

BOARD ASSURANCE	FRAMEWORK			Impact on Delivery	of Strategic Priority			Linked Corporate Risks	
Principal Risk	<u>Executive</u>	Quality	Timely Care	People	Innovation	Resources	Commitment to Community	No. of Risks	<u>Trend</u>
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	\leftrightarrow
3. WORKFORCE	Group Chief People & Culture Officer	MODERATE	HIGH	HIGH	HIGH	HIGH	LOW	9	\leftrightarrow
4. PERFORMANCE	Hospital Managing Directors	HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE	15	\leftrightarrow
5. NO CRITERIA to RESI	5. NO CRITERIA to RESIDE Hospital Managing Directors		HIGH	HIGH	MODERATE	HIGH	MODERATE	5	\leftrightarrow
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	\leftrightarrow
8. ESTATE	Group Chief Finance and Estates Officer	HIGH	HIGH	HIGH	HIGH	HIGH	MODERATE	12	\leftrightarrow
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:

MODERATE

A significant threat to delivery of the strategic priority, requiring active mitigation to avoid adverse consequences

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).



											Bristol Weston	
PRINCIPA	AL RISK 1. QUALITY	Trend				Impact	t on Deliv	very of S	trategic Priority			
Executive	Leads Chief Nursing and Improvement Officer & Chief Medical & Clinical Innovation Officer	↑		Quality	Timely Care	People			Innovation	Resources	Commitment to Community	
Board Co	nmittee Quality & Outcomes Committee	ncreased		HIGH	HIGH	HIGH			HIGH	MODERATE	MODERATE	
Principal	Risk Description		Existin	g Controls			:	Sources	of Assurance			
pressures maintaini The ability restricting which ma inefficiend There is a and avoid Failure to satisfactio Regulator	service demand, workforce shortages, financial constraints, and of combined with the complexity of clinical pathways, create challening high standards of care and clinical safety. It to maintain high-quality care is also affected by limitations in functions in functions in the Trust's ability to replace essential clinical equipment and upgray lead to increased downtime, suboptimal patient care, and furthericies. Iso a heightened risk of hospital-acquired infections, prolonged recable complications, if staffing levels and resources are stretched, uphold quality standards may result in health inequalities, diminished, reputational damage, and difficulties in staff recruitment and respectively mitigate these risks.	ding, ade facilities, r operational overy times, hed patient tention.	•	Staff reruitment, reter Policies and guideline Infection prevention p Elective recovery plan Communication, patie	protocols (BOTH) Ins (BOTH) Ins rent surveys, and structured end Initiatives, NHS funding access,	on programs (BOTH)	ion for	• • • • External	Safe Staffing Reports (E Complaint and Patient	erformance Reports (BOTH) BOTH) Experience Reports (BOTH) Feedback Reports (BOTH) Irance Reports (BOTH) Programme (UHBW) (BOTH)	Independent — 3 rd Line of Defence	
Causal &	Contributory Factors		Gaps in	n Controls or Assurance					Mitigation			
• L • F • (desource Constraints (BOTH) ack of Standardisation (BOTH) ailure to address systemic issues (BOTH) communication Breakdowns (BOTH) neffective feedback mechanisms (BOTH) aging equipment (BOTH)		 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) 					 Joint Clinical Strategy, Healthy Weston phase 2 and the UHBW Elective Strategy (BGEXPERIED EXPERIED EXPERIE				
	nsufficient investment in infrastructure (BOTH) ack of robust digital infrastructure and processes (UHBW)		 Lack of centralised medical equipment repository (UHBW) Lack of capital rolling replacement programme for equipment (UHBW) 					•	 Increase elective surgical capacity through the new Bristol Surgical Centre (NBT) Engage with ICS to secure additional community capacity for patient discharge (NBT) 			
	rporate Risks			ust Level Risks	replacement programme for e	quipinent (OHBW)		Changes	to Risks	care adamsorial community cap	acted for patient discharge (1151)	
	on-compliant behaviours for effective IPC practice amongst staff	↔ 16			eads to delayed or inaccurate	decision making		UHBW	TO KISKS			
7566 T 7919 T 7633 R	nat staff fatigue impacts performance and patient safety hat sepsis is not considered, recognised and responded to eliance on paper-based medication prescribing elays in commencing induction of labour	$ \begin{array}{ccc} & & & & \\ & & & & \\ & & & & \\ & & & &$		Patient record systems Continued overcrowdin Delay in delivery of blo	do not robustly identify knowng within the Emergency Dept	n allergies •	$\begin{array}{c} & 20 \\ \leftrightarrow & 20 \\ \uparrow & 16 \\ \uparrow & 16 \\ \uparrow & 16 \end{array}$	•	from the Corporate Risk Registrengthened staffing, resour Managed Service with senior likelihood of non-compliance 2614 - Patient care and expe	ister following improvements delivere rcing, governance and assurance arrar r leadership at NBT. These measures he. erience is affected due to being in extr	gements, and the introduction of a Single ave enhanced controls and reduced the a capacity, has reduced from 15 to 12, with the	
856 E	motional & mental health needs of C&YP may not be met ischarge summaries do not communicate effectively	 ↔ 15 ↔ 15 ↑ 15 	701 1697 1704	Transfer of medically fi	ternity theatres and theatre te it patients requiring Mental He f Stroke Care to patients	alth services 6	↑ 15↔ 15↔ 15		no reported incidents of harrassurance.	m in 2025. A second volunteer survey	strengthened controls, which have resulted in s planned for September to provide further reduced from 12 to 9 following clearance of the	
418 R 1598 P 1702 C	outine radiology reports are not signed off/ acknowledged timely atients suffer harm or injury from preventable falls ommunication needs of patients are not recognised atient care and experience is affected due to being in extra capacity	 ↔ 12 ↔ 12 ↔ 12 	1881 1699 1831 1900	Care of Medical Outlyin Absence of a Core 24 s Insufficient resourcing	·	Health Act	$ \begin{array}{c} (7) & 15 \\ (7) & 15 \\ (7) & 15 \\ (7) & 12 \\ (7) & 12 \\ (7) & 12 \\ (7) & 12 \\ (7) & 12 \\ (7) & 12 \\ (8) & 12 \\ (9)$	•	caseworker backlog. Ongoing 8157 - That discharge summ of discharge summaries, whi report. A gap analysis against Improvement Group is being	g focus is on sustaining this position. naries do not communicate effectively, ich highlighted challenges consistent w t the HSSIB's local learning prompts co	has been escalated following a thematic review ith the findings of a recent national HSSIB nfirmed these issues. A BNSSG Quality nary risks at system level, while further local	
