BOARD ASSURANCE FRAMEWORK 2025-2026

BAF Dashboard 2025-26

Risk No	Org Ref	Risk Description	Executive Lead	Lead Committee		Risk Score 2024/25				Risk Score 2025/26							Anticipated Closure Date
					Initial	Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Apr/ May	Jun/ Jul	Aug/ Sep	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target	
3709	CCS/ NCHC	If we do not address cybersecurity threats (such as data breaches and patient privacy, ransomware, operational disruption, insider threats and third-party risks) then there is an increased likelihood of a major service disruption and possible compromise to patient care.	Chief Information Officer	Board / Finance & Infrastructure	20	16	16	16	16	16	16	16	16	16	16	12	30/06/2027
							→	→	→	→	→	→	→	→	→		
3837	CCS/ NCHC	There is a risk that if suppliers integrate AI (Artificial Intelligence) components or subcontract to third-party AI providers without disclosure or adequate contractual controls, then the organisation will have no visibility or assurance over how patient or operational data is processed and how AI influences clinical or business decisions, leading to potential patient harm, regulatory breaches (GDPR/DSPT), financial penalties, and reputational damage to the Trust.	Chief Information Officer	Board / Finance & Infrastructure	16									12	12	9	31/03/2027
															→		
3732	NCHC	NCHC move to National Tenant - There is a risk that patients could misinterpret the signposting and not contact the new organisation /service due to the old name still being used. In addition, staff at other organisations may not be able to contact staff	Chief Information Officer	Board / Finance & Infrastructure	16								12	12	12	9	31/04/2026
														→	→		
3708	CCS/ NCHC	If NCH&C & CCS cannot secure recurrent and long term efficiencies and/or additional resources, it may not be able to fund increasing demand for services in future years.	Chief Finance & Resources Officer	Board / Finance & Infrastructure / Service Assurance Committees	20				16	16	16	12	12	12	12	9	31/03/2028
										→	→	↓	→	→	→		
3655	CCS/ NCHC	There is a risk that the non-executive and executive and wider senior leadership capacity and expertise required to deliver the transaction to support the move to a new/single organisation, will result in failure to deliver the current quality, operational, workforce and financial performance and plans	Chief People Officer and Deputy Chief Executive	Board	9	9	9	9	6	9	9	9	9	9	9	6	30/04/2026
						→	→	→	↓	↑	→	→	→	→	→		
3656	CCS/ NCHC	If stakeholders withdraw their support, there is a risk that the group model programme and transaction could not be delivered and therefore impact the performance and delivery of the existing services of the Trust and sustainability in the future	Chief Executive Officer	Board	9	9	9	6	6	6	6	6	6	6	6	3	16/03/2026
						→	→	↓	→	→	→	→	→	→	→		
3751	CCS/ NCHC	Long waits for Children for a diagnostic assessment from our neurodevelopmental services.	Chief Medical Officer	Board / CYP Service Assurance Committee	20								16	16	16	6	31/03/2028
														→	→		
3653	CCS/ NCHC	There is a risk that clinical quality and patient safety could be compromised if the following; gaps in staffing/staff morale, group model planning, financial pressures and cost efficiencies compliance with regulatory bodies, are not managed and mitigated. The impact of this potential risk could lead to increase level of 'harm,' a reduction in clinical quality/safety across services and an increase in patient dissatisfaction.	Chief Nursing and Allied Health Professional Officer	Board / Quality Committee	8	12	12	12	12	12	12	12	12	12	12	6	30/04/2026
							→	→	→	→	→	→	→	→	→		

