BOARD ASSURANCE FRAMEWORK		Impact on Delivery of Strategic Priority						Linked Corporate Risks	
Principal Risk	Executive	Quality	Timely Care	People	Innovation	Resources	Commitment to Community	No. of Risks	Trend
1. QUALITY	Group Chief Nursing and Improvement Officer & Group Chief Medical and Clinical Innovation Officer	HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE	29	↑3
2. EQUIPMENT	Group Chief Nursing and Improvement Officer & Group Chief Medical and Clinical Innovation Officer	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE	11	↔
3. WORKFORCE	Group Chief People & Culture Officer	MODERATE	HIGH	HIGH	HIGH	HIGH	LOW	9	↔
4. PERFORMANCE	Hospital Managing Directors	HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE	15	↔
5. NO CRITERIA to RESIDE	Hospital Managing Directors	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE	5	↔
6. DIGITAL	Group Chief Digital Information Officer	MODERATE	HIGH	MODERATE	MODERATE	MODERATE	HIGH	12	↓1
7. FINANCE	Group Chief Finance and Estates Officer	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE	9	↔
8. ESTATE	Group Chief Finance and Estates Officer	HIGH	HIGH	HIGH	HIGH	HIGH	MODERATE	12	↔
9. COMPLIANCE	Group Chief Medical and Clinical Innovation Officer	MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE	5	↓2

Impact Ratings Key

The tables above and below summarise how each principal risk may impact delivery of the Group's strategic priorities, based on judgement and known interdependencies. Ratings are assigned using the RAG rating below:

HIGH	A significant threat to delivery of the strategic priority, requiring active mitigation to avoid adverse consequences
MODERATE	A notable but manageable constraint, requiring localised or thematic action.
LOW	A minimal threat to delivery, requiring routine monitoring only.

Strategic Priority	Impact of Risks on Strategic Priorities	Sources of Assurance
Quality	Risks linked to workforce, estates, equipment, digital systems, and performance can compromise patient safety, delay care, and affect patient experience.	Clinical audits, patient safety reporting, safe staffing reports, patient surveys, CQC inspections, internal audit.
Timely Care	Risks relating to workforce availability, theatre and bed capacity, flow constraints, and industrial action affect the ability to provide treatment within required timeframes.	IQPR, operational performance reports, UEC Board/IDS hubs, NHSE oversight.
People	Risks such as staff shortages, industrial action, wellbeing, fatigue, and employment legislation changes impact recruitment, retention, and staff experience.	Staff survey, People Committee deep-dives, WRES/WDES, Guardian of Safe Working, CQC feedback, HEI visits.
Innovation	Risks linked to digital infrastructure, cyber security, estates limitations, and workforce capability may slow adoption of new technologies, research, and service models.	Digital Hospital Programme Board, DSPT, cyber testing, HIMSS maturity assessments, internal audit.
Resources	Risks relating to capital constraints, estates compliance, equipment replacement, and financial pressures affect financial sustainability and investment capacity.	Finance & Estates Committee, ICS DoF group, CIP monitoring, external audit, Model Hospital.
Commitment to Community	Risks associated with inequalities, service capacity, performance pressures, and regulatory compliance may affect population health outcomes and partnership working.	Health Inequalities Programme, ICS frameworks, community partnership reporting, IQPR (inequalities).

PRINCIPAL RISK 1. QUALITY		Trend
Executive Leads	Chief Nursing and Improvement Officer & Chief Medical & Clinical Innovation Officer	↑ Increased
Board Committee	Quality & Outcomes Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE

Principal Risk Description

Increasing service demand, workforce shortages, financial constraints, and operational pressures, combined with the complexity of clinical pathways, create challenges in maintaining high standards of care and clinical safety.
The ability to maintain high-quality care is also affected by limitations in funding, restricting the Trust's ability to replace essential clinical equipment and upgrade facilities, which may lead to increased downtime, suboptimal patient care, and further operational inefficiencies.
There is also a heightened risk of hospital-acquired infections, prolonged recovery times, and avoidable complications, if staffing levels and resources are stretched.
Failure to uphold quality standards may result in health inequalities, diminished patient satisfaction, reputational damage, and difficulties in staff recruitment and retention.
Regulatory scrutiny, legal liabilities, and financial consequences could arise if the Trust does not effectively mitigate these risks.

Existing Controls

- Clinical audits, patient safety initiatives, and incident reporting (BOTH)
- Staff reruitment, retention and training and education programs (BOTH)
- Policies and guidelines (BOTH)
- Infection prevention protocols (BOTH)
- Elective recovery plans (BOTH)
- Communication, patient surveys, and structured engagement (BOTH)
- ICS-led patient flow initiatives, NHS funding access, and regional coordination for urgent and emergency care (BOTH)

Sources of Assurance

Internal

- Patient Safety Reports (BOTH)
- Integrated Quality & Performance Reports (BOTH)
- Safe Staffing Reports (BOTH)
- Complaint and Patient Experience Reports (BOTH)
- Freedom To Speak Up Feedback Reports (BOTH)
- Maternity Quality Assurance Reports (BOTH)
- Clinical Accreditation Programme (UHBW)

External

- Internal Audit Reports (BOTH)
- Care Quality Commission Reports (BOTH)

Independent – 3rd Line of Defence

Causal & Contributory Factors

- Resource Constraints (BOTH)
- Lack of Standardisation (BOTH)
- Failure to address systemic issues (BOTH)
- Communication Breakdowns (BOTH)
- Ineffective feedback mechanisms (BOTH)
- Aging equipment (BOTH)
- Insufficient investment in infrastructure (BOTH)
- Lack of robust digital infrastructure and processes (UHBW)

Gaps in Controls or Assurance

- Insufficient training uptake due to staff availability (BOTH)
- Reliance on temporary staffing (BOTH)
- Limited capacity in community and primary care services (BOTH)
- Need for external funding to support major infrastructure improvements (BOTH)
- Lack of robust digital infrastructure and processes (UHBW)
- Lack of robust Business Intelligence function (UHBW)
- Lack of centralised medical equipment repository (UHBW)
- Lack of capital rolling replacement programme for equipment (UHBW)

