BOARD ASSURANCE FRAMEWORK		Impact on Delivery of Strategic Priority					
Principal Risk	Executive Lead	Quality	Timely Care	People	Innovation	Resources	Commitment to Community
1. QUALITY	Group Chief Nursing and Improvement Officer & Group Chief Medical and Clinical Innovation Officer	HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE
2. EQUIPMENT	Group Chief Nursing and Improvement Officer & Group Chief Medical and Clinical Innovation Officer	HIGH	HIGH	MODERATE	LOW	MODERATE	MODERATE
3. WORKFORCE	Group Chief People & Culture Officer	MODERATE	HIGH	HIGH	HIGH	HIGH	LOW
4. PERFORMANCE	Hospital Managing Directors	HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE
5. NO CRITERIA to RESIDE	Hospital Managing Directors	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE
6. DIGITAL	Group Chief Digital Information Officer	MODERATE	HIGH	MODERATE	MODERATE	MODERATE	HIGH
7. FINANCE	Group Chief Finance and Estates Officer	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE
8. ESTATE	Group Chief Finance and Estates Officer	HIGH	HIGH	HIGH	HIGH	HIGH	MODERATE
9. COMPLIANCE	Group Chief Medical and Clinical Innovation Officer	MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE
10. FIRE SAFETY	Group Chief Finance and Estates Officer	LOW	MODERATE	MODERATE	MODERATE	HIGH	LOW
11. CHANGE MANAGEMENT	Group Formation Officer	HIGH	MODERATE	MODERATE	HIGH	MODERATE	MODERATE

Impact Ratings Key

The tables above and below summarise how each principal risk may impact delivery of the Trust'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		Changes to Impact	Impact on Delivery of Strategic Priority					
Executive Leads	Chief Nursing and Improvement Officer & Chief Medical & Clinical Innovation Officer	⟷	Quality	Timely Care	People	Innovation	Resources	Community
Board Committee	Quality & Outcomes Committee		HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE

Principal Risk Description	Causal & Contributory Factors	Sources of Assurance
If the scale and intensity of demand, alongside competing pressures relating to workforce capacity, operational flow, estate constraints, financial recovery, organisational change and service transformation, exceed the Group's ability to maintain consistent oversight, coordination and standardisation of care delivery, and variation remains across processes, controls, governance arrangements and the maturity of quality intelligence between pathways, services and sites, Then the organisation may become increasingly reliant on reactive management and temporary mitigations, reducing its ability to identify emerging risks early, respond proactively to deterioration, and consistently assure the reliability and effectiveness of care delivery, Resulting in reduced system reliability, increasing unwarranted variation in patient safety, patient experience and timeliness of care, avoidable harm, delays in treatment, poorer patient outcomes, reduced confidence in services, and reduced ability to sustainably deliver the Group's strategic quality ambitions and expected standards of care across all services and locations.	• Resource Constraints. • Lack of Standardisation. • Failure to address systemic issues. • Communication Breakdowns. • Ineffective feedback mechanisms. • Aging equipment. • Insufficient investment in infrastructure. • Lack of robust digital infrastructure and processes	• CQC inspection outcomes. • External regulatory reviews. • Quality & Outcomes Committee reports. • Board performance and quality reports. • Patient Safety Reports. • Integrated Quality & Performance reporting. • Incident trend analysis and thematic reviews.

Existing Controls	Gaps in Controls or Assurance	Planned Mitigation
• Board Assurance Framework oversight and reporting. • Quality & Outcomes Committee oversight. • Policies and guidelines. • ICS-led patient flow initiatives, NHS funding access, and regional coordination for urgent and emergency care. • Communication, patient surveys, and structured engagement. • Clinical audits, patient safety initiatives, and incident reporting. • Staff recruitment, retention and training and education programs. • Infection prevention protocols. • Elective recovery plans.	• Insufficient training uptake due to staff availability. • Reliance on temporary staffing. • Limited capacity in community and primary care services. • Need for external funding to support major infrastructure improvements. • Lack of robust digital infrastructure and processes (UHBW) • Lack of robust Business Intelligence function (UHBW) • Limited assurance on the effectiveness and sustainability of quality controls at a system level, including the organisation's resilience to cumulative pressures and future safety risk.	• Joint Clinical Strategy, Healthy Weston phase 2 and the UHBW Elective Strategy. • Experience of Care Strategy. • Implementation of Careflow Medicines Management. • Deteriorating Patient Programme and Implementation of Martha's rule. • Mental Health Across UHBW Corporate Project. • Implement the Community Diagnostics Centre expansion. • Increase elective surgical capacity through the new Bristol Surgical Centre. • Engage with ICS to secure additional community capacity for patient discharge.

Corporate Risks				Overview
8386	Risk that medication allergies are not reliably visible within Careflow	⟷	20	The current quality risk profile reflects a combination of patient safety, workforce, operational flow and clinical information pressures. Key corporate exposures include medication safety and incomplete digitisation of medicines management, workforce fatigue, infection prevention and control, reliance on escalation areas, inpatient falls and incomplete clinical information. The IQPR indicates continuing quality pressures, including infection prevention concerns, an increase in hospital-acquired pressure ulcers, VTE assessment performance below target at City & Weston, and capacity constraints affecting timely surgery and orthogeriatric review for fractured neck of femur patients. Operational pressures remain significant, with high demand, bed occupancy and NCTR contributing to a challenging clinical environment, although improvement activity is underway across these areas.
7633	Risk that medicines management processes are not fully digitised	⟷	16	
7566	Risk that workforce fatigue is not effectively identified and managed	⟷	16	
6677	Risk that infection prevention and control is not effectively managed	⟷	16	
2614	Risk that sustained reliance on escalation areas compromises patient safety	⟷	15	
1598	Risk that inpatients suffer preventable falls	⟷	12	
3115	Risk that clinical decision-making is based on incomplete information	⟷	12	

PRINCIPAL RISK 2. EQUIPMENT		Changes to Impact
Executive Leads	Chief Nursing and Improvement Officer & Chief Medical and Clinical Innovation Officer	⟷
Board Committee	Quality & Outcomes Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	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.