BOARD ASSURANCE FRAMEWORK 2025-2026

BAF Dashboard 2025-26

Risk No	Org Ref	Risk Description	Executive Lead	Lead Committee	Initial	Risk Score 2024/25				Risk Score 2025/26							Anticipated Closure Date
						Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Apr/ May	Jun/ Jul	Aug/ Sep	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target	
3731	CCS/ NCHC	There is a risk that patient care could be compromised, if there is an increase in viral / RSV illnesses/ norovirus. The impacts of this will be: increase of staff sickness, increase in outbreaks (staff and patients), reduction of staff well-being, reduction of clinical activity, and over reliance on staff who are at work/ bank/ agency staff, a risk of spread between staff and highly vulnerable patients, ward/bed closures.	Chief Nursing and Allied Health Professional Officer	Board / Quality Committee	12								8	8	8	4	31/03/2026
														→	→		
3699	CCS/ NCHC	There is a risk that staff morale and engagement may be adversely affected whilst we culturally align our two organisations	Chief People Officer and Deputy Chief Executive	Board / Service Assurance Committees / PPEC / Quality Committee	16					12	12	12	12	12	8	8	30/06/2026
											→	→	→	→	↓		
3770	CCS/ NCHC	There is a risk that fraudulent activity could result in significant loss to the Trust	Chief Finance & Resources Officer	Board / Audit & Risk Committee	16								9	9	9	6	31/03/2028
														→	→		
3691	CCS	There is a risk that due to increasing inflationary pressures and a challenging efficiency target, the Trust may not deliver a balanced financial plan for 2025/26 which could impact on the delivery of services.	Chief Finance & Resources Officer	Board / Finance & Infrastructure	12					12	12	12	12	12	12	8	31/03/2026
										N/A	→	→	→	→	→		
3707	NCHC	If the Trust is not able to deliver the 2025/26 financial breakeven plan then the Trust risks contributing to an ICS failure to break even. This will lead to a need to repay the system (and Trust) deficit in future years and will result in additioal scutiny from NHS England	Chief Finance & Resources Officer	Board / Finance & Infrastructure	20				16	16	16	12	12	12	12	9	31/03/2026
										→	→	↓	→	→	→		

Risk Matrix					
Likelihood/ Frequency ↓	Consequence/Impact →				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Almost Certain	**Moderate 5**	**High 10**	**Significant 15**	**Significant 20**	**Significant 25**
4 Likely	**Moderate 4**	**High 8**	**High 12**	**Significant 16**	**Significant 20**
3 Possible	**Low 3**	**Moderate 6**	**High 9**	**High 12**	**Significant 15**
2 Unlikely	**Low 2**	**Moderate 4**	**Moderate 6**	**High 8**	**High 10**
1 Rare	**Low 1**	**Low 2**	**Low 3**	**Moderate 4**	**Moderate 5**

Group Trust Board Committees
Finance & Infrastructure Committee
Service Assurance Committees
People Participation & Equalities Committee (PPEC)
Quality Committee
Remuneration Committee
Audit & Risk Committee
Charitable Funds Committee

Risk Score = Consequence x Likelihood (C x L)

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	**Low risk**
	4 - 6	**Moderate risk**
	8 - 12	**High risk**
	15 - 25	**Extreme risk**

BAF Risk 3709	Cyber Security
Strategic Priority	CCS - Be a sustainable organisation NCHC - Advancing our use of data and technology, Being a future focussed organisation.
Anticipated Closure Date	30 June 2027
Review Date	23 February 2026
Executive Lead	Chief Information Officer
Lead Committee	Board/Finance & Infrastructure

Risk Score 2024/2025					Risk Score 2025/2026						
Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score
20	16	16	16	16	16	16	16	16	16	16	12
	↓	→	→	→	→	→	→	→	→	→	

Context	Gaps in Control or Assurance
If we do not address cybersecurity threats (such as data breaches and patient privacy, ransomware, operational disruption, insider threats and third-party risks) then there is an increased likelihood of a major service disruption and possible compromise to patient care. **Progress since the last review**: Continuing to monitor and prevent new threats where applicable.	Adequate assurances in place

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
What's going well Regular Cyber Exercises: Ongoing EPRR exercises and updated BCPs ensure robust testing of incident response protocols. Alignment with National Standards: Exercises and protocols are aligned with NHS Digital standards and DSPT requirements, strengthening compliance. Embedded Governance: Cybersecurity governance principles are integrated into DSPT and risk management frameworks. Increased Penetration Testing: Frequency of penetration testing has been increased to six-monthly, improving proactive threat detection. Deployment of New Software: Enhanced ability of newly deployed systems to support security controls. Cyber Awareness Culture: Continued expansion of staff training beyond compliance to include simulated phishing and real-time awareness campaigns. Future Opportunties Advanced Threat Intelligence: Implement AI-driven threat detection and predictive analytics to identify vulnerabilities before exploitation. Supplier Assurance Framework: Develop a comprehensive third-party risk management program, including mandatory cyber compliance certifications. Cross-Trust Collaboration: Share best practices and threat intelligence across CCS and NCHC to create a unified cyber defense posture. Automation of Compliance: Use automation tools to streamline DSPT evidence collection and vulnerability patching.	1.Digital skills gaps among some staff increase vulnerabilities to the system. 2.Desire to use new technology without full and proper assurance. 3. Fragmented systems and interoperability issues.	1. EPRR exercises and updated BCPs. 2. Review of digital literacy to include attitudinal change and awareness of cyber security. 3. Mandatory training being undertake by staff as an awareness. 4. DSPT submission. 5. Both trusts to keep up to date with patch testing, prevent access to untrusted services, reduce access to removable media, constrain network access, remove unnecessary services, constrain remote access and ensure / teach good user management. 6. Upskill key digital staff in future cyber threat responses. 7. Ensure all third party suppliers have BCPs, have they completed DSPT and whether they do table top exercises. 8. Penetration testing has been increased to six monthly. Increased ability of new software deployed. 9. Invested in interoperable platforms and alingment with NHS Digital architecture standards.