Planned Mitigation

- Joint Clinical Strategy, Healthy Weston phase 2 and the UHBW Elective Strategy (BOTH) Experience of Care Strategy (UHBW)
- Implementation of Careflow Medicines Management (UHBW)
- Deteriorating Patient Programme and Implementation of Martha's rule. (UHBW)
- Mental Health Across UHBW Corporate Project (UHBW)
- Implement the Community Diagnostics Centre expansion (NBT)
- Increase elective surgical capacity through the new Bristol Surgical Centre (NBT)
- Engage with ICS to secure additional community capacity for patient discharge (NBT)

UHBW Corporate Risks

6677	Non-compliant behaviours for effective IPC practice amongst staff	↔	16
7566	That staff fatigue impacts performance and patient safety	↔	16
7919	That sepsis is not considered, recognised and responded to	↔	16
7633	Reliance on paper-based medication prescribing	↔	16
2264	Delays in commencing induction of labour	↔	16
588	Patient deterioration is not recognised and responded to	↔	15
856	Emotional & mental health needs of C&YP may not be met	↔	15
8157	Discharge summaries do not communicate effectively	↑	15
418	Routine radiology reports are not signed off/ acknowledged timely	↔	12
1598	Patients suffer harm or injury from preventable falls	↔	12
1702	Communication needs of patients are not recognised	↔	12
2614	Patient care and experience is affected due to being in extra capacity	↓	12
3216	NHSE limits for Clostridioides difficile are breached	↔	12
6013	Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's	↔	12
6691	That medicines are not stored securely	↔	12

NBT Trust Level Risks

1760	Hybrid clinical noting leads to delayed or inaccurate decision making	↔	20
1800	Patient record systems do not robustly identify known allergies	↔	20
2157	Continued overcrowding within the Emergency Dept	↑	16
2105	Delay in delivery of blood product(s)	↑	16
2134	Service provision within the Pharmacy Medicines Governance & Safety	↑	16
701	Limited capacity of maternity theatres and theatre team	↑	15
1697	Transfer of medically fit patients requiring Mental Health services	↔	15
1704	Sub-optimal delivery of Stroke Care to patients	↔	15
1881	Care of Medical Outlying Patients	↔	15
1699	Absence of a Core 24 service in BNSSG delays Mental Health Act	↔	12
1831	Insufficient resourcing of the Vascular Access Service	↔	12
1900	lack of 24/7 telephone triage as a single point of access for maternity	↔	12
1982	Lack of anaesthetic support Endoscopic Retrograde	↔	12
2002	Incorrect allocation of treating Consultant	↑	12

Changes to Risks

UHBW

- 7980 - Compliance with statutory and regulatory safeguarding duties, has reduced from 12 to 8 and de-escalated from the Corporate Risk Register following improvements delivered over the past two years, including strengthened staffing, resourcing, governance and assurance arrangements, and the introduction of a Single Managed Service with senior leadership at NBT. These measures have enhanced controls and reduced the likelihood of non-compliance.
- 2614 - Patient care and experience is affected due to being in extra capacity, has reduced from 15 to 12, with the likelihood rating lowered from almost certain to likely. This reflects strengthened controls, which have resulted in no reported incidents of harm in 2025. A second volunteer survey is planned for September to provide further assurance.
- 2680 - Complainants experience a delay in receiving a call back has reduced from 12 to 9 following clearance of the caseworker backlog. Ongoing focus is on sustaining this position.
- 8157 - That discharge summaries do not communicate effectively, has been escalated following a thematic review of discharge summaries, which highlighted challenges consistent with the findings of a recent national HSSIB report. A gap analysis against the HSSIB's local learning prompts confirmed these issues. A BNSSG Quality Improvement Group is being considered to address discharge summary risks at system level, while further local mitigations are planned for 2026 as part of the Patient Safety Charter.

NBT

- 701 – Limited capacity of maternity theatres and theatre team, has been escalated as there is a risk of delayed patient care due to the limited capacity of maternity theatres and theatre team. This results in the prioritisation of elective caesarean sections over more urgent care.
- 1900 – Limited capacity of maternity theatres and theatre team, has been escalated as there is a risk to patient safety due to to a lack of 24/7 telephone triage as a single point of access for all women accessing maternity services. This leads to delays in appropriate care and assessment and variation in advice offered.
- 2002 - New risk re: incorrect allocation of treating Consultant for admitted patients raised by NMSK clinical division. Discussed within RMG in September and an aggregated risk is currently being drafted to reflect trustwide risk posed as an entry has also been raised (non-TLR) by ASCR.
- 2105 - New risk re: delay in delivery of blood products in a timely manner to meet the demands of the hospital.
- 2134 – New risk re: Pharmacy service provision. To note, risk entry (scoring) currently under review by the Divisional Management Team and Director of Pharmacy.
- 2157 – New risk re: increased risk to the quality of care delivered within the Emergency Department in periods of increased demand.

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PRINCIPAL RISK 2. EQUIPMENT		Trend
Executive Leads	Chief Nursing and Improvement Officer & Chief Medical and Clinical Innovation Officer	↔ Unchanged
Board Committee	Quality & Outcomes Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
HIGH	HIGH	MODERATE	LOW	MODERATE	MODERATE

Principal Risk Description

There is a risk that medical equipment is not adequately procured, maintained, replaced, or disposed of in accordance with clinical, operational, regulatory, and environmental requirements.

Failures in procurement planning, lifecycle management, and disposal processes may result in unsafe, inefficient, or environmentally unsustainable equipment usage.

This includes acquiring unsuitable or non-compliant equipment, failing to replace ageing assets in a timely manner, and disposing of medical devices without meeting legal or sustainability standards.

These issues can result in patient harm, service disruption, financial inefficiencies, regulatory breaches, and environmental impact.

Existing Controls

- Clinical Engineering manages maintenance and compliance (BOTH)
- Oversight via the Medical Devices Committee (BOTH)
- Systems for incident reporting and investigation (BOTH)
- Audits of high-risk equipment (BOTH)
- Front-line teams informally adjust workloads and reallocate or share equipment across services (BOTH)
- Business continuity plans in place in event of equipment failure (NBT)
- 10-year capital programme developed (NBT)
  Ongoing regular monitoring within Capital Planning Group (NBT)

Sources of Assurance

Internal

- Incident reporting and investigations reported to QOC (BOTH)
- Internal audit reports (BOTH)

External

- CQC inspection findings, especially where equipment safety or clinical environment has been flagged (BOTH)

Compliance – 2nd Line of Defence

Causal & Contributory Factors

- Aging estate and clinical infrastructure (BOTH)
- Historic decisions to defer replacement cycles (BOTH)
- Inadequate capital allocation relative to the value of equipment (BOTH)
- Variation in oversight between capital and revenue funded (BOTH)
- Fragmented and inconsistent procurement processes (BOTH)

Gaps in Controls or Assurance

- No formal replacement programme for revenue-funded equipment (UHBW)
- Multiple uncontrolled entry points for equipment (BOTH)
- Lack of real-time, centralised inventory management (BOTH)
- Reliance on maintenance contracts for obsolete devices (BOTH)
- Weak unsustainable assurance around operational workarounds (BOTH)
- Limited triangulation of incident, audit, and inventory data (BOTH)
- Low visibility of maintenance contract performance (BOTH)

Planned Mitigation

UHBW

- Patient First Corporate Project - Equipment Procurement & Management.