This risk cannot be fully mitigated through operational action alone, as 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.

Causal & Contributory Factors

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

Sources of Assurance

- Regulatory compliance inspections.
- External audit reviews.
- Capital programme reporting.
- Medical Equipment Group assurance reports.
- Maintenance compliance reports.
- Equipment failure and incident data.

Existing Controls

- Capital investment prioritisation and oversight.
- Medical Equipment Strategy.
- Policies and regulatory compliance frameworks.
- Planned preventative maintenance programmes.
- Equipment replacement programmes.
- Local equipment inventories and escalation processes.
- Asset management and lifecycle planning processes.
- Group Medical Equipment Group.

Gaps in Controls or Assurance

- No formal replacement programme for revenue-funded equipment
- Multiple uncontrolled entry points for equipment.
- Lack of real-time, centralised inventory management.
- Reliance on maintenance contracts for obsolete devices.
- Weak unsustainable assurance around operational workarounds.
- Limited triangulation of incident, audit, and inventory data.
- Low visibility of maintenance contract performance.
- Limited assurance on the long-term sustainability and criticality of the medical equipment base, including dependency on external capital funding and alignment with future service models.

Planned Mitigation

- Patient First Corporate Project - Equipment Procurement & Management
- 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

Corporate Risks

8566	Risk that equipment is not adequately maintained or replaced	⟷	16

Overview

The equipment risk profile is currently represented by a single Corporate Risk rated 16, relating to the adequacy of equipment maintenance and replacement. The principal exposure reflects an ageing equipment base, historic deferral of replacement cycles and constrained capital allocation, alongside gaps in lifecycle management, particularly for revenue-funded equipment, centralised inventory management and oversight of obsolete devices and maintenance contracts. A programme of equipment requirements has been captured within the 10-year capital plan, supported by the Patient First Equipment Procurement & Management project and local business continuity arrangements for equipment failure.

PRINCIPAL RISK 3. WORKFORCE		Changes to Impact
Executive Leads	Group Chief People & Culture Officer	↔
Board Committee	People Committee	

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

Principal Risk Description

There is a risk that the Group's ability to align workforce capacity, capability and culture to future service models is compromised. This is a long-term, structural risk.

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.

Causal & Contributory Factors

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

Sources of Assurance

- People themed Internal Audit Reports
- CQC reports contain feedback on workforce
- NHSE Quality visits to Education
- Annual site visits from HEI's of student experiences and placements
- British Safety Council Audit and Safer Learning Environmental Charter
- People Committee deep-dives and performance reviews
- Deliverables of People Strategy Reports
- Staff Survey Results Reporting
- Compliance Reports with standards related to staffing levels and safety
- Integrated Quality & Performance Report contains people metrics
- Freedom to Speak up process and reports
- Guardian of safe working reports
- National Violence and Aggression Prevention Standards
- Gender pay-gap report and WRES/WDES data Reports

Existing Controls

- People Strategy and Workforce Strategy
- People Committee oversight
- Equality, Diversity and Inclusion Strategy
- HELM (leadership development programme)
- Group workforce planning arrangements
- Leadership development frameworks
- Recruitment and retention initiatives
- Vacancy management processes
- Agency and temporary staffing controls

Gaps in Controls or Assurance

- Competition between providers for the same staff
- Differentialsacross the region in grading between similar roles
- Pro-equity and Anti Racism statement is in development
- Understanding the productivity of our workforce
- Ability to forecast future threats to local supply of workforce
- Current workforce plan for medical roles needs to be refreshed to include hard to fill posts.
- Long term plan financial and student allocations are unknown
- Limited independent and forward-looking assurance on long-term workforce sustainability, leadership succession, and future capability aligned to service models

Planned Mitigation

- 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
- The People Strategy year 3 delivery plan
- Medical Workforce programme
- Delivering the pro-equity promise
- Talent acquisition team are providing targeted support to affected specialties

Corporate Risks

9309	Risk that the Trust is unable to consistently prevent and manage violence and aggression	↑	20
9345	Risk that inclusive and equitable working practices are not consistently embedded	↔	16
7566	Risk that workforce fatigue is not effectively identified and managed	↔	16
8383	Risk that specialist workforce vacancies are not sustainably resolved	↔	16
8467	Risk that immigration law changes impact workforce capacity	↔	16

Overview

The workforce risk profile reflects a number of longer-term workforce sustainability pressures, with four Corporate Risks currently rated 16 relating to inclusive and equitable working practices, workforce fatigue, specialist workforce vacancies and the impact of immigration law changes on workforce capacity. The IQPR shows Trust-wide turnover at 11.4%, above the 10.6% target, a vacancy rate of 4.7% against the year-end target of 3.8%, and sickness absence of 4.8% against a 4.4% target. Essential training compliance is also marginally below target at 89.3%. The underlying risk position also identifies continuing challenges around hard-to-fill specialist roles, workforce supply and planning, workload and work-related stress, alongside the need to align future workforce capacity and capability with developing service models.

The Violence and Aggression risk continues to progress through the governance arrangements, with feedback from the People Committee questioning whether the current risk score is proportionate. The impact assessment and scoring remain under review, with further executive consideration and moderation through the Executive Risk Oversight Group to ensure a consistent and evidence-based assessment.