BAF Risk 3837	AI Use and Third Party Suppliers
Strategic Priority	CCS - Be a sustainable organisation NCHC - Advancing our use of data and technology, Being a future focussed organisation.
Anticipated Closure Date	31 March 2027
Review Date	23 February 2026
Executive Lead	Chief Information Officer
Lead Committee	Board/Finance & Infrastructure

	Risk Score 2024/2025				Risk Score 2025/2026						
Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score
16									12	12	9
										→	

Context	Gaps in Control or Assurance
There is a risk that if suppliers integrate AI components or subcontract to third-party AI providers without disclosure or adequate contractual controls, then the organisation will have no visibility or assurance over how patient or operational data is processed and how AI influences clinical or business decisions, leading to potential patient harm, regulatory breaches (GDPR/DSPT), financial penalties, and reputational damage to the Trust. **Progress since the last review**: New risk.	Adequate assurances in place

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
What's going well: Proactive risk identification through ensuring DPIAs and DSAs are completed prior to implementation. Also have controls such as AI policy and compliance with DCB0129 and 0160 are in place. Mainting a central record of AI-enabled systems will help with transparency and control. Future Opportunties AI questions into tenders and renewal processes demonstrate embedding into procurement. Build an AI governance model aligned with NHS and ICO frameworks. Develop regualr audits for AI bias and clinical safety audits to imporve compliance and build trust. Continue to build staff awareness of AI risks and responsible use. Work with other NHS Trusts and regulators to share best practices and create standardised AI frameworks.	Undisclosed AI Components - Suppliers embedding third-party AI without transparency or contractual controls. Data Leakage / Privacy Breach- PID shared with external AI services or pasted into unsanctioned tools. Clinical Safety Failure - AI influencing diagnosis or treatment without validation or MHRA/DCB compliance. Bias- AI outputs disadvantaging certain populations. Model Drift / Uncontrolled Updates - AI performance degrading or changing without notice, leading to incorrect outputs. Automation Bias -Staff accepting AI outputs without critical review, introducing errors into records or decisions. Prompt Injection / Adversarial Manipulation - Malicious prompts or content causing AI to behave unpredictably or expose sensitive data. Records Management Failure - AI-generated content not properly retained or audited, creating medico-legal and FOI risks. Regulatory Non-Compliance - Breach of GDPR, DSPT, NHS AI standards, or MHRA guidance. Vendor Lock-In & Service Disruption - Dependency on proprietary AI services causing continuity issues or costly exits. Ethical & Safeguarding Risks- AI outputs containing harmful, inappropriate, or misleading content.	Ensure all suppliers declare all AI use and third-party integrations. Maintain our own central record of AI enabled systems and services and check against NHS AI registry. Include AI questions in tenders and renewal processes. All DPIA and DSAs to include explicit clauses on data handling and AI usage. DPIAs to be mandatory for all new software / programme accessing PID or staff data. Domain blocks in place for unsanctioned AI tools. AI Policy for new organisation. DCB0129 and 0160 compliance is mandated. Suppliers required to supply fairness and bias reports, along with audits of accuracy for AI outputs. Suppliers required to inform of AI updates written into contract and DPIA.