3216 N 6013 N	HSE limits for Clostridioides difficile are breached lethicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's hat medicines are not stored securely	$ \begin{array}{ccc} & & \downarrow & \downarrow & \downarrow \\ & & \leftrightarrow & \downarrow & \downarrow \\ & & \leftrightarrow & \downarrow & \downarrow \\ & & \leftrightarrow & \downarrow & \downarrow & \downarrow \\ & & & \leftrightarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & \downarrow & \downarrow & \downarrow & \downarrow \\ & & \downarrow & \downarrow & \downarrow & \downarrow \\ & \downarrow & \downarrow \\ & \downarrow & \downarrow & \downarrow \\ & \downarrow & $	1982		pport Endoscopic Retrograde	•		NBT •	701 – Limited capacity of m patient care due to the limite elective caesarean sections of	naternity theatres and theatre team, had capacity of maternity theatres and over more urgent care.	s been escalated as there is a risk of delayed heatre team. This results in the prioritisation of	
									safety due to to a lack of 24/ services. This leads to delays 2002 - New risk re: incorrect Discussed within RMG in Sep posed as an entry has also be 2105 - New risk re: delay in d 2134 - New risk re: Pharmac Divisional Management Team	7 telephone triage as a single point of in appropriate care and assessment a allocation of treating Consultant for a ptember and an aggregated risk is curreen raised (non-TLR) by ASCR. delivery of blood products in a timely recy service provision. To note, risk entry and Director of Pharmacy.	as been escalated as there is a risk to patient access for all women accessing maternity and variation in advice offered. Idmitted patients raised by NMSK clinical division ently being drafted to reflect trustwide risk anner to meet the demands of the hospital. (scoring) currently under review by the ithin the Emergency Department in periods of	



PRINCIPAL RISK 2	. EQUIPMENT	Trend				Impact on	Delivery	of Strategic Priority		Bristol Weston	
Executive Leads	Chief Nursing and Improvement Officer & Chief Medical and Clinical Innovation Officer	\leftrightarrow		Quality	Timely Care	People		Innovation	Resources	Commitment to Community	
Board Committee	Quality & Outcomes Committee	- Unchanged		HIGH	HIGH	MODERATE		LOW	MODERATE	MODERATE	
Principal Risk Des	cription		Existi	ng Controls			Sour	ces of Assurance			
Failures in procure unsafe, inefficient This includes acquitimely manner, an	t medical equipment is not adequately procured, maintained ordance with clinical, operational, regulatory, and environment planning, lifecycle management, and disposal process, or environmentally unsustainable equipment usage. Living unsuitable or non-compliant equipment, failing to repland disposing of medical devices without meeting legal or suspend to patient harm, service disruption, financial inefficiency ironmental impact.		Oversight via the Systems for incide Audits of high-ris Front-line teams equipment across Business continui 10-year capital pr	ng manages maintenance and of Medical Devices Committee (Bent reporting and investigation k equipment (BOTH) informally adjust workloads and services (BOTH) ity plans in place in event of equipment developed (NBT) ar monitoring within Capital Plan	OTH) (BOTH) d reallocate or share uipment failure (NBT)		 Internal Incident reporting and investigations reported to QOC (BOTH) Internal audit reports (BOTH) External CQC inspection findings, especially where equipment safety or clinical environmen has been flagged (BOTH) 				
Causal & Contribu	utory Factors		Gaps	in Controls or Assur	ance		Plan	ned Mitigation			
Historic cInadequaVariation	tate and clinical infrastructure (BOTH) decisions to defer replacement cycles (BOTH) ate capital allocation relative to the value of equipment (BOT in oversight between capital and revenue funded (BOTH) ted 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) 					 Patient First Corporate Project - Equipment Procurement & Management. NBT Clear programme of equipment which has been captured within the 10-year Capiplan Local business continuity plans in place in the event of equipment failure 				
UHBW Corporate	Dicks		NRTT	rust Level Risks			Char	nges to Risks			
	plain film room at SBCH could fail beyond repair	↔ 20	1681		ipment reaching end of life may	r fail ↔					
	aging radiology equipment	\leftrightarrow 20	2041		stem in Women and Children's		12 UHB				
-	Hybrid/Theatre 10 equipment	\leftrightarrow 20					_		cused to cover weaknesses in		
+	radiotherapy treatment machine Linac H	↔ 20							d to assess the adequacy of e		
-	aging CT Sim equipment fails	↔ 16								om the inability to locate or confirm	
+	te size of decant bunker in Radiology	↔ 16							nent due to lack of tracking fu	•	
	nt is not effectively procured	↓ 12								coring departmental equipment risks , with several end-of-life, single-point	
8568 Equipmen	nt cannot be reliably tracked or located	↑ 12						•		endeavours maintenance with parts	
8568 Equipmen	nt is not adequately maintained or replaced	12						scarcity, and current quality and flow risk	t workarounds (e.g., mobile in s. Priority exposures include	naging, inter-site diversion) carry NGH plain-film capacity (Rm2 failure	
								interventional radio	logy Room 11 (end-of-suppor	ediatric X-ray and 3T MRI, BRI t), ICU humidification, and single	
										D, FEES scope in BCH, vascular	
									on). Capital bids are progressing: (1) accelerate already-fund	ng but face CDEL constraints. led replacements and enabling works,	
										-device safety risks, (3) formalise	
										ase plans), and (4) advance a joined-	
										ith clear assurance through Capital	
								Planning and the co	rporate equipment risk.		
