

Meeting: Trust Board Meeting in Public

Date: 26 November 2025

Assurance Report

Agenda item	Organisational Risk Report
EMC Lead	Joanna James, Head of Corporate Governance
Author	Joanna James, Head of Corporate Governance
Appendices	Appendix 1: Corporate Risk Register Update (CRR) Report Appendix 2: Board Assurance Framework (BAF) Report
Onward governance	n/a

Report overview

This report provides an overview of current top scoring risks within the organisation against the risk appetite. The information within this report is intended to support Board and Committee decision making.

Level of assurance				
<input type="checkbox"/> Substantial assurance High level of confidence in delivery of objectives	<input checked="" type="checkbox"/> Acceptable assurance General confidence in delivery of objectives	<input type="checkbox"/> Partial assurance Some confidence in delivery of objectives	<input type="checkbox"/> No assurance No confidence in delivery of objectives	
Previously considered	<p>Executive Management Committee (EMC) 04 November 2025 – The Committee approved the addition of risks related to Critical Infrastructure and Technical Staffing Capacity (related to maintenance) to the CRR and the removal of risks related to consultant staffing within burns (closed) and provision of continence products post NRS (de-escalated). The Committee also discussed the position related to high scoring risks that sit outside of the CRR. These were under review and would be revisited in January.</p> <p>Audit Committee 13 November 2025 The Committee noted the changes to the CRR, work by the Risk & Compliance Monitoring Group and the internal audit review into risk management (report in draft). The Committee requested additional detail re: any new risks to the CRR and a review of the risks within the CRR and BAF aligned with the 10-Year Plan and planned to restart the programme of deep dives into CRR risks in the new year.</p>			
Decision	<p>The Board is requested to:</p> <ol style="list-style-type: none"> Take assurance from the contents of the report and utilise this, including the summary of top scoring risks and the risk appetite, in decision making. Note those risks escalated/de-escalated to/from the CRR. Note and discuss the content of the BAF including detail of those risks within the ICB BAF. 			

	<p>d) Note the actions undertaken and plans in place to support improved risk management across the organisation.</p> <p>e) Note the emerging risks highlighted at Board and Committee meetings during the previous months and the subsequent EMC discussion.</p>		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
Relevant breakthrough objective – 2025/26			
<input type="checkbox"/> Reduction in emergency admissions <input type="checkbox"/> Reduction in elective waiting times	<input type="checkbox"/> Supporting people to live healthier lives	<input type="checkbox"/> Zero tolerance to bullying	<input checked="" type="checkbox"/> Governance / Statutory Requirement
Implications / Impact			
Quality	Quality & Safety is considered for both planned and emergency care within the Board Assurance Framework. An additional risk related specifically to Patient Experience has also been included.		
People (BHT colleagues)	A specific risk related to BHT colleagues is included within the Board Assurance Framework.		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	This paper attempts to highlight and map risks from the Corporate Risk Register (CRR) aligned to the Trust's strategic objectives and principal risks.		
Financial	A specific risk related to delivery of the financial plan is included within the Board Assurance Framework.		
Compliance	An effective, comprehensive process is required to be in place to identify, understand, monitor and address current and future risks to the organisation		
Partnership: consultation / communication	A specific risk related to Integrated Working is included within the Board Assurance Framework.		
Equality	A specific risk related to Health Inequalities is included within the Board Assurance Framework.		

Executive Summary

The purpose of this report is to provide a summary of current risk within the organisation considering the detail of both those risks within the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

The Trust is currently carrying a greater level of risk than set out in the appetite related to the estate and our people. Risk is in line with appetite related to digital and quality and safety. The Trust is open to more risk related to working with partners and reducing health inequalities.

There are currently 12 risks within the CRR.