BAF Risk 3655	Group Model transaction
Strategic Priority	CCS - Be an excellent employer, Collaborate with others, Provide oustanding care NCHC - Being a future-focussed organisation, Continually improving our standards of excellence, Deepening our integration with partners
Anticipated Closure Date	30 April 2026
Review Date	06 March 2026
Executive Lead	Chief People Officer and Deputy Chief Executive
Lead Committee	Group Board

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
9	9	9	9	6	9	9	9	9	9	9	6
					↑	→	→	→	→	→	

Context	Gaps in Control or Assurance
There is a risk that the non-executive and executive and wider senior leadership capacity and expertise required to deliver the transaction to support the move to a new/single organisation, will result in failure to deliver the current quality, operational, workforce and financial performance and plans **Progress since the last review**: Increased risk back to 9 following Building Trust programme board. Capacity to deliver some business as usual activities versus merger activities for 1st April 2026 under pressure within support services teams. Exec leads to review priorities with their leads and to de-prioritise activities wherever possible to reduce pressure across teams. Day 1 activities for the merger remain on track but both essential business as usual activities and merger activities need to be closely monitored throughout March and into April. Anticipated closure date extended to 30 April 2026 to ensure focus remains in this area throughout April.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Programme plan and actions in place for Day 1 and post-merger activities identified. Programme Board continues to meet monthly to review progress.	Pressures mounting for support service leads in relation to being able to manage essential business as usual activities and activities for the merger. Executive leads to review priorities with their teams and to de-prioritise where possible.	1. Capacity plan developed by executive teams 2. Individual priorities and objectives refined to accommodate this change 3. Agreement on work to defer or de-prioritise 4. Additional resources identified internal and external) to fulfil all planned priorities 5. Programme Board in place to manage workstreams for the group model 6. Recruitment Campaign in place and interviews scheduled for June/July 25 for the new non-executive directors. This should give sufficient time for a handover with our 2 Vice-Chairs. 7. Full programme plan being pulled together for the merger and capacity will be reviewed as part of this. 8. Regular Board development/discussions taking place to co-produce the new strategy. 9. 3 new Non-Executive Directors (NEDs) appointed - 2 full NEDs and 1 Associate and all in post.

BAF Risk No: 3708	**Long Term Financial Sustainability**
Strategic Priority	NCHC - Being a future focused organisation CCS - Be a sustainable organisation
Anticipated Closure Date	31 March 2028
Review Date	5 March 2026
Executive Lead	CFRO
Lead Committee	Board/Finance & Infrastructure/Service Assurance Committees

Risk Score 2024/2025					**Risk Score 2025/2026**						
Initial Score	**Aug/Sept**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Apr/May**	**Jun/Jul**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target Score**
20				16	16	16	12	12	12	12	9
					→	→	↓	→	→	→	

Context	**Gaps in Control or Assurance**
If NCH&C & CCS cannot secure recurrent and long term efficiencies and/or additional resources, it may not be able to fund increasing demand for services in future years. **Progress since the last review**: Further analysis is underway as part of the annual planning process. The recurring gap is diminishing, but further work is required to understand the initiatives behind actions to eliminate the gap.	Adequate assurances in place.

Progress

What's going well inc future opportunities	**What are the current challenges inc future risks**	**How are these challenges being managed**
The Trust has delivered a balanced position to date and has submitted a draft financial plan for 2026/27 that achieves break even with modest efficiency requirements.	1. Identifying a multi-year approach to efficiency planning (and delivery) with a greater weighting on recurrent efficiencies. 2. Having the capacity (and skill set) for off the shefl investment / business cases to access available funding for investment opportunities (incl growth / left shift / digital) 3. Data driven evidence to support business cases and benefits realisation	1. Trust financial plans and robust rolling forecasting 2. Performance reporting and scenario monitoring 3. Efficiency targets embedded in operational plans and programme board governance 4. Contribution to fixed costs added to each revenue contract 5. Long-term transformation and investment programmes 6. Benchmarking against peer organisations

BAF Risk No: 3770	Fraud													
Strategic Priority	NCHC - Continually improving standards of excellence CCS - Provide outstanding care		**Risk Score 2024/2025**					**Risk Score 2025/2026**						
Anticipated Closure Date	31 March 2028													
Review Date	5 March 2026		**Initial Score**	**Aug/Sept**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Apr/May**	**Jun/Jul**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target Score**
Executive Lead	CFRO		16								9	9	9	6
Lead Committee	Board/Audit & Risk Committee											→	→	

Context	Gaps in Control or Assurance
There is a risk that fraudulent activity could result in significant loss to the Trust **Progress since the last review**: Work continues to align our fraud processes under the new Trust structure and appointment of a single LCFS.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Fraud specific training is scheduled, national alerts have been issued, and cross trust collaboration has increased to proactively manage fraud risks.	Challenges include: - inadequate segregation of duties in small teams - scale and breadth of our operations - staff awareness and training - system limitations	Strong control framework, including: - access and system controls - Polices and procedures - Governance and oversight - Monitoring and detection, with support from local counter fraud specialist and counter fraud champion.

