Strategic objectives and priorities	Excellence: Technology and digital

Date	**July 2026**
Risk Headline	Cyber security
Risk owner	Chief Digital and Information Officer

Risk	Cause	Impact
Risk of a successful cyber-attack on the Trust's systems.	• Increasingly frequent and sophisticated attacks on internal and external digital systems containing critical Trust data. • Large and diverse user base with access to Trust's digital systems • Increasing reliance on digital systems for clinical care, operational processes and decision-making • Reliance on third party suppliers and shared services. • Supply chain remote connectivity to Trust systems • Advances in Artificial Intelligence increasing the frequency and improving the quality of future attack attempts • Insufficient core standards/framework alignment and compliance (e.g. DSPT Cyber Assessment Framework)	• Data security breaches • Loss or corruption of data • Lost or delayed access to patient care records • Disruption to clinical services • Patient safety incidents • Business interruption • High cost of rectification • Reputation damage • Regulatory intervention

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x5=20	Feb 2024	4x5=20	4x5=20	↔	3x5=15	Significant-seek

Current Controls and Mitigations	
1. Perimeter level cyber security mechanisms	2. Risk-based approach to cyber and infrastructure funding
3. User knowledge assessments (e.g. phishing)	4. Supplier and third-party controls and oversight
5. Business Continuity plans	6. Capital planning programme
7. Mandatory information governance training	8. Security Operations Centres (NHS England and Wavenet)
9. Cyber Health Dashboard monitoring	10. Identity and access controls
11. Regular audits (e.g. Annual penetration testing, cyber healthchecks and internal DSPT audits)	12. National CIO weekly briefing on cyber security threats

Gaps in Control	Related Actions	Lead	Due Date	Progress
Continual development to meet changing risk environment	Implement DSPT CAF-aligned Digital workplan	CTO	Sept 2026	Action updated. Monitored through SMT, IT Security Forum and Information Governance Steering Group
Staff understanding and awareness of cyber risks	Maintain mandatory training compliance at 90%	DPO	Rolling	Monitored through Information Governance Steering Group
Digital Team Structure and Funding	Digital Team Structure Review, Inc. Business case for enhanced Cyber team	CDIO	March 2027	In progress
Gaps in compliance with DSPT CAF framework	Implement an updated plan to mature the Trust in line with 2026/27 requirements	CDIO	Rolling	Updated action: 2026-2027 workplan design in progress, due Sept 2026
Supply chain assurance improvements	Update contracts with IG and Cyber clauses, maintain robust contract management and monitoring mechanisms, retrospectively perform DPIAs on legacy systems	CDIO	Dec 2026	Amended gap and updated action. Monitored through SMT, IT Security Forum and Information Governance Steering Group

Digital Systems DR, BCP and scenario testing	Review current plans and policies and ensure appropriate updates are made and regular assurance testing scheduled	CTO	Dec 2026	Scope defined, to be mobilised and monitored through DPMO and SMT.

Key Assurance Indicators	Date Reported	Performance	Change
Malware protection – servers	June 2026	100%	↔
Malware protection - endpoints	June 2026	99.99%	↔
Data security mandatory training	May 2026	89.65%	↓

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Internal Audit: Cyber Assessment Framework (CAF) – aligned Data Security & Protection Toolkit (DSPT)	June 26	Risk: Low Confidence Level: High	Risk: Low Confidence Level: High	↔
Digital Maturity Assessment Score	2025	2.7 (Average over 7 pillars)	2.3 (Average over 7 pillars)	↑
Emergency Planning, Resilience & Response (EPRR) Core Standards compliance	2025/26	Substantial assurance	Substantial assurance	↔

Summary Update
Independent assurance demonstrates strong and improved cyber security controls. However, the external threat is such that the risk remains high and is unlikely to significantly reduce.