Heatmap – November 2025

Consequence Likelihood	1	2	3	4	5
5			394 – Pharmacy Robotics Infrastructure 888 – Equipment Supply	410 – Wycombe Theatres 415 – SMH Theatres	
4				790 – Inadequate Aseptic Unit 851 – Paediatric Audiology Service 875 – Industrial Action 891 – Provision of Psychiatric Care	
3					184 – Ageing Wycombe tower block (interior) 225 – Disruption to Trust technology caused by cyber incidents 935 – Insufficient Technical Staffing Capacity 936 – Critical Infrastructure Risk
2					
1					

Since the previous report there have been two new risks added to the CRR:

- Risk 935: Insufficient Technical Staffing Capacity (15)
- Risk 936: Critical Infrastructure Risk (15)

And two risks removed:

- Risk 903: Provision of Continence Supplies (12)
- Risk 754: Consultant Burns Staffing (15) – *propose to close*.

No material changes have been made to the BAF. Further details are to be added to the Patient Experience risk. The BOB ICB BAF risks have been included in the report for context. These are broadly similar to those within the Trust BAF.

Focus is maintained on improving risk management understanding and processes across the organisation. Risk management training is being provided by the Associate Chief Nurse where this is requested. Work is underway on a systematic programme of training.

Report

1. Purpose

The purpose of this report is to provide a summary of current risk within the organisation considering the detail of both those risks within the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

2. Background

This paper is considered by the Committee on an alternate monthly basis. The following sections provide an overview of the current position and changes since the previous report.

3. Current Position

3.1 Risk Mapped to Strategic Objectives

In line with this, the key risks affecting the delivery of the BHT Strategy 2025-35 are as follows:

- **Health Inequalities** – *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.*
- **Integrated Working** – *if there is a lack of collaborative working across partner organisations, supported by the effective sharing of data, our services are unlikely to be sustainable in the future, and we are unlikely to improve population health outcomes of our local population.*
- **Patient Experience** – *If we do not provide a positive patient experience, this may result in increased demand and reduced patient engagement in co-production of services and managing health and wellbeing.*
- **People** – *if the Trust cannot recruit and retain an engaged and motivated workforce, this may result in poor patient care.*
- **Finance** – *if the Trust are unable to deliver the financial plan for 2025/26, there are consequences on future funding and relationships with system partners.*
- **Quality & Safety** – *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. (This is split into two sub-risks; Planned and Emergency Care).*
- **Enablers** – *if the Trust is unable to provide appropriate digital and physical 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. (This is split into two sub-risks; Digital and Estate & Medical Equipment).*

Table 1 below lists these risks alongside the risk appetite of the Board and a summary of related risk from the CRR to provide an overview of risk within each area. RAG rating is used to highlight those areas of most significant risk.

Strategic Risk	Risk Appetite (max. 5)	Strategic Risk Score	No. of Corporate Risks mapped to Objective	Maximum RRS* (Corporate Risks)	Minimum RRS* (Corporate Risks)	Average RRR - Mean (Corporate Risks)
Strategy Enablers Digital	Cautious (3)	9	1	15	15	15
Strategy Enablers Estate & Medical Equipment	Cautious (3)	15	4	12	16	15
Finance	Cautious (3)	15	0	-	-	0
Health Inequalities	Open (4)	9	0	-	-	0
Integrated Working	Open – Hungry (4.5)	8	0	-	-	0
Patient Experience	Cautious (3)			TBC		
People	Cautious (3)	9	1	16	16	16
Quality & Safety Emergency / Planned Care	Cautious (3)	9	7	20	6	14

Table 1. *RRS – Residual Risk Rating.

3.2 Risk Appetite

The Trust Board reviewed and approved a revised risk appetite statement in November 2024.

Buckinghamshire Healthcare NHS Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners.

The Trust has the lowest tolerance for risks that materially impact on the safety and wellbeing of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money, particularly where this relates to collaboration with external partners, integration of services and wider population health. The Trust has the greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.

Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic, and its drafting is an iterative

process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.

A discussion is planned for the Trust Board meeting on 26 November 2025 to review the risk appetite statement.

The Trust is currently carrying a greater level of risk than set out in the appetite related to the estate and our people. Risk is in line with appetite related to digital and quality and safety. The Trust is open to more risk related to working with partners and reducing health inequalities. Figure 1 demonstrates this visually.

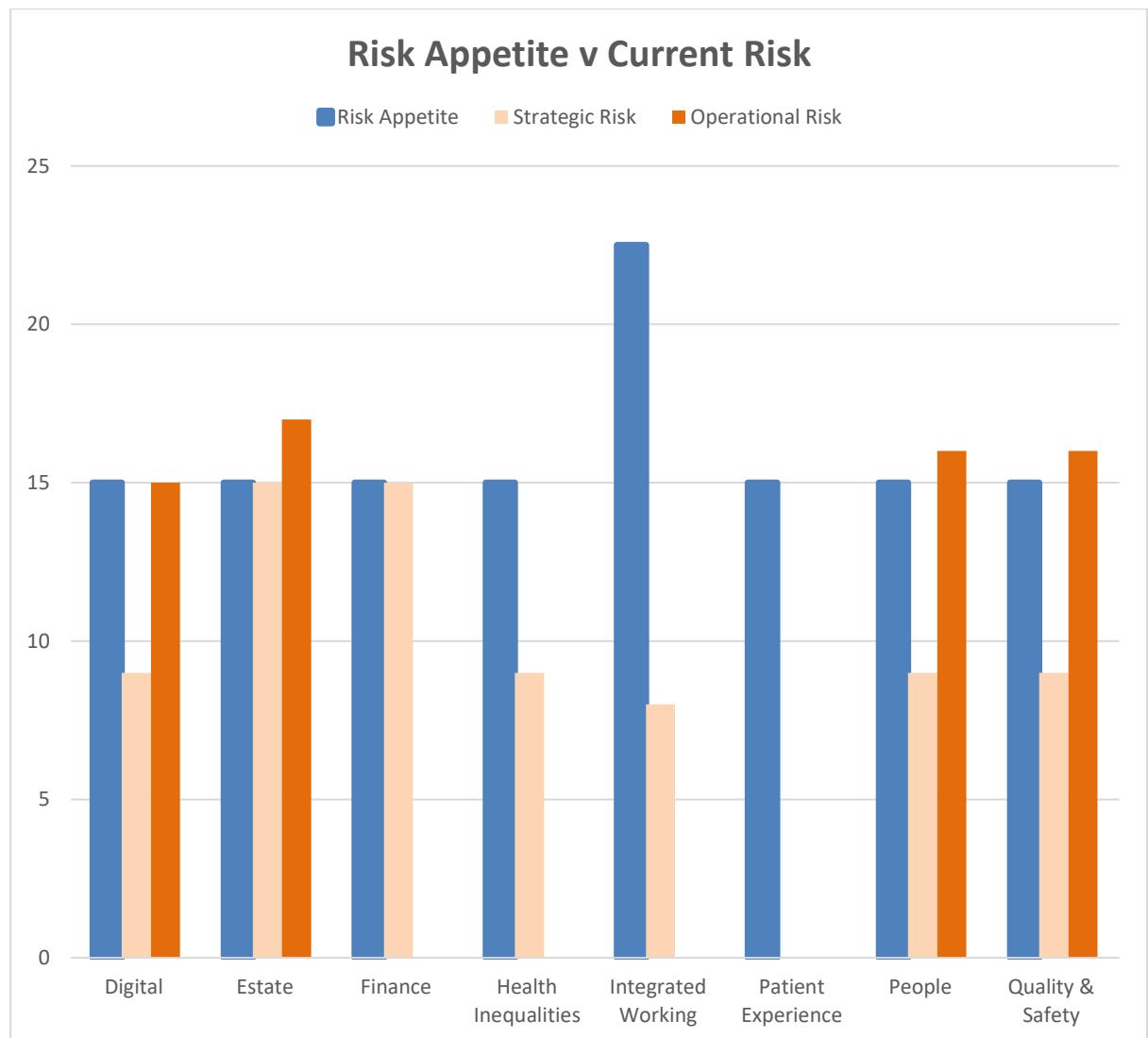


Figure 1.

3.3 Corporate Risk Register (CRR)

There are currently 12 risks within the CRR and appendix 1 provides the most recent update for each of these along with the number of open and overdue actions and the time the risk has been on the CRR.

On 04 November EMC considered and approved the following risks for **escalation** to the CRR:

- Risk 935: Insufficient Technical Staffing Capacity (15)

- Risk 936: Critical Infrastructure Risk (15)

EMC also considered and approved the following risks for **de-escalation** from the CRR, noting these will be monitored and managed within local registers:

- Risk 903: Provision of Continence Supplies (12)
- Risk 754: Consultant Burns Staffing (15) – CLOSED.

3.4 Board Assurance Framework (BAF)

A download of the information within the BAF is included in Appendix 2. Further work is required as follows:

- Full workup of risk related to Patient Experience (planned w/c 3 November).
- Further detail to be added to all risks re: assurances/assurance gaps and actions to achieve target scores (where required).

3.5 System Risk

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) risk report was last shared with EMC and Audit Committee in May 2025 and it was agreed detail of this would be included on a six-monthly basis.

An overview of the current BAF is included below:

Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (March 2025)	Progress/Risk Appetite	Last Reviewed
BOB0001	Health Inequalities	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 13 months	6 Aug 2025
BOB0002	Financial Sustainability	Nov 2022	Adequate (0.5)	20	20	Risk is currently above appetite Remained at 20 – 14 months	11 Aug 2025
BOB0003	Resilience	Nov 2022	Adequate (0.5)	12	8	Risk is currently below appetite Remained at 8 – 12 months	4 Aug 2025
BOB0004	Access to Services	Nov 2022	Substantial (1)	16	16	Risk is currently within appetite Remained at 16 – 30 months	4 Aug 2025
BOB0005	Transformation	Nov 2022	Limited (0)	16	9	Risk is currently below appetite Remained at 9 – 29 months	22 July 2025
BOB0006	Safety, Safeguarding and Quality	Nov 2022	Adequate (0.5)	12	12	Risk is currently above appetite Remained at 12 – 10 months	9 July 2025
BOB0007	Working in Partnership	Nov 2022	Substantial (1)	12	12	Risk is currently below appetite Remained at 12 – 30 months	4 Aug 2025
BOB0008	ICB Workforce	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 30 months	11 June 2025
BOB0009	ICS Workforce	Jan 2025	Adequate (0.5)	16	12	Risk is currently below appetite Remained at 12 – 3 months	11 June 2025

A further risk was proposed to be added at the last ICB Board meeting:

Strategic objective	Risk	Score
Safe dissolution of the ICB and creation of the Thames Valley ICB	Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence.	16 V High

4. Risk Management

4.1 Organisation wide risk management

Risk management processes within the organisation are acknowledged to require improvement and are currently under review.

The Associate Chief Nurse is currently provided ad hoc training to colleagues as this is requested with a plan to more systematically roll this out across the organisation.

An internal audit is currently underway into organisational risk management, and the final report will be appended to the next Organisational Risk Report. The actions from this will further support improvements in processes.

4.2 KPI Dashboard

Table 2 provides high level information on how risk is, administratively, being managed each month.

Month	% Strategic Risks reviewed	% Operational Risks reviewed	% Actions Overdue Operational risks	Balance of assurance Internal v External	Number of new risks New or escalated to the CRR	Number of removed risks Closed/de-escalated from CRR	% risks with increased scores Strategic	% risks with reduced scores Strategic	% risks with static scores Strategic	% risks with increased scores Operational	% risks with reduced scores Operational	% risks with static scores Operational	Risks to be approved Operational
Feb 2025	100%	77%	33%	Med	0	0	0%	0%	100%	0%	13%	87%	-
Apr 2025	100%	77%	33%	Med	0	0	0%	0%	100%	0%	0%	100%	-
Jun 2025	75%	50%	20%	Med	0	0	0%	0%	100%	0%	20%	80%	43
Aug 2025	89%	31%	42%	Med	3	2	-	-	-	-	8%	92%	56
Oct 2025	89%	92%	35%	Med	1	2	0%	0%	100%	0%	8%	92%	36

Table 2.

5. Emerging Risks

Table 3 summarises those new/emerging risks identified at Board and Board Committee meetings during the months of September and October.

