

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		
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	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	9	31/03/2026
													→						
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		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		6	31/03/2026		
						→	→	→	↓	↑	→	→	→	→					
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		3	31/03/2026		
						→	→	↓	→	→	→	→	→	→					
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	6	30/03/2026
													→						
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		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		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	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		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			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 additional scrutiny from NHS England	Chief Finance & Resources Officer	Board / Finance & Infrastructure	20				16	16	16	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.	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	30 June 2027												
Review Date	06 January 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	20	16	16	16	16	16	16	16	16	16		12
Lead Committee	Board/Finance & Infrastructure	↓	→	→	→	→	→	→	→	→	→		
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.		Adequate assurances in place											
Progress since the last review:													
Progress													
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
<p>What's going well</p> <p>Regular Cyber Exercises: Ongoing EPRR exercises and updated BCPs ensure robust testing of incident response protocols.</p> <p>Alignment with National Standards: Exercises and protocols are aligned with NHS Digital standards and DSPT requirements, strengthening compliance.</p> <p>Embedded Governance: Cybersecurity governance principles are integrated into DSPT and risk management frameworks.</p> <p>Increased Penetration Testing: Frequency of penetration testing has been increased to six-monthly, improving proactive threat detection.</p> <p>Deployment of New Software: Enhanced ability of newly deployed systems to support security controls.</p> <p>Cyber Awareness Culture: Continued expansion of staff training beyond compliance to include simulated phishing and real-time awareness campaigns.</p> <p>Future Opportunities</p> <p>Advanced Threat Intelligence: Implement AI-driven threat detection and predictive analytics to identify vulnerabilities before exploitation.</p> <p>Supplier Assurance Framework: Develop a comprehensive third-party risk management program, including mandatory cyber compliance certifications.</p> <p>Cross-Trust Collaboration: Share best practices and threat intelligence across CCS and NCHC to create a unified cyber defense posture.</p> <p>Automation of Compliance: Use automation tools to streamline DSPT evidence collection and vulnerability patching.</p>	<p>1. Digital skills gaps among some staff increase vulnerabilities to the system.</p> <p>2. Desire to use new technology without full and proper assurance.</p> <p>3. Fragmented systems and interoperability issues.</p>	<p>1. EPRR exercises and updated BCPs.</p> <p>2. Review of digital literacy to include attitudinal change and awareness of cyber security.</p> <p>3. Mandatory training being undertake by staff as an awareness.</p> <p>4. DSPT submission.</p> <p>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.</p> <p>6. Upskill key digital staff in future cyber threat responses.</p> <p>7. Ensure all third party suppliers have BCPs, have they completed DSPT and whether they do table top exercises.</p> <p>8. Penetration testing has been increased to six monthly. Increased ability of new software deployed.</p> <p>9. Invested in interoperable platforms and alignment with NHS Digital architecture standards.</p>											

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.	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2027												
Review Date	06 January 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		9
Lead Committee	Board/Finance & Infrastructure												
Context		Gaps in Control or Assurance											
<p>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.</p> <p>Progress since the last review: New risk.</p>		<p>Adequate assurances in place</p>											
Progress													
What's going well inc future opportunities		What are the current challenges inc future risks					How are these challenges being managed						
<p>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.</p> <p>Maintaining a central record of AI-enabled systems will help with transparency and control.</p> <p>Future Opportunities AI questions into tenders and renewal processes demonstrate embedding into procurement.</p> <p>Build an AI governance model aligned with NHS and ICO frameworks.</p> <p>Develop regular audits for AI bias and clinical safety audits to improve compliance and build trust.</p> <p>Continue to build staff awareness of AI risks and responsible use.</p> <p>Work with other NHS Trusts and regulators to share best practices and create standardised AI frameworks.</p>		<p>Undisclosed AI Components - Suppliers embedding third-party AI without transparency or contractual controls.</p> <p>Data Leakage / Privacy Breach- PID shared with external AI services or pasted into unsanctioned tools.</p> <p>Clinical Safety Failure - AI influencing diagnosis or treatment without validation or MHRA/DCB compliance.</p> <p>Bias- AI outputs disadvantaging certain populations.</p> <p>Model Drift / Uncontrolled Updates - AI performance degrading or changing without notice, leading to incorrect outputs.</p> <p>Automation Bias -Staff accepting AI outputs without critical review, introducing errors into records or decisions.</p> <p>Prompt Injection / Adversarial Manipulation - Malicious prompts or content causing AI to behave unpredictably or expose sensitive data.</p> <p>Records Management Failure - AI-generated content not properly retained or audited, creating medico-legal and FOI risks.</p> <p>Regulatory Non-Compliance - Breach of GDPR, DSPT, NHS AI standards, or MHRA guidance.</p> <p>Vendor Lock-In & Service Disruption - Dependency on proprietary AI services causing continuity issues or costly exits.</p> <p>Ethical & Safeguarding Risks- AI outputs containing harmful, inappropriate, or misleading content.</p>					<p>Ensure all suppliers declare all AI use and third-party integrations.</p> <p>Maintain our own central record of AI enabled systems and services and check against NHS AI registry.</p> <p>Include AI questions in tenders and renewal processes.</p> <p>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.</p> <p>Domain blocks in place for unsanctioned AI tools.</p> <p>AI Policy for new organisation.</p> <p>DCB0129 and 0160 compliance is mandated.</p> <p>Suppliers required to supply fairness and bias reports, along with audits of accuracy for AI outputs.</p> <p>Suppliers required to inform of AI updates written into contract and DPIA.</p>						