BAF Risk 3656	Group Model - Stakeholder support												
Strategic Priority	CCS - Collaborate with others NCHC - Deepening our integration with partners	**Risk Score 2024/2025**					**Risk Score 2025/2026**						
Anticipated Closure Date	16 March 2026												
Review Date	24 February 2026	**Initial**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Apr/May**	**Jun/Jul**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
Executive Lead	Chief Executive Officer	9	9	9	6	6	6	6	6	6	6	6	3
Lead Committee	Group Board						→	→	→	→	→	→	

Context	Gaps in Control or Assurance
If stakeholders withdraw their support, there is a risk that the group model programme and transaction could not be delivered and therefore impact the performance and delivery of the existing services of the Trust and sustainability in the future **Progress since the last review**:No new issues have been raised by any stakeholder. regional challenge meeting to take place 26/02/2026 and fully expect recommendation for national ratification on 12th March 2026. Once national panel have agreed for merger to take place, the risk can be closed - hence anticipated closure date on 16/03/2026.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Continued engagement with NHSE on the process of the group model and transaction. Legal advisers engaged to support the process to Group and for the Transaction for both Trusts. Engagement work and plans continue develop under the director of the Group Programme Board. NHSE challenge meeting has taken place and went well. No issues were raised with the team.	Insufficient stakeholder engagement and support.	Implementation of the programme plan including: 1. Engagement plan enacted to ensure stakeholder management is undertaken well and stakeholders are briefed on a regular basis 2. Performance of the organisations and transformational work is undertaken – increasing trust and confidence in the leadership team as we go through this process 3. Regular 1:1s set up with key influencing leaders in local authorities and the NHS (ICB and regional tier) 4. Regular engagment with the national and regional team undertaking the support for our merger transaction. 5. Follow up on stakeholder communication with local MPs and local provider organisations

BAF Risk 3653	Quality & Safety Risk
Strategic Priority	CCS - Be an excellent employer, Provide outstanding care NCHC - Continually improving standards of excellence
Anticipated Closure Date	30 April 2026
Review Date	23 February 2026
Executive Lead	Chief Nursing and Allied Health Professional Officer
Lead Committee	Group Board, Quality Committee

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
8	12	12	12	12	12	12	12	12	12	12	6
	→	→	→	→	→	→	→	→	→	→	

Context	Gaps in Control or Assurance
There is a risk that clinical quality and patient safety could be compromised if the following: gaps in staffing/staff morale group model planning, financial pressures and cost efficiencies compliance with regulatory bodies, are not managed and mitigated. The impact of this potential risk could lead to increase level of 'harm,' a reduction in clinical quality/safety across services and an increase in patient dissatisfaction. **Progress since the last review**: Both organisations are now reporting into Quality Assurance Group and Quality Committee, because of this new joint structure - quality and safety data triangulation is starting to develop. In the meantime the individual organisations continue to have their own systems for identifying issues/ gaps/ reduction in patient outcomes - which are reported through the Service Assurance Committees as well as other meetings. Key metrics are reviewed regularly e.g., levels of harms (through incident reporting), complaint numbers and themes and patient feedback. The initial CQC outcomes are now starting to be reported, with an initial report going to Execs in March 2026. This will assist teams/ services in understanding what is going well and where there is potential need.	Adequate assurances in place.

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Both Trusts have now completed an internal CQC assessment document, this is due to be reported in Q4. CCS Trust is currently updating and strengthening its EIA processes. Both Trusts are looking at their QIA document – to make sure it is up to date around national guidance. Both Trusts have completed the violence prevention self-assessment and there is collaborative working with other organisations in relation to violence reduction. Both Trusts have a sexual safety policy. CIP meetings are underway with Service Directors – to discuss new/ current schemes and identify potential impact on patient care. A number of groups are now joined so that an oversight of quality and safety can be seen across both organisations, this also supports a 'joint learning' culture. Quality metrics are being developed. A joint incident, health and safety and safety alert policy will be in place by the 1st April 2026.	Waiting lists Difficulties recruiting and retaining staff Staff morale Increase of incidents where harm has been caused Reduction of quality Complexity and acuity of patients Reduction of service provision Staff competencies do not meet the needs of the patient Increase of harm to patients	CQC self assessment and peer review processes Internal governance meetings Controls identified in risk 3619, 3620 and 3562 Updated approach to violence and aggression against staff (including a zero tolerance model) Cost Improvement Programme - management and support in place (risk 3621) Equality Impact Assessment process Quality Impact Assessment process Quality data triangulation processes Incident huddles (weekly) Patient and carer feedback processes Patient Safety partner scrutiny The People Strategy objectives - focus on staff wellbeing Positive relation with CQC via monitoring meetings (quarterly) Group model governance in place - with robust communication plan Freedom to Speak Up Trust approach Board to ward visits QEWETT monitoring Quality dashboards Sexual safety assurance framework review Positive external relationships Performance pack review (NCHC)

