

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Board Assurance Framework (BAF)

Meeting date: 4 December 2025

Board sponsor: Khaleel Desai, Director of Corporate Governance (DCG)

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Appendices:

Appendix 1: EKHUFT BAF

Executive summary:

Action required:	Information
Purpose of the Report:	<p>EKHUFT's Board Assurance Framework or BAF is a key part of the Trust's strategic risk management process. Overseen by the Board and the Integrated Audit and Governance Committee (IAGC), it focuses assurance in a way that promotes good governance and accountability. It is a regular item for review at EKHUFT's Board following consideration by the IAGC, which was on 31 October 2025.</p> <p>The purpose of a BAF is to help EKHUFT's Board of Directors understand and manage the risks to achieving an organisation's strategic objectives:</p> <ul style="list-style-type: none"> • Identify risks: The BAF helps the Board understand the risks to achieving its strategic goals. • Identify assurance gaps: the BAF helps the Board identify areas where assurance is insufficient or missing. • Identify areas for improvement: the BAF helps the Board identify areas where controls and assurances can be improved. • Improve governance: the BAF helps the Board and management consider how to secure assurance in a way that promotes good governance and accountability.
Summary of key issues:	<p>The Trust's BAF is a living document. It has been designed to allocate risks to each relevant Board committee in line with EKHUFT's 'We Care' strategic objectives:</p> <ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability <p>The BAF – and specific risks allocated to each Committee – now form the framework for their work and agendas. The report identifies the Trust's BAF risks with reference to each Committee in the paper.</p> <p>In addition, the BAF Risks should be read in conjunction with the Significant Risk Register – see separate item.</p>

	<p>The Board has invited a wholesale review and revision of the BAF based on the work the Trust is doing on its Strategy. As the Board are actively working on the Trust Strategy, with a timeline of finalisation in the New Year, it is important the BAF aligns closely with the Trust's emerging objective and strategic themes. This will inform a refresh of the EKHUFT BAF around the revised objectives.</p> <p>Until then, the existing BAF remains a key part of the Trust's risk-management tool-kit and is linked to the Trust's Significant Risk Register (SRR).</p> <p>It outlines the overarching, strategic risks identified by the Board and overseen by each Board sub-committee. There have been no changes to risk trajectory since the last review of the BAF by the Board last quarter.</p> <p>It will continue to be managed by the DCG and any material changes will be reported immediately.</p>
Key recommendations:	The Board of Directors is asked to review and NOTE the status of the Principle Risks in the BAF.

Implications:

Links to Strategic Theme:	<p>This report aims to support the following 'We care' Strategic Objectives:</p> <ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the BAF:	The entirety of the BAF is appended.
Link to the Trust Risk Register:	The SRR is linked to the BAF.
Resource:	No
Legal and regulatory:	<p>Yes. The Trust is required to comply with the requirements of a number of legal and regulatory bodies including but not limited to:</p> <ul style="list-style-type: none"> • NHS England • Care Quality Commission • Health and Safety Executive
Subsidiary:	N/A

Assurance route:

The BAF is overseen by the IAGC and the specific BAF risks are considered and presented at each respective Committee.

EKHUFT BOARD ASSURANCE FRAMEWORK (BAF)

November 2025

Glossary of terms

Board Assurance Framework (BAF) – A tool for the Board corporately to assure itself about successful delivery of the organisation’s strategic objectives.

Inherent Risk – The risk that an activity would pose if no controls or other mitigating factors were in place

Risk – Risk is the combination of the probability of an event and its consequence. Consequences can range from positive to negative.

Residual Risk – The risk that remains after controls are considered.

Risk Appetite – The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.

Risk Tolerance – Reflects the boundaries within which the executive management are willing to allow the day-to-day risk profile of the Trust to fluctuate.

Target Risk – The desired risk level over a period of time after risk actions have been implemented.