							NBT				
								 No changes 			



PRINCIPAL RI	K 3. WORKFORCE	Trend				Impact on D	elivery o	f Strategic Priority		Bristol Weston		
Executive Lea		•		Quality	Timely Care	People		Innovation	Resources	Commitment to Community		
Board Commi	ttee People Committee	Increased Risk	(MODERATE	HIGH	HIGH		HIGH	HIGH	LOW		
specialities the models of care recruit into. The Group op limited transpicandidates. At the same the flexible and various present further visible progre	orkforce capacity is expected to rise for some discrete is will be driven by service expansion, population health. There remains a small number of hard to fill posts the erates in a highly competitive labour market, with high ort infrastructure reducing the appeal of city centre have, national constraints on the training pipeline, grow lues-led careers, and the need for inclusive, future-four challenges in aligning the workforce to future services on equality, diversity, and inclusion remains vital for	th changes and new hat are difficult to h living costs and ospital sites for son wing expectations for cused leadership the needs. Ensuring r building a culture	ne or	Workforce planning Job planning and E-R People and Workford Traineeship and app Staff Health Checks, Equality, Diversity, a Education Strategy (ce Strategies and retention pla renticeships programmes (BO Wellbeing and Flexible Workir nd Inclusion Plan and Anti-rac	interviews (BOTH) ans (BOTH) TH) ng offers (BOTH)	Interna	Staff Survey Results R Compliance Reports w Integrated Quality & F Freedom to Speak up Guardian of safe work National Violence and Deliverables of People	with standards related to staff Performance Report contains process and reports (BOTH)	people metrics (BOTH) ards (BOTH)		
urban popular Shifts in gover constraints po of workforce of These pressur staffing, and a years to come	nment priorities or NHS-wide restructuring could inte tentially leading to greater restrictions on recruitmen ontrols across the Group. es could result in greater instability, increased reliance diminished ability to deliver safe, high-quality care ac	ensify financial at and the continuat e on temporary	tion	HELM Programme (N		oups (UHBW)	Extern	People themed Intern CQC reports contain for NHSE Quality visits to Annual site visits from British Safety Council	rt and WRES/WDES data Reponal Audit Reports (BOTH) Geedback on workforce (BOTH) GEDECTION (BOTH) THEI'S of sudent experiences of Audit and Safer Learning Envi	and placements (BOTH)		
IncreChallFixedTemple	ributory Factors asing demand for services along with budget constraint enges associated with shortages of specialists national Agenda for Change reward structure (BOTH) encry staffing costs and market forces (BOTH)		Gaps	the same staff (BOTH Differentialsacross the Pro-equity and Anti-	n providers across the BNSSG	similar roles (BOTH) pment (UHBW)		Development of the G	rand of the Hospital Group Be	nefits Case will focus on ensuring aligned een the two Acute Trusts and across the		
WorlDr roCapaIncor	Ficient training provision and uptake (BOTH) load and work related stress (BOTH) station allocation (BOTH) city of HEI's and FE's to develop workforce plan (BOTH) sistent culture and experience across staff groups (BC	OTH)	•	Ability to forecast fu Current workforce p to fill posts, alternat and international pig	uture threats to local supply of workforce (UHBW) plan for medical roles needs to be refreshed to include tive roles, options for reducing high cost agency and le			 The UHBW People Strategy year 3 delivery plan Medical Workforce programme Delivering the pro-equity promise 				
-	ne, leadtimes and funding for developing the workfor trial action (BOTH)	rce (BOTH)					•	Talent acquisition tea	m are providing targeted supp	port to affected specialties		
UHBW Corpo				rust Level Risks			_	es to Risks				
	ges to immigration law force shortages in specialist medical roles	↑ ↔	16 197916 374	_	in specialist medical roles erience violent or aggressive b	\leftrightarrow 10 behaviour \leftrightarrow 11	UHBW		nigration law has been escalate	d to the Corporate Risk Register due to its		
	suffering from fatigue	\leftrightarrow	16					potential to significant	ly impact workforce supply, rec	ruitment pipelines, and the Trust's ability		
	nts and staff experience violent or aggressive behavior		12					to sustain safe staffing		notantial to cignificantly impact the Taret		
	f agencies who are non-compliant with national pricin		12				_ •			potential to significantly impact the Trust's nd financial performance. The recent BMA		
	trial action impacts patient safety, elective recovery a st of Group Model development and implementation of Group		12				•	 indicative ballot showed strong support from consultants and SAS doctors for industr statutory ballot may follow if negotiations on the 4% uplift do not progress 8360 - Changes to Employment Rights Legislation, has been reduced to 9 followin confirmation that the Trust now has a longer lead time, with the changes not due effect until 2027. 				