PRINCIPAL RISK 4. PERFORMANCE		Changes to Impact	Impact on Delivery of Strategic Priority					
Executive Leads	Hospital Managing Directors	⇔	Quality	Timely Care	People	Innovation	Resources	Community
Board Committee	Quality Committee		HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE

Principal Risk Description	Causal & Contributory Factors	Sources of Assurance
System-level constraints, including limited community, primary care and social care capacity, workforce pressures, and a mismatch between demand and capacity across urgent, cancer and elective pathways (including tertiary referral pressures), are restricting patient flow through the hospitals. While a high number of patients with no criteria to reside contributes to these challenges, performance is also impacted by capacity shortfalls in high-volume services, workforce gaps in key specialties, and the receipt of tertiary referrals where patients may already be in breach of national standards. This results in delays to admission, treatment and discharge, leading to sustained overcrowding, prolonged waits in Emergency Departments, and reduced ability to meet key operational performance standards. Overcrowding increases risks to patient safety, including infection transmission and reduced privacy and dignity, while ongoing operational pressure impacts staff wellbeing and increases the likelihood of error. Despite recovery plans and established controls, including measures to protect elective capacity, system-wide flow constraints, particularly those relating to discharge and community provision, continue to limit the Trusts' ability to deliver timely care. These conditions are now persistent rather than episodic, with a sustained impact on patient outcomes, experience and performance.	• Sustained high numbers of patients with no criteria to reside • Constraints in community, primary care and social care capacity • Demand exceeding capacity across urgent, elective and cancer pathways, including pressures from tertiary referrals • Workforce constraints in key specialties • Inefficiencies and variation in patient pathways, including delays in diagnostics, decision-making and discharge processes • Limited physical capacity, including bed availability and emergency department space, impacting patient flow • Poor coordination across system partners affecting patient flow and timely discharge • Increasing and ageing population driving sustained growth in demand • Periods of surge demand, including seasonal pressures and outbreaks of illness	• Internal Audit reviews of performance, data quality and governance frameworks • External inspection and regulatory oversight (e.g. CQC) • Board and Committee oversight of operational performance, including deep-dives and exception reporting • System-level oversight through BNSSG partnership and performance forums • Integrated Quality & Performance Reports (IQPR) triangulating performance, quality and safety • Trust-specific performance reporting (e.g. True North Timely Care Quality Report) • Routine performance monitoring through divisional and operational governance structures

Existing Controls	Gaps in Controls or Assurance	Planned Mitigation
• System-wide flow and discharge management through BNSSG partnership arrangements, including Transfer of Care Hub and NHS@Home • Performance recovery programmes covering cancer, elective care and urgent care pathways, including elective capacity protection • Workforce planning and recruitment for critical specialties • Digital and remote care solutions, including telemedicine • Patient flow and bed management processes, including pre-emptive transfer planning and escalation capacity • Front door and admission avoidance models, including SDEC and ED streaming/minors pathways • Elective pathway protection, including ringfenced capacity and utilisation of surgical centres • Clinical pathway optimisation and performance delivery, including operational standards and targeted recovery plans (RTT/UEC) •	• System-wide constraints continue to limit the ability to reduce patients with no criteria to reside to sustainable levels, resulting in ongoing bed occupancy pressures and ED crowding • Limited system capacity and variability in partner performance restrict timely discharge and patient flow • Workforce constraints impact the ability to safely staff escalation capacity and maintain service resilience • Insufficient critical care capacity to consistently protect elective activity during periods of emergency demand • Limited visibility and assurance over productivity and utilisation of existing capacity • Limited evidence to demonstrate that discharge improvement initiatives (e.g. Discharge to Assess) are delivering sustained reductions in delays and NCtR • Limited assurance over the deliverability and sustainability of system-wide flow and capacity solutions outside the Trust's direct control	• System-wide discharge and flow improvement programme, including ICS-led escalation through system governance (e.g. Chief Executive Group, D2A Board, Transfer of Care Hubs) to secure additional community and step-down capacity. • Whole-system escalation processes for UEC pressures, enabling rapid access to short-term community, step-down and bridging capacity when hospital flow becomes unsafe. • Targeted performance improvement programmes to increase productivity and efficiency across pathways, including theatres, outpatients and discharge optimisation initiatives. • Elective capacity expansion and protection, including utilisation of surgical centres, community diagnostic centres and additional capacity secured through national investment.

Corporate Risks				Overview
423	That demand for inpatient admission exceeds available bed capacity	↔	25	The performance risk profile reflects significant and sustained operational flow and capacity pressures, with Corporate Risks relating to inpatient demand exceeding available bed capacity rated 25 and timely and effective ED care rated 20. The IQPR reports that ED four-hour performance improved to 68.2% in July but remained below target, with increased attendances, high bed occupancy and continued high levels of NCTR contributing to the challenging position. Pressures extend across planned care, with diagnostics below target and 62-day cancer performance off plan, although the Trust continues to perform within the national ambition for patients waiting over 52 weeks and recovery actions are in place across urgent, elective and cancer pathways.
7769	Patients in the Trusts ED's may not receive timely and effective care	↔	20	

PRINCIPAL RISK 5. NO CRITERIA TO RESIDE		Changes to Impact
Executive Leads	Hospital Managing Directors	⟷
Board Committee	Quality Committee	

Impact on Delivery of Strategic Priority					
Quality	Timely Care	People	Innovation	Resources	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 constraints in discharge pathways, including limited community, primary care and social care capacity. This represents a system dependency risk rather than a failure within the Trusts' direct control.

As a result, patients remain in hospital longer than clinically required, reducing bed availability and constraining patient flow. This leads to delays in admission and treatment, sustained crowding in Emergency Departments and inpatient areas, and increased pressure on staff and services. Prolonged stays for patients who no longer require acute care also increase the risk of deconditioning and hospital-acquired harm, negatively impacting patient experience and outcomes.