BAF Risk No: 3708	Long Term Financial Sustainability													
Strategic Priority	NCHC - Being a future focused organisation CCS - Be a sustainable organisation	Risk Score 2024/2025					Risk Score 2025/2026							
Anticipated Closure Date	31 March 2028													
Review Date	19 January 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	20				16	16	16	12	12	12		9	
Lead Committee	Board/Finance & Infrastructure/Service Assurance Committees						→	→	↓	→	→			
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: The Trust has strengthened financial oversight through enhanced monthly monitoring and targeted CIPs. Workforce cost pressures remain, but agency use has reduced through improved rostering, recruitment initiatives, and tighter controls, balanced with safe staffing requirements.					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 shelf 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					Target Score	
Anticipated Closure Date	31 March 2028													
Review Date	19 January 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		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: Counter-fraud controls remain in place , including enhanced monitoring of high-risk areas and increased staff awareness through updated fraud prevention training and sharing of national alerts. Several proactive reviews are underway with the Local Counter Fraud Specialist to identify vulnerabilities and ensure compliance with national standards.			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 3655	Group Model transaction												
Strategic Priority	CCS - Be an excellent employer, Collaborate with others, Provide outstanding care NCHC - Being a future-focussed organisation, Continually improving our standards of excellence, Deepening our integration with partners	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	22 December 2025	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 People Officer and Deputy Chief Executive	9	9	9	9	6	9	9	9	9	9		6
Lead Committee	Group Board						↑	→	→	→	→		
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: Board fully appointed to. Full programme plan and day 1 actions known and being managed via Programme Board. Capacity kept under review. No change to scoring at the current time.						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						
Focus on BAU activities continues to be managed effectively and programme board established to manage establishing our group model. No unanticipated issues have arisen to date.			Making sure we are being realistic on what can and cannot be delivered for the remainder of this financial year.				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 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	31 March 2026												
Review Date	20 November 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		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: Meetings scheduled and continue on a monthly basis with the two CIC (Community Interest Company) Leads to continue engagement.		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. Agreement to engage Legal advisors to the 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	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 engagement 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	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	30 April 2026												
Review Date	02 January 2026	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Nursing and Allied Health Professional Officer	8	12	12	12	12	12	12	12	12	12		6
Lead Committee	Group Board, Quality Committee		→	→	→	→	→	→	→	→	→		
Context		Gaps in Control or Assurance											
<p>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.</p> <p>Progress since the last review: Risk score reviewed to remain the same. Quality dash board is almost finalised for adult services, with teams being able to monitor some quality metrics via the BI tools. Each Directorate are having quality conversations in their governance groups and the Trusts now have joint groups for IPAC and Safeguarding which is providing clinical, quality oversight. The impact of the ICB consultation is yet unknown to the corporate teams. The CQC process for both Trusts has now completed its first round of assessments, the results will be reviewed and confirm and challenge meetings with each Director will be held in Jan 2026. Patient safety, quality and patient experience data is routinely reviewed across the organisation in the SAC's, PPEC, Board, Quality Committee and the various sub groups.</p>		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 Q1. 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.	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	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	06 January 2026	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Nursing and Allied Health Professional Officer	12								8	8		4
Lead Committee	Group Board, Quality Committee										→		
Context		Gaps in Control or Assurance											
<p>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.</p> <p>Progress since the last review: No Risk to risk rating. The number of nationally reported cases respiratory viruses continues to slow down in the vast of the population. Numbers have increased slightly in the over 45's. The impact of social gatherings is being monitored re levels of positive cases and impact on healthcare services. Staff influenza uptake continues to increase, though at a much slower pace. Norovirus continues to be the main organism reporting increased levels.</p>		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 are progressing well. Communication Team support in messaging. Cohorting plans being developed. FIT testin data is being reviewed, to see where the gaps are. Opportunity to ensure staff who have the vaccine elsewhere are recording this within the Trust. Opportunity to review incentives.	<ul style="list-style-type: none"> - 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) 	<ul style="list-style-type: none"> - 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 - Provide outstanding care NCHC - Continually improving standards of excellence	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	30 March 2026												
Review Date	22 December 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Medical Officer	20								16	16		6
Lead Committee	Group Board, CYP Service Assurance Committee										→		
Context		Gaps in Control or Assurance											
<p>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.</p> <p>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.</p> <p>Progress since the last review: The work with Pertemps in Norfolk is underway and bids have been made to ICBs for additional funding. There is approx £180k from C&P ICB which John Perbredy and team are going to move staff around to take them from current positions into managing the NDS list and this will reduce the list by 180 children.</p>		<p>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.</p>											
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
<p>There is an NDS working group looking at how we manage the backlog of long waits.</p> <p>Shared learning across the Group re Service offers - Bedfordshire & Luton recruiting to a non-medical model pilot based on services in NCHC.</p> <p>Established relationships with Schools and Councils in regard to provision to support children waiting for a diagnosis.</p> <p>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.</p> <p>Chief Medical Officer (CMO)engaging with GP hubs and other CMOs to look for other solutions.</p>	<p>Children will come to harm and this will impact on there longer term wellbeing.</p> <p>The backlog is great and the current workforce could not manage the backlog withough investment.</p> <p>Families are upset at the length of time thier children have to wait, and this causes complaints to be made.</p> <p>Staff morale is affected by the long waiting lists, as they see no solutions to this.</p>	<p>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.</p> <p>Pilots are being undertaken looking at non-medical models for diagnostic pathways.</p> <p>Additional resource (non-recurrent funding) has been provided to manage the longest 400 children waiting on the list (156-208 week waits).</p> <p>Early intervention team and additional nurse resource for school present in Bedfordshire and Luton.</p> <p>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.</p>											

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	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	30 June 2026												
Review Date	22 December 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief People Officer and Deputy Chief Executive	16					12	12	12	12	12		8
Lead Committee	Services Assurance Committees/ PPEC/ Quality Committee/ Board						→	→	→	→			
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: New values agreed and starting to be shared - positive feedback being received. Monthly Q&A sessions continue. OD plan continues to be implemented. 62% staff survey response rate achieved in NCHC and 54% in CCS. No change to scoring at the current time.		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						
<ul style="list-style-type: none"> Teams across both organisations are connecting. Some joint team development sessions have also taken place in some of the support service teams – ie: people; communications. 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 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. 			Our people become disengaged and not motivated which could directly impact on the delivery of high quality care.				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	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	19 January 2026	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	CFO	12					12	12	12	12	12		8
Lead Committee	Board/Finance & Infrastructure						N/A	→	→	→	→		
Context		Gaps in Control or Assurance											
<p>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.</p> <p>Progress since the last review: The Trust continues to monitor cost pressures and delivering of the efficiency programme. Directorates are developing additional mitigations and productivity initiatives to close remaining gaps, and scenario planning has improved visibility of potential pressures. The Trust is forecasting towards a balanced financial plan.</p>		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												
Strategic Priority	Being a future focused organisation	Risk Score 2024/2025					Risk Score 2025/2026					Target Score	
Anticipated Closure Date	31 March 2026												
Review Date	19 January 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	CFO	20				16	16	16	12	12	12		9
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.		Adequate assurances in place.											
Progress since the last review: The Trust has strengthened financial controls and enhanced monitoring of the 2025/26 breakeven plan, with targeted actions to address emerging cost pressures. Collaborative work with the ICS is improving system-wide financial management. While risks remain, early interventions have reduced variance and increased confidence in mitigating the likelihood of contributing to an ICS deficit and triggering additional NHS England scrutiny.													
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 March 2026													
Review Date	07 January 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		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:			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						
Movement through the Unite"Front Door" exercise has confirmed that the organisational properties via the N365 mgt portal take effect instantly, however this is still to be confirmed in the new National Virtual Tenant for go live. This means that although we may change email earlier than 1 Apr 26, we can hold off changing the name which would negate some of the risk. Paperwork for front door exercise has been submitted and is under review. We are still anticipating a date in Feb 26.			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.						