							NBT •	No changes.				



PRINCIPAL RISK 4. PERFORMANCE	Trend			Impact on D	elivery of Strategic Prio	rity				
Executive Leads Hospital Managing Directors	\leftrightarrow	Quality	Timely Care	People	Innovation	Resources	Commitment to Community			
Board Committee Quality Committee	Unchanged	HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE			
rincipal Risk Description		Existing Controls			Sources of Assurance					
A combination of factors, including a high number of patients with constrained community and primary care capacity, and workforce patient flow across our hospitals. This contributes to delays in care increased stress on staff. Patients face prolonged wait times, which outcomes, while overcrowding heightens the risk of infection spreading to delays in Emergency Departments, including breaches carefully treatment and ambulance handovers. Stretched resources errors, compromising patient safety. Failure to meet operational targets results in poor patient experies reputational damage to the Trust. Additionally, reduced production nefficiencies exacerbate health inequalities.	pressures, is limiting, overcrowding, and nean worsen clinical ad. The section of the section o	Same Day Emerge Integrated dischar NHS@Home to pro Extra capacity loca Telemedicine (BO) System working (B Repatriation Policy RTT Recovery Plan UEC Board and Im	OTH) y (NBT)	events admission (BOTH) Hub (BOTH) charge (BOTH)	 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) 					
ausal & Contributory Factors		Gaps in Controls or Assura	nce		Planned Mitigation					
 Poor coordination between different parts of the healthce Access to primary care and capacity of social care to support of	ort discharge (BOTH) thcare services (BOTH TH)	 Ability to discharge Inability to ring fer admissions (BOTH) Ability to measure Not yet seeing evidelivering planned 	ra capacity locations (BOTH) e in a timely manner (BOTH) nce critical care beds for elctive p) r productivity (UHBW) dence that investment in "Discha I improvements to discharge num o criteria to reside (NBT)	rge 2 Assess" initiative is	 Improving Or Improving the Ready for district NBT Community I Bristol Surgior Additional Elements Working with bridging strates Transfer of community I 	ective Care Capacity in BNSSG via nation ICS via the system Chief Executive grotegies and short-term mitigations to co	ect onal Targeted Investment Fund oup and the D2A Board to identify ompensate for delayed D2A impact. (6			
HBW Corporate Risks		NBT Trust Level Risks			Changes to Risks					
HBW Corporate Risks That demand for inpatient admission exceeds available be	d capacity ←	NBT Trust Level Risks 1940 Delays in patient flo	ow through the hospital impact ti	mely treatment \ \ \ 16	Changes to Risks UHBW					
Patients in the Trusts ED's may not receive timely and effective Non-compliance with the 28 day faster diagnosis cancer state.	ctive care \leftrightarrow 2 and ard \leftrightarrow 2	20 1765 Complaint/PALS res 6 1701 Capacity of tier3 W	sponses not achieving statutory ti eight Management Service		Risk 5520 has on waiting list	been reframed from a broad focus on heal s to a more targeted Risk that patients from	n deprived and marginalised communities			
Access to critical care beds for BNSSG and tertiary catchm That there is inadequate Clinical Site Management resour	ce overnight \leftrightarrow 3	.6 523 Urology Service wai	iting list	↔ 12	improving elec	face unequal access and longer waits for elective care. This reflects the current opera improving elective access equity, with mitigation actions coordinated through PCG ar assurance via HEDG. The risk score remains unchanged.				