NBT

- Clear programme of equipment which has been captured within the 10-year Capital plan
- Local business continuity plans in place in the event of equipment failure

UHBW Corporate Risks

6907	Siemens plain film room at SBCH could fail beyond repair	↔	20
7073	Failure of aging radiology equipment	↔	20
7477	Failure of Hybrid/Theatre 10 equipment	↔	20
7720	Failure of radiotherapy treatment machine Linac H	↔	20
7722	Failure of aging CT Sim equipment fails	↔	16
8067	Inadequate size of decant bunker in Radiology	↔	16
7449	Equipment is not effectively procured	↓	12
8568	Equipment cannot be reliably tracked or located	↑	12
8568	Equipment is not adequately maintained or replaced	↑	12

NBT Trust Level Risks

1681	Aging Imaging equipment reaching end of life may fail	↔	12
2041	Aging nurse call system in Women and Children's sector	↔	12

Changes to Risks

UHBW

- 7449 has been refocused to cover weaknesses in the procurement process.
- 8566 has been added to assess the adequacy of equipment maintenance.
- 8568 has been added to assess the risks arising from the inability to locate or confirm the status of equipment due to lack of tracking functionality.
- In addition to the Corporate risks listed 30 high-scoring departmental equipment risks exist relating to imaging and theatres/critical care, with several end-of-life, single-point-of-failure assets scoring 15–25. Many are on best-endeavours maintenance with parts scarcity, and current workarounds (e.g., mobile imaging, inter-site diversion) carry quality and flow risks. Priority exposures include WGH plain-film capacity (Rm2 failure risk and constrained throughput), BRHC acute paediatric X-ray and 3T MRI, BRI interventional radiology Room 11 (end-of-support), ICU humidification, and single devices essential to care (e.g., LUCAS in Weston ED, FEES scope in BCH, vascular ultrasound at Weston). Capital bids are progressing but face CDEL constraints. Immediate focus is to: (1) accelerate already-funded replacements and enabling works, (2) approve targeted emergency capital for single-device safety risks, (3) formalise contingencies (within-hours SLAs, decant/loan/lease plans), and (4) advance a joined-up replacement plan (including MES feasibility) with clear assurance through Capital Planning and the corporate equipment risk.

NBT

- No changes

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PRINCIPAL RISK 3. WORKFORCE		Trend
Executive Leads	Group Chief People & Culture Officer	↑ Increased Risk
Board Committee	People Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
MODERATE	HIGH	HIGH	HIGH	HIGH	LOW

Principal Risk Description

Demand for workforce capacity is expected to rise for some discrete staff groups and specialities this will be driven by service expansion, population health changes and new models of care. There remains a small number of hard to fill posts that are difficult to recruit into.
The Group operates in a highly competitive labour market, with high living costs and limited transport infrastructure reducing the appeal of city centre hospital sites for some candidates.
At the same time, national constraints on the training pipeline, growing expectations for flexible and values-led careers, and the need for inclusive, future-focused leadership present further challenges in aligning the workforce to future service needs. Ensuring visible progress on equality, diversity, and inclusion remains vital for building a culture where all colleagues feel valued, supported, and able to thrive, particularly in a diverse urban population.
Shifts in government priorities or NHS-wide restructuring could intensify financial constraints potentially leading to greater restrictions on recruitment and the continuation of workforce controls across the Group.
These pressures could result in greater instability, increased reliance on temporary staffing, and a diminished ability to deliver safe, high-quality care across the Group in the years to come.

Existing Controls

- Collaborative recruitment across the Group and shared bank (BOTH)
- Workforce planning and information, data on exit interviews (BOTH)
- Job planning and E-Rostering (BOTH)
- People and Workforce Strategies and retention plans (BOTH)
- Traineeship and apprenticeships programmes (BOTH)
- Staff Health Checks, Wellbeing and Flexible Working offers (BOTH)
- Equality, Diversity, and Inclusion Plan and Anti-racism work (BOTH)
- Education Strategy (UHBW)
- Funded Nurse Retention Programme (UHBW)
- High cost agency and temporary spend working groups (UHBW)
- HELM Programme (NBT)

Sources of Assurance

Internal

- Staff Survey Results Reporting (BOTH)
- Compliance Reports with standards related to staffing levels and safety (BOTH)
- Integrated Quality & Performance Report contains people metrics (BOTH)
- Freedom to Speak up process and reports (BOTH)
- Guardian of safe working reports (BOTH)
- National Violence and Aggression Prevention Standards (BOTH)
- Deliverables of People Strategy Reports (UHBW)
- People Committee deep-dives and performance reviews (NBT)
- Gender pay-gap report and WRES/WDES data Reports (BOTH)

External

- People themed Internal Audit Reports (BOTH)
- CQC reports contain feedback on workforce (BOTH)
- NHSE Quality visits to Education (BOTH)
- Annual site visits from HEI's of sudent experiences and placements (BOTH)
- British Safety Council Audit and Safer Learning Environmental Charter (UHBW)

External – 3rd Line of Defence

Causal & Contributory Factors

- Increasing demand for services along with budget constraints (BOTH)
- Challenges associated with shortages of specialists nationally (BOTH)
- Fixed Agenda for Change reward structure (BOTH)
- Tempory staffing costs and market forces (BOTH)
- Insufficient training provision and uptake (BOTH)
- Workload and work related stress (BOTH)
- Dr rotation allocation (BOTH)
- Capacity of HEI's and FE's to develop workforce plan (BOTH)
- Inconsistent culture and experience across staff groups (BOTH)
- Pipeline, leadtimes and funding for developing the workforce (BOTH)
- Industrial action (BOTH)

