

10.3.1 APPENDIX A: H&WE Board Assurance Framework (BAF) Report						
SO IDs	2022/27 Strategic Objectives		No o risks		Assurance Statement	
	SO1	Increase healthy life expectancy and reduce inequality	0		<p>The Board can be assured that risk management arrangements within Hertfordshire and West Essex ICB remain operational, embedded and effective, supported by a structured governance framework and the Datix risk management system, which provides a comprehensive, organisation-wide view of risk exposure across all directorates.</p> <p>The approach set out within the Audit and Risk Committee report (20 March 2026) has been to provide a holistic assessment of risk across the organisation, drawing on the full Datix risk register (96 risks) rather than the 26 corporate risks identified within those risks. Though this Board Assurance Framework (BAF) paper captures eight corporate risks that were scored 16+ the approach to report all current risks enables a more complete understanding of the organisation's risk profile, including operational, strategic and system-wide risks, and how these align to the ICB's strategic objectives.</p> <p>Risks are systematically identified, assessed and reviewed, with oversight provided through the Risk Review Group, ensuring consistency in risk scoring and appropriate escalation to the Corporate Risk Register (CRR) and BAF. The report demonstrates that risks are actively managed, with clear target risk positions defined by risk owners, and that the gap between current and target ratings reflects a structured and ongoing risk reduction trajectory.</p> <p>The organisation's overall risk profile remains stable, with risks largely managed within agreed appetite. Where risks exceed appetite, this reflects the operational pressures associated with the current period of organisational transition and system transformation, and these risks are subject to active mitigation and governance oversight.</p> <p>The control environment is supported by assurance across the Three Lines of Defence, with no significant control failures identified. As the organisation transitions to the Central East Integrated Care Board, arrangements are in place to ensure continuity of risk oversight, providing confidence that risk management processes will remain robust and effective within the evolving system landscape.</p>	
	SO2	Give every child the best start in life	1			
	SO3	Improve access to health and care services	5			
	SO4	Increase the number of citizens taking steps to improve their well-being	1			
	SO5	Achieve a balanced financial position annually	1			
Heat Map		Consequence (C)				
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood (L)	5. Almost Certain					
	4. Highly Likely				8 risks	
	3. Possibly					
	2. Unlikely					
	1. Rare					

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755	09/10/2025	SO3	Jo Burlingham	Operations (Place and ICT)	Removal / reduction of local EPRR function following transition	IF local EPRR functions are removed as part of the upcoming restructures THEN this could RESULT IN detrimental impacts on health care systems resilience and business continuity of service delivery through loss of local knowledge of the health systems, geography, local Incident Co-ordination Centres and insufficient staffing to be able to meet statutory responsibilities as defined within the Civil Contingencies Act. Furthermore, the proposed UK Government Devolution plans anticipate improved local responsiveness and localised decision making and the potential removal or loss of local health systems EPRR functions would conflict with these intentions.	Risk Reviewed, no change.	Cautious	4x4=16	Communication From National Leadership: 01 April 25: Jim Mackay's letter to ICBs Strategic Planning Documentation: 02 May 25: Draft ICB Blueprint Operational Response Frameworks: Existing On Call and Incident response structures Risk Management Processes: Ongoing Modelling and Scenario Planning: Staff Wellbeing Support: Staff Engagement and Updates: Mental Health and Wellbeing Signposting: Organisational Integration Measures: Transition Guidance (Pending Confirmation): Workstream Rationalisation (Pending Confirmation):	Horizon Scanning and National Updates: NHSE EPRR Team horizon scanning for latest information and guidance, such as Team attendance at NHS all staff briefings Regional Information Sharing: Collaborative sharing of information and intel at fortnightly Regional EPRR Leads Meetings Regional Leadership and Structure Development: NHSE SE Region leading on regional and ICB EPRR structures with input from Regional Heads of EPRR	Not Stated	↕	Model ICB blueprint published 02/05/25 by NHS Digital to develop a shared vision of the future with a view to providing clarity on the direction of travel and a consistent understanding of the future role and functions of ICBs. The EPRR Function within ICBs will cease with the function transferring 'over time' to region. HWE ICB submitted detailed plans to NHSE at the end of May 2025 on how the above will be achieved	Reasonable	To be advised	Not Stated	To be advised	Not Stated