BRI Patients with #NOF access surgery within 36 hours of That elements of the NHS Oversight Framework are not m 44 Long waits for Outpatient follow-up appointments	et	.2			 A new strategic risk (8662) has been drafted to cover wider health inequalities across experience and outcomes. This will replace 5520 once Group governance and portfolion NBT 					
Patients from deprived/marginalised communities face in Non-compliance with the 62 day cancer standard Non-compliance with the 31 day cancer standard Page 15 Descriptions as usual is discrepted due to Group Model imples		2			statutory time • Risk ID 1940 –	Risk ID 1765 - Has been escalated regading the lack of capacity within ASCR to respond v 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 scoreduced to reflect this. The risk impact (major) posed has not changed, however in light of in				
7875 Business as usual is disrupted due to Group Model impler	nentation \leftrightarrow 1	.2				hood of this occurring has reduced from al				



												Bristol Weston
PRINCIPAL RISK 5.	NO CRITERIA TO RESIDE	Trend					Impa	act on De	livery of	Strategic Priority		
Executive Leads	Hospital Managing Directors	← Unchanged			Quality	Timely Care	People			Innovation	Resources	Commitment to Community
Board Committee	Quality Committee	Onenangea			HIGH	нідн	HIGH			MODERATE	нідн	MODERATE
Principal Risk Desc	ription			Existing	Controls	'	'		Source	s of Assurance		
NBT reflect system capacity. This results in harm needing timely care strain, reputational inpatient bed from The financial impacrequires high-cost to Extended lengths of staff resources that reducing patient the	umbers of patients with no criteria to reside (NG-wide challenges in discharge planning, patient in to patients remaining inappropriately in hospite, increased staff pressure, reduced operational I risk and directly correlates to patients waiting Emergency Departments. It is significant. The need to staff unfunded escatemporary or agency staffing, placing additional of stay for patients with no criteria to reside result could otherwise support elective or emergency aroughput and associated income. This inefficients ay also expose the Trust to financial penalties or	tal, delays to those defficiency, financial over 12 hours for an alation areas often defined by care, ultimately ncy increases the over	ty I n ts. and erall	•	Participation in Integ (BOTH) Home First team sup Close working with IC	ning processes and escalation grated Discharge Service (ID poporting ED and assessment CS partners and use of dischioritisation and escalation processes and the second second second second second second second second sec	S) (NBT)and discharge hu t units (BOTH) narge funding streams (Bo		Externa	NCtR Numbers report		Compliance – 2 nd Line of Defence
Causal & Contribut	tory Factors			Canc in (Controls or Assurance	^			Dlanna	d Mitigation		
 Delays to a Workforce Communit Frailty and Delays fro Limited ab Partner co Seasonal p Differing r Delays fro 	mmunity/social care capacity (BOTH) rehab/intermediate care, pathways are full or size shortages in partners, community and social caty capacity isn't aligned with acute demand (BO di comorbidities complicate discharge planning (impatient/family choice and time taken to agree polity to discharge during the weekend (BOTH) coordination of roles and responsibilities unclear pressures causing peaks in admissions outpace of the community providers (BOTH) om Local Authority funding panels on decisions for placements (BOTH)	are teams (BOTH) TH) BOTH) e placements (BOTH) or fragmented (BOTH)	H)	•	High demand outpac Workforce shortages	or reablement capacity in co cing available capacity for co s across the system, including e over wider system constra	ommunity placements (Born social care (BOTH)	ОТН)	Group	Particular focus on n and 3 bedded capaci The refreshed Comm refreshed system NC agreed targets Reviewing internal co	ationally benchmarked reduct ties. nunity led D2A Transformation tR trajectory. With a system p riteria assessment / referrals to rea Performance Meetings to	o deliver the 15% NCTR position. ion of Length of Stay within Pathway 2 Programme is underway, alongside a rogramme of work in place to deliver o improve efficiencies in the system review community performance and
UHBW Corporate F	Risks			NBT Trus	st Level Risks				Change	es to Risks		
	ith no criteria to reside continue to remain in h				• ,	and Renal Patients cared fo		↔ 15	UHBW			
<u> </u>	ds for acutely unwell due to medically fit patien re and experience is affected due to being in ext					usculoskeletal Patients care ady' remaining in hospital	d for in extra capacity	↔ 15↑ 12	•	corporate risk (8252) d	oes not need to be represented	t PFIG. It was agreed that the associated under Financial Principal Risk 7. The group adequately described within the existing
									•	2614 - Patient care and 15 to 12, with the likeli strengthened controls,	hood rating lowered from almo	ted incidents of harm in 2025. A second
									- NBT	Criteria to Reside (NC	2R)' will be at greater risk of de	y' who remain in hospital beds with 'No econditioning, hospital acquired ying levels of harm/patient outcomes.



Principal Risk 6. Digital	Trend			Impact on D	elivery of Strategic Priority				
Executive Lead Chief Digital Information Officer	+	Quality	Timely Care	People	Innovation	Resources	Commitment to Community		
Board Committee Digital Committee	Decreased	Moderate	High	Moderate	Moderate	Moderate	High		
Principal Risk Description		Existing Controls	, i		Sources of Assurance		· · · · · · · · · · · · · · · · · · ·		
A lack of digital maturity, oversight, and coordination across the groaging infrastructure at UHBW requiring significant investment, increinsecure and unstable digital environment. This could result in siloed poor system interoperability, and an inconsistent user experience. Systems that are not fully accessible or joined up across sites may limited information, creating operational challenges, inefficiencies, and delay a significant cyber-attack or prolonged IT system failure could further safety, disrupt business continuity, and impact the ability to deliver consequences include data breaches, privacy violations, financial and repercussions, and reputational damage, ultimately eroding confided digital resilience.	ases the risk of an d and incomplete data, mit access to critical ays in decision-making. er compromise patient critical services. The d regulatory	 Regular scanning for Disaster recovery back Timely server and soft CareFlow Clinical Wo Connecting Care (BO) Clinical Risk Manager Digital Hospital Programment programment programment programment programment NHSE cyber security and programment 	,	antivirus software (BOTH) ntinuity plans (BOTH) lication (BOTH) ns (BOTH) ng bodies (UHBW) tal systems (BOTH) me 'CareCert' (BOTH)	 HIMSS Infrastructure Adoption Model Assessment has scored our digital infrstruct 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) 				