BAF Risk 3731	Impact of seasonal viruses on workforce and care delivery
Strategic Priority	CCS - Be an excellent employer, Provide outstanding care NCHC - Continually improving standards of excellence
Anticipated Closure Date	31 March 2026
Review Date	19 February 2026
Executive Lead	Chief Nursing and Allied Health Professional Officer
Lead Committee	Group Board, Quality Committee

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
12								8	8	8	4
									→	→	

Context	Gaps in Control or Assurance
There is a risk that patient care could be compromised, if there is an increase in flu/ covid/ RSV illnesses/ norovirus. The impacts of this may include and increase of staff sickness, increase in outbreaks (staff and patients), reduction of staff well-being, reduction of clinical activity, and over reliance on staff who are at work, a risk of spread between staff and highly vulnerable patients, ward/bed closures, cohorting measures. **Progress since the last review**: No Change to risk rating of 8. The levels of respiratory infections continue to decline within the East of England and England. The levels of norovirus have started to stabilise. Hospital admissions reflect the national trend. As previously reported once the levels have reduced for 2 - 3 consecutive weeks, then the risk should be closed	Adequate assurances in place

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Flu vaccination programme in both organisations has progressed well., with NCH and C meeting their stretch target and CCS 1% behind their target. Risk has been reviewed and reduced based on national surveillance. Proactive response to outbreaks within the in-patient units. FiT testing data is being reviewed, to see where the gaps are with plans in place to increase compliance. Risk will be closed at the end of March	- Inability to control outbreaks - Low levels of vaccination uptake - Access to the correct infection, prevention and control advice, standards and equipment - Viral spread to patients and carers - Staff vulnerabilities (those with long term conditions, respiratory conditions or those who are immune compromised)	- Outbreak management plans and processes - IPaC team visibility and accessibility - Vaccination promotion/ myth busting/ incentives - Staff have the correct equipment, equipment is available to order and a small stockpile of equipment is in place - Cohorting plans for wards are in development (but must remain agile) - Staff to follow IPaC advice following a period of ill health - Staff have the correct equipment to support a patient with flu/RSV/ norovirus in their home - Local surveillance is reviewed weekly and local measures adhered to as needed - Guidance given to staff to make sensible local decision around PPE as the need dictates.

BAF Risk 3751	Long waits for Children for a diagnostic assessment from our neurodevelopmental services
Strategic Priority	CCS - Providide outstanding care NCHC - Continually improving standards of excellence
Anticipated Closure Date	31 March 2028
Review Date	20 February 2026
Executive Lead	Chief Medical Officer
Lead Committee	Group Board, CYP Service Assurance Committee

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
20								16	16	16	6
									→	→	

Context	Gaps in Control or Assurance
There is a risk that if Children and Young People cannot access the NDS (Neurodevelopment Services) assessment in a timely fashion that this will impact on their learning and development through childhood. There is a risk to our teams that they will feel demoralised by the size of the waiting list and the inability to provide great care in a timely fashion. **Progress since the last review**: There has been some funding from all of the ICBs and an investment by the Group to provide the funding to clear our waiting lists. We are using internal skill-mixed models, insourcing with Pertemps and Outsourcing with Helios. On 1st Feb we had 11424 CYP waiting to be seen which is a reduction by more than 400 children since 1st December We have plans in place to work at pace to reduce our waiting lists over the next 24 months to get the waiting lists to,18 weeks. One of the Service Leads is now focusing on managing the backlog processes, while another is focusing with the NDS Transformation Board on creating a sustainable model of care for the future.	The controls in place will currently reduce the waiting list by 400 over the next 4 months, but the backlog remains high. The pilots will help, but will not help in the short-term.

