

Board of Directors

Date of Meeting: 4 September 2025	
Title of Document: Board Assurance Framework	
To be presented by: George Chalkias, Director of Governance, with additional input from relevant Executive risk owners.	Author: Anthony May, Associate Director of Risk, Governance and Compliance.
1. Status: For <u>Approval/Discussion/Noting/Information</u>	
2. Purpose: To provide the Board with the latest version of the Board Assurance Framework (BAF), detailing the most significant risks to the organisation. The BAF describes the controls in place to mitigate each risk, together with sources of assurance around their effectiveness. The BAF also details gaps in control or assurance and the actions being taken to address these.	
Relates to:	
Strategic Objective	All
Operational performance	Effective risk management processes support the operational and strategic performance of the Trust by identifying risks and mitigating them as effectively as possible prior to the issue occurring.
Quality and equality impact	Effective risk management processes help to identify where a risk in the organisation will have significant impact on the quality of care provided. No quality or equality impacts have been identified specifically arising from this governance report; it reports on risks to strategy, delivery plans and objectives which have their own equality impact assessments.
Legal/Regulatory/Audit	If ESNEFT does not have an effective risk management process in place for the identification, assessment and control of risk then we will be unable to provide a positive statement within the Annual Governance Statement to that effect, with the potential for impact to our NHS provider license.
Finance	If ESNEFT does not have an effective risk management process in place for the identification, assessment and control of risk then we may not make best use of our resources; be exposed to potential litigation costs and regulatory sanctions.
Governance	The BAF is a key governance tool used to report assurance to the Board regarding mitigation of strategic risks.
NHS policy/public consultation	ESNEFT risk management processes are in line with the Government's Orange book for risk management.
Accreditation/inspection	ESNEFT's risk management processes are subject to internal audit annually.
Anchor institutions	n/a
ICS/ICB/Alliance	The Trust BAF is shared with health and care system colleagues within SNEE ICS to support the development of a

	system risk management approach.
Board Assurance Framework (BAF) Risk	The full BAF is provided within appendix two of this report.
Other	n/a
<p>3. Summary:</p> <p>The Board Assurance Framework (BAF) is designed to provide the Board with a simple but comprehensive method for effective and focused review of strategic risk. Within the Trust, strategic risks are aligned to Board committees, as determined by the committee's terms of reference. The BAF therefore enables the Board to receive assurance from its committees that strategic risks are being appropriately managed.</p> <p>This report provides a summary of key changes made to the BAF since the May 2025 report to the Board. Since the last report, the BAF template has been enhanced to include impact indicators (high, medium, or low) for each action. This is designed to support the evaluation of the anticipated effect on controls upon completion of actions.</p> <p>The following appendices are provided:</p> <ul style="list-style-type: none"> • Appendix one provides, for information, a summary of risk ownership – detailing both the lead executive and lead assurance committee. • Appendix two provides the current BAF for review and approval. A summary of key changes is provided later in this report. 	
<p>4. Recommendations / Actions</p> <p>The Board is invited to:</p> <ol style="list-style-type: none"> 1. Note the Executive Lead and Assurance Committee responsible for each risk (appendix one). 2. Approve the current version of the Board Assurance Framework (appendix two). 	

Board Assurance Framework report

Summary of key changes made to the BAF since May 2025

Ref.	Risk summary	Rating (Impact x Likelihood)	Executive Lead(s)	Target risk rating (Impact x Likelihood)
BAF1	Partnership Working	4x3 =12	Director of Finance	3x2=6
<p>Updated Executive Lead to Director of Finance.</p> <p>Updated control (e) to reflect establishment of the Joint Productivity Board with WSFT (established following the system commissioned sustainability review). Updated associated assurance to reflect reporting structure.</p> <p>Added a gap in assurance regarding the impact of future ICB boundary changes - in relation to Colchester and North East Essex services being in a different ICB boundary to Ipswich and East Suffolk services.</p> <p>Removed actions associated with the ICS CQC assurance process, as following the Dash Review and the changes impacting NHS England and ICBS, the DHSC withdrew its request for the CQC to provide a proposal on ICS assessment activity.</p> <p>Removed action (6) relating to system wide Diagnostic Strategy as this is being taking forward through the ESNEFT Elective Care, Cancer and Diagnostics Medium Term Plan, which sets out priorities and projects / work streams for the next two years.</p>				
BAF2	Financial performance – value and sustainability	4x4=16	Director of Finance	4x3=12
<p>Control regarding benchmarking against HFMA 'improving NHS financial sustainability' checklist and implementing actions has been removed as this no-longer applies.</p>				
BAF3	Insufficient capital resources to progress investments	3x3=9	Director of Finance	4x2=8
<p><u>Controls:</u> Assurance reported against control (a) 'rolling 5 year capital plan' has been substantially amended to reference the access to constitutional standards capital funding, which amounts to at least £20.2 million to assist with urgent care, diagnostics and elective care capacity this year, and is likely to continue in the medium term.</p> <p>Reference to IFRS16 relating to financial year 2024-25 has been removed from control (e).</p> <p><u>Actions:</u> Action (5) regarding comprehensive spending review has been amended to 2026-27 to reflect national changes.</p> <p><u>Risk rating:</u> Following a recommendation by the Performance and Finance Committee to reduce the risk rating, this was agreed by the Board during June 2025.</p>				