These conditions reduce operational efficiency and create financial pressure, including the need to staff escalation areas and the opportunity cost of occupied beds that could otherwise support elective and emergency activity. Despite system-wide initiatives to improve discharge, progress remains variable and constrained by factors outside the Trusts' direct control, resulting in a persistent and systemic challenge.

Causal & Contributory Factors

- Limited community, social care and step-down capacity.
- Delays in rehabilitation and intermediate care pathways.
- Community capacity not aligned to acute demand.
- Workforce shortages across community and social care.
- Delays in care packages and funding decisions.
- Delays in discharge planning, including patient and family choice.
- Limited seven-day discharge capability.
- Fragmented coordination across system partners.
- Differing risk appetites between providers.
- Increasing patient frailty and complexity.
- Seasonal demand pressures outpacing discharge capacity.

Sources of Assurance

- National reporting and benchmarking of patients with no criteria to reside.
- External regulatory and system oversight of discharge and flow performance (e.g. NHS England / system partners.
- Board and Committee oversight of discharge performance and patient flow through routine performance reporting and escalation.
- System-level assurance through ICS governance forums and discharge programme oversight.
- Routine monitoring of NCtR numbers and discharge performance through Integrated Quality & Performance Reports.
- Daily and weekly operational reporting of discharge metrics, including length of stay and delayed discharges.
- Local assurance through discharge hubs / Transfer of Care processes and escalation routes.

Existing Controls

- System-wide discharge and flow oversight through ICS partnership arrangements, including use of discharge funding streams to increase community and step-down capacity.
- Integrated discharge infrastructure, including participation in Integrated Discharge Service (IDS) and Transfer of Care / discharge hub models.
- Admission avoidance and early supported discharge models, including Home First services supporting ED and assessment areas.
- Daily discharge planning and coordination processes, including multidisciplinary review, expected date of discharge management and escalation routes.
- Active management of patients with no criteria to reside, including ward-level reviews and system escalation where delays occur.

Gaps in Controls or Assurance

- Insufficient domiciliary, reablement and community capacity to meet discharge demand.
- Demand for community placements outpacing available capacity.
- Workforce shortages across community and social care services.
- Limited ability to influence system partner capacity and performance at Trust level.
- Limited assurance on the adequacy and sustainability of community and social care provision supporting discharge.

Planned Mitigation

- System-wide NCtR recovery programme through the ICS, including delivery of agreed reduction trajectories and expansion of intermediate care, step-down and community capacity.
- Discharge to Assess (D2A) transformation programme, with coordinated system-wide actions across Pathways 1, 2 and 3 to improve discharge performance, with particular focus on Pathway 1 to support earlier discharge home with appropriate support and reduce avoidable delays.
- System and local authority performance oversight, including area performance meetings to monitor community capacity, variation in performance and delivery of agreed actions.
- Whole-system escalation processes to provide additional short-term capacity during periods of pressure, including access to bridging and step-down provision.
- Internal process improvements to optimise discharge pathways, including strengthening criteria-led discharge, improving referral processes, enhancing multidisciplinary coordination and reducing delays in decision-making.
- Targeted work to improve seven-day discharge capability and reduce variation in discharge performance across services.

UHBW Risks			
423	Risk that demand for inpatient admission exceeds available bed capacity	⟷	25
7769	Risk that patients in the Trusts ED's may not receive timely and effective care	⟷	20
2614	Risk that sustained reliance on escalation areas compromises patient safety	⟷	15

Overview

The proportion of patients with no criteria to reside (NCtR) continues to increase and remains above plan, with sustained discharge pressures across BFT, particularly in relation to Local Authority pathways and Pathway 3 capacity in North Somerset. System-wide improvement work continues, including the mobilisation of 36 additional intermediate care beds at the Burren, development of the Elgar scheme and implementation of the Leaving Hospital Strategy. Early Supported Discharge has released 427 bed days; however, prolonged discharge delays remain significant. Whilst these interventions offer opportunities to improve patient flow and reduce NCtR backlogs, their impact has yet to be fully realised, and the risk remains elevated.

NHS Bristol NHS Foundation Trust Bristol | Weston

Principal Risk 6. Digital		Changes to Impact
Executive Lead	Hospital Managing Director Southmead	⟷
Board Committee	Digital Committee	

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

Principal Risk Description

There is a risk that the Group is unable to deliver a safe, resilient and integrated digital environment at the scale and pace required to support its clinical, operational and financial strategies. This reflects a widening gap between digital ambition and deliverability, driven by constrained workforce capacity, financial pressures, and increasing interdependencies across major programmes.

Without clearer alignment between strategic ambition, delivery capacity, sequencing and investment, the organisation's ability to support reliable and secure clinical systems, integrated pathways and transformation at Group scale is reduced.

This creates exposure to reduced system reliability, delays to operational improvement, income generation, increased patient safety risk, and a loss of confidence among staff, patients and partners in the organisation's ability to deliver its strategic objectives.

Causal & Contributory Factors

- Insufficient digital workforce capacity and specialist capability to deliver and assure the scale and pace of planned transformation.
- Financial constraints and competing investment priorities, limiting investment in digital infrastructure, systems and workforce.
- Legacy, ageing and fragmented digital infrastructure and systems, including accumulated technical debt and reliance on bespoke solutions.
- Complexity of integrating legacy digital environments following merger, alongside the need to maintain safe and resilient operational services.
- Increasing cyber, information security and clinical safety requirements, creating additional capacity, assurance and resilience pressures.
- Dependence on third-party suppliers, national systems and complex data/interoperability arrangements, reducing organisational control over delivery, integration and resilience.

