Boards in Common paper O2

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together					
Date of the meeting:	11June 2026					
Title:	7.1 (Paper O2) Board Assurance Framework and Significant Risk Report					
Report presented by:	Director of Corporate & Legal Affairs					
Report written by:	Head of Risk Assurance					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	x
Where this report has been discussed previously	Content has been discussed at Risk Committee, Audit Committee and Board Committees.					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The Board Assurance Framework (BAF) sets out the strategic risks that could have the greatest impact on the delivery of the Trust's objectives and provides a structured way for the Board to monitor how uncertainty is being managed. The BAF is reported and reviewed at the relevant Board Committees monthly.

Impact assessment
N/A

Purpose of the Report

The purpose of this paper is to:

- Present the closure of the 2025/26 BAF
- Introduce the 2026/27 Board Assurance Framework
- Provide assurance on the effectiveness of the governance arrangements and next steps for the ongoing management and use of the BAF and the significant operational risks recorded in the Trust's risk register.

Recommendation

The Board is asked to:

- Note the closure of the 2025/26 BAF
- Approve the 2026/27 Board Assurance Framework, subject to finalisation of the Activity risk
- Support the continued development of the BAF approach.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS
11 June 2026

1. BAF Main Report

1.1 Closure of the 2025/26 BAF:

The 2025/26 BAF has now been formally closed. Over the year, the BAF has supported Board and Committee oversight of key risks to delivery of Trust priorities. Internal Audit issued a Substantial Assurance opinion in respect of the Trust's arrangements for risk management and the BAF in 2025/26. In forming this opinion, Internal Audit concluded that the Trust has a robust and effective framework in place for the recording, monitoring, and review of the BAF. The review further concluded that Committees routinely consider and challenge the BAF and that strategic risks are clearly aligned to the Trust's priorities.

Learning from 2025/26 Committee discussions, internal audit feedback, and Board reflections has directly informed the development of the refreshed 2026/27 BAF, with particular focus on:

- Strengthening alignment between BAF risks and Committee activity
- Improving the clarity and structure of risks
- Enhancing the focus on assurance, gaps and risk trajectory, rather than activity.

1.2 Development of the 2026/27 BAF

The 2026/27 BAF has been developed through a structured and iterative process, including:

- Engagement with Executive Directors and Non-Executive Directors
- Dedicated session with Committee Chairs (16 March 2026)
- Review of key Trust strategies and priorities
- A bottom-up analysis of themes from the organisation risk register to capture key risk drivers emerging from operational services
- Feedback from Internal Audit review in 2025/26 and Committee discussions.

This approach has ensured that the BAF reflects the most material strategic risks to delivery of Trust priorities and objectives. Each risk has been reviewed and refreshed for 2026/27, with risk scores reflecting the current position and level of confidence in delivery. Risks remain high and complex, reflecting system-wide pressures and scores are expected to be stable unless there is sustained evidence of change in underlying conditions.

The 2026/27 BAF risks are grouped into thematic areas and aligned to a lead Committee for oversight and relevant secondary Committees where appropriate. The themes are as follows:

1. Quality
2. Activity (access, flow and timeliness of care)
3. Finance
4. Workforce
5. Estates
6. Digital

Each strategic risk includes:

- A clear risk description (cause, event, impact)
- Risk scores
- Key controls and assurances