NHS
Hertfordshire and West Essex
Integrated Care Board

APPENDIX C: Board Assurance Framework (BAF) Report

SO IDs	2022/27 Strategic Objectives	No of risks
SO1	Increase healthy life expectancy and reduce inequality	0
SO2	Give every child the best start in life	1
SO3	Improve access to health and care services	3
SO4	Increase the number of citizens taking steps to improve their well-being	1
SO5	Achieve a balanced financial position annually	1

Risk Matrix	Consequence (C)				
Likelihood (L)	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain					
4. Highly Likely				6 risks	
3. Possibly					
2. Unlikely					
1. Rare					

Assurance Statement

The Board Assurance Framework (BAF) continues to provide a structured and dynamic overview of the principal risks to delivery of the ICB's four strategic objectives for 2022–2027. This BAF identifies principal risks scored 16 and above, reflecting key areas of strategic exposure across the ICB. Each of the five strategic objectives maintains active oversight through monthly review at directorate and Executive Team levels. The BAF risks are supported by updated controls, mitigations, and assurance sources, mapped against internal and external audit outcomes, performance data, and regulatory requirements.

There are currently 6 principal risks on this BAF document with the following risk IDs 608, 610, 649, 698, 722 and 752. All BAF risk scores have remained unchanged since the September Audit and Risk Committee on 19th September. Risk 745 has been removed from the BAF following the ICB Risk Review Group's recommendation to streamline and focus the description solely on workforce attrition; this revised version is awaiting approval and therefore not included on the BAF. Risk 745 has two elements: transitional and work attrition. The transition element has been captured separately (as risk ID 755) and scored 12. This risk relates to the removal or reduction of local EPRR functions. This risk is awaiting final approval on Datix Risk System. Risk ID 752, with a current score of 16, has been approved and added to the BAF.

In line with NHS England's directive, Hertfordshire and West Essex (HWE), Bedfordshire, Luton and Milton Keynes (BLMK), and Cambridgeshire & Peterborough (C&P) ICBs are now operating in collaboration, progressing towards a fully integrated operating model by April 2026. While strategic leadership has been consolidated through the Board and refreshed Executive portfolios, assurance mechanisms, particularly the Board Assurance Framework, remain at differing stages of maturity and alignment across the three ICBs.

The BAF demonstrates a consistent risk profile since the previous reporting cycle, showing improving trajectories following targeted mitigations in urgent and emergency care, quality governance, and financial control environments.

The Audit and Risk Committee is therefore asked to:

- NOTE the current BAF position and level of assurance.
- Consider the adequacy of assurance for the 16+ rated risks, particularly those consistent across the three ICBs; and
- Consider whether additional deep dives are required to strengthen visibility on shared system risks and mitigations.

Level of Assurance: *Reasonable to Substantial*, reflecting that appropriate governance and control measures are in place, with some areas requiring further embedding and evidence of impact.

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Title	Risk Description	Rationale for current risk score	Risk Appetite	Current risk score L x C = RS	Mitigations: Key Controls in Place	Mitigations: Gaps in Controls	Mitigations: Actions to Strengthen the Controls in Place	Risk Directional Movement	Assurance: 1st Line of Defence	Assurance Level	Assurance: 2nd Line of Defence	Assurance Level	Assurance: 3rd Line of Defence	Assurance Level
752	05/08/2025	SO2	Natalie Hammond	Nursing & Quality	**Cross Border Maternity Care**	IF women choose to birth outside their local hospital catchment, either across HWE or externally, without interoperable maternity records, shared or known pathways or aligned policies or procedures THEN women may not be referred for their antenatal care in a timely manner and maternity teams may lack access to vital clinical information and may follow inconsistent care practices, RESULTING in safety risks for women and babies, suboptimal or missed care, limited birth choices and poor experiences and adverse maternal and neonatal outcomes.	October 2025- *ENH have not rolled out shared care record this summer due to gaps in their digital midwifery workforce Uttlesford GPs have received a briefing on cross border care and how to refer their patients to the local options for them. *Digital risks remain significant and gaps in digital midwifery workforce across providers in the system, and will be exacerbated by the fixed term contract of the LMNS digital midwife finishing in Dec – this role is crucial to moving the main mitigations on so any support with a second contract extension (Dec-Apr) based on the input needed for this risk	Averse	4 x 4 = 16	**Digital:** Shared drives phased rollout of shared care record, and CMW training by ShCR team. **Reciprocal Care:** Model active in one HWE hospital. **Cross Border Hub:** Policies and contacts on Shared Futures page. **Information:** ENH provides leaflets/web info; others discuss risks at booking. **Safety Reviews:** Incidents analysed for cross-border issues. **Appointments:** ENH offers 16- and 36-week checks for catchment women birthing in Bedford. **Collaboration:** Monthly Cross Border Group reviews progress and challenges.	Community midwives not accessing cross-border hub (time constraints in appointments) Shared care records only functional in 1 trust Mixed engagement with hospitals outside HWE (8 hospital trusts as main receivers) With hospitals accepting direct or GP referrals, women going out of catchment may not be flagged to the team providing their antenatal care/delays in notification Digital records are in planning stages / proposed, not fully functional Reciprocal care model only in place at 1 Trust	**Cross Border Hub:** Update documentation, train midwives, and audit usage to improve care coordination. **Information for Cross-Border Women:** Provide co-produced web guidance, embed risk discussions at booking, and brief GPs on advising out-of-area bookings. **Shared Care Record:** Develop interoperable systems, roll out a regional data platform, and progress toward a single national patient record. **Reciprocal Care Model:** Ensure providers deliver antenatal care for all women booked to birth with them within HWE.	⇔	LMNS Quality and Safety Forum Cross-Border Care working group Provider-based meetings with Community Matrons Inter-LMNS meetings across the East of England (PMO regional meeting, Quality & Safety Lead regional meeting)	Reasonable	LMNS Partnership Board STQIC ICB Board	Reasonable	LMNS Partnership Board STQIC ICB Board	Reasonable