Sources of Assurance

- Digital Committee oversight of risk profile, roadmap and prioritisation decisions
- Reporting to Group Executive on delivery confidence and constraints
- DHPB level reporting on capacity, prioritisation and dependency risks
- Internal and exeternal Audit reviews of digital governance, information Governance, programme delivery and cyber resilience
- Digital maturity and infrastructure assessments
- Workforce and capacity monitoring across digital services
- System performance, resilience and incident reporting
- Programme governance reporting across major digital initiatives
- Monitoring of delivery milestones, slippage and interdependencies
- Clinical safety assurance reporting across digital change

Existing Controls

1. Group Digital Strategy and delivery Roadmap
2. Prioritisation framework aligning delivery to patient safety, financial sustainability and resilience
3. Group-wide governance structure supporting prioritisation, escalation and alignment
4. Programme governance across major transformation initiatives and infrastructure programmes
5. Structured prioritisation of programmes based on risk, value and deliverability
6. Controls to ensure progression of funded and resourced schemes only
7. Programme and portfolio reporting on delivery progress, dependencies and risks
8. Cyber security frameworks, DSPT compliance and vulnerability management
9. Business continuity and disaster recovery arrangements.

Gaps in Controls or Assurance

1. People & Capacity: There is insufficient sustainable permanent workforce capacity across Digital Services to meet current and emerging demand.
2. Delivery & Dependencies: The Trust does not yet have a fully aligned, deliverable digital portfolio that reflects current capacity, financial constraints and sequencing realities. There is limited ability to actively manage portfolio-level interdependencies, with delays to foundational programmes increasing the risk of cascading delay or failure across dependent clinical and operational initiatives.
3. Affordability: Financial constraints limit flexibility to support both operational resilience and longer-term strategic digital investment. There is limited assurance that the Digital Strategy can be delivered in a way that is affordable and sustainable beyond high-level roadmap ambition.
4. Financial Optimisation: Limited digital delivery capacity reduces the organisation's ability to optimise clinical coding, documentation, reporting and data quality processes at the pace required to support productivity improvement, accurate income capture and financial recovery.
5. Clinical Safety & Assurance: Demand for clinical safety oversight, assurance and governance continues to increase across programmes and business-as-usual activity, without corresponding growth in capacity. This constrains the pace at which digital change can be safely adopted and creates pressure on assurance processes.
6. Technology & Resilience: Reliance on ageing technology and delayed modernisation increases exposure to system performance, resilience and cyber risks. There are gaps in assurance regarding the long-term sustainability, resilience and supportability of the digital estate.
7. Strategy & Group Alignment: There is a weakening alignment between digital delivery capability and Group strategic expectations, increasing the risk of over-commitment. Limited visibility of true demand versus capacity reduces assurance over delivery credibility at Group scale.

Planned Mitigation

1. People & Capacity: Alignment of digital demand, workforce capacity and financial resource through prioritisation of safety-critical and deliverable programmes, reducing reliance on temporary resource and supporting more sustainable delivery capability and assurance capacity.
2. Delivery & Dependencies: Implementation of a Group-wide prioritisation and sequencing framework, supported by rescoping of the digital roadmap to improve management of interdependencies, sequencing and delivery realism across major programmes and enabling infrastructure.
3. Affordability: Development of a phased, deliverability-aligned Digital Strategy and roadmap which reflects affordability, available investment, workforce constraints and longer-term sustainability requirements.
4. Financial Optimisation: Prioritisation of digital initiatives supporting coding, clinical documentation, data quality and reporting improvements to strengthen income recovery, operational efficiency and financial sustainability.
5. Clinical Safety & Assurance: Strengthening governance, prioritisation and assurance arrangements across Group forums to support proportionate oversight of digital change, clinical safety and assurance activity across programmes and business-as-usual delivery.
6. Technology & Resilience: Stabilisation and phased modernisation of foundational digital infrastructure and core systems to improve resilience, reliability, cyber security and long-term sustainability of the digital estate.
7. Strategy & Group Alignment: Strengthening alignment between strategic ambition, delivery capability and available resource through enhanced governance, prioritisation, escalation and executive oversight arrangements across the Group.

Corporate Risks

416	Risk that the strategic capital programme is unaffordable	⟷	20
8386	Risk that medication allergies are not reliably visible within Careflow	⟷	20
7633	Risk that medicines management processes are not fully digitised	⟷	16
9374	Risk that cyber security vulnerabilities compromise critical patient information systems	↑	15
291	Risk that the Trust IT infrastructure is not resilient	⟷	15
3115	Risk that clinical decision-making is based on incomplete information	⟷	12

Overview

The digital risk profile reflects a combination of affordability, resilience, cyber security and clinical information risks, with the highest-rated Corporate Risks relating to affordability of the strategic capital programme and visibility of medication allergies within Careflow, both rated 20. Other material exposures include incomplete digitisation of medicines management, cyber vulnerabilities, IT infrastructure resilience and clinical decision-making based on incomplete information. The wider position identifies a gap between digital ambition and current deliverability, driven by constrained workforce capacity, financial pressures and increasing dependencies across major programmes. Current gaps include limited sustainable digital capacity, affordability constraints, increasing demand for clinical safety assurance and reliance on ageing technology, with work focused on prioritisation and sequencing of the digital portfolio and phased modernisation of infrastructure and core systems.

