

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).

Independent – 3rd Line of Defence

Principal Risk 2. EQUIPMENT				Trend		Impact on Delivery of Strategic Priority													
Executive Leads		Chief Nursing and Improvement Officer & Chief Medical and Clinical Innovation Officer		↔ Unchanged		Quality		Timely Care		People		Innovation		Resources		Commitment to Community			
Board Committee		Quality & Outcomes Committee				HIGH		HIGH		MODERATE		LOW		MODERATE		MODERATE			
Principal Risk Description						Existing Controls						Sources of Assurance							
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.						- 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)						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 – 2 nd Line of Defence	
Causal & Contributory Factors						Gaps in Controls or Assurance						Planned Mitigation							
- 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)						- 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)						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						NBT Trust Level Risks						Changes to Risks							
6907	Siemens plain film room at SBCH could fail beyond repair			↔	20	1681	Aging Imaging equipment reaching end of life may fail			↔	12	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							
7073	Failure of aging radiology equipment			↔	20	2041	Aging nurse call system in Women and Children's sector			↔	12								
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														

External – 3rd Line of Defence

Principal Risk 4. PERFORMANCE				Trend		Impact on Delivery of Strategic Priority													
Executive Leads		Hospital Managing Directors		↔ Unchanged		Quality		Timely Care		People		Innovation		Resources		Commitment to Community			
Board Committee		Quality Committee				HIGH		HIGH		MODERATE		HIGH		HIGH		MODERATE			
Principal Risk Description						Existing Controls						Sources of Assurance							
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.						- 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)						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)						Independent – 3 rd Line of Defence	
Causal & Contributory Factors						Gaps in Controls or Assurance						Planned Mitigation							
- 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)						- 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)						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						NBT Trust Level Risks						Changes to Risks							
423	That demand for inpatient admission exceeds available bed capacity	↔	20	1940	Delays in patient flow through the hospital impact timely treatment	↓	16	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 regarding 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.											
7769	Patients in the Trusts ED’s may not receive timely and effective care	↔	20	1765	Complaint/PALS responses not achieving statutory timframes (ASCR)	↔	16												
6782	Non-compliance with the 28 day faster diagnosis cancer standard	↔	16	1701	Capacity of tier3 Weight Management Service	↔	15												
1035	Access to critical care beds for BNSSG and tertiary catchment areas	↔	16	523	Urology Service waiting list	↔	12												
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 inequitable 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																

Independent – 3rd Line of Defence

Compliance – 2nd Line of Defence

Independent-3rd Line of Defence

Independent – 3rd Line of Defence

Principal Risk 8. ESTATE				Trend	Impact on Delivery of Strategic Priority												
Executive Leads		Group Chief Finance and Estates Officer		↔	Quality		Timely Care		People		Innovation		Resources		Commitment to Community		
Board Committee		Finance & Estates Committee			High		High		High		High		High		Moderate		
Principal Risk Description					Existing Controls					Sources of Assurance							
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.					• 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)					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 – 3 rd Line of Defence
Causal & Contributory Factors					Gaps in Controls or Assurance					Planned Mitigation							
• 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) • Availability of decant facilities (BOTH)					• 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)					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 <i>could</i> provide support in the event of catastrophic failure within other theatres							
UHBW Corporate Risks					NBT Trust Level Risks					Changes to Risks							
7130	The Trust is unable to fund the strategic estate programme			↔	16	1587	Pathology Chiller Failure			↔	15	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.					
7131	That the strategic estate programme is not delivered			↔	16	1946	Condition of WACH Estate			↔	12						
5325	BHOC services are compromised due to estate condition			↔	16	2059	Trip hazard due to exposed cables in patient bedrooms			↑	12						
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												

Independent – 3rd Line of Defence