NHS
East of England
Community Health and Care
NHS Trust

Agenda item:	14
Date of meeting:	18 November 2026
Report to the:	Trust Board
Title of report:	Trust Board Assurance Framework 2026-27
Report author:	Michelle Robinson, Assistant Company Secretary
Executive sponsor:	Rachel Hawkins, Director of Corporate Affairs
Recommendation:	Discuss

Assurance level:	**Substantial** ☐ **Reasonable** ✓ **Partial** ☐ **Minimal** ☐
Rationale:	• Key evidence in mitigation and controls. • Risk management policy and supporting procedures in place including monthly review of risks. • Internal audit reports for risk management audits.

1.0 Executive Summary

1.1 This report provides the latest position of the current Board Assurance Framework (BAF) which brings together those strategic risks which relate to the Trust as well as an overview of any emerging risks recently considered by the Executive Team.

1.2 The BAF is reviewed monthly by the Executive Team and was last seen by the Trust Board on 30 September 2026 and the Audit and Risk Committee on 12 October 2026.

1.3 The Trust Board can take **reasonable assurance** of the risk management and assurance process based on current arrangements and policies.

2.0 How the report supports tackling Health Inequalities

2.1 Health inequalities are reflected within both the Board Assurance Framework and Emerging Risk Radar through the identification and management of risks that could disproportionately affect specific population groups.

2.2 The Framework provides assurance that mitigating actions are in place to address existing inequalities, while the Emerging Risk Radar supports the early identification of external factors that may exacerbate disparities in health outcomes, access to services, or wider determinants of health.

2.3 Together, these mechanisms enable the organisation to maintain oversight of health inequalities and ensure they are considered within strategic decision-making.

3.0 Board Assurance Framework and Trust Risk and Issue Registers

3.1 As listed **in Appendix 1**.

4.0 Legal and Regulatory requirements

4.1 Well Led Framework.

5.0 Previous consideration by Committee or Executive

5.1 Trust Board Assurance Framework 2026-27, September 2026.

6.0 Overview of the Trust Board Assurance Framework

6.1 The Trust Board Assurance Framework sets out the principal risks that may impact the Trust's ability to achieve its strategic objectives.

It provides a structured approach to:

- identifying the key risks to the delivery of strategic objectives
- outlining the controls, assurances, and oversight arrangements in place
- identifying gaps in controls and assurance to inform further action

6.2 The Trust's Risk and Issue Management Policy define the responsibilities for managing risks and issues. It describes how risks and issues are identified, documented, evidenced, assessed, and controlled, and sets out the framework for escalation, oversight, and assurance.

6.3 Risks and issues should be managed at the appropriate local level in an open and transparent manner, in accordance with Service Directorates' governance structures. Escalation should take place in line with the Trust's defined escalation criteria.

6.4 To ensure senior level oversight and scrutiny of all risks and issues, and Trust wide consistency of approach, the monthly meeting of the Trust Leadership Team reviews all new risks and issues, all risks scoring a 12 or above and issues with a consequence rating of 4 or above. In addition, all risks which could have a significant impact, even where the likelihood of occurrence is low and a thematic analysis of risk relating to a specific service, are reviewed each quarter.

6.5 Strategic risks and issues are owned by the Trust Board. They are considered as a standing item at public Board meetings, discussed at Board development sessions where appropriate, and reviewed bi-monthly by the Executive Team.

6.6 The Board Assurance Framework is maintained by the Company Secretary.

It is reviewed at each Audit and Risk Committee meeting, with a comprehensive annual review of all open risks and issues undertaken by the Committee.

Other Board Committees review relevant risks and issues in line with their terms of reference and annual work plans. A summary of the Board Assurance Framework is presented to the Trust Board at each public meeting.

6.7 Board Assurance Framework risks and issues include:

- all strategic risks
- all strategic issues
- any other risks or issues that meet the threshold for Board reporting (a risk score of 12 or above, or a consequence rating of 5 [major])

7.0 Analysis of Board Assurance Framework

7.1 There are currently 13 strategic risks on the Board Assurance Framework as shown on the Summary Dashboard at **Appendix 1**.