Gaps in Controls or Assurance

- Competition between providers across the BNSSG and the wider South West for the same staff (BOTH)
- Differentialsacross the region in grading between similar roles (BOTH)
- Pro-equity and Anti Racism statement is in development (UHBW)
- Understanding the productivity of our workforce (UHBW)
- Ability to forecast future threats to local supply of workforce (UHBW)
- Current workforce plan for medical roles needs to be refreshed to include hard to fill posts, alternative roles, options for reducing high cost agency and locums and international pipeline (UHBW)
- Long term plan financial and student allocations are unknown (UHBW)

Planned Mitigation

Group

- Development of the Group People Strategy
- The People Benefit Strand of the Hospital Group Benefits Case will focus on ensuring aligned and complementary workforce arrangements between the two Acute Trusts and across the wider system

UHBW

- The UHBW People Strategy year 3 delivery plan
- Medical Workforce programme
- Delivering the pro-equity promise

NBT

- Talent acquisition team are providing targeted support to affected specialties

UHBW Corporate Risks

8467	Changes to immigration law	↑	16
8383	Workforce shortages in specialist medical roles	↔	16
7566	Staff suffering from fatigue	↔	16
422	Patients and staff experience violent or aggressive behaviour	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12
6502	Industrial action impacts patient safety, elective recovery and finances	↑	12
7875	Impact of Group Model development and implementation on BAU	↔	12

NBT Trust Level Risks

1979	Workforce shortages in specialist medical roles	↔	16
374	Patients and staff experience violent or aggressive behaviour	↔	15

Changes to Risks

UHBW

- 8467 - Changes to immigration law has been escalated to the Corporate Risk Register due to its potential to significantly impact workforce supply, recruitment pipelines, and the Trust's ability to sustain safe staffing levels.
- 6502 – Industrial Action has been escalated due to its potential to significantly impact the Trust's ability to maintain patient safety, elective recovery, and financial performance. The recent BMA indicative ballot showed strong support from consultants and SAS doctors for industrial action; a statutory ballot may follow if negotiations on the 4% uplift do not progress
- 8360 - Changes to Employment Rights Legislation,has been reduced to 9 following confirmation that the Trust now has a longer lead time, with the changes not due to take effect until 2027.

NBT

- No changes.

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PRINCIPAL RISK 4. PERFORMANCE		Trend
Executive Leads	Hospital Managing Directors	↔ Unchanged
Board Committee	Quality Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE

Principal Risk Description

A combination of factors, including a high number of patients with no criteria to reside, constrained community and primary care capacity, and workforce pressures, is limiting patient flow across our hospitals. This contributes to delays in care, overcrowding, and increased stress on staff. Patients face prolonged wait times, which can worsen clinical outcomes, while overcrowding heightens the risk of infection spread.

The inability to discharge patients in a timely manner directly impacts bed availability, leading to delays in Emergency Departments, including breaches of key targets such as timely treatment and ambulance handovers. Stretched resources also elevate the risk of errors, compromising patient safety.

Failure to meet operational targets results in poor patient experience, potential harm, and reputational damage to the Trust. Additionally, reduced productivity and service inefficiencies exacerbate health inequalities.

Existing Controls

- Bed management and pre-emptive transfer planning (BOTH)
- Same Day Emergency Care Departments (SDEC) prevents admission (BOTH)
- Integrated discharge, planning and Transfer of Care Hub (BOTH)
- NHS@Home to prevent admission and facilitate discharge (BOTH)
- Extra capacity locations identified (BOTH)
- Telemedicine (BOTH)
- System working (BOTH)
- Repatriation Policy (NBT)
- RTT Recovery Plan (NBT)
- UEC Board and Improvement Plan (NBT)
- Protected Elective Capacity and Waiting List Incentives (NBT)

Sources of Assurance

Internal

- Integrated Quality & Performance Reports (BOTH)
- True North Timely Care Quality Report (UHBW)
- Finance & Performance Committee deep-dives into operational performance (NBT)

External

- Internal Audit Reports on performance and Data Quality Framework (UHBW)
- CQC Inspection Reports (BOTH)

Independant – 3rd Line of Defence

Causal & Contributory Factors

- Poor coordination between different parts of the healthcare system (BOTH)
- Access to primary care and capacity of social care to support discharge (BOTH)
- Growing and aging population increases the need for healthcare services (BOTH)
- Sudden surges in demand due to outbreaks of illness (BOTH)
- Limited bed capacity and space in emergency departments and wards (BOTH)

Gaps in Controls or Assurance

- Ability to staff extra capacity locations (BOTH)
- Ability to discharge in a timely manner (BOTH)
- Inability to ring fence critical care beds for elctive procedures due to emergency admissions (BOTH)
- Ability to measure productivity (UHBW)
- Not yet seeing evidence that investment in “Discharge 2 Assess” initiative is delivering planned improvements to discharge numbers or reducing proportion of patients with no criteria to reside (NBT)

Planned Mitigation

UHBW

- Proactive Hospital Project
- Improving Outpatients Productivity and Efficiency Project
- Improving theatres productivity and efficiency Project
- Ready for discharge Breakthrough Objective

NBT

- Community Diagnostics Centre
- Bristol Surgical Centre
- Additional Elective Care Capacity in BNSSG via national Targeted Investment Fund
- Working with ICS via the system Chief Executive group and the D2A Board to identify bridging strategies and short-term mitigations to compensate for delayed D2A impact. (e.g., Transfer of care hub
- Ongoing escalation via the ICS to secure temporary additional community capacity to relieve pressures

UHBW Corporate Risks

423	That demand for inpatient admission exceeds available bed capacity	↔	20
7769	Patients in the Trusts ED’s may not receive timely and effective care	↔	20
6782	Non-compliance with the 28 day faster diagnosis cancer standard	↔	16
1035	Access to critical care beds for BNSSG and tertiary catchment areas	↔	16
6320	That there is inadequate Clinical Site Management resource overnight	↔	15
924	BRI Patients with #NOF access surgery within 36 hours of admission	↔	15
801	That elements of the NHS Oversight Framework are not met	↔	12
2244	Long waits for Outpatient follow-up appointments	↔	12
5520	Patients from deprived/marginalised communities face inequtable care	↔	12
5531	Non-compliance with the 62 day cancer standard	↔	12
5532	Non-compliance with the 31 day cancer standard	↔	12
7875	Business as usual is disrupted due to Group Model implementation	↔	12

NBT Trust Level Risks

1940	Delays in patient flow through the hospital impact timely treatment	↓	16
1765	Complaint/PALS responses not achieving statutory timframes (ASCR)	↔	16
1701	Capacity of tier3 Weight Management Service	↔	15
523	Urology Service waiting list	↔	12

Changes to Risks

UHBW

- Risk 5520 has been reframed from a broad focus on health inequalities being exacerbated for patients on waiting lists to a more targeted Risk that patients from deprived and marginalised communities face unequal access and longer waits for elective care. This reflects the current operational focus on improving elective access equity, with mitigation actions coordinated through PCG and OSG, and assurance via HEDG. The risk score remains unchanged.
- A new strategic risk (8662) has been drafted to cover wider health inequalities across access, experience and outcomes. This will replace 5520 once Group governance and portfolios are confirmed.