PRINCIPAL RISK 7. FINANCE		Changes to Impact
Executive Leads	Chief Strategic Finance and Estates Officer	⟷
Board Committee	Finance & Estates Committee	

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

Principal Risk Description

Failure to achieve financial sustainability due to an inability to deliver recurrent cost improvement, productivity and activity plans, alongside increasing demand, workforce cost pressures and constrained funding.
This is a structural risk affecting both organisations, where underlying deficits, limited growth funding and reliance on non-recurrent measures reduce financial resilience over time.
If financial performance deteriorates or recovery plans are not delivered, this may result in increased regulatory scrutiny, reduced organisational autonomy, and constraints on investment, recruitment and service development.
System-wide capital constraints, including limited CDEL allocation also restrict the organisation's ability to invest in estate, infrastructure and risk reduction, creating a direct dependency between financial capacity and delivery of safety, compliance and service sustainability improvements, resulting in reduced ability to maintain safe, effective and timely services, deliver strategic priorities, and sustain organisational performance.

Causal & Contributory Factors

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

Sources of Assurance

- Model Hospital Benchmarking Reports/Productivity Packs
- Internal Audit Reports
- External Audit Reports and Value for Money Review
- Monthly reporting to Finance Committee and onwards to the Board
- Monthly reporting of CIP/ERF at PFIG (with ICB/NHSE review) and finance sustainailty board
- Capital plan monitoring at Capital Progam Steering Group
- ICB review through BNSSG Performance and Recovery Board and BNSSG Finance, Estates & Digital Committee
- Monthly reporting to TEM and TMTs
- Intenal and External Audit submissions to Audit Committee
- Report from Local counter fraud service

Existing Controls

- Financial planning, forecasting and scenario modelling
- Investment prioritisation and capital planning processes
- Financial escalation and governance frameworks
- System financial planning through ICB and ICS processes
- Internal budget setting, monitoring and oversight
- Procurement and cost control frameworks
- Counter fraud arrangements
- Regular financial performance reporting at divisional and Trust level
- Divisional performance and accountability frameworks
- Cost Improvement Programme (CIP) governance and monitoring
- Workforce establishment controls and recruitment oversight

Gaps in Controls or Assurance

- Limited assurance that financial recovery plans are sustainable and deliverable over the medium term
- Continued reliance on non-recurrent measures to manage in-year position
- Insufficient linkage between productivity improvement, workforce planning and financial delivery
- Constraints on capital investment limiting the ability to address underlying cost and risk drivers
- Variability in delivery and maturity of CIP schemes across divisions

Planned Mitigation

- Delivery of the Productivity and Financial Improvement Programme
- Medical workforce programme to reduce premium staffing costs
- Digital procurement, inventory and materials management transformation
- Development and delivery of divisional and Trust-wide CIP plans
- Strengthened controls over recruitment and temporary staffing expenditure
- Strengthened non-pay governance and cost control measures
- Improved alignment between financial, workforce and operational planning

Corporate Risks			
416	Risk that the Trust fails to fund the Trust's Strategic Capital Programme	⟷	20
7130	Risk that the Trust is unable to fund the strategic estate programme	⟷	16
7877	Risk that there is Insufficient CDEL budget allocation	⟷	16

Overview

The finance risk profile reflects significant constraints on both revenue and capital sustainability, with the highest-rated Corporate Risk relating to the ability to fund the Strategic Capital Programme rated 20, alongside risks concerning funding of the strategic estate programme and insufficient CDEL allocation, both rated 16.

The latest IQPR reports that both legacy organisations were broadly on plan at Month 3, with NBT reporting a £3.7m year-to-date deficit and UHBW a £10.5m in-month deficit, marginally ahead of plan. However, the underlying risk position identifies continuing structural pressures from recurrent cost improvement and productivity requirements, increasing demand, workforce costs and constrained funding, alongside capital constraints which limit investment in estate, infrastructure and risk reduction.

PRINCIPAL RISK 8. ESTATE		Changes to Impact
Executive Leads	Group Chief Finance and Estates Officer	↔
Board Committee	Finance & Estates Committee	

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

Principal Risk Description

The organisation faces a significant strategic risk arising from its ability to maintain, modernise and reconfigure the estate in line with current and future service requirements.
This is driven by national capital funding constraints, including limitations in CDEL, alongside limited decant capacity and competing strategic priorities, which restrict the pace and extent to which backlog maintenance, statutory compliance requirements and infrastructure deficiencies can be addressed.
As a result, there is a risk of progressive deterioration in the safety, resilience and fitness-for-purpose of the estate. This increases the likelihood of infrastructure failure, service disruption and regulatory intervention, and may require the restriction or closure of clinical areas, reducing capacity and impacting delivery of safe, effective and timely care.
The estate also acts as a critical enabler of service transformation. Constraints in capital investment and estate configuration limit the organisation's ability to redesign pathways, improve productivity and deliver future models of care.
This represents a structural, long-term constraint on organisational performance and risk reduction, requiring ongoing prioritisation of investment and acceptance of residual risk where remediation cannot be delivered within available resources.

Causal & Contributory Factors

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

Sources of Assurance

- Internal Audit Reports
- Regulatory Inspections and Third-Party Assessments
- Quality Assurance Programs
- Certification Programs
- Submission of ERIC returns
- Strategic Estates Plan
- Capital Planning Reports
- Premises Assurance Model (PAM) Reports
- Estates Returns Information Collection (ERIC) Benchmarking reports
- Health & Safety and Compliance Reports
- Performance Reviews
- Control of Infection Committee

Existing Controls

- Capital planning and prioritisation processes aligned to strategic objectives
- System engagement through ICB and ICS processes to influence capital allocation
- Strategic estates planning and investment programmes
- Governance and oversight of estate risk, compliance and infrastructure resilience
- Estate maintenance and backlog management programmes
- Health, safety and statutory compliance functions

Gaps in Controls or Assurance

- Limited assurance over the availability and timing of capital funding required to address estate risks at the necessary scale and pace
- Insufficient decant capacity to enable delivery of major refurbishment and compliance works
- Incomplete or inconsistent asset data and condition intelligence to fully inform prioritisation
- Constraints in aligning estate investment with service transformation and future operating models