Controls – How the risk is being managed

Assurance – The evidence that controls are effective

RISK MATRIX								
Impact	5. Extreme	5. L	10. M	15. H	20. E	25. E	E	Extreme Risk
	4. Significant	4. L	8. M	12. M	16. H	20. E	H	High Risk
	3. Moderate	3. V L	6. L	9. M	12. M	15. H	M	Moderate Risk
	2. Low	2. VL	4. L	6. L	8. M	10. M	L	Low Risk
	1. Negligible	1. VL	2. VL	3. VL	4. L	5. L	VL	Very Low Risk
		1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost certain		
		Likelihood						

Strategic Theme	Principle Risk	Oversight Committee	Inherent Risk Score	Current Risk Score	Change ↑↓↔	Target Risk Score	Target Date
Quality and Safety	Ref: BAF QSC 001 Failure to (i) meet quality standards for clinical care; (ii) continuously improve care quality and safety; and/or (iii) engage patients and carers in that care, could result in patient harm, impaired outcomes, and poor experience for both patients and staff.	Quality & Safety Committee (Q&SC)	20	16	↔	12	
	Ref: BAF QSC 002 Failure to identify harm and involve patients and their families in their care and investigations, and use opportunities to embed a culture of safety and learn from when things don't go well and share best practice across the organisation	Quality & Safety Committee (Q&SC)	20	20	↔	12	
	Ref: BAF SQC 003 There is a risk that the trust won't continue to improve the experience of women and their families following the actions taken in response to the Independent Investigation into East Kent Maternity Services and other reviews.	Quality & Safety Committee (Q&SC)	20	15	↔	6	
Patients	Ref: BAF QSC 004 There is a risk we fail to meet our statutory and regulatory requirements resulting in regulatory action, harm to patients and staff and damage to our reputation.	Quality & Safety Committee (Q&SC)	16	16	↔	9	
	Ref: BAF FPC 001 Due to significant waiting lists, in part, as a legacy of the Covid-19 pandemic, and misalignment between demand and capacity in certain specialties, there is a risk that the Trust is not able to deliver the constitutional standards within National timeframes which could result in harm, poorer outcomes and experience for our patients.	Finance & Performance Committee (FPC)	20	16	↔	12	
	Ref: BAF FPC 002 Due to constraints and sub-optimal patient pathways, the Trust is not able to deliver timely and responsive services, both elective and non-elective, sustainably increase activity levels to reduce waiting lists, while at the same time managing future surges in seasonal viruses.	Finance & Performance Committee (FPC)	20	16	↔	12	
	Ref: BAF FPC 003 We are unable to address or mitigate effectively infrastructure and safety system risks due to insufficient capital funding impacting on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.	Finance & Performance Committee (FPC)	20	20	↔	12	
	Ref: BAF FPC 007 Failure to prioritise cyber resilience through the implementation of up-to-date cyber security controls, training, surveillance, risk management, business continuity and recovery planning increases the risk of a major cyber event causing data loss, key system failure, and prolonged disruption to services impacting patients and staff.	Finance & Performance Committee (FPC)	20	16	↔	12	
People	Ref: BAF PCC 001 A failure to recruit and retain staff could lead to: the quality and quantity of healthcare being impaired; pressure on existing staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.	People & Culture Committee (P&CC)	20	20	↔	9	
	Ref: BAF PCC 002 A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes: being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety & wellbeing of staff, working flexibly, supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture. The absence of which could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.	People & Culture Committee (P&CC)	20	20	↔	12	
	Ref: BAF PCC 003 Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change; the Trust becoming a clinically-led organisation; staff being supported in their career development and to maintain competencies and training attendance; staff retention; and the Trust being a "well-led" organisation under the Care Quality Commission (CQC) domain	People & Culture Committee (P&CC)	20	20	↔	12	
Partnerships	Ref: BAF FPC 004 We are unable to deliver the strategic intentions of the trust due to the lack of a trust strategy that would support and enable the delivery of sustainable services and the future viability of the organisation.	Finance & Performance Committee (FPC)	16	16	↔	8	
	Ref: BAF FPC 005 We are unable to foster and maintain effective collaborative working relationships with Health and Care Partnership, System and regional partner organisations and regulatory bodies to deliver on common aims and objectives.	Finance & Performance Committee (FPC)	16	12	↔	8	
Our Sustainability	Ref: BAF FPC 006 There is a risk that the Trust, as part of the Kent and Medway Integrated Care System (ICS), is unable to deliver the scale of financial improvement required to achieve breakeven or better within the funding allocation that has been set over a 3-year period. This would lead to regulatory action and/or limits on our ability to invest in strategic priorities/provide high quality services for patients.	Finance & Performance Committee (FPC)	25	25	↔	16	