NBT

- Risk ID 1765 - Has been escalated regading the lack of capacity within ASCR to respond within statutory timeframes to complaints and PALS concerns due to a continued increase of cases.
- Risk ID 1940 – Improvement over the past month in regards to performance and the risk score slightly reduced to reflect this. The risk impact (major) posed has not changed, however in light of improved flow, the likelihood of this occurring has reduced from almost certain to likely reding the score from 20 to 16.

PRINCIPAL RISK 5. NO CRITERIA TO RESIDE		Trend
Executive Leads	Hospital Managing Directors	↔ Unchanged
Board Committee	Quality Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE

Principal Risk Description

Persistently high numbers of patients with no criteria to reside (NCtR) across UHBW and NBT reflect system-wide challenges in discharge planning, patient flow, and community capacity.

This results in harm to patients remaining inappropriately in hospital, delays to those needing timely care, increased staff pressure, reduced operational efficiency, financial strain, reputational risk and directly correlates to patients waiting over 12 hours for an inpatient bed from Emergency Departments.

The financial impact is significant. The need to staff unfunded escalation areas often requires high-cost temporary or agency staffing, placing additional pressure on budgets. Extended lengths of stay for patients with no criteria to reside result in occupied beds and staff resources that could otherwise support elective or emergency care, ultimately reducing patient throughput and associated income. This inefficiency increases the overall cost of care and may also expose the Trust to financial penalties or heightened scrutiny from regulators.

Existing Controls

- Daily discharge planning processes and escalation (UHBW)
- Participation in Integrated Discharge Service (IDS) (NBT)and discharge hubs (BOTH)
- Home First team supporting ED and assessment units (BOTH)
- Close working with ICS partners and use of discharge funding streams (BOTH)
  Clinical prioritisation and escalation policies (BOTH)

Sources of Assurance

Internal

- NCtR Numbers reported via IQPR (BOTH)

External

- National reporting of >21 day NCtR patients

Compliance – 2nd Line of Defence

Causal & Contributory Factors

- Lack of community/social care capacity (BOTH)
- Delays to rehab/intermediate care, pathways are full or slow to accept (BOTH)
- Workforce shortages in partners, community and social care teams (BOTH)
- Community capacity isn't aligned with acute demand (BOTH)
- Frailty and comorbidities complicate discharge planning (BOTH)
- Delays from patient/family choice and time taken to agree placements (BOTH)
- Limited ability to discharge during the weekend (BOTH)
- Partner coordination of roles and responsibilities unclear or fragmented (BOTH)
- Seasonal pressures causing peaks in admissions outpace discharge (BOTH)
- Differing risk appetite to community providers (BOTH)
- Delays from Local Authority funding panels on decisions for packages of care and long tern placements (BOTH)

Gaps in Controls or Assurance

- Limited domiciliary or reablement capacity in community and social care (BOTH)
- High demand outpacing available capacity for community placements (BOTH)
- Workforce shortages across the system, including social care (BOTH)
- Insufficient influence over wider system constraints at local Trust level (BOTH)

Planned Mitigation

Group

- Development of system wide improvement plans to deliver the 15% NCTR position. Particular focus on nationally benchmarked reduction of Length of Stay within Pathway 2 and 3 bedded capacities.
- The refreshed Community led D2A Transformation Programme is underway, alongside a refreshed system NCtR trajectory. With a system programme of work in place to deliver agreed targets
- Reviewing internal criteria assessment / referrals to improve efficiencies in the system
- Local Authority led Area Performance Meetings to review community performance and agree improvement actions

UHBW Corporate Risks

8252	Patients with no criteria to reside continue to remain in hospital beds	↔	16
5625	Lack of beds for acutely unwell due to medically fit patients in Medicine	↔	16
2614	Patient care and experience is affected due to being in extra capacity	↓	12

NBT Trust Level Risks

1970	Surgery, Critical Care and Renal Patients cared for in extra capacity	↔	15
1972	Neurosciences and Musculoskeletal Patients cared for in extra capacity	↔	15
2182	Patients 'discharge ready' remaining in hospital	↑	12

Changes to Risks

UHBW

- The No Criteria to Reside principal risk was discussed at PFIG. It was agreed that the associated corporate risk (8252) does not need to be represented under Financial Principal Risk 7. The group confirmed that the potential financial impact is already adequately described within the existing risk narrative.
- 2614 - Patient care and experience is affected due to being in extra capacity, has reduced from 15 to 12, with the likelihood rating lowered from almost certain to likely. This reflects strengthened controls, which have resulted in no reported incidents of harm in 2025. A second volunteer survey is planned for September to provide further assurance.

NBT

- 2182 - New risk re: patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes.

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Principal Risk 6. Digital		Trend
Executive Lead	Chief Digital Information Officer	↓ Decreased
Board Committee	Digital Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Moderate	High	Moderate	Moderate	Moderate	High

Principal Risk Description

A lack of digital maturity, oversight, and coordination across the group, combined with an aging infrastructure at UHBW requiring significant investment, increases the risk of an insecure and unstable digital environment. This could result in siloed and incomplete data, poor system interoperability, and an inconsistent user experience.

Systems that are not fully accessible or joined up across sites may limit access to critical information, creating operational challenges, inefficiencies, and delays in decision-making.

A significant cyber-attack or prolonged IT system failure could further compromise patient safety, disrupt business continuity, and impact the ability to deliver critical services. The consequences include data breaches, privacy violations, financial and regulatory repercussions, and reputational damage, ultimately eroding confidence in the Trust's digital resilience.