- No new risks have been added since board members last reviewed the framework in September 2026.
- Risk 3895 – Relationships with NHS Commissioners and Regulators – has reached target.
- Risks 3915 (Single support service structures) and 3699 (Cultural Alignment) have been increased from 12 to 16.
- Risk 3904 (Digital transformation) has been reduced from 12 to 9.

7.2 There are currently no strategic issues assigned to the Trust Board.

8.0 Risk Appetite Statement

8.1 Risk appetite is defined as *"the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time"* (HM Treasury Orange Book).

8.2 The Trust recognises that it cannot deliver its services or achieve positive outcomes for stakeholders without taking risks. Taking well-managed risks is essential to achieving the Trust's strategic objectives. However, risks must be managed in a controlled and proportionate manner to ensure exposure remains within levels deemed acceptable by the Board, and consistent with the expectations of regulators, external auditors, and applicable legislation.

8.3 Risks that fall outside the Trust's defined appetite must be escalated in accordance with the agreed escalation framework. The thresholds for escalation are as follows:

- All risks rated 12 or above: escalated to the relevant Board-level committee.
- All risks rated 15 or above: escalated to the Trust Board.

8.4 When a risk is escalated to the Board or a Board committee, it will be reviewed to determine whether it falls within the Trust's acceptable risk tolerance. Where the Board or committee is satisfied that the risk is appropriately controlled - with effective mitigation actions in place and a clear timeline for risk reduction - the risk may be de-escalated. A risk must be re-escalated if:

- its score increases;
- it fails to reduce as expected within the agreed timeframe; or
- agreed mitigation actions are overdue or ineffective.

8.5 Risk control measures must be proportionate and support innovation, service improvement, and the effective use of resources. The Trust will also consider the cost and benefit of mitigation when determining its risk appetite. As a general principle, the Trust will seek to minimise and control risks that have the potential to:

- cause significant harm to patients, staff, visitors, contractors, or other stakeholders;
- have severe financial consequences that could threaten the Trust's sustainability;
- significantly disrupt the Trust's ability to deliver core services;
- compromise compliance with legal, regulatory, or statutory requirements;
- cause material reputational damage; and/or
- result in significant environmental harm.

8.6 The Board has developed its strategic risk appetite levels using the Group Governance Institute guidance and the following table describes that position:

Risk domain	Appetite
Financial	**Seek** - We will invest for the best possible return and accept the possibility of increased financial risk
Quality	**Seek** - We will pursue innovation wherever appropriate and we are willing to take decisions on quality and where there may be higher inherent risks but the potential for significant longer term gains
People	**Seek** - We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognise that innovation is likely to be disruptive in the short term but with the possibility of longer term gains.
Regulation	*Executive*: **Seek** - We are willing to take decisions that are likely to result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks. *Non-Executive* – **Cautious/Open** - more widely spread views and a more cautious majority.
Reputational	*Executive*: **Seek** - We are willing to take decisions that are likely to bring scrutiny on the organisation. We outwardly promote new ideas and innovation where potential benefits outweigh the risks. *Non-Executive* – more widely spread views

Appendices

Appendix 1: BAF Summary Dashboard 26-27 v2.3 – November 2026

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BOARD ASSURANCE FRAMEWORK 2026-2027