Planned Mitigation

- Development and implementation of a prioritised estates strategy aligned to risk and service need
- Delivery of key capital schemes (including theatre and high-risk clinical area upgrades)
- Identification and prioritisation of estate risks beyond available capital, with defined mitigation and business continuity plans
- Use of alternative capacity to mitigate impact of infrastructure failure or service disruption
- Continued system engagement to maximise capital opportunities and align investment with strategic priorities
- Strengthened prioritisation framework linking estate risk, safety and service delivery

Corporate Risks			
8237	Risk that the Building Safety Act delays capital investment projects	↑	20
7130	Risk that the Trust is unable to fund the strategic estate programme	↔	16
7131	Risk that the strategic estate programme is not delivered	↔	16
7877	Risk that there is Insufficient CDEL budget allocation	↔	16

Overview

The estate risk profile reflects significant and interrelated capital and delivery constraints, with four Corporate Risks currently rated 16, relating to funding and delivery of the strategic estate programme, insufficient CDEL allocation and the impact of the Building Safety Act on capital projects.
The underlying position identifies ageing infrastructure, deferred maintenance, limited capital funding and availability of decant facilities as key pressures, with limited assurance over the availability and timing of capital required to address estate risks at the necessary scale and pace.
Current mitigation is focused on prioritising investment according to risk and service need, delivery of key capital schemes and continued system engagement to maximise available capital opportunities.

The Building Safety Act risk has been highlighted at Committee for a review of the impact assessment to ensure that the current risk score appropriately reflects the potential consequences to the organisation.

PRINCIPAL RISK 9. COMPLIANCE		Changes to Impact	Impact on Delivery of Strategic Priority					
Executive Leads	Chief Medical & Clinical Innovation Officer	⟷	Quality	Timely Care	People	Innovation	Resources	Community
Board Committee	Finance & Estates, Quality & Outcomes		MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE

Principal Risk Description	Causal & Contributory Factors	Sources of Assurance
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.	• Frequent updates to NHS, CQC, and statutory requirements. • Limited specialist compliance staff and training. • Variability in applying policies across sites. • Competing priorities deprioritising compliance activities. • Third-party providers failing to meet regulatory standards. • Delays in updating policies and unclear ownership. • Differences in policies and governance create inconsistencies. • Lack of integrated digital systems for compliance oversight. • Lack of awareness and training on compliance requirements.	• Internal audit reports. • Reports from CQC, MHRA and other regulatory bodies. • Health & Safety Audits. • Action plans in response to CQC inspections. • Premesis Assurance Model outputs. • Safeguarding Reports. • IQPR containg compliance with NHS England Oversight Framework. • DSP Toolkit compliance. • Equality, Diversity & Inclusion monitoring and outputs. • NICE Compliance. • Environmental & Sustainability monitoring.

Existing Controls	Gaps in Controls or Assurances	Planned Mitigation
• Regular monitoring of compliance with accountability at Board level. • Clear accountability for compliance across operational, clinical, and corporate functions. • Specialist teams oversee key statutory areas and report compliance with related standards into operational groups. • Policies and procedures covering regulated activities. • Processes for reporting and escalating compliance breaches. • 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) • Confidential freedom to speak up channels for staff to report compliance concerns without fear of retaliation (BOTH)	• Complexity leads to no single, clear reference of obligations. • Opportunities to improve training engagement (UHBW) • Inconsistent implementation and monitoring of policies (UHBW) • Limited independent assurance on the consistency of compliance maturity and regulatory readiness across all sites and services within the Group.	• Fire Safety Programme. • Objective to improve completion weekly fire evacuation checks. • Neonatal Intensive Care Unit (NICU) Fire Safety project. • Business case approved for mortuary compliance works and funding allocated.

Corporate Risks				Overview
8569	Risk that mortuary services do not comply with HTA and Fuller requirements	⟷	20	The compliance risk profile currently includes two Corporate Risks: mortuary compliance with HTA and Fuller requirements, rated 20, and compliance with Martyn's Law requirements, rated 12. The wider risk position reflects the challenge of maintaining consistent compliance across the newly merged organisation, including variation in policy implementation, training and monitoring, with limited independent assurance over the consistency of compliance maturity and regulatory readiness across all sites and services. Mitigation includes ongoing fire safety work and, specifically for the highest-rated corporate risk, a business case has been approved and funding allocated for mortuary compliance works.
8976	Risk that compliance with Martyn's Law requirements is not achieved	⟷	12	

PRINCIPAL RISK 10. FIRE SAFETY		Changes to Impact	Impact on Delivery of Strategic Priority					
Executive Leads	Chief Strategic Finance and Estates Officer	⇔	Quality	Timely Care	People	Innovation	Resources	Community
Board Committee	Finance & Estates Committee		LOW	MODERATE	MODERATE	MODERATE	HIGH	LOW

Principal Risk Description	Causal & Contributory Factors	Sources of Assurance
The Trust continues to recognise fire safety as a principal strategic risk, reflecting the complexity and interdependency of the acute estate and the ongoing requirement to ensure robust whole-site compliance with statutory fire safety obligations. Due to the sensitive nature of information relating to estate configuration, fire compartmentation, evacuation strategy and mitigation measures, detailed risk narrative, controls, assurance position and mitigation trajectory are reported to the Board within private session.	<Redacted>	<Redacted>
<Redacted>	<Redacted>	<Redacted>

	<Redacted>			<Redacted>

PRINCIPAL RISK 11. CHANGE MANAGEMNT		Changes to Impact
Executive Leads	Group Formation Officer	⇔
Board Committee	People Committee	

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

Principal Risk Description

The scale, pace and interdependency of change initiatives across the Group create a risk that the organisation is unable to effectively prioritise, coordinate and deliver its overall change portfolio. Without clear strategic prioritisation, a coherent operating model and aligned governance arrangements, the cumulative burden of transformation may exceed organisational capacity and reduce the organisation's ability to deliver sustainable change alongside business-as-usual operations.