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722	12/09/2024	SO3	Karen Stagg	Operations (including Place and ICT)	**Potential failure to meet national Statutory framework due to workforce capacity:**	If the CHC team remains understaffed, with high vacancy, sickness rates and leavers and lacks the in-house knowledge, skills, and experience to respond effectively, THEN the team's ability to deliver safe and compliant care will be compromised, RESULTING IN backlogs in casework and failure to meet national standards and efficiency targets.	Vacancy rate of 22% in July 2025 Whole team (19.05 clinical posts /5 Non clinical posts). Sickness rate of 9.7% (upward trend) 3.80 Business as usual clinical agency workers recruited to commencing 1st September 2025 to mitigate risk. 5.00 WTE Clinical leavers in August 2025 Local induction in development to support retention. Competency framework drafted to support developmental needs across the service in September 2025	Open	4 x 4 = 16	Not Stated	Not Stated	Not Stated	⇔	Not Stated	Not Stated	Not Stated	Not Stated	Not Stated	Not Stated
698	01/02/2021	SO4	Karen Stagg	Operations (including Place and ICT)	**Court of Protection Deprivation of Liberty Safeguard orders**	IF there is no clear pathway, process, and resources in place to deliver the work for individuals who meet the acid test and lack Court of Protection Deprivation of Liberty Safeguard orders (CoPDoLS), THEN vulnerable CHC patients may be unlawfully deprived of their liberty, RESULTING IN potential legal challenges against the ICB due to breaches of individuals' Article 5 rights under the European Convention on Human Rights.	Risk needs to remain at current level due to lack of dedicated workforce to the workstream. BAU team supporting where they can and are able with the casework already generated from previous project team, however this is slowing progress and impacting on BAU activities.	Open	4 x 4 = 16	As mitigation business case with options outlined to Board and exes agreed with 'bronze' option approved meaning minimum level of workforce approved to work on the highest of 'rag' rated cases. Recruitment underway with agency staff 'infill' until fuller substantive recruitment can be completed or clustering of ICB's concluded with agreement from cluster as to levels of workforce and establishment make up needed to address demands.	Not Stated	Not Stated	⇔	Highest 'risk' cases or those with existing court deadlines are being support by the AACC BAU team.	Limited	Presentation of block report of status updates on cases and newly identified cases to Programme board on a monthly basis or more frequent if required	Reasonable	Regional meetings for MCA which includes COPDOL activity	Reasonable