Existing Controls

- Digital Security Policies, Procedures and audits (BOTH)
- Regular scanning for vulnerabilities or attacks and antivirus software (BOTH)
- Disaster recovery backup in place and business continuity plans (BOTH)
- Timely server and software updates and patch application (BOTH)
- CareFlow Clinical Workspace (BOTH)
- Connecting Care (BOTH)
- Clinical Risk Management System for Digital Systems (BOTH)
- Digital Hospital Programme Board and its supporting bodies (UHBW)
- New procurement process for introduction of Digital systems (BOTH)
- NHSE cyber security alerting and briefing programme 'CareCert' (BOTH)
  NHSE South West Regional Cyber Security Group (BOTH)

Sources of Assurance

Internal

- HIMSS Infrastructure Adoption Model Assessment has scored our digital infrstructure capability at 4 out of 7 (UHBW)
- DSPT Self-Assessment and Audit Report (BOTH)

External

- Internal Audit reports of the Trust's Information Security Policies, Cyber-Security Action Plan, and Business Continuity Plans in the Trust's digital supply chain (BOTH)
- Annual IT Health Check (BOTH)
- Digital Maturity Assessment (BOTH)
- HIMSS Electronic Medical Record Adoption Model BOTH)

Independant– 3rd Line of Defence

Causal & Contributory Factors

- Limited and fragmented investment in digital infrastructure has led to a variety of systems, presenting challenges in maintenance, future-proofing, performance, and alignment with evolving cybersecurity standards (UHBW)
- Delays in investment and prioritisation of replacing end-of-life software have resulted in a reliance on unsupported systems(UHBW)
- Business Intelligence (BI) capabilities are affected by data silos, continued use of paper records, and inconsistent data quality(UHBW)
- The existence of shadow IT complicates the coordination of digital systems, making it harder to consolidate information and ensure security (BOTH)
- The capacity for digital transformation is spread thin due to competing priorities and the complexity of managing multiple initiatives (BOTH)

Gaps in Controls or Assurance

- The Information Asset Register is incomplete, making it difficult to confirm full compliance with Information Security Policies (UHBW)
- Contract management for digital systems is currently limited (UHBW)
- Business Intelligence (BI) reporting tools are not user-friendly or advanced enough to meet the needs of users (UHBW)
- The data quality function is limited (UHBW)
- A significant portion of shadow IT and some Digital Services systems do not yet comply with the clinical risk management system (BOTH)
- Servers are operating on unsupported systems (BOTH)
- The current infrastructure and insufficient alignment of core IT systems is not equipped to support joint working across the Group (BOTH)

Planned Mitigation

UHBW

- Digital Strategy Year 1 delivery plan
- Careflow Medicines Management Project

NBT

- Implementation of tools to proactively monitor network activity and quickly identify and respond to any changes to normal activity
- Improvement or replacement the existing back-up solution
- Ongoing remediation work for areas highlighted by the vulnerability scanner
- Remove or mitigate 146 Windows 2012 servers from the estate
- Development of an assessment process with the Trust auditors to investigate cyber resilience of the supply chain with procurement
- The BNSSG Cyber Security Governance Group has been established to focus on governance reporting across the ICS and considering converging Cyber Security toolsets

UHBW Corporate Risks

7051	Risk that bespoke Homegrown Solutions limits future development	↔	16
7633	Reliance on paper-based medication prescribing	↔	16
291	Trust IT infrastructure does not meet the needs of a Digital hospital	↔	15
292	The Trust is impacted by a cyber incident	↔	15
418	Routine radiology reports are not signed off or acknowledged	↔	12
1374	Obsolete network components are not replaced	↔	12
3115	Clinical decision making may be based upon incomplete information	↔	12
6129	Inappropriate access to systems is undetected	↔	12

NBT Trust Level Risks

1760	Continued use of hybrid clinical noting (paper and electronic notes)	↔	20
1800	Trust systems do not record the allergy ststus of patients	↔	20
545	Building 180 data centre will overheat and IT Services will fail	↔	16
1893	Poor performance of the pathology middleware solution (Remisol)	↔	16

Changes to Risks

UHBW

- Risk 7034 - Risk that unsupported server operating systems are in use has been closed. The legacy servers hosting the Trust's old intranet platform (Connect) have been decommissioned following the migration to the new intranet on O365 SharePoint. These servers have been removed from the domain and powered down, eliminating the associated significant and severe security risk.

NBT

- No changes.

PRINCIPAL RISK 7. FINANCE		Trend
Executive Leads	Chief Strategic Finance and Estates Officer	↔ Unchanged
Board Committee	Finance & Estates Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE

Principal Risk Description

Failure to achieve financial sustainability due to an inability to meet cost improvement targets, productivity targets, elective activity targets, non-identification of non-recurrent income, and/or manage cost pressures that may lead to budget deficits.

The underlying deficit increases for both Trusts poses the risk of regulatory intervention, including heightened scrutiny, stricter reporting requirements, and potential limitations on decision-making authority.

A deteriorating financial position across the Group could also result in service reductions, compromised patient access and care, further headcount controls, recruitment constraints, and reduced financial autonomy, with greater oversight from the System and Regulators. These factors collectively impact the ability to operate effectively, maintain stakeholder confidence, and invest in future service and organisational improvements.

Existing Controls

- Internal budget Planning and Oversight (BOTH)
- Regular financial reporting at divisional and Trust level (BOTH)
- ICS Directors of Finance (DoF) Group and System Planning Processes (BOTH)
- Procurement controls (BOTH)
- Financial escalation frameworks (BOTH)
- Divisional Performance Management (BOTH)
- Investment Prioritisation (BOTH)
- Financial Forecasting and Scenario PlanningRe (BOTH)
- Local counter fraud service (BOTH)
- Weekly CIP Monitoring Reports (NBT)
- Business Case Review Group (NBT)

Monthly Financial Returns and review with NHSE (NBT)

Sources of Assurance

Internal

- Monthly reporting to Finance Committee and onwards to the Board (BOTH)
- Monthly reporting of CIP/ERF at PFIG (with ICB/NHSE review) and finance sustainailty board (NBT)
- Monthly reporting to GEM and TMT (BOTH)
- Intenal and External Audit submissions to Audit Committee (BOTH)
- Report from Local counter fraud service (BOTH)
- Capital plan monitoring at Capital Progam Steering Group (UHBW)
- ICB review through BNSSG Performance and Recovery Board and BNSSG Finance, Estates & Digital Committee (BOTH)