Ref.	Risk summary	Rating (Impact x Likelihood)	Executive Lead(s)	Target risk rating (Impact x Likelihood)
BAF4	Quality assurance mechanisms regarding the quality and safety of patient services	4x2=8	Chief Nurse	4x1=4
<ul style="list-style-type: none"> Additional gap in control added in relation to concerns raised following CQC inspections of medical wards and urgent and emergency care at Colchester Hospital. Related control (g) added regarding establishment of Fundamentals of Care Board to drive and oversee improvements in the quality of care and ensure timely response to CQC findings. <p>Additional assurance added to control (g) "Fundamentals of Care Board (FoCB)" regarding establishment of Evidence Assurance Group to review evidence in support of improvement plans.</p> <p>Added control (h) "Bures Ward model" as an intervention. Evaluation and progress of the implementation of the model will be reported through the FoCB and EMC.</p> <p>Recorded action (3), regarding implementation of a process to provide assurance in relation to learning from national inquiries and reviews, as complete following development of a standard operating procedure, with the prioritisation of actions being addressed by the new national approach.</p> <p>Removed the associated gap in assurance following completion of action (3).</p> <p>Added action (5) regarding the implementation of actions to drive improvements in the quality of care at ESNEFT.</p> <p>Following discussion at the Quality and Patient Safety Committee on 28 August 2025, the risk will be further reviewed. This will include a review of the risk description and rating.</p>				
BAF5	Workforce – recruitment and retention	4x2=8	Director of People & Organisational Development	4x2=8
<p>Gaps in control amended to reflect outcome of deep dive review by the People and Organisational Development Committee.</p> <p>Additional gaps in assurance added:</p> <ul style="list-style-type: none"> Potential impact of immigration white paper Potential impact of implementing new national band 4-9 Nursing and Midwifery Profiles. <p>Action (5) added regarding report to the Trust Board regarding the new national band 4-9 profiles.</p>				
BAF6	Sustainable delivery of elective performance targets	5x3=15	Director of Elective Care	5X2=10
<p>Control (b) updated to refer to updated 2025-2027 ESNEFT Elective Medium Term Plan (based on national priorities), approved July 2025.</p> <p>Gaps in control amended as follows:</p> <ul style="list-style-type: none"> Gap re. recruitment and training of workforce removed. Gap re. Colchester Hospital bed base to manage emergency and elective patients removed, as outside of Winter emergency surgical demand is not impacting on elective bed base. <p>Gaps in assurance amended as follows:</p> <ul style="list-style-type: none"> Reference to 104 and 65 week performance amended to reference plans to meet national priorities on elective waits. <p>Actions amended as follows:</p> <ul style="list-style-type: none"> Action 1 (Elective Medium Term Plan) updated to reference delivery of 2025-27 plan. Action 6 (text messages to patients) updated to reference contact validation process. Action 7 added regarding participation in national mandated waiting list validation sprints. 				