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649	08/08/2023	SO3	Natalie Hammond	Nursing & Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns:**	IF the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, THEN there is a risk that access to time critical testing does not occur in a safe and timely way RESULTING in potential harm to our population both in terms of safety and patient experience.	Risk score remains the same, this is likely to be the case until ENHT estates for 0-3yrs is resolved. Some progress with ENHT pathways with hearing aid and ABR pathways open, however significant backlog and risk of harm remains due to size and length of waits within the waiting list. Discussion ongoing re mutual aid and levelling up. Additional risk (which balances progress) around ABR reviews with HCT triggering full 5 year lookback and PAH at risk of requiring full 5 year lookback.	Seek	4 x 4 = 16	Ongoing site visits to assess urgent estate needs. Limited mutual aid under discussion within the ICS and with NHSE. **System reviews:** QI/assurance reviews with providers; NHSE desktop reviews completed for PAH and HCT. **Governance:** Weekly ICB escalation meetings and monthly system audiology meetings chaired by the Director of Nursing. **Pathways:** Hearing aid, 0–3, 3–5, and over-5 pathways now open and operational. **Estates:** Lister works completed; 0–3 estates plan moving to Lister with NHSE approval. Demand & capacity modelling completed; regional/national reporting in place. **Equity:** System discussions on levelling up care across sites. **Oversight:** Fortnightly ENHT meetings and regular reporting to ICB and NHSE bodies. **Performance:** Jumbo clinics delivered for over-5s, reducing waiting lists.	Ongoing workforce challenges at ENHT impacting progress as well as lack of available mutual aid. Reliance on NHSE and external Audiology expertise due to specialist area. Work underway to progress 5 year lookback at HCT impacting on ability to support with mutual aid. Currently there are no providers across HWE that are UKAS accredited There are no national KPIs in place to measure paediatric quality and performance Current absence of national recommendations from NHSE, although imminent Workforce challenges at HCT due to multiple staff on maternity leave. Estates challenges remain with limited progress to deliver required improvements.	**ABR Lookbacks:** Ongoing review work. **Capital Estates Funding:** Options being explored to secure funding. **Mutual Aid:** Regular ICS meetings held in line with policy; NHSE mapping exercise underway to expand support. **Oversight:** ENHT Paediatric Audiology Oversight Group continues under ICB leadership; PMO approach in place for all workstreams. **National Guidance:** Awaiting NHSE audiology service guidance. **Provider Reviews:** Quality reviews across all paediatric audiology providers following desktop assessments. **UKAS Accreditation:** Provider timelines being confirmed to achieve accreditation. **Governance:** National, regional, and system-level meetings established; improvements from site visits and ENHT plans monitored via system meetings. **NHSE PMO Team:** Based at HWE ICB to coordinate and oversee regional improvement work.	⇔	ICB Senior Oversight Meetings fortnightly with ENHT to progress action plans, trajectories and known interdependencies. Key elements discussed and oversight relate to staffing levels, staff morale, communications, patient safety, patient experience. Pediatric Audiology reviews with all appropriate providers via quality improvement/assurance mechanisms. Discussions at provider quality meetings Weekly ICB Escalation Meeting held with Director of Nursing, System Quality Director and key functional leads such as performance and estates ICB attendance at weekly ENHT operational meeting	Reasonable	ICB System Transformation & Quality Improvement Committee System Quality Group ICB Board HWE Whole System Audiology Meeting (monthly)	Reasonable	Regional Quality Group NHSE oversight CQC review Scrutiny from Guys and St Thomas specialist National Deaf Children's Society input and oversight Re-start of regional reporting	Reasonable

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610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence	**Planned Care Improvement**	IF waiting lists for elective and diagnostics are not reduced, there a risk to patient health and outcomes, THEN patients conditions may worsen RESULTING in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	The constitutional standards for 18 weeks are not being met. Plans to meet 65ww target of 0 by end December 2024 were not met although there has been significant improvement of long waits. The 65ww forecast for end of August is 50. The overall PTL has been on a steadily decreasing trend since March 2024. 6-week wait diagnostic performance across the ICS decreased in May and has remained static in June reaching 63.3% (target of 95% by March 2026)	Open	4 x 4 = 16	**Waiting List Recovery:** Ongoing system and provider work targeting 65- and 78-week waits. **Performance Oversight:** Monitored through weekly senior team and fortnightly place-based meetings, escalated via the Planned Care Group and Committee to the ICB Board. **Efficiency Improvement:** HVLC programme underway to boost efficiency and theatre utilisation. **Quality Oversight:** Elective recovery risks reviewed at system Quality Review meetings and escalated as needed. **Harm Monitoring:** Oversight maintained through PSIRF processes.	No current known gaps. Performance is on an improvement trajectory.	Planned Care Improvement:There is a focus on elective recovery and it is discussed at the HCP performance committees plus in the fortnightly performance calls.	⇔	Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers.	Reasonable	ICB wide issues are discussed at the planned care group. Performance is monitored at the bi-monthly performance Committee and escalated to the ICB board.	Reasonable	There is a focus on RTT at the monthly Planned Care Committee	Limited
608	10/03/2023	SO4	Frances Shattock	Performance, Business Intelligence	**Failure to meet UEC Targets**	IF UEC targets are not met and patients are not assessed, treated, admitted, or discharged within 4 hours, THEN there is an immediate risk to patient health and wellbeing and reputational risk to the ICB, with potential NHSE intervention, RESULTING IN delays that increase the risk of harm, poor patient outcomes, and missed performance targets.	The risk score remains the same at 16 after being reduced in April. Current performance is on plan for the recovery trajecotry of the four hour standard (recovery target is 78% by March 2026) HWE target for July was 77.9% and 79.1% was achieved. Cat 2 Ambulance response times have remained static since March 2025. Currently they are on target with July reaching c.35 with a target of 35mins in July. The target for end of year is 30mins.	Open	4 x 4 = 16	**Performance Oversight:** UEC performance reviewed at regular place-based, system, and ICB forums with escalation through the UEC Board and Performance Committee. **Alignment:** Linked to Operations Directorate plans, BAF metrics, and improvement trajectories, referencing ENH, SWH, and WE mitigations. **Quality & Safety:** Risks such as ambulance handovers, mental health delays, and corridor care monitored via Quality Meetings and PSIRF, with minimal harm identified.	No current known gaps. Performance is on an improvement trajectory.	UEC Performance: UEC performance is closely monitored with action plans discussed in each HCP SRG/LDB meetings monthly plus fortnightly performance calls. Plus the weekly UEC meeting and the UEB board.	⇔	Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE.	Reasonable	Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board Performance is monitored at the bi-monthly STQI Committee with escalations to the ICB board.	Substantial	Not Stated	Not Stated