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
There is an NDS working group looking at how we manage the backlog of long waits. Shared learning across the Group re Service offers - Bedfordshire & Luton recruiting to a non-medical model pilot based on services in NCHC. Established relationships with Schools and Councils in regard to provision to support children waiting for a diagnosis. Digital Pilots in the three CYP (Children & Young People) Directorates to then share the processes more widely across the group to reduce times for triage/referral. Chief Medical Officer (CMO)engaging with GP hubs and other CMOs to look for other solutions. We now have one Service Director focusing on reducing waits with the current non-recurrent funding and another focusing on ensuring we have a sustainable model. We have a reliable method of tracking the data and outcomes. We are working mostly with one in-sourcing company as this gives us some leverage in regards to contracts and outcomes. Our teams have not worked with companies in this way and are learning through this process. We have made our LAs aware that we are asking for the school assessments to fit with timings of the work in-sourced. Our Norfolk CYP team have reviewed 19 cases seen by the in-sourcing company and the reviews were positive. We have shared this information across all our CYP services. Staff morale has improved where we are working through the longest waits as we are focused on and driving change in the waiting lists. We are aiming to remove 2000 children from our waiting list by 31.03.2026 and by 31.03.2028 to have no child waiting over 52 weeks for assessment.	Children will come to harm and this will impact on there longer term wellbeing. The backlog is great and the current workforce could not manage the backlog withough investment. Families are upset at the length of time thier children have to wait, and this causes complaints to be made. Staff morale is affected by the long waiting lists, as they see no solutions to this.	A single Group-wide validated dataset has been developed with will be the focus for looking at our long waits for NDS. Additional clinical capacity is being sought across the CYP Directorates with their own teams. Pilots are being undertaken looking at non-medical models for diagnostic pathways. Additional resource (non-recurrent funding) has been provided to manage the longest 400 children waiting on the list (156-208 week waits). Early intervention team and additional nurse resource for school present in Bedfordshire and Luton. Digital solutions being trialled include development of a patient resource portal, digital applications for referrals and triage, and ambient vice technology to reduce clinic administrative times.

BAF Risk 3699	Group Model Cultural Alignment
Strategic Priority	CCS - Be an excellent Employer, Provide outstanding care NCHC - Attracting and developing brilliant teams, Continually improving standards of excellence
Anticipated Closure Date	30 June 2026
Review Date	27 February 2026
Executive Lead	Chief People Officer and Deputy Chief Executive
Lead Committee	Services Assurance Committees/ PPEC/ Quality Committee/ Board

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
16					12	12	12	12	12	8	8
						→	→	→	→	↓	

Context	Gaps in Control or Assurance
There is a risk that staff morale and engagement may be adversely affected whilst we culturally align our two organisations **Progress since the last review**: Scoring reduced to target at the current time as overall staff engagement and morale levels across the Trusts have not been significantly impacted, however, this will be kept under review as all support service teams come together from April 2026.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Teams across both organisations are connecting. Joint team development sessions have also taken place in some of the support service teams . • Strong partnership working in place across both organisations. • Operational and Clinical leads linking up to share their intelligence ie: urgent community response services; unscheduled care services. • Norfolk and Waveney Children and Young People's Services all linked up and being led by a single leadership team. MSK services across both Trusts being led by the same leadership team. • Joint governance systems and processes in place at Group Board and Committee level and first round of meetings starting to take place. Positive discussions taking place. • Have aligned some national days across the group ie: staff networks day; international nurses day and national professional administrators day. Staff network leads connected and discussing future plans.	As merger date gets closer, some pressures and challenges being seen across support service areas as they get closer to becoming a single team. Capacity pressures also being seen for these teams being able to manage the business-as-usual activities as well as the merger activities. Actions in place to support leads with their pressures and areas of challenge.	Building Trust Programme Plan OD Plan in place to align our two organisations positively - engagement activities planned with our people to agree revised values and behaviours - new clinical and care strategy from April 26 Regular Q&A sessions underpinned by relevant FAQs Strong partnership working in place with staff side in both organisations People strategies in both organisations focused on improving staff morale and engagement - implementation plan for 25/26 in place Service plans for 25/26 signed off Group Leadership Team established and meeting monthly Wider Leadership Forum set up - meeting quarterly from June 25 - focus on sharing, learning and developing together Annual staff survey and pulse surveys Service Assurance Committees in place where staff morale/engagement will be discussed