Month	Meeting	New/Emerging Risks Noted
Sep 2025	EMC	<ul style="list-style-type: none"> - Trust estate and current financial position; impact on Winter Plan - Ability to deliver year-end position
	Audit	None
	F&BPC	<ul style="list-style-type: none"> - Delivery of care over winter months related to: <ul style="list-style-type: none"> a) Potential for further industrial action. b) Affordability of escalation areas - Delivery of year end plan due to: <ul style="list-style-type: none"> a) Failure to deliver planned reduction in pay-spend. b) Potential for further industrial action c) Pace of change required
	Q&CGC	- MRSA outbreak within NSIC and impact on capacity
	SPC	<ul style="list-style-type: none"> - Impact of organisational change on engagement in the National Staff Survey - Challenging financial context and impact of this on the workforce as a whole, recognising the need to maintain staff engagement and morale
	Trust Board	- Cybersecurity, noting the use of a range of AI tools and potential risk associated with these.
Oct 2025	EMC	- Significant growth planned for Buckinghamshire and impact of provision of healthcare services for larger population
	F&BPC	None.
	Q&CGC	None.
	SPC	- Impact of organisational change on the organisation.
	Trust Board	None.

Table 3.

Where risks are highlighted in grey, these are not currently reflected within the CRR or BAF. Table 4 below pulls together actions held by the Board and Committees where these have been set to address the identified risks.

Risk(s)	Action Details	Committee	Owner	Due Date
<ul style="list-style-type: none"> - Delivery of care over winter months related to: <ul style="list-style-type: none"> a) Potential for further industrial action (IA) b) Affordability of escalation areas 	<ul style="list-style-type: none"> a) Reflected in Risk 875 b) Updated Winter Bed Plan 	EMC / F&BPC	COO	Nov 2025
<ul style="list-style-type: none"> - Delivery of year end plan due to: <ul style="list-style-type: none"> a) Failure to deliver planned reduction in pay-spend. b) Potential for further IA c) Pace of change required 	<ul style="list-style-type: none"> a) Plan to close pay savings gap b) Reflected in Risk 875 <p>No action</p>	F&BPC	CFO	Oct 2025 COMPLETE

Significant growth planned for Bucks and impact on provision of healthcare services	None			
Impact of organisational change on the Trust, including engagement in Staff Survey	To be considered in detail at the People Governance Meeting	SPC	CPO	Dec 2025
MRSA outbreak and impact on NSIC capacity	Update to Committee	Q&CGC	CN	Oct 2025 COMPLETE
Cybersecurity; noting the use of a range of AI tools and potential risk associated with these	Review Risk 225 within the Corporate Risk Register	RCMG	CDTO	Nov 2025
Completed actions since the last report				
Plastic pipework in the retained estate	Overall risk assessment and action plan for Trust pipe infrastructure	EMC	CEFO	Oct 2025 COMPLETE

Table 4.

The emerging risks were discussed by EMC on 04 November 2025 with the following outcomes:

- Delivery of care over Winter in view of financial position and further industrial action – *to be added to the risk register (COO)*.
- Delivery of year-end plan in view of industrial action and under-delivery of pay spend – *to be reconsidered in December (CFO)*.
- Significant growth planned within Buckinghamshire and ability to provide healthcare services to a larger population – *not to be added*.
- Impact of organisational change, including related to engagement with the Staff Survey – *to be discussed at People Governance Meeting, already logged within local register (CPO)*.

6. Action required from the Board or Committee

The Committee is requested to:

- a) **Take assurance** from the contents of the report and utilise this, including the summary of top scoring risks and the risk appetite, in decision making.
- b) **Note** those risks escalated/de-escalated to/from the CRR.
- c) **Note and discuss** the content of the BAF including detail of those risks within the ICB BAF.
- d) **Note** the actions undertaken and plans in place to support improved risk management across the organisation.
- e) **Note** the emerging risks highlighted at Board and Committee meetings during the previous months and the subsequent EMC discussion.

APPENDICES

Appendix 1: Corporate Risk Register (CRR) Update Report
 Appendix 2: Board Assurance Framework (BAF) Report