Board Assurance Framework Risk Summary		Date	July 2026
Risk Reference	BAF08	**Risk Headline**	Fire Safety
Strategic objectives and priorities	Effectiveness: Buildings and infrastructure	**Risk owner**	Managing Director

Risk	Cause	Impact
There is a fire safety risk to patients, staff and visitors at the Alexandra Hospital (Alex) resulting in two Enforcement Notices from the Fire Authority.	• Fire compartmentation work required. • Fire door replacement required • Fire detection system improvements required. • Delayed fire risk assessment. • Control of contractors requires improvement. • Cost of full rectification is unaffordable	• Regulatory enforcement action, including potential closure of areas of building, impacting service delivery. • Building damage in the event of fire • Injury in the event of fire

Initial Risk Score	Risk Score History		Current Risk Score	Direction of travel	Target Risk Score	Risk Appetite
4x5=20	January 2025	4x5=20	3x5=15	↔	2x3=6	High-open
	February 2025	3x5=15				

Current Controls and Mitigations	
1. Updated staff fire safety training	2. Evacuation plans
3. Regular engagement with Fire Authority	4. Fire drill schedule
5. Monthly fire safety audits	6. Ongoing remedial works pending permanent design solutions
7. Increased alarm response from fire service	8. Increased vigilance by security and porter staff
9. Updated role specific fire incident training	10. Heightened staff awareness
11. Updated fire risk assessment	12. Dedicated Fire Safety Manager
13. Updated Fire Strategy aligned to evacuation plans	14. Enhanced fire detection in place (above British Standard)
15. Phase 1 betterment works complete	16. Funded plans in place for phase 2 capital works

Gaps in Control	Related Actions	Lead	Due Date	Progress
Full implementation of Schedule of Works -Enforcement Notice 1508	Implement Fire Remedial Works Project	DoE	~~Aug 25~~ ~~Feb 26~~ July 2026	Phase 1 complete; Phase 2 capital works planned (date extended by Fire Service)
Funding source to complete all fire remedial works necessary	Agree implementation/ mitigation plan	MD	Feb 26	Complete and added to controls
Gaps identified via fire risk assessments (Alex)	Implement fire risk assessment action plans	DoE	Sept 26	6 actions remain; process changes in progress to improve timeliness of actions.

Key Assurance Indicators	Date Reported	Performance	Change
Fire safety training compliance rates	June 2026	77% compared to 79% reported in March	↓
Fire warden and Fire Response Team training rates	June 2026	100%	↔
Fire safety drills completed	June 2026	Quarter 3: 40 (up from 31 in Q3)	↑
Unwanted fire alarm activations	June 2026	24 in Q4 (11% increase on Q3)	↓
Number of fires	June 2026	Zero	↔

Independent Assurance	Date	Rating/Outcome	Previous Rating	Change
Fire Authority Enforcement Notice 1503	Feb 25	Closed	Enforcement	↑
Fire Authority Enforcement Notice 1508	Feb 25	Enforcement	n/a	n/a
Internal Audit: Fire Safety Enforcement Notices Action Plan	Mar 26	Substantial assurance	n/a	n/a

Summary Update

Highest level of independent assurance obtained on the Trust's action plan in response to the fire safety enforcement notices. Steady progress reported on actions to strengthen the Trust's fire safety culture, improve training capacity and address estates-related risks. Continued focus is required on reducing unwanted fire signals, maintaining clear evacuation routes and completing fire risk assessment-related actions.

Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
ATAIN	Avoidable Term Admissions into Neonatal Units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CCOSMOS	CNST, CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CNST	Clinical Negligence Scheme for Trusts
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council

HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HIE	Hypoxic-Ischaemic Encephalopathy
HSE	Health & Safety Executive
HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LocSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MEWS	Maternal Early Warning Scores
MCA	Mental Capacity Act
MCA	Maternity Care Assistant
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIS	Maternity Incentive Scheme
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MNSI	Maternity & Newborn Safety Investigations
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSW	Maternity Support Worker
NEWS	National Early Warning Scores
NEWTT	Newborn Early Warning Trigger and Track
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NHSR	NHS Resolution
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document

PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PMR	Perinatal Mortality Rate
PROMs	Patient Reported Outcome Measures
PROMPT	PRactical Obstetric Multi-Professional Training
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SDP	Single Delivery Plan (maternity)
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur