

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			12	31/03/2026
							→	→	→	→	→	→	→				
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			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.	CFO	Board / Finance & Infrastructure / Service Assurance Committees	20				16	16	16	12	12			9	31/03/2030
										→	→	↓	→				
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			6	31/03/2026
						→	→	→	↓	↑	→	→	→				
3654	CCS/ NCHC	There is a risk that the implementation of the group model arrangements could lead to reduced board, executive and management oversight and support for the delivery of current plans leading to poor patient care and performance failures	Chief People Officer and Deputy Chief Executive	Board	15	12	12	6	4	12	8	8	8			8	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	CEO	Board	9	9	9	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			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			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			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			8	30/06/2026
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.	CFO	Board / Finance & Infrastructure	12					12	12	12	12			8	31/03/2026
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	CFO	Board / Finance & Infrastructure	20				16	16	16	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	31 March 2026												
Review Date	11 November 2025	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			12
Lead Committee	Board/Finance & Infrastructure		↓	→	→	→	→	→	→	→			
Context		Gaps in Control or Assurance											
<p>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.</p> <p>Progress since the last review: Penetration testing has been increased to six monthly. Increased ability of new software deployed.</p>													
Progress													
What's going well inc future opportunities		What are the current challenges inc future risks				How are these challenges being managed							
<p>We undertake a series of EPRR exercises to rigorously test and validate BCPs and incident response protocols. These exercises are aligned with NHS England Core Standards for EPRR and Civil Contingencies Act. Assurance is provided through regular reporting and compliance assessments.</p> <p>CIO (also SIRO) is responsible for overseeing cybersecurity and information risk management. We have embedded cyber governance principles in line with the DSPT.</p>		<p>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.</p>				<p>1. EPRR exercises and updated BCPs. 2. Review of digital literacy to include attitudinal change and awareness of cyber security. 3. Mandatory training being undertaken by staff as an awareness and targeted digital skills training. 4. DSPT submission. 5. Both trusts are up to date with patch testing, they 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 they do table top exercises. 8. Invested in interoperable platforms and alignment with NHS Digital architecture standards.</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	31/03/2030													
Review Date	6 November 2025		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			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: Confidence on efficiencies being delivered in year is high, with focus shifting to identifying and delivering recurring initiatives as part of our 5 year plan.			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						
1. Initial conversations on Group model benefits, estates, corporate benchmarking two areas of focus 2. Identifying opportunities for future income growth with proposed changes to the commissioners structures. 3. 2025/26 financial balanced plan submitted to NHS E 4. Merger project planning underway, including initial identification of potential efficiencies / benefits			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 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	30 October 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			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: 2 new NEDs have commenced and 1 new Associate NED in place. Board fully appointed to. Programme plan in place and regularly reviewed. 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.				<ol style="list-style-type: none"> Capacity plan developed by executive teams Individual priorities and objectives refined to accommodate this change Agreement on work to defer or de-prioritise Additional resources identified internal and external) to fulfil all planned priorities Programme Board in place to manage workstreams for the group model Recruitment Campaign in place and interviews scheduled for June/July 25 for the new non-executive directors. <p>This should give sufficient time for a handover with our 2 Vice-Chairs.</p> <ol style="list-style-type: none"> Full programme plan being pulled together for the merger and capacity will be reviewed as part of this. Regular Board development/discussions taking place to co-produce the new strategy. 3 new Non-Executive Directors (NEDs) appointed - 2 full NEDs and 1 Associate and all in post. 						

BAF Risk 3654	Group model organisational structure												
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	30 October 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	15	12	12	6	4	12	8	8	8			8
Lead Committee	Group Board						↑	↓	→	→			
Context		Gaps in Control or Assurance											
There is a risk that the implementation of the group model arrangements could lead to reduced board, executive and management oversight and support for the delivery of current plans leading to poor patient care and performance failures Progress since the last review: No evidence of current service plans not being delivered. Monitored and assured through our service assurance committees. Service planning for 26/27 in train and new clinical and care strategy being developed. 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											
Group Board announced and in place for April 2025. Business as usual activities being maintained. Programme Board in place with relevant workstreams identified.	Group model work and focus distracts from the business as usual activities. Programme board arrangement in place to focus on Group arrangements to mitigate.	<ol style="list-style-type: none"> Leadership capacity and focus separated out to ensure the vast majority of staff in both organisations are focused on the core delivery elements of roles and are insulated from any organisational change activities Small dedicated team focuses on leading and delivery the group model and preparing for any transaction process, to avoid people having to undertake multiple roles and functions Board and executive activities balanced on the core requirements of care delivery vs future issues 3 x Service Assurance Committees in place and met for the first time in May 2025. Full programme plan being developed. This will identify any capacity gaps. Programme Board moved back to fortnightly. As at 1st October 2025, Board fully appointed to. 											

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	06 November 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 Executive Officer	9	9	9	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: Mitigations and controls are still valid. Scoring remains the same. No change in support from the ICBs, partner organisations and the regional NHS England team. Only challenge from two social enterprises are about the proposed name - one to one meetings set up with the respective CEOs to understand their concerns. Once known, we will be able to feed this back to NHS England regional team, who would like to see the actions taken.		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	06 November 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 Nursing and Allied Health Professional Officer	8	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: The self assessment CQC position in CCS, is being reported through various committees, a review of NCHC's process is underway, with a focus on evidence collection to support the assessment. We expect this to be completed in early 2026. Quality metrics are being reviewed as part of a wider piece of work across NCHC, and the board/ committee metrics are being developed into a scorecard format, for both organisations. This will give an oversight of quality, safety, performance etc at each meeting. Quality and safety continues to be monitored through the 2 safety groups, BI capability continues to be developed. Operational safeguarding and ipac meetings are underway - this will ensure oversight at service level of our ipac and safeguarding performance. Quality discussions are happening in NCH and C in relation to clinical interventions e.g. wound care and in CCS, data around the new wound care app is starting to be produced. Incidents in both organisations continue to be monitored and reviewed, and the violence and aggression action plans will not be joint across both Trusts. The quality dashboard in CCS continues to be monitored, in NCHC we are working with services to build some new individualised metrics/ reporting.</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						
<p>CCS Trust has a comprehensive overview of it's CQC position, and any areas of need, this is currently being reviewed.</p> <p>NCHC has a CQC process in place – which has been reported to Quality Committee (March 2025), these have been reviewed and a new round of self assessment in underway in both Trusts.</p> <p>CCS Trust is currently updating and strengthening its EIA processes.</p> <p>CCS Trust is looking at the QIA document – to make sure it is up to date around national guidance.</p> <p>Both Trusts have completed the violence prevention self-assessment and there is collaborative working with other organisations in relation to violence reduction.</p> <p>Both Trusts have a sexual safety policy.</p> <p>CIP meetings are underway with Service Directors – to discuss new/ current schemes and identify potential impact on patient care.</p>		<p>Staff morale</p> <p>Increase of incidents where harm has been caused</p> <p>Reduction of quality</p> <p>Complexity and acuity of patients</p> <p>Reduction of service provision</p> <p>Staff competencies do not meet the needs of the patient</p> <p>Increase of harm to patients</p> <p>Recruitment and retention</p>					<p>CQC self assessment and peer review processes</p> <p>Internal governance meetings</p> <p>Controls identified in risk 3619, 3620 and 3562</p> <p>Updated approach to violence and aggression against staff (including a zero tolerance model)</p> <p>Cost Improvement Programme - management and support in place (risk 3621)</p> <p>Equality Impact Assessment process</p> <p>Quality Impact Assessment process</p> <p>Quality data triangulation processes</p> <p>Incident huddles (weekly)</p> <p>Patient and carer feedback processes</p> <p>Patient Safety partner scrutiny</p> <p>The People Strategy objectives - focus on staff wellbeing</p> <p>Positive relation with CQC via monitoring meetings (quarterly)</p> <p>Group model governance in place - with robust communication plan</p> <p>Freedom to Speak Up Trust approach</p> <p>Board to ward visits</p> <p>QEWETT monitoring</p> <p>Quality dashboards</p> <p>Sexual safety assurance framework review</p> <p>Positive external relationships</p> <p>Performance pack review (NCHC)</p> <p>Quality Tool</p>						

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 November 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 Nursing and Allied Health Professional Officer	12								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: Reviewed the wording of the risk, discussed with the 2 deputy Directors of IPaC. Risk mitigations will be added as the season progresses. Already early indications of increased flu patterns, specifically in children. Current internal focus is on flu vaccination delivery and escalation of issues to the IPaC team.</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						
<p>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.</p>		<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	07 November 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			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: New risk added in November 2025</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 their longer term wellbeing.</p> <p>The backlog is great and the current workforce could not manage the backlog without investment.</p> <p>Families are upset at the length of time their 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.</p> <p>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 voice 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	30 October 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			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: Over 1000 individuals have contributed to clinical and care strategy and values refresh conversations. Monthly group Q&A sessions in place and well attended. Refreshed values have now been drafted and discussed with Board, Execs and Group Leadership team. Start to share more widely through teams. OD plan continues to be implemented. 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	06 November 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	CFO	12					12	12	12	12			8
Lead Committee	Board/Finance & Infrastructure						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.		Adequate assurances in place.											
Progress since the last review: Monitoring of financial forecast continues, with reforecasts being undertaken in October - no material changes noted													
Progress													
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
1. New group model and introduction of strengthened financial oversight and Service Assurance Committees to review performance, risks and monitor recovery plans 2. Initial conversations on Group model benefits and efficiencies, especially in corporate services and a benchmarking focus 3. Monitor delivery of cost improvement plans (CIPs) with escalation protocols for underperformance.	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						
Anticipated Closure Date	31 March 2026												
Review Date	06 November 2025	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			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. Progress since the last review: Monitoring of financial forecast continues, with reforecasts being undertaken in October - no material changes noted		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					
1. New group model and introduction of strengthened financial oversight and Service Assurance Committees to review performance, risks and monitor recovery plans. 2. Initial conversations on Group model benefits and efficiencies, especially in corporate services, and a benchmarking focus. 3. Strong financial performance year to date, including release of several provisions which has increased confidence on achieving financial balance in year. 4. Monitor delivery of cost improvement plans (CIPs) with escalation protocols for underperformance.				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	03 November 2025	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 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.</p> <p>Progress since the last review: New risk added in Novmber 2025</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							
<p>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 chnaging the name which would negate some of the risk.</p>		<p>Potential delays in patient and other organisations contacting the new organisation, leading to misaligned communications to wider audience.</p>				<p>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.</p>							