Dashboard 2026-27

Strategic Priority	Risk No	Risk Description	Executive Lead	Lead Committee	Initial	Risk Score 2025/26				Risk Score 2026/27							Anticipated Target Date
						Aug / Sept	Oct / Nov	Dec / Jan	Feb / Mar	Apr / May	Jun / Jul	Aug / Sep	Oct / Nov	Dec / Jan	Feb / Mar	Target	
Putting people in control of their care	3904	**Digital transformation** There is a risk that insufficient resource and funding for digital development and implementation will prevent the organisation from delivering a patient engagement portal, limiting people's ability to be informed, involved and in control of their care.	Chief Information Officer	Trust Board / Finance and Infrastructure	12					12	12	12	9			6	30/11/2026
											→	→	↓				
	3751	**Childrens Waits** Long waits for Children for a diagnostic assessment from our neurodevelopmental services.	Chief Medical Officer	Trust Board / Children and Young People Service Assurance Committee	20		16	16	16	16	12	12	12			6	31/03/2028
								→	→	→	↓	→	→				
Innovating and transforming our organisation	3837	**Artifical Intelligence** There is a risk that if suppliers integrate AI (Artificial Intelligence) components or subcontract to third-party AI providers without disclosure or adequate contractual controls, then the organisation will have no visibility or assurance over how patient or operational data is processed and how AI influences clinical or business decisions, leading to potential patient harm, regulatory breaches (General Data Protection Regulation / Data Security and Protection Toolkit), financial penalties, and reputational damage to the Trust.	Chief Information Officer	Trust Board / Finance and Infrastructure	16			12	12	12	12	12	12			9	31/03/2027
									→	→	→	→	→				
	3917	**Taking People with Us** There is a risk that our staff suffer change fatigue as we continuously look to innovate and transform our services, which in turn may impact on staff morale and the delivery of services.	Director of Strategy and Transformation	Trust Board / Service Assurance Committees	9					9	9	9	9			6	31/12/2026
											→	→	→				
	3708	**Long Term Financial Sustainability** If the Trust cannot secure recurrent and long term efficiencies and/or additional resources, it may not be able to fund increasing demand for services in future years.	Chief Finance and Resources Officer	Trust Board / Finance and Infrastructure / Service Assurance Committees	20	12	12	12	12	12	12	12	12			9	30/03/2029
							→	→	→	→	→	→	→				
	3709	**Cyber Security** If we do not address cybersecurity threats (such as data breaches and patient privacy, ransomware, operational disruption, insider threats and third-party risks) then there is an increased likelihood of a major service disruption and possible compromise to patient care.	Chief Information Officer	Trust Board / Finance and Infrastructure / Service Assurance Committees	20	16	16	16	16	16	16	16	16			12	30/06/2027
							→	→	→	→	→	→	→				
	3770	**Fraud** There is a risk that fraudulent activity could result in significant loss to the Trust.	Chief Finance and Resources Officer	Trust Board / Audit and Risk Committee	16		9	9	9	9	9	9	9			6	31/03/2028
							→	→	→	→	→	→	→				
	3911	**Financial Sustainability** There is a risk that financial pressures, including limited access to funding and the impact from deconstruction of block contracts, will prevent the Trust from developing and delivering a balanced financial plan for 2026/27, resulting in financial instability and adverse impacts on service sustainability and delivery.	Chief Finance and Resources Officer	Trust Board / Finance and Infrastructure / Service Assurance Committees	12					9	9	9	9			6	30/04/2027
											→	→	→				
Working in partnerships	3895	**Relationships with NHS Commissioners and Regulators** There is a risk that services and the organisation is not commissioned well, due to changes in the restructuring of Integrated Care Boards, due to changes in personnel and relationships not established with staff and the Trust.	Chief Executive Officer	Trust Board	9					9	9	9	3			3	31/03/2027
											→	→	↓				
Valuing our colleagues	3699	**Cultural Alignment** There is a risk that staff morale and engagement may be adversely affected whilst we culturally align our new organisation.	Chief People Officer and Deputy Chief Executive	Trust Board / Service Assurance Committees / People Participation and Equalities	16	12	12	12	8	8	12	12	16			8	29/02/2028
							→	→	↓	→	↑	→	↑				
	3914	**Leadership and support services capacity and capability** There is a risk that there is insufficient leadership and support service capacity and capability to deliver the clinical and care strategy and 2026/27 annual plans, which may impact on the delivery of high quality services.	Chief People Officer and Deputy Chief Executive	Trust Board	12					12	12	12	12			8	31/03/2027
											→	→	→				
	3916	**Reduction in staff wellbeing and increase in sickness absence** There is a risk of a reduction in staff wellbeing and increased staff sickness absence levels due to growing levels of demand on our services, which could impact on the delivery of patient care.	Chief People Officer and Deputy Chief Executive	Trust Board / Service Assurance Committees / People Participation and Equalities	9					9	9	9	9			6	31/03/2028
											→	→	→				
	3915	**Single Support Services Structures** There is a risk that staff morale may reduce as we work to develop and implement single support service structures, which in turn could impact on the level of service delivered to our clinical teams.	Chief People Officer and Deputy Chief Executive	Trust Board	12					12	12	12	16			4	31/03/2027
											→	→	↑				