Appendix B: Thematic Overlap of Risks Across the Three ICBs

Theme	BLMK ICB's June 2025 Register	HWE ICB's September 2025 Register	C&P ICB's October 2025 Register	Trend / Commentary
1 Finance & Sustainability (Incl. system control totals, provider deficits)	CRR0021 – Finance risk: inability to meet statutory duties due to inflation and demand.	IDs 696 & 713 – financial exposure from PHBs, provider contracts, cost management.	IDs 45–53, 136 – financial balance, cost pressures, running cost allocation, NICE TAs.	↑ **Persistent Top Corporate Risk.** Financial balance remains critical; increasing fragmentation in Oct 2025 with new focus on national allocations and unplanned pressures.
2 Workforce & Capacity (Incl. shortages, retention, industrial action)	CRR0023 – Workforce pressures, burnout, transformation.	IDs 359, 498, 678, 722, 745 – on-call capacity, recruitment, CHC resourcing.	IDs 110, 150–152 – recruitment, engagement, morale, complex pressures.	↑ **Consistent High Risk.** Staffing resilience, leadership capacity and engagement dominate all registers.
3 Estate / Infrastructure / Environment	CRR0022 – Estates and capital insufficiency.	No standalone risk, but estates indirectly referenced under operational delivery.	IDs 40–42, 37 – estate capacity, RAAC, Royston Hospital, climate adaptation.	↑ **Escalating.** Infrastructure backlog and RAAC issues push estate risks to highest rating. Environmental resilience newly introduced.
4 Operational Delivery & Performance	CRR0025 – Operational Delivery (backlogs, access, standards).	IDs 610, 724 – waiting times, constitutional targets.	ID 27 – ADHD/ASD waiting times; IDs 109, 113 – oxygen and redevelopment delivery.	↑ **Continued Systemic Pressure.** Service recovery and waiting times remain unresolved.
5 Incident Management & Resilience	CRR0027 – Incident Management / Critical Function Continuity.	Resilience covered through 362 and incident-response risks.	IDs 118 & 37 – Cyber-attack and Climate Change adaptation.	↔ **Shift in focus.** Broader interpretation from emergency preparedness to digital and climate resilience.
6 Market Fragility & Partnership Dependence	CRR0024 – Market Fragility (provider exits, instability).	IDs 473, 713 – market engagement, provider contract stability.	IDs 62, 63 – VCSE sustainability and resident engagement.	↔ **Reframed.** From provider failure to voluntary-sector fragility and system partnership reliance.
7 GP Resilience / Primary Care Transformation	CRR0017 – GP Practice Resilience and Transformation.	ID 320 – pressures in general practice.	ID 29 – GP engagement in Modern General Practice changes.	↓ **Improving.** Remains visible but downgraded as mitigations (access, telephony, PCNs) take effect.
8 Data Security / Compliance / Digital Governance	CRR0028 – Data Security & Compliance (DSPT).	ID 5 – cyber vulnerability and IG workload.	IDs 118, 127, 112 – cyber-attack mitigation, licence costs, data integration.	↑ **Expanding Scope.** Matures into full digital-governance portfolio including cost and analytics risk.
9 Patient Choice / Commissioning Regulations	CRR0020 – Patient Choice and Independent Sector Costs.	ID 696 – Personal Health Budgets and independent sector spend.	*Not explicit* – likely absorbed into finance/commissioning oversight.	↓ **De-emphasised.** Regulatory and cost-control aspects now embedded within financial governance.
10 Governance & Leadership Capacity (new)	Not separated – implicit in risk management policy.	Indirectly via 473 and Michael Watson (Chief of Staff).	IDs 149–152 – Pace of Change, ICS Engagement, Staff Engagement, Complex Pressures.	↑ **Emergent Corporate Theme.** Reflects organisational transformation and leadership stress post-integration.