External

- Model Hospital Benchmarking Reports (BOTH)
- Internal Audit Reports (BOTH)
- External Audit Reports and Value for Money Review (BOTH)

Independent – 3rd Line of Defence

Causal & Contributory Factors

- Insufficient revenue funding from the ICB and Specialised Commissioners (BOTH)
- Insufficient CDEL and/or cash for capital investment (BOTH)
- Underlying financial challenge (BOTH)
- Increasing demand, with fixed and/or limited growth funding (BOTH)
- Workforce supply challenges, with premium costs or contained capacity (BOTH)
- Operational inefficiencies and negative productivity (BOTH)
- Estate configuration, condition and infrastructure maintenance (BOTH)
- Political priorities (BOTH)
- Macro-economic conditions (BOTH)
- Technological advancements (BOTH)

Gaps in Controls or Assurance

- Failure to achieve CIP targets on a recurring basis (BOTH)
- Overspending on pay budgets due to over-establishment and premium workforce costs (UHBW)
- Negative productivity (as measured by NHSE) and linking elective recovery investment (of more inputs) with elective activity delivery (UHBW)
- Review of previous investments to ensure benefits realised (UHBW)
- Being at or close to funded establishment means timely delivery of CIP becomes more important and reallocating resources to meet operational needs becomes a priority to avoid incurring additional temporary staffing costs (NBT)

Planned Mitigation

UHBW

- Driving Productivity and Financial Improvement project (UHBW)
- Digital procurement, stores & materials management transformation project (UHBW)
- Medical Workforce Programme, reducing premium spend project (UHBW)

NBT

- Divisions and Trustwide teams need to develop plans to allow CIP schemes to be delivered (NBT)
- Additional controls to be applied to manage both substantive recruitment and committing additional temporary staffing costs (NBT)
- Improved non-pay governance actions underway

UHBW Corporate Risks

416	The Trust fails to fund the Trust's Strategic Capital Programme	↔	20
7130	The Trust is unable to fund the strategic estate programme	↔	16
6494	Specialised commissioning structures (delegation) impacts income	↔	12
5375	That the Trust doesn't deliver the in-year financial plan	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12
5645	The Trust fails to achieve its stated Clean Air Hospital Framework 2025	↔	12

NBT Trust Level Risks

1777	Negative financial impact from decarbonisation targets and carbon	↔	20
2087	Delivery of recurrent savings	↔	20
2089	Identifying and receiving non-recurrent income	↔	15

Changes to Risks

UHBW

- No changes.

NBT

- No changes.

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PRINCIPAL RISK 8. ESTATE		Trend
Executive Leads	Group Chief Finance and Estates Officer	↔ Unchanged
Board Committee	Finance & Estates Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
High	High	High	High	High	Moderate

Principal Risk Description

The hospital group faces a significant risk due to aging estate infrastructure, with UHBW's older buildings requiring modernisation and NBT's retained estate nearing the need for major refurbishment.

Limited decant space, competing priorities, and restrictions on capital expenditure, including CDEL limits, may delay essential upgrades and maintenance, increasing the likelihood of unplanned service failures, equipment malfunctions, and regulatory non-compliance.

If buildings become unsafe or unusable, clinical services may be disrupted or forced to close, impacting patient care, operational performance, and staff morale.

This could compromise patient safety, disrupt clinical services, and negatively impact staff morale and patient experience.

Existing Controls

- Fire Safety and Remediation Plans (UHBW)
- Capital Planning and Investment (BOTH)
- Estate Management and Maintenance (BOTH)
- Health, Safety, and Compliance Functions (BOTH)
- Risk Management and Contingency Planning Functions (BOTH)
- Technology and Innovation (BOTH)
- Sustainability and Environmental Initiatives (BOTH)
- Collaboration and Strategic Partnerships (BOTH)

Sources of Assurance

Internal

- Strategic Estates Plan (UHBW)
- Capital Planning Reports (BOTH)
- Premises Assurance Model (PAM) Reports (UHBW / being developed at NBT)
- Estates Returns Information Collection (ERIC) Benchmarking reports (BOTH)
- Health & Safety and Compliance Reports (BOTH)
- Performance Reviews (BOTH)
- Control of Infection Committee (NBT)
- Finance and Estates Committee in common (BOTH)

External

- Internal Audit Reports (BOTH)
- Regulatory Inspections and Third-Party Assessments (BOTH)
- Quality Assurance Programs (BOTH)
- Certification Programs (BOTH)
- Submission of ERIC returns (BOTH)

Independent – 3rd Line of Defence

Causal & Contributory Factors

- Aging Infrastructure (BOTH)
- Deferred Maintenance (BOTH)
- Technological Obsolescence (BOTH)
- Inadequate Funding (BOTH)
- Lack of Strategic Planning (BOTH)
- Regulatory Compliance Issues (BOTH)
- Environmental Factors (BOTH)
- Capital Expenditure Restriction (BOTH)
- Staffing Shortages (BOTH)
- Avalibility of decant facilities (BOTH)

Gaps in Controls or Assurance

- Technology integration (BOTH)
- Lack of full Condition Survey (BOTH)
- Lack of comprehensice Asset Registers (BOTH)
- Incomplete Planned Prevantative Maintance (PPM) Programme (UHBW)
- Data and information management (BOTH)
- Resource allocation (BOTH)
- Availability of decant space (BOTH)
- Workforce skills and training (BOTH)
- Workforce capacity (BOTH)

Planned Mitigation

UHBW

- Joint Estates Strategy to develop interim plan
- Heygroves Theatres refurbishment
- Neonatal Intensive Care Unit (NICU) Fire Safety
- Bristol Eye Hospital (BEH) Theatres

NBT

- Estates and W&C teams are assessing unresolved risks beyond available CDEL, identifying mitigation measures, and outlining business continuity plans for high-risk services
- The Bristol Surgical Centre *could* provide support in the event of catastrophic failure within other theatres

UHBW Corporate Risks

7130	The Trust is unable to fund the strategic estate programme	↔	16
7131	That the strategic estate programme is not delivered	↔	16
5325	BHOC services are compromised due to estate condition	↔	16
8237	Building Safety Act delays capital investment projects	↔	16
6112	Estates backlog maintenance may not be adequately funded	↔	15
3472	That the Trust fails to deliver the ICS Green Plan	↓	12
5540	The Trust infrastructure is inadequate for extreme weather	↔	12
5645	The Trust fails to achieve its stated Clean Air Hospital Framework 2025	↔	12

NBT Trust Level Risks

1587	Pathology Chiller Failure	↔	15
1946	Condition of WACH Estate	↔	12
2059	Trip hazard due to exposed cables in patient bedrooms	↑	12

Changes to Risks

UHBW

- 3472 - That the Trust fails to deliver the ICS Green Plan, has reduced from 16 to 12 following strengthened governance, confirmation of ICS funding, and progress on key decarbonisation projects (e.g. fleet electrification, waste contracts, boiler replacement, and Salix-funded initiatives). These measures reduce the likelihood of non-compliance.