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745	17/04/2025	SO3	Jo Burlingham	Operations (inc Place and ICT)	EPRR workforce attrition through transition	IF healthcare systems {inc ICBs, NHSE & UKHSA} lose EPRR staff due to current uncertainty around future posts THEN the wider health care systems ability to maintain current structures during the forthcoming transition period will be compromised RESULTING IN detrimental impacts on these systems resilience and business continuity of service delivery through loss of local knowledge of the health systems, geography and insufficient staffing to be able to meet statutory responsibilities as Category 1 & 2 responders as defined within the Civil Contingencies Act, this includes a 24/7 on call function.	Risk Reviewed, no changes.	Cautious	4x4 = 16	Communication From National Leadership: 01 April 25: Jim Mackay's letter to ICBs Strategic Planning Documentation: 02 May 25: Draft ICB Blueprint Operational Response Frameworks: Existing On Call and Incident response structures Risk Management Processes: Risk identified, added to register and subject to regular review. Ongoing Modelling and Scenario Planning: Ongoing national and local modelling / discussions Staff Wellbeing Support: Employee Assistance Programme Staff Engagement and Updates: Regular touchpoints to update staff on progress Mental Health and Wellbeing Signposting: Support signposted to help staff manage mental health / anxieties / concerns / queries Organisational Integration Measures: Integration of NHSE into DHSC Transition Guidance (Pending Confirmation): Transition Team Guidance (Await further advice regarding if this is NHSE key control). Workstream Rationalisation (Pending Confirmation): Rationalisation of workstreams (Await further advice regarding whether this is an NHSE key control.)	Horizon Scanning and National Updates: NHSE EPRR Team horizon scanning for latest information and guidance, such as Team attendance at NHS all staff briefings Regional Information Sharing: Collaborative sharing of information and intel at fortnightly Regional EPRR Leads Meetings Regional Leadership and Structure Development: NHSE SE Region leading on regional and ICB EPRR structures with input from Regional Heads of EPRR	Not Stated	↕	Model ICB blueprint published 02/05/25 by NHS Digital to develop a shared vision of the future with a view to providing clarity on the direction of travel and a consistent understanding of the future role and functions of ICBs. The EPRR Function within ICBs will cease with the function transferring 'over time' to region. HWE ICB submitted detailed plans to NHSE at the end of May 2025 on how the above will be achieved	Reasonable	To be advised.	Not Stated	To be advised.	Not Stated