Ref.	Risk summary	Rating (Impact x Likelihood)	Executive Lead(s)	Target risk rating (Impact x Likelihood)
BAF6A	Sustainable delivery of emergency care performance targets	5x3=15	Director of Operations and NEECS	5X2=10
<p>Additional gap in control added:</p> <ul style="list-style-type: none"> Insufficient side room capacity <p>Gaps in assurance:</p> <ul style="list-style-type: none"> Gap regarding limited social care capacity expanded to 'limited external capacity' and reference added to nursing, residential, social, mental health and reablement services. Gap relating to 'bed closures in relation to infection control' removed. 'Significant number of patients cared for in corridors within ED and wards' added. Enhanced Boarding SOP already referenced as a control in relation to this. Significant number of patients waiting over 12 hours in Colchester Hospital ED (therefore ESNEFT is regional outlier) Significant number of patients waiting over 4 hours in Ipswich Hospital ED (therefore ESNEFT is regional outlier) Concerns regarding quality of care raised by CQC following inspections urgent and emergency care at Colchester Hospital. (Actions to address this are being led through the Fundamentals of Care Board chaired by the Chief Nurse; this is referenced under BAF4). <p>Additional actions added:</p> <p>(7) Develop and implement Winter 2025/26 plan to support delivery of national UEC 2025/26 priorities (plan to Board September 2025).</p> <p>(8) Trust Board approved NHSE Board Assurance statement to be submitted to NHSE by end September 2025.</p>				
BAF6B	Timely cancer diagnosis and treatment	5x3=15	Deputy CEO Director of Elective Care	3x2=6
<p>Control (g) 'Long wait and industrial action KLOEs impact assessment template' removed (as no longer relevant), and replaced with 'Cancer SITREP – 31 day PTL'.</p> <p>Gap in assurance regarding 'challenge with reducing the number of patients waiting over 62 days in all specialities' amended to reflect the current performance; the gap currently relates to colorectal and urology specialities.</p> <p>Gap in assurance regarding 'Over half of lung cancers identified from ED attendance, or routine appointment, rather than primary care referral' has been removed as it is not directly relevant to capacity and demand.</p> <p>Additional actions added:</p> <p>(5) Consider how pathology recover plan can be delivered sooner.</p> <p>(6) Develop radiology recovery plan by end Q2 2025/6 to achieve 7-day turnaround times.</p>				
BAF7	Estates Development and Capital Equipment	4x4=16	Interim Director of Estates and Facilities	3x2=6
<p>Amended target completion of action (1) 'Development of property strategy and annual property plan' to end of Q2 2025/26 (from end Q1 2025/26). Changes within the division have impacted on the delivery of this action. The strategy is now being finalised and is due to be reported through Board committees from September.</p> <p>Actions (3) regarding review of backlog maintenance programme against clinical priorities, recorded as complete.</p> <p>Action (4) regarding enhanced compliance reporting reported as complete and is reflected in control (f) regarding Authorising Engineer audit reports.</p> <p>Action (6) regarding contract management approach for Soft FM has been recorded as completed, and the associated gap in assurance removed.</p> <p>Removed gap in control regarding 'outdated development control plan'; the plan has recently been updated and is reviewed on a 6 monthly basis.</p>				

Ref.	Risk summary	Rating (Impact x Likelihood)	Executive Lead(s)	Target risk rating (Impact x Likelihood)
BAF8	Improvements to patient quality, safety and experience through implementation of an EPR	4x2=8	Director of Digital Logistics and Operations,	4x1=4
<p>Added additional gap in control:</p> <ul style="list-style-type: none"> Medication build and validation off track for go-live. This could result in inaccurate guidance, dose calculation and the need for additional pharmacy resources to correct dispensing errors, and misaligned administration documentation. Added associated action 2(e): External resource supporting medication build and validation to bring back on track for go-live, with lower priority work temporarily paused. Pharmacy validators identified to contribute dedicated time to review medication records. (Ongoing) <p>Removed control relating to cyber security, as this is recorded under BAF10, Digital Resilience.</p> <p>Recorded action 2(b) "Development (Test/readiness) phase runs through to June 25 - focusing on content configuration, application testing, interface functional testing, conversions and migration testing, clinical content review" as complete</p> <p>Added action 2(c): Organisational readiness phase runs through to go live, monitored via EPIC change management assessment reported to Programme Board – ongoing to October 2025.</p>				
BAF9	Transformation	4x3=12	Director of Finance	4x2=8
<p>Updated Executive Lead to Director of Finance</p> <p>Removed specific gap regarding diagnostic strategy being out of date, and associated action; this will be addressed as part of the wider strategic review and refresh of plans.</p> <p>Removed gap in assurance regarding publication of NHS 10 Year Plan.</p> <p>Added the following two additional gaps in assurance:</p> <ul style="list-style-type: none"> Alignment of strategies to NHS 10 Year Plan (which relates to reviewing and aligning all of our key strategies detailed as controls to this risk) Concerns regarding quality of care raised by CQC (although the main detail and actions regarding this are detailed within BAF4, this gap is relevant to the transformation required within the Trust). <p>The completion target for action (2), regarding the refresh of strategic plans following publication of NHS 10 Year Plan, has been revised to end quarter 3, following publication of the national plan on 3 July 2025. The steps required to complete this are set out in a separate strategic update report to the September Trust Board.</p> <p>Added action (3) regarding implementation of EPIC EPR. As a key transformation programme, it is key enabler of our strategic plans, and is therefore relevant to this risk. Further details regarding this are provided under BAF8.</p>				
BAF10	Digital resilience	4x2=8	Director of Digital Logistics and Operations	4x1=4
<p>Completion of action (4) regarding procurement and deployment of a Network Detection and Response (NDR) tool revised to end October 2025.</p>				

The full BAF is provided within appendix two.