NBT

- 1587 – Enabling works due to commence end of Oct 25. The terms of the contract have been agreed and awaiting sign off with the aim to replace the chillers before the end of March 26.
- 1716 – Additional operational space identified for pharmacy. Risk downgraded from TLR to a high level risk (8) and being managed locally within Core Clinical Services.
- 2059 – New risk re: trip hazard due to exposed cables in patient inpatient rooms.

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PRINCIPAL RISK 9. COMPLIANCE		Trend
Executive Leads	Chief Medical & Clinical Innovation Officer	↓ Decreased
Board Committee	Audit Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	Commitment to Community
MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE

Principal Risk Description

Failure to comply with regulatory requirements, statutory duties, and NHS governance standards may lead to enforcement actions, financial penalties, reputational damage, and reduced public and stakeholder confidence.

The complexity of operating as a Group introduces challenges in maintaining consistent compliance across both Trusts, particularly in areas such as data protection, health and safety, safeguarding, financial governance, and clinical regulations. Variability in local implementation of policies, differing regulatory interpretations, and resource constraints may contribute to non-compliance.

Failure to meet Care Quality Commission (CQC), NHS England, and other regulatory requirements could result in enforcement actions, special measures, or increased scrutiny, impacting operational effectiveness and strategic priorities. Inadequate compliance mechanisms may also lead to legal liabilities, workforce implications, and compromised patient safety.

Ensuring robust oversight, aligned governance frameworks, and clear accountability across the Group is critical to mitigating this risk.

Existing Controls

- Regular monitoring of compliance with accountability at Board level (BOTH)
- Specialist teams oversee key statutory areas and report compliance with related standards into operational groups (BOTH)
- Clear accountability for compliance across operational, clinical, and corporate functions (BOTH)
- Policies and procedures covering regulated activities (BOTH)
- Regular staff training on key compliance areas, including GDPR, safeguarding, health and safety, and safeguarding and targeted training for high-risk roles (e.g., clinicians, data handlers) (BOTH)
- Processes for reporting and escalating compliance breaches (BOTH)
- Confidential freedom to speak up channels for staff to report compliance concerns without fear of retaliation (BOTH)

Sources of Assurance

Internal

- Health & Safety Reports (BOTH)
- CQC Action plans in response to inspections (BOTH)
- Premesis Assurance Model reports (BOTH)
- Safeguarding Reports (BOTH)
- IQPR containg compliance with NHS England Oversight Framework Report (BOTH)
- DSP Toolkit (BOTH)
- Equality, Diversity & Inclusion Compliance (BOTH)
- NICE Compliance (BOTH)
- Environmental & Sustainability Compliance Report (BOTH)

External

- Internal audit reports (BOTH)
- Reports from CQC, MHRA and other regulatory bodies (BOTH)

Independant – 3rd Line of Defence

Causal & Contributory Factors

- Frequent updates to NHS, CQC, and statutory requirements (BOTH)
- Limited specialist compliance staff and training (BOTH)
- Variability in applying policies across sites (BOTH)
- Competing priorities deprioritising compliance activities (BOTH)
- Third-party providers failing to meet regulatory standards (BOTH)
- Delays in updating policies and unclear ownership (UHBW)
- Differences in policies and governance create inconsistencies (UHBW)
- Lack of integrated digital systems for compliance oversight (UHBW)
- Lack of awareness and training on compliance requirements (UHBW)

Gaps in Controls or Assurances

- Complexity leads to no single, clear reference of obligations (BOTH)
- Opportunities to improve training engagement (UHBW)
- Inconsistent implementation and monitoring of policies (UHBW)

Planned Mitigation

UHBW

- Fire Safety Programme (UHBW)
- Objective to improve completion weekly fire evacuation checks (UHBW)
- Neonatal Intensive Care Unit (NICU) Fire Safety project (UHBW)

NBT

- Business case approved for mortuary compliance works and funding allocated.

UHBW Corporate Risks

972	Non-Compliance with Fire Regulatory Reform Order 2005	↔	20
2695	Risk that the Trust fails to establish and maintain robust governance	↔	12
6691	That medicines are not stored securely	↔	12

NBT Trust Level Risks

2152	IRR 17 compliance in diagnostic and interventional imaging	↑	16
2016	Mortuary Compliance with Human Tissue Act	↔	15

Changes to Risks

- UHBW 3826 - Risk assessments by non-competent persons, and 3827 – Incomplete risk assessments for plant rooms have reduced from 12 to 8 following the development of a new risk framework aligned to the Trust's current risk profile and the commissioning of retrospective fire risk assessments from external fire engineers (OFR). These measures have reduced the likelihood of gaps. These have therefore been de-escalated from the CRR.
- UHBW Risks 3830 - Incomplete fire compartmentation (20), and 5564 - WGH fire doors do not meet current certification standards (12), and 6209 - Fire alarm cause & effect is not programmed correctly (12) have been reviewed and closed due to development of new risk framework linked to current knowledge of Trust risks and establishment of retrospective fire risk assessments produced by external fire engineers, OFR. The overall assessment of compliance is covered by existing risk 972.
- UHBW 7980 - Compliance with statutory and regulatory safeguarding duties, has reduced from 12 to 8 and de-escalated from the Corporate Risk Register following improvements delivered over the past two years, including strengthened staffing, resourcing, governance and assurance arrangements, and the introduction of a Single Managed Service with senior leadership at NBT. These measures have enhanced controls and reduced the likelihood of non-compliance.
- NBT 2152 – New risk re: IRR 17 compliance in diagnostic and interventional imaging due to insufficiency in staff cover to assess and address compliance.