

Generated Date	23 Sep 2025 10:28
Risk Criteria	
Project	Board Assurance Framework

Undefined										
Reference	Risk Details	Type	Causes & Effects	Inherent Priority	Controls		Residual Priority	Actions		
			Title		Summary	Assurance Details Summary		Detail	Variable Target	
4606	<b>Principle Risk - Title:</b> Enablers - Estate & Medical Equipment  <b>Principle Risk - Further Description</b> : If the Trust is unable to provide appropriate digital and physical (estate) infrastructure, there is a risk to the delivery of high quality, safe, care and the provision of a positive environment for colleagues to work in.  <b>Risk Appetite:</b> Cautious (3)	Cause	Lack of resource	Very High (4:5=20)	Authorising Engineers (AE) appointments		Very High (3:5=15)	Recruitment of Hard FM & Lifecycle Manager (PFI)		26 Sep 2025
		Cause	Climate change		Monthly Capital Meetings			Implementation of Quality Management System and Service Level Agreements within Estates & Clinical Engineering and processes within Capital		31 Mar 2026
		Cause	Backlog maintenance		Trust Policies			Review of Business Continuity Plans (BCP)		31 Mar 2026
		Cause	Operational access		Prioritisation of available capital			Renew three facet survey		31 Mar 2026
		Cause	Lifecycle management of equipment		Risk management processes including use of Datix					
		Cause	PFI		Compliance with Legislation					
		Cause	Clinical / operational expectations		Premises Assurance Model (PAM) assessment					
		Cause	Regulatory environment changes		Internal Audit					
		Effect	Disruption to patient care		Recruitment Group					
		Effect	Reputational damage		Approach to bidding for available funds					
		Effect	Financial impact		Equipment planning & prioritisation					
		Effect	Adverse patient outcomes		PFI Controls					
		Effect	Colleague experience							
		Effect	Non-compliance with statutory/ legislative requirements							
		4607	<b>Principle Risk - Title:</b> Health Inequalities  <b>Principle Risk - Further Description</b> : If lifestyle factors and socioeconomic barriers within the local population cannot be addressed and/or there is limited uptake and engagement with health initiatives, local health inequalities may widen.  <b>Risk Appetite:</b> Open (4)		Cause	Failure to take health inequalities into account when making decision about care delivery and use of resources		High (3:4=12)	Equality and Quality Impact Assessment (EQIA)	
Cause	Failure to consider our wider role as an anchor institute			Data and intelligence to ensure understanding of health inequalities and reporting of them		Develop and implement communication plan to support ensure all colleagues are aware of the updated Strategy and are able to support deployment and delivery			30 Nov 2025	
Cause	Failure to effectively use data in planning services and in clinical decision making			Buckinghamshire Health Inequalities and Prevention Forum						
Cause	Lack of consistency in the Equality and Quality Impact Assessment process			Tobacco Dependency Programme						
Cause	Failure to effectively target resources			Using Shared Care Record						
Cause	Reliance on non-health related wider determinants of health			BHT Strategy 2035						
Effect	Continue growth of health inequalities gap			Buckinghamshire Health and Wellbeing Strategy						
Effect	Service provision is not aligned to community needs			Health on the High Street						
Effect	Some group continue to have poor experience and access to care and have worse outcomes			Use of data to target resource and reduce impact of health inequalities						
Effect	Demand for healthcare services continues to increase			Buckinghamshire Executive Partnership (BEP)						
4608	<b>Principle Risk - Title:</b> Integrated Working  <b>Principle Risk - Further Description</b> : If there is a lack of collaborative working across partner organisations, supported by the effective sharing of data, our service are unlikely to be sustainable in the future and we are unlikely to improve population health outcome of our local population.  <b>Risk Appetite:</b> Open (4), Hungry (5)	Cause	Failure to work with partners to deliver new models of preventative and proactive care	Very High (4:4=16)	Buckinghamshire Executive Partnership (BEP)		High (4:2=8)	Implement neighbourhood teams in collaboration with partners across Buckinghamshire		12 Aug 2025
		Cause	Inability to work with partners to tackle the wider determinants of health		Buckighnhamshire Executive Partnership Delivery Group			Develop and implement communication plan to support ensure all colleagues are aware of the updated Strategy and are able to support deployment and delivery		30 Nov 2025
		Cause	Failure to work partners to improve population health and efficiency and reduce duplication		Buckinghamshire Health and Wellbeing/ Place Strategy					
		Cause	Industrial action		Acute Provide Collaborative (APC)					
		Effect	Services are not aligned to community needs, are difficult to navigate and gaps in service provision		Opportunity Bucks					
		Effect	Health inequalities gap widens		Integrated Neighbourhood Team (INT) Programme Group					
		Effect	Population health deteriorates		Appointment of Director for Integrated Care					
		Effect	Demand for services increases		South 4 Pathology Network					
		Effect	Services are financially unsustianable		One Public Estate					
		Effect	Breakdown of trust between partners and with communities		BHT Strategy 2035					
					Clinical Interface					

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Residual Priority	Actions	
		Type	Title		Summary	Assurance Details Summary		Detail	Variable Target
4609	<b>Principle Risk - Title:</b> People (Workforce)  <b>Principle Risk - Further Description :</b> If the Trust cannot recruit and retain an engaged and motivated workforce, the result may be poor patient experience.  <b>Risk Appetite:</b> Cautious (3)	Cause	Structural changes at national and ICB level	Very High (4:4=16)	Health & Safety Committee	Outputs of Health & Safety Committee	High (3:3=9)		
		Cause	National dispute between government and medical pay unions			Annual Reports (incl. Health & Safety, Fire and Security)			
		Cause	Central drive to reduce headcount and pay spend		Trust-wide workforce plan	Monthly monitoring of vacancy rates through Integrated Performance Report (IPR)			
		Cause	Cost of living (South East Region)			Outputs of Transformation Board			
		Cause	Impact on morale from high levels and speed of change		Bucks Health & Social Care Academy				
		Cause	Variations in organisational culture and behaviours including staff reporting bullying and harassment		NHS Professionals partnership working	Outputs of contract management meetings			
		Cause	Workforce not always feeling the organisation is safe		Management of temporary staffing	Weekly workforce update to Executive Management Committee			
		Cause	Organisation not always being inclusive or treating people equally			Regional System Programme outputs			
		Cause	Impact of pending legislative changes			Internal Audit review			
		Cause	Reputational damage			Care Group level performance reports			
		Cause	Negative impact on staff engagement		BOB ICS Senior Leadership Group	Outputs of BOB ICS Senior Leadership Group			
		Cause	Negative impact on productivity		Comprehensive in-house Occupational Health and Wellbeing offer				
		Cause	Consequential impact on patient care		Staff reporting of sickness via Electronic Staff Record (ESR) via rostering platform	Monthly reporting of sickness absence rates through Integrated Performance Report (IPR) Monthly ESR Reporting			
		Effect	Inability to recruit and retain the best workforce for the environment		Trust HR policies				
		Effect	Increasing levels of temporary staffing						
		Effect	Increasing levels of sickness absence						
					Colleague vaccination programme including monitoring of performance against plan				
					Regular Union meetings (JMSC & JCNC)	Outputs of JMSC & JCNC			
					Staff Networks in place				
					Equality, Diversity & Inclusion (ED&I) Committee	Outputs of ED&I Committee			
					Freedom To Speak Up (FTSU) Service	Regular reporting from FTSUG			
					Violence & Aggression; weekly MDT forum	Outputs of forum Colleague Story to Trust Board			
					ICS People Strategy including monitoring of performance against plan				
					Guardian of Safe Working Hours (GSWH) in place	Regular reporting from GSWH			
					Monitoring of colleague experience at work	Annual Staff Survey & Outputs Outputs of Quarterly Pulse Survey Annual reporting; WRES/WDES, Gender Pay Gap Public Sector Equality Duty (PSED) Report (colleagues)			
					Emergency planning for Industrial Action				
					Planning for potential legislative changes				
4610	<b>Principle Risk - Title:</b> Patient Experience  <b>Principle Risk - Further Description :</b> TBC  <b>Risk Appetite:</b> Cautious (3)								
4611	<b>Principle Risk - Title:</b> Enablers - Digital  <b>Principle Risk - Further Description :</b> If the Trust is unable to provide appropriate digital and physical (estate) enablers, there is a risk to the delivery of high quality, safe, care and the provision of a positive environment for colleagues to work in  <b>Risk Appetite:</b> Cautious (3)	Cause	Pace of change & new technology	Very High (4:4=16)	Data Security and Protection Toolkit (DSPT) Audit	Annual reporting ahead of submission (June)	High (3:3=9)		
		Cause	Digital immaturity			Internal Audit review of DSPT submission			
		Cause	Alignment with external environment		EPR Programme and monitoring of progress against plan				
		Cause	Clinical leadership		IT performance monitoring against KPIs	Outputs of local meetings and Corporate Performance Reviews			
		Effect	Inability to share data with partners		Monitoring delivery of digital strategy				
		Effect	Out of date digital system		Digital Health Programme Board				
		Effect	Recruitment and retention of the best people						

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Residual Priority	Actions		
		Type	Title		Summary	Assurance Details Summary		Detail	Variable Target	
4612	<p><b>Principle Risk - Title:</b> Finance</p> <p><b>Principle Risk - Further Description :</b> If the Trust are unable to deliver the financial plan for 2025/26 there are consequences on in-year future funding and relationships with system partners.</p> <p><b>Risk Appetite:</b> Cautious (3)</p>	Cause	Fixed, no growth, envelope funding model for urgent and community care.	Very High (3:5=15)	Scrutiny from CMG/EMC, Finance and Business Performance Committee, Trust Board including; in-year financial performance, variance analysis,...	Outputs of CMG/EMC/F&BPC/Trust Board.	Very High (3:5=15)	Assurance Gap: Historic issues underpinning organisational capital deficit. Action: Need to pursue alternative external capital provision (e.g. PFI bullet payments, MES and asset sales).	31 Mar 2026	
		Cause	Minimal general growth funding due to Commissioner (BOB ICB) prioritisation to other areas			Monthly finance reports				
		Cause	Lack of long-term financial strategy			Monthly monitoring of CIPs				
		Cause	Structural financial challenges			Financial deep dive – to focus on Trustwide issues e.g. Patient Flow/ Urgent Care Workstream, rather than Care Group specific issues.				
		Cause	Mismatch demand and availability of Trust level capital		Care Group & Corporate Performance Management Framework, with specific focus on financial performance and use of resources.	Output of performance reviews meetings for financial deep dives.				
		Cause	Inability to improve organisational productivity to above pre-pandemic levels			Internal audit review of Governance & Performance Framework				
		Cause	Inflationary pressures		Reporting/challenge of performance through NHSE Regional, ICB/ICS and APC	Scrutiny of APC Reporting by Transformation Board/Trust Board..				
		Effect	Negative impact on ICS financial position, including payment of deficit support funding dependent on delivery of financial performance (c£10m of income to BHT			Outputs of alternate monthly APC Board meetings.				
			Effect			Reduced opportunities for service investment				Outputs of monthly System Recovery and Transformation Board
		Effect	Reductions in service / capacity and cost in non-core services to ringfence / prioritise core services		Continual engagement with NHSE and ICB regarding inherent risks and management of forecasting and budgeting processes.	Meetings between CFO and Regional NHSE representative on month end position- outputs of meeting.				
		Effect	Block contract for locally commissioned services which does not reflect the increasing activity or cost of meeting regulatory standards			Outputs of fortnightly system meeting.				
		Effect	Inability to plan resourcing long term, to deliver strategic plans and activity at required levels		Continue to seek alternative funding solutions to address the capital funding gap.	Commercial Strategy & review of performance against this.				
			Effect		Inability to invest in estates and digital improvements.					Agreed 2025/26 financial plan through Trust Board and submitted / agreed with BOB ICB/NHSE.
		Effect	Inability to invest to deliver longer term savings and service changes / improvements		Weekly Executive-led Vacancy Control Panel (VCP) and Care Group temporary staffing control meetings.	Scrutiny of weekly workforce performance by EMC				
		Effect	Inability to support structural shifts in activity between care settings (e.g. hospital to out-of-hospital).							

Reference	Risk Details	Type	Causes & Effects	Inherent Priority	Summary	Assurance Details Summary	Residual Priority	Detail	Variable Target
4613	<b>Principle Risk - Title:</b> Quality & Safety (Emergency Care)  <b>Principle Risk - Further Description :</b> If the demand for services continues to rise, and actions planned/taken do not address this, there is a risk to the quality and safety of care provided by the Trust.  <b>Risk Appetite:</b> Cautious (3)	Cause	Structural changes at national level	High (4:3=12)	Right patient, right place first time		High (3:3=9)		
		Cause	Inability to provide appropriate Trust estate including buildings, technology and medical equipment		Consultant in-reach				
		Cause	Inability to recruit and retain appropriately skilled/trained staff		Site team				
		Cause	Increasing complexity of patients presenting for urgent care		Manager of the Day				
		Cause	Inability to meet diagnostic demands through the use of new models of care at the front door		Drop-in wellbeing sessions for colleagues				
		Cause	Inability to control demand for services or primary/social care capacity		Two-hourly emergency floor huddle				
		Cause	Potential changes to financial (income) model and implication on budget allocation		Care Group governance and performance framework				
		Cause	Regulatory governance framework changes and/or limitations		Collaborative working with external partners and internally with Care Groups				
		Effect	Complex/onerous internal governance models		Fortnightly Appreciative Inquiry meeting				
		Effect	Poor patient experience		Urgent & Emergency (UEC) Board				
		Effect	Poor patient outcomes, including higher rates of mortality from extended stays within the Emergency Department		Colleague feedback mechanisms				
		Effect	Patients not being seen in a timely manner		Mechanisms for patient feedback				
		Effect	Wellbeing and resilience of colleagues		Visual patient information within the department				
		Effect	Reputational damage		Discharge lounge				
		Effect	Inappropriate staffing models		Admission avoidance initiatives				
		Effect	Performance not meeting required standards		Use of Same Day Emergency Care (SDEC), Frailty SDEC				
					Effective triage and use of Hot Clinics				
					Incident response structure; Gold, Silver, Bronze, with policy in place				
					Harm Review processes				
					Winter planning including monitoring of performance against plan				
					Equipment replacement schedule				
					Measures to review demand within specialist clinical services				
					Development of new staffing models				
					Participation in Networks				

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls	Assurance Details Summary	Residual Priority	Actions	
		Type	Title		Summary			Detail	Variable Target
4682	<b>Principle Risk - Title:</b> Quality & Safety (Planned Care)  <b>Principle Risk - Further Description :</b> If the demand for services continues to rise, and actions planned/taken do not address this, there is a risk to the quality and safety of care provided by the Trust.  <b>Risk Appetite:</b> Cautious (3)	Cause	Increasing complexity of patients presenting for planned care	Very High (4.4=16)	Equipment replacement schedule	High (4.3=12)			
		Cause	Inability to provide equipment to support required capacity and new models of care		Measures to review demand within specialist clinical services				
		Cause	Complexities of multiple digital systems supporting clinical care across acute and community services		Development of new staffing models				
		Cause	Inability to control increasing demand for services		Participation in Networks				
		Cause	Speed of digitisation and adoption of new technology		Plan to manage RTT / non-RTT				
		Cause	Estate constraints		Redevelopment of Wycombe site				
		Cause	Limited availability of appropriate diagnostic equipment		Critical Infrastructure Risk Business Case				
		Cause	Inability to recruit and retain staff with appropriate skills, training and experience		Estate development				
		Cause	Potential changes to financial (income) model and impact on budget allocation		Theatre productivity				
		Cause	Financial implications of network memberships						
		Cause	Regulatory governance framework changes and/or limitations						
		Cause	Structural changes at national level						
		Cause	Recruitment and retention of appropriately skilled and experienced staff						
		Cause	Industrial action						
		Cause	Lack of sustainable solution to 'on-hold' patient cohort						
		Effect	Poor patient experience						
		Effect	Regulatory and legal consequences						
		Effect	Poor patient outcomes						
		Effect	Performance not meeting required standards/targets and associated implications						
		Effect	Inappropriate staffing models, unable to meet service needs						
		Effect	Complex/onerous internal governance models						
		Effect	Increasing routine waiting lists and waiting times						
		Effect	Reputational damage						
		Effect	Negative impact on wellbeing and resilience of colleagues						