If the overall change portfolio is not clearly prioritised, sequenced, communicated and governed through a consistent and understood framework, there is a risk of misalignment between programmes, reduced organisational grip, workforce fatigue and reduced engagement. This may lead to inefficiencies, delays in delivery, and an inability to effectively manage interdependencies and trade-offs across the portfolio.

Over time, this could undermine service quality and operational performance and reduce the organisation's ability to deliver its strategic objectives, including the NHS 10-Year Plan, the benefits of the Group model, and wider system reform.

Causal & Contributory Factors

- Complexity and scale of the change agenda, with multiple interdependent initiatives whose purposes, sequencing and intended outcomes require continual clarification and communication.
- Inconsistent application of change management approaches, with variation in the use of tools, techniques and disciplines across programmes and divisions.
- Volume of concurrent projects and programmes, with insufficient prioritisation, sequencing and capacity planning across the total change portfolio.
- Complex and layered governance structures, which can slow decision-making, dilute accountability and create barriers to timely change.
- Limited capacity for staff involvement in co-design, driven by clinical and operational pressures that constrain time and engagement.
- Legacy of previous change programmes, which shapes staff confidence, expectations and appetite for new initiatives.
- Mismatch between perceived and available resources, including time, people, funding, space and enabling infrastructure required to deliver change.
- Competing stakeholder, system and regulatory demands, which pull the organisation in different directions and create conflicting priorities across the change portfolio

Sources of Assurance

- Regular reporting to the Board and Committees on strategic priorities, change portfolio delivery and organisational capacity.
- IQPR and balanced scorecard metrics providing oversight of delivery, impact, workforce pressure and operational performance.
- Portfolio-level reporting through PMO structures, including interdependencies, risks, issues and delivery confidence across the change portfolio.
- Programme and project reporting against milestones, benefits realisation, delivery plans and interdependencies.
- Established policies, procedures and standard operating frameworks supporting consistent and controlled delivery of change.
- Staff feedback mechanisms, engagement insight and incident reporting highlighting emerging pressures, risks and unintended consequences of change.
- Training completion, competency assessments and leadership development outputs confirming organisational capability to deliver change safely and effectively.
- Communication and engagement feedback loops providing assurance on awareness, understanding and alignment of major change initiatives.

Existing Controls

- Group governance and accountability framework (including GEM, TMTs and Programme Boards) providing oversight, prioritisation and delivery of the change portfolio.
- Agreed strategic priorities informing the focus, sequencing and alignment of change activity across the organisation.
- Group Development and merger PMO providing portfolio coordination, interdependency management, capacity oversight and reporting of major change programmes.
- Organisational operating model supporting clear accountability for delivery of change alongside business-as-usual responsibilities.
- Performance, benefits and risk reporting integrated into corporate governance, Board Assurance Framework (BAF) and committee oversight.
- Programme and project management disciplines, including defined methodologies, gateways, milestones and delivery plans.
- Patient First operating system and continuous improvement approach supporting consistent design and delivery of change.
- Leadership development, management training and coaching to build capability to lead and sustain change.
- Structured communications and stakeholder engagement approaches to support awareness, alignment and adoption of change initiatives.

Gaps in Controls or Assurance

- Limited capacity within improvement and transformation functions to deliver training, coaching and support at the pace required by the scale and complexity of the change portfolio.
- Challenges y in releasing clinical and operational leaders from business-as-usual responsibilities to lead and sponsor major change programmes, potentially weakening ownership and delivery confidence.
- Variable awareness and understanding of strategic priorities, the overall change portfolio and how programmes interrelate, limiting organisational alignment, engagement and clarity on priorities.
- The Group Development and merger PMO is currently resourced up to 2027 for the design phase, with the scale, capability and capacity required to support full implementation, benefits realisation and interdependency management still being developed.
- Limited assurance over total change capacity, prioritisation and affordability, meaning the organisation cannot yet fully demonstrate that the overall portfolio is deliverable alongside business-as-usual operations or consistently support effective trade-offs across competing demands.

Planned Mitigation

- Dynamic Communication plan for individual change programmes set within an overarching narrative for organisational transformational change
- Cascade of 2026/27 strategic improvement priorities through SDR's
- Embedding Group and TMT operating model to enable clinical and operational leadership into major change programmes
- Trust wide training programmes in leadership development, management and coaching, and leadership for change aligned to the Patient First approach
- Continuous Improvement team providing training, coaching and support to teams undertaking improvement
- Focus on smaller number of improvement projects at corporate, division, specialty and team levels to enable focus of improvement resource and accelerate pace of change
- Systems, processes and tools for change projects with focus on purpose and root cause understanding

Corporate Risks

	No risks meet the escalation thresholds		

The change management risk reflects the scale, pace and interdependency of the Trust's transformation agenda, with multiple concurrent programmes creating pressures around prioritisation, sequencing, organisational capacity and staff engagement. Current gaps include limited improvement and transformation capacity, difficulty releasing clinical and operational leaders from business-as-usual responsibilities, variable understanding of the overall change portfolio, and limited assurance that the total portfolio is deliverable and affordable alongside operational requirements. Work is focused on embedding the new operating model, strengthening communication and change capability, and concentrating improvement resource on a smaller number of priorities. There are currently no Corporate Risks identified beneath this Principal Risk.