BAF Risk 3691	Failure to deliver a balanced financial plan in CCS for 2025/26
Strategic Priority	Be a Sustainable Organisation
Anticipated Closure Date	31 March 2026
Review Date	05 March 2026
Executive Lead	CFO
Lead Committee	Board/Finance & Infrastructure

Risk Score 2024/2025					Risk Score 2025/2026						
Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
12					12	12	12	12	12	12	8
					N/A	→	→	→	→	→	

Context	Gaps in Control or Assurance
There is a risk that due to increasing inflationary pressures and a challenging efficiency target, the Trust may not deliver a balanced financial plan for 2025/26 which could impact on the delivery of services. **Progress since the last review**: Forecast remains on plan, and while system pressure exist, there is no material impact on our outturn expected.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
To date the financial position remains balanced and on plan, with efficiencies being delivered and on track to be achieved	The Trust could be required to further review areas of non-recurrent spend and discretionary commitments to support mitigating measures to address unfunded price and demand increases.	The Trust will focus on various efficiency and productivity improvements, supported by benchmarking and collaborative engagement with partners. In addition we will seek to identify discretionary expenditure and risk assess against other measures to mitigate the increase in cost pressure. This will include maximising planned and unplanned additional efficiencies, understanding the impact of the main cost drivers and maximising supply chain and procurement opportunities. In addition the Trust will continue in its discussions with commissioning bodies to agree funding or service delivery adjustments to support further mitigation

BAF Risk No: NCHC Risk 3707	Delivery of NCHC 2025/26 Financial Plan

		Risk Score 2024/2025					Risk Score 2025/2026						
Strategic Priority	Being a future focused organisation	Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score
Anticipated Closure Date	31 March 2026	20				16	16	16	12	12	12	12	9
Review Date	05 March 2026						→	→	↓	→	→	→	
Executive Lead	CFO												
Lead Committee	Board/Finance & Infrastructure												

Context	Gaps in Control or Assurance
If the Trust is not able to deliver the 2025/26 financial breakeven plan then the Trust risks contributing to an ICS failure to break even. This will lead to a need to repay the system (and Trust) deficit in future years and will result in additional scrutiny from NHS England under the new oversight framework. **Progress since the last review**: Forecast remains on plan, and while system pressure exist, there is no material impact on our outturn expected.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
The Trust is currently tracking on plan to deliver a break even position for this financial year.	1. Identifying a multi-year approach to efficiency planning (and delivery) with a greater weighting on recurrent efficiencies 2. Having the capacity (and skill set) to identify efficiencies taking and working outside of linear budget manager boundaries 3. Changing and challenging landscape, with Group model, and also NHS E and ICB	1. Trust financial plans and policies 2. Continuous outturn forecasting 3. Performance reporting and monitoring 4. Efficiency programme led by non-CFO Execs, demonstrating cross organisational responsibility. 5. Contribution to overheads added to each new revenue contract

BAF Risk 3732	Move to National Tenant													
Strategic Priority	**CCS - Collaborate with others** **NCHC - Being a future-focussed organisation**		**Risk Score 2024/2025**					**Risk Score 2025/2026**						
Anticipated Closure Date	31/04/2026													
Review Date	04 March 2026		**Initial Score**	**Aug/Sept**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Apr/May**	**Jun/Jul**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target Score**
Executive Lead	Chief Information Officer		16								12	12	12	9
Lead Committee	Board/Finance & Infrastructure											→	→	

Context	Gaps in Control or Assurance
There is a risk that patients could misinterpret the signposting and not contact the new organisation /service due to the old name still being used. In addition, staff at other organisations may not be able to contact staff. **Progress since the last review**: Migration date set for 30 March so this risk has now reduced. Prep for migration will start on 27 March. New name will be available for 1 April. Continuing to monitor as NHSE do cancel and change dates last minute. 58% of staff have completed preparation for merger. Pushing hard on those who haven't or else they will not be able to access computer on 30 March. Anticipate increased calls to service desk which will impact on service desk response rate for all callers. Separate call line being put in place for these users, so not to impact other service users.	Adequate assurances in place.

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Migration date set for 30 March so this risk has now reduced. Prep for migration will start on 27 March. New name will be available for 1 April.	Potential delays in patient and other organisations contacting the new organisation, leading to misaligned communications to wider audience.	Monitoring in committees and meetings. The old email optic remains in place for 6 months, allowing any old contacts to be sent through and actioned. Hazard log in place. Patient experience monitoring - identify trends in patient complaints regarding change of name. Updated comms to all staff daily to ensure MFA is applied.