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752	05/08/2025	SO2	Natalie Hammond	Nursing & Quality	Cross Border Maternity Care	<p>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.</p>	<p>Feb 26</p> <p>The LMNS Partnership Board has been overseeing the progress against this risk with key workstreams underway relating to:</p> <ul style="list-style-type: none">- The cross border hub and associated information for women- Shared Care Records- The reciprocal care model <p>The LMNS Partnership Board has now formally closed, requesting that this risk sits on individual trust and regional risk registers. We have not yet received confirmation from region or trusts that they have added or reviewed the cross border risk onto their own risk register. The Central East Board should consider retaining this risk on the new corporate risk register.</p>	Averse	4 x 4 = 16	<p>Digital: Shared drives phased rollout of shared care record, and CMW training by ShCR team.</p> <p>Reciprocal Care: Model active in one HWE hospital.</p> <p>Cross Border Hub: Policies and contacts on Shared Futures page.</p> <p>Information: ENH provides leaflets/web info; others discuss risks at booking.</p> <p>Safety Reviews: Incidents analysed for cross-border issues.</p> <p>Appointments: ENH offers 16- and 36-week checks for catchment women birthing in Bedford.</p> <p>Collaboration: Monthly Cross Border Group reviews progress and challenges.</p>	<p>Community midwives not accessing cross-border hub (time constraints in appointments) Shared care records only functional in 1 trust</p> <p>Mixed engagement with hospitals outside HWE (8 hospital trusts as main receivers)</p> <p>With hospitals accepting direct or GP referrals, women going out of catchment may not be flagged to the team</p> <p>providing their antenatal care/delays in notification</p> <p>Digital records are in planning stages / proposed, not fully functional</p> <p>Reciprocal care model only in place at 1 Trust</p>	<p>Cross Border Hub: Update documentation, train midwives, and audit usage to improve care coordination.</p> <p>Information for Cross-Border Women: Provide co-produced web guidance, embed risk discussions at booking, and brief GPs on advising out-of-area bookings.</p> <p>Shared Care Record: Develop interoperable systems, roll out a regional data platform, and progress toward a single national patient record.</p> <p>Reciprocal Care Model: Ensure providers deliver antenatal care for all women booked to birth with them within HWE.</p>	↔	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:	<p>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,</p> <p>THEN the team's ability to deliver safe and compliant care will be compromised,</p> <p>RESULTING IN backlogs in casework and failure to meet national standards and efficiency targets.</p>	<p>Vacancy rate of 22% in July 2025 Whole team (19.05 clinical posts /5 Non clinical posts).</p> <p>Sickness rate of 9.7% (upward trend)</p> <p>3.80 Business as usual clinical agency workers recruited to commencing 1st September 2025 to mitigate risk.</p> <p>5.00 WTE Clinical leavers in August 2025 Local induction in development to support retention.</p> <p>Competency framework drafted to support developmental needs across the service in September 2025</p>	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	<p>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),</p> <p>THEN vulnerable CHC patients may be unlawfully deprived of their liberty,</p> <p>RESULTING IN potential legal challenges against the ICB due to breaches of individuals' Article 5 rights under the European Convention on Human Rights.</p>	<p>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.</p>	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:	<p>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,</p> <p>THEN there is a risk that access to time critical testing does not occur in a safe and timely way</p> <p>RESULTING in potential harm to our population both in terms of safety and patient experience.</p>	February 2026 Risk score remains the same, this is likely to be the case until ENHT estates for 0-3s 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. Discussions ongoing re mutual aid, with HCT providing limited mutual aid and agreement in principle for PAH to provide limited mutual aid from January 2026. Additional risk (which balances progress) around ABR reviews, with HCT commencing full 5 year look back and PAH triggering the full 5 year look back in December 2025. Progress is being hampered by lack of national SME availability.	Seek	4 x 4 = 16	<p>Ongoing site visits to assess urgent estate needs. Limited mutual aid under discussion within the ICS and with NHSE.</p> <p>System reviews: QI/assurance reviews with providers; NHSE desktop reviews completed for PAH and HCT.</p> <p>Governance: Weekly ICB escalation meetings and monthly system audiology meetings chaired by the Director of Nursing.</p> <p>Pathways: Hearing aid, 0–3, 3–5, and over-5 pathways now open and operational.</p> <p>Estates: Lister works completed; 0–3 estates plan moving to Lister with NHSE approval. Demand & capacity modelling completed; regional/national reporting in place.</p> <p>Equity: System discussions on levelling up care across sites.</p> <p>Oversight: Fortnightly ENHT meetings and regular reporting to ICB and NHSE bodies.</p> <p>Performance: Jumbo clinics delivered for over-5s, reducing waiting lists.</p>	<p>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</p> <p>There are no national KPIs in place to measure paediatric quality and performance</p> <p>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.</p>	<p>ABR Lookbacks: Ongoing review work.</p> <p>Capital Estates Funding: Options being explored to secure funding.</p> <p>Mutual Aid: Regular ICS meetings held in line with policy; NHSE mapping exercise underway to expand support.</p> <p>Oversight: ENHT Paediatric Audiology Oversight Group continues under ICB leadership; PMO approach in place for all workstreams.</p> <p>National Guidance: Awaiting NHSE audiology service guidance.</p> <p>Provider Reviews: Quality reviews across all paediatric audiology providers following desktop assessments.</p> <p>UKAS Accreditation: Provider timelines being confirmed to achieve accreditation.</p> <p>Governance: National, regional, and system-level meetings established; improvements from site visits and ENHT plans monitored via system meetings.</p> <p>NHSE PMO Team: Based at HWE ICB to coordinate and oversee regional improvement work.</p>	↔	<p>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.</p> <p>Pediatric Audiology reviews with all appropriate providers via quality improvement/assurance mechanisms.</p> <p>Discussions at provider quality meetings</p> <p>Weekly ICB Escalation Meeting held with Director of Nursing, System Quality Director and key functional leads such as performance and estates</p> <p>ICB attendance at weekly ENHT operational meeting</p>	Reasonable	<p>ICB System Transformation & Quality Improvement Committee System Quality Group</p> <p>ICB Board HWE Whole System Audiology Meeting (monthly)</p>	Reasonable	<p>Regional Quality Group</p> <p>NHSE oversight</p> <p>CQC review</p> <p>Scrutiny from Guys and St Thomas specialist</p> <p>National Deaf Children's Society input and oversight</p> <p>Re-start of regional reporting</p>	Reasonable

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	610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence	Planned Care Improvement	<p>IF waiting lists for elective and diagnostics are not reduced, there a risk to patient health and outcomes,</p> <p>THEN patients conditions may worsen</p> <p>RESULTING in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.</p>	<p>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)</p>	Open	4 x 4 = 16	<p>Waiting List Recovery: Ongoing system and provider work targeting 65- and 78-week waits.</p> <p>Performance Oversight: Monitored through weekly senior team and fortnightly place-based meetings, escalated via the Planned Care Group and Committee to the ICB Board.</p> <p>Efficiency Improvement: HVLC programme underway to boost efficiency and theatre utilisation.</p> <p>Quality Oversight: Elective recovery risks reviewed at system Quality Review meetings and escalated as needed.</p> <p>Harm Monitoring: Oversight maintained through PSIRF processes.</p>	No current known gaps. Performance is on an improvement trajectory.	<p>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.</p>	↔	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	<p>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.</p>	<p>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.</p>	Open	4 x 4 = 16	<p>Performance Oversight: UEC performance reviewed at regular place-based, system, and ICB forums with escalation through the UEC Board and Performance Committee.</p> <p>Alignment: Linked to Operations Directorate plans, BAF metrics, and improvement trajectories, referencing ENH, SWH, and WE mitigations.</p> <p>Quality & Safety: Risks such as ambulance handovers, mental health delays, and corridor care monitored via Quality Meetings and PSIRF, with minimal harm identified.</p>	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	Substantial	Not Stated	Not Stated