

**Meeting:** Trust Board Meeting in Public

**Date:** 26 November 2025

### Assurance Report

|                          |   |
|--------------------------|---|
| <b>Agenda item</b>       | Organisational Risk Report  |
| <b>EMC Lead</b>          | Joanna James, Head of Corporate Governance  |
| <b>Author</b>            | Joanna James, Head of Corporate Governance  |
| <b>Appendices</b>        | Appendix 1: Corporate Risk Register Update (CRR) Report<br>Appendix 2: Board Assurance Framework (BAF) Report |
| <b>Onward governance</b> | 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"/> <b>Substantial assurance</b><br>High level of confidence in delivery of objectives | <input checked="" type="checkbox"/> <b>Acceptable assurance</b><br>General confidence in delivery of objectives | <input type="checkbox"/> <b>Partial assurance</b><br>Some confidence in delivery of objectives | <input type="checkbox"/> <b>No assurance</b><br>No confidence in delivery of objectives |
|---|---|--|---|

### Previously considered

#### **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.

#### **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.

### Decision

The Board is requested to:

- 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.

|  |   |  |  |  |
|--|---|--|--|--|
|  | d) <b>Note</b> the actions undertaken and plans in place to support improved risk management across the organisation.                       |  |  |  |
|  | e) <b>Note</b> the emerging risks highlighted at Board and Committee meetings during the previous months and the subsequent EMC discussion. |  |  |  |
| 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 checked="" type="checkbox"/>                           |  |
| Relevant breakthrough objective – 2025/26  |   |  |  |  |
| <input type="checkbox"/> Reduction in emergency admissions<br><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<br>Likelihood | 1 | 2 | 3  | 4   | 5   |
|---------------------------|---|---|--|---|---|
| 5                         |   |   | 394 – Pharmacy Robotics Infrastructure<br>888 – Equipment Supply | 410 – Wycombe Theatres<br>415 – SMH Theatres  |   |
| 4                         |   |   |  | 790 – Inadequate Aseptic Unit<br>851 – Paediatric Audiology Service<br>875 – Industrial Action<br>891 – Provision of Psychiatric Care |   |
| 3                         |   |   |  |   | 184 – Ageing Wycombe tower block (interior)<br>225 – Disruption to Trust technology caused by cyber incidents<br>935 – Insufficient Technical Staffing Capacity<br>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.

A number of emerging risks were noted during Board and Committee meetings in September and October which relate to a broad range of areas and have been discussed by EMC:

- Delivery of care over Winter in view of financial position and further industrial action.
- Delivery of year-end plan in view of industrial action and under-delivery of pay spend.
- Significant growth planned within Buckinghamshire and ability to provide healthcare services to a larger population.
- Impact of organisational change, including related to engagement with the Staff Survey.

## 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<br>Digital                    | Cautious (3)           | 9                    | 1  | 15                             | 15                             | 15                                   |
| Strategy Enablers<br>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<br>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.*

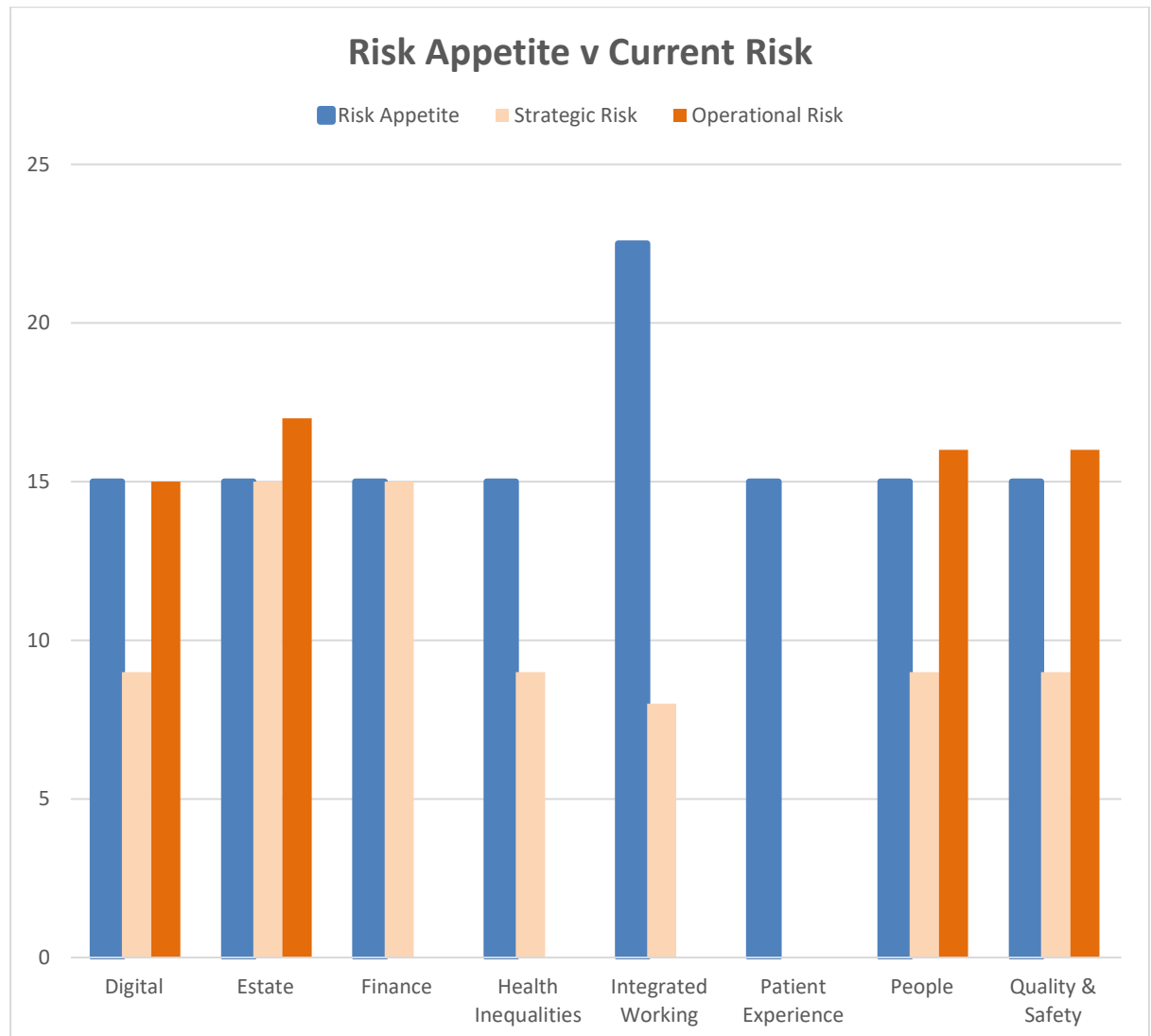
*The Trust has the lowest tolerance for risks that materially impact on the safety and wellbeing of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater 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<br>Remained at 9 – 13 months   | 6 Aug 2025    |
| BOB0002  | Financial Sustainability         | Nov 2022     | Adequate (0.5)             | 20             | 20                          | Risk is currently above appetite<br>Remained at 20 – 14 months  | 11 Aug 2025   |
| BOB0003  | Resilience                       | Nov 2022     | Adequate (0.5)             | 12             | 8                           | Risk is currently below appetite<br>Remained at 8 – 12 months   | 4 Aug 2025    |
| BOB0004  | Access to Services               | Nov 2022     | Substantial (1)            | 16             | 16                          | Risk is currently within appetite<br>Remained at 16 – 30 months | 4 Aug 2025    |
| BOB0005  | Transformation                   | Nov 2022     | Limited (0)                | 16             | 9                           | Risk is currently below appetite<br>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<br>Remained at 12 – 10 months  | 9 July 2025   |
| BOB0007  | Working in Partnership           | Nov 2022     | Substantial (1)            | 12             | 12                          | Risk is currently below appetite<br>Remained at 12 – 30 months  | 4 Aug 2025    |
| BOB0008  | ICB Workforce                    | Nov 2022     | Adequate (0.5)             | 9              | 9                           | Risk is currently below appetite<br>Remained at 9 – 30 months   | 11 June 2025  |
| BOB0009  | ICS Workforce                    | Jan 2025     | Adequate (0.5)             | 16             | 12                          | Risk is currently below appetite<br>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<br>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<br>Operational risks | Balance of assurance<br>Internal v External | Number of new risks<br>New or escalated to the CRR | Number of removed risks<br>Closed/de-escalated from CRR | % risks with increased scores<br>Strategic | % risks with reduced scores<br>Strategic | % risks with static scores<br>Strategic | % risks with increased scores<br>Operational | % risks with reduced scores<br>Operational | % risks with static scores<br>Operational | Risks to be approved<br>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         | - Trust estate and current financial position; impact on Winter Plan<br>- Ability to deliver year-end position   |
|          | Audit       | None   |
|          | F&BPC       | - Delivery of care over winter months related to:<br>a) Potential for further industrial action.<br>b) Affordability of escalation areas<br><br>- Delivery of year end plan due to:<br>a) Failure to deliver planned reduction in pay-spend.<br>b) Potential for further industrial action<br>c) Pace of change required |
|          | Q&CGC       | - MRSA outbreak within NSIC and impact on capacity   |
|          | SPC         | - Impact of organisational change on engagement in the National Staff Survey<br>- 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                    |
|---|---|-------------|-------|-----------------------------|
| - Delivery of care over winter months related to:<br>a) Potential for further industrial action (IA)<br>b) Affordability of escalation areas              | a) Reflected in Risk 875<br>b) Updated Winter Bed Plan                    | EMC / F&BPC | COO   | Nov 2025                    |
| - Delivery of year end plan due to:<br>a) Failure to deliver planned reduction in pay-spend.<br>b) Potential for further IA<br>c) Pace of change required | a) Plan to close pay savings gap<br>b) Reflected in Risk 875<br>No action | F&BPC       | CFO   | Oct 2025<br><b>COMPLETE</b> |

|   |   |       |      |                             |
|---|---|-------|------|-----------------------------|
| 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<br><b>COMPLETE</b> |
| 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                    |
| <b>Completed actions since the last report</b>  |   |       |      |                             |
| Plastic pipework in the retained estate   | Overall risk assessment and action plan for Trust pipe infrastructure | EMC   | CEFO | Oct 2025<br><b>COMPLETE</b> |

**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