 Limited and fragmented investment in digital infrastructure systems, presenting challenges in maintenance, future-proand alignment with evolving cybersecurity standards (UHBW) Delays in investment and prioritisation of replacing end-of-resulted in a reliance on unsupported systems(UHBW) Business Intelligence (BI) capabilities are affected by data spaper records, and inconsistent data quality(UHBW) The existence of shadow IT complicates the coordination of making it harder to consolidate information and ensure seed. The capacity for digital transformation is spread thin due to and the complexity of managing multiple initiatives (BOTH) 	ofing, performance, W) life software have ilos, continued use of f digital systems, curity (BOTH) o competing priorities	compliance with Info Contract management Business Intelligence enough to meet the in The data quality funct A significant portion comply with the clini Servers are operating The current infrastrue equipped to support	et Register is incomplete, make primation Security Policies (UHI of the for digital systems is current (BI) reporting tools are not us needs of users (UHBW) etion is limited (UHBW) of shadow IT and some Digital ical risk management system (BC) on unsupported systems (BC) cture and insufficient alignment joint working across the Groundstream of the footened systems (BC) on the footened syste	BW) tly limited (UHBW) ser-friendly or advanced Services systems do not yet BOTH) OTH) nt of core IT systems is not	respond to any chang Improvement or repl Ongoing remediation Remove or mitigate 1 Development of an a resilience of the supp The BNSSG Cyber Secreporting across the	Management Project rols to proactively monitor ne- ges to normal activity acement the existing back-up work for areas highlighted by 46 Windows 2012 servers fro ssessment process with the Toly chain with procurement	y the vulnerability scanner om the estate rust auditors to investigate cyber been established to focus on governance		
Total Risk that bespoke Homegrown Solutions limits future devel Reliance on paper-based medication prescribing Trust IT infrastructure does not meet the needs of a Digital The Trust is impacted by a cyber incident Routine radiology reports are not signed off or acknowledge Obsolete network components are not replaced Clinical decision making may be based upon incomplete info Inappropriate access to systems is undetected	1800 Trust systems do not r 545 Building 180 data cent	rid clinical noting (paper and e record the allergy ststus of pat tre will overheat and IT Service the pathology middleware solu	rients \leftrightarrow 20 es will fail \leftrightarrow 16	legacy servers hostin decommissioned foll	g the Trust's old intranet platf owing the migration to the ne moved from the domain and I	g systems are in use has been closed. The form (Connect) have been w intranet on O365 SharePoint. These powered down, eliminating the associated			



C7. FINANCE Chief Strategic Finance and Estates Officer Ree Finance & Estates Committee Rescription	Trend ↔ Unchanged		Quality	Timely Care	Impact on D	elivery of	f Strategic Priority Innovation	Resources	Commitment to Community
ree Finance & Estates Committee			Quality	Timely Care	People		Innovation	Posources	Commitment to Community
	Unchanged						imovation	Resources	Community
escription	_		HIGH	HIGH	HIGH		MODERATE	HIGH	MODERATE
		Existing	Controls			Source	s of Assurance		
atient access and care, further headcount controls, r d reduced financial autonomy, with greater oversight se factors collectively impact the ability to operate e	ion of non-recurrent cits. ulatory intervention potential limitations in service reductions ecruitment from the System an ffectively, maintain	• • • • • • • • • • • • • • • • • • •	Regular financial rel ICS Directors of Fin Procurement contr Financial escalation Divisional Performa Investment Prioritia Financial Forecastia Local counter frauc Weekly CIP Monito Business Case Revie	n frameworks (BOTH) ance Management (BOTH) sation (BOTH) ng and Scenario PlanningRe (BOT d service (BOTH) pring Reports (NBT) ew Group (NBT)	nning Processes (BOTH)	Externa	Monthly reporting to R Monthly reporting of C board (NBT) Monthly reporting to C Intenal and External A Report from Local cou Capital plan monitorin ICB review through BN Estates & Digital Commal Model Hospital Bench	GEM and TMT (BOTH) udit submissions to Audit Comr nter fraud service (BOTH) g at Capital Progam Steering Gr ISSG Performance and Recover mittee (BOTH) marking Reports (BOTH)	review) and finance sustainailty nittee (BOTH) roup (UHBW)
						•		and Value for Money Review (вотн)
•		•			OT!!!		<u> </u>		
 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) 				hay budgets due to over-establish HBW) wity (as measured by NHSE) and ling re inputs) with elective activity destinates investments to ensure benefits to funded establishment means tired reallocating resources to meet	ment and premium nking elective recovery elivery (UHBW) ealised (UHBW) nely delivery of CIP becomes operational needs becomes	•	Digital procurement, s Medical Workforce Pro Divisions and Trustwid (NBT) Additional controls to additional temporary s	tores & materials management ogramme, reducing premium space le teams need to develop plans be applied to manage both substaffing costs (NBT)	transformation project (UHBW) pend project (UHBW) to allow CIP schemes to be delivered
te Risks						Change	es to Risks		
ist is unable to fund the strategic estate programme	\leftrightarrow :	2087	Delivery of recurren	t savings	ts and carbon \leftrightarrow 2 \leftrightarrow 2 \leftrightarrow 1	NBT	No changes.		
		12] •	No changes.		
field is of the control of the contr	financial position across the Group could also result is attent access and care, further headcount controls, relationated financial autonomy, with greater oversight reduced financial autonomy, with greater oversight see factors collectively impact the ability to operate expected fidence, and invest in future service and organisation fidence (BOTH) sing demand, with fixed and/or limited growth funding force supply challenges, with premium costs or contain ional inefficiencies and negative productivity (BOTH) configuration, condition and infrastructure maintenant priorities (BOTH) reconomic conditions (BOTH) reconomic conditions (BOTH) Ste Risks St fails to fund the Trust's Strategic Capital Programme is the strategic estate programme fised commissioning structures (delegation) impacts in a Trust doesn't deliver the in-year financial plan agencies who are non-compliant with national pricing	financial position across the Group could also result in service reductions atient access and care, further headcount controls, recruitment reduced financial autonomy, with greater oversight from the System and se factors collectively impact the ability to operate effectively, maintain fidence, and invest in future service and organisational improvements. butory Factors cient revenue funding from the ICB and Specialised Commissioners (BOTH) ging financial challenge (BOTH) cient CDEL and/or cash for capital investment (BOTH) ging demand, with fixed and/or limited growth funding (BOTH) core supply challenges, with premium costs or contained capacity (BOTH) configuration, condition and infrastructure maintenance (BOTH) all priorities (BOTH) economic conditions (BOTH) blogical advancements (BOTH) te Risks set fails to fund the Trust's Strategic Capital Programme set is unable to fund the strategic estate programme set is unable to fund the strategic estate programme set commissioning structures (delegation) impacts income e Trust doesn't deliver the in-year financial plan agencies who are non-compliant with national pricing caps	financial position across the Group could also result in service reductions, atient access and care, further headcount controls, recruitment I reduced financial autonomy, with greater oversight from the System and se factors collectively impact the ability to operate effectively, maintain fidence, and invest in future service and organisational improvements. butory Factors	financial position across the Group could also result in service reductions, attaient access and care, further headcount controls, recruitment leadung financial autonomy, with greater oversight from the System and se factors collectively impact the ability to operate effectively, maintain fidence, and invest in future service and organisational improvements. Saps in Controls or Assuration of Controls of Assuration of Controls of C	Investment Prioritisation (BOTH)	## Divisional performance wanagement (BOTH) Investment Prioritisation (BOTH) Weekly CIP Monitoring Reports (NBT) Business Case Review Group (NBT) Monthly Financial Returns and review with NHSE (NBT) 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) Negative productivity (as measured by NHSE) and linking elective recovery investment (of more inputs) with elective activity delivery (UHBW) Negative of previous investments to ensure benefits realised (UHBW) Negative of previous investments to ensure benefits realised (UHBW) Review of previous investment to ensure benefits realised (UHBW) Negative of previous inves	Divisional Performance Management (BOTH) Investment Prioritiscin (BOTH) Investment (BOTH)	## Divisional Performance (BOTH) Divisional Performance (BOTH)	Divisional reformance with a magagement (BUTH)



Bristol | Weston PRINCIPAL RISK 8. ESTATE **Impact on Delivery of Strategic Priority** Trend **Group Chief Finance and Estates Officer** Quality **Timely Care** Resources **Commitment to Community Executive Leads People** Innovation \leftrightarrow Unchanged **Finance & Estates Committee Board 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 Internal • Fire Safety and Remediation Plans (UHBW) older buildings requiring modernisation and NBT's retained estate nearing the need for • Strategic Estates Plan (UHBW) Capital Planning and Investment (BOTH) major refurbishment. Capital Planning Reports (BOTH) Estate Management and Maintenance (BOTH) Premises Assurance Model (PAM) Reports (UHBW / being developed at NBT) Health, Safety, and Compliance Functions (BOTH) Limited decant space, competing priorities, and restrictions on capital expenditure, including CDEL limits, may delay essential upgrades and maintenance, increasing the Estates Returns Information Collection (ERIC) Benchmarking reports (BOTH) Risk Management and Contingency Planning Functions (BOTH) likelihood of unplanned service failures, equipment malfunctions, and regulatory non-Health & Safety and Compliance Reports (BOTH) Technology and Innovation (BOTH) Line of compliance. Performance Reviews (BOTH) Sustainability and Environmental Initiatives (BOTH) Control of Infection Committee (NBT) If buildings become unsafe or unusable, clinical services may be disrupted or forced to Collaboration and Strategic Partnerships (BOTH) close, impacting patient care, operational performance, and staff morale. Finance and Estates Committee in common (BOTH) External This could compromise patient safety, disrupt clinical services, and negatively impact staff Internal Audit Reports (BOTH) morale and patient experience. Regulatory Inspections and Third-Party Assessments (BOTH) Quality Assurance Programs (BOTH) Certification Programs (BOTH) Submission of ERIC returns (BOTH) Causal & Contributory Factors **Gaps in Controls or Assurance Planned Mitigation UHBW** Aging Infrastructure (BOTH) Technology integration (BOTH) Joint Estates Strategy to develop interim plan Deferred Maintenance (BOTH) Lack of full Condition Survey (BOTH) Heygroves Theatres refurbishment Technological Obsolescence (BOTH) Lack of comprehensice Asset Registers (BOTH) Neonatal Intensive Care Unit (NICU) Fire Safety Incomplete Planned Prevantative Maintance (PPM) Programme (UHBW) Inadequate Funding (BOTH) Bristol Eye Hospital (BEH) Theatres Lack of Strategic Planning (BOTH) Data and information management (BOTH) **NBT** Regulatory Compliance Issues (BOTH) Resource allocation (BOTH) Estates and W&C teams are assessing unresolved risks beyond available CDEL, identifying Environmental Factors (BOTH) Availability of decant space (BOTH) mitigation measures, and outlining business continuity plans for high-risk services Workforce skills and training (BOTH) Capital Expenditure Restriction (BOTH) The Bristol Surgical Centre could provide support in the event of catastrophic failure within Staffing Shortages (BOTH) Workforce capacity (BOTH) other theatres Avalibility of decant facilities (BOTH) **Changes to Risks UHBW Corporate Risks NBT Trust Level Risks** Pathology Chiller Failure 1587 \leftrightarrow UHBW 7130 The Trust is unable to fund the strategic estate programme \leftrightarrow \leftrightarrow 1946 Condition of WACH Estate \leftrightarrow 7131 That the strategic estate programme is not delivered 3472 - That the Trust fails to deliver the ICS Green Plan, has reduced from 16 to 12 \leftrightarrow 2059 following strengthened governance, confirmation of ICS funding, and progress on key 5325 Trip hazard due to exposed cables in patient bedrooms Λ BHOC services are compromised due to estate condition decarbonisation projects (e.g. fleet electrification, waste contracts, boiler replacement, and 8237 Building Safety Act delays capital investment projects \leftrightarrow Salix-funded initiatives). These measures reduce the likelihood of non-compliance. \leftrightarrow 6112 Estates backlog maintenance may not be adequately funded NBT 3472 \downarrow That the Trust fails to deliver the ICS Green Plan 1587 – Enabling works due to commence end of Oct 25. The terms of the contract have 5540 \leftrightarrow The Trust infrastructure is inadequate for extreme weather been agreed and awaiting sign off with the aim to replace the chillers before the end of 5645 The Trust fails to achieve its stated Clean Air Hospital Framework 2025 \leftrightarrow 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.



insufficiency in staff cover to assess and address compliance.

PRINCIPAL RISK 9.	. COMPLIANCE	Trend	Trend Impact on Delivery of Strategic Priority									
Executive Leads	Chief Medical & Clinical Innovation Officer	↓	Quality	Timely Care	People	Innovation	Resources	Commitment to Community				
Board Committee	e Audit Committee	Decreased	MODERATE	нібн	HIGH	MODERATE	MODERATE	MODERATE				
Principal Risk Desc	cription		Existing Controls			Sources of Assurance						
standards may lear reduced public and The complexity of compliance across safety, safeguardir implementation of may contribute to Failure to meet Ca requirements coul impacting operation mechanisms may apatient safety.	with regulatory requirements, statutory duties, and to enforcement actions, financial penalties, reputed stakeholder confidence. Toperating as a Group introduces challenges in mass both Trusts, particularly in areas such as data prong, financial governance, and clinical regulations. Not policies, differing regulatory interpretations, and onon-compliance. The Quality Commission (CQC), NHS England, and onld result in enforcement actions, special measures onal effectiveness and strategic priorities. Inadequalso lead to legal liabilities, workforce implications oversight, aligned governance frameworks, and clear is critical to mitigating this risk.	intaining consistent tection, health and /ariability in local resource constraints ther regulatory, or increased scrutiny late compliance to and compromised	 Specialist teams ove standards into oper Clear accountability functions (BOTH) Policies and procedu Regular staff training health and safety, and (e.g., clinicians, data) Processes for report Confidential freedor 	of compliance with accountable risee key statutory areas and relational groups (BOTH) for compliance across operation areas covering regulated activities on key compliance areas, includes affeguarding and targeted thandlers) (BOTH) ing and escalating compliance in to speak up channels for staffar of retaliation (BOTH)	eport compliance with related onal, clinical, and corporate es (BOTH) uding GDPR, safeguarding, raining for high-risk roles breaches (BOTH)	 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) 						
 Limited sp Variability Competin Third-part Delays in Difference Lack of in 	e updates to NHS, CQC, and statutory requirements repecialist compliance staff and training (BOTH) by in applying policies across sites (BOTH) and priorities deprioritising compliance activities (Botty providers failing to meet regulatory standards (a updating policies and unclear ownership (UHBW) does in policies and governance create inconsistencintegrated digital systems for compliance oversight wareness and training on compliance requirement	OTH) BOTH) es (UHBW) (UHBW)	Opportunities to imp	no single, clear reference of ob prove training engagement (UF entation and monitoring of po	IBW)	Planned Mitigation UHBW Fire Safety Programm Objective to improve Neonatal Intensive Ca NBT Business case approve						
UHBW Corporate	Risks		NBT Trust Level Risks			Changes to Risks						
2695 Risk that t	pliance with Fire Regulatory Reform Order 2005 the Trust fails to establish and maintain robust gov licines are not stored securely	 ← 20 vernance	·	diagnostic and interventional i	maging ↑ 16	assessments for plant of framework aligned to the risk assessments from of gaps. These have the UHBW Risks 3830 - Incompared correctly framework linked to consider the covered by existing risk UHBW 7980 - Compliant 12 to 8 and de-escalated	the Trust's current risk profile and external fire engineers (OFR). The erefore been de-escalated from the complete fire compartmentation (cion standards (12), and 6209 - Fire (12) have been reviewed and closurrent knowledge of Trust risks and by external fire engineers, OFR. Tok 972. Ince with statutory and regulatory and from the Corporate Risk Register.	following the development of a new risk the commissioning of retrospective fire se measures have reduced the likelihood to CRR. 20), and 5564 - WGH fire doors do not e alarm cause & effect is not ed due to development of new risk d establishment of retrospective fire risk he overall assessment of compliance is safeguarding duties, has reduced from er following improvements delivered				
						arrangements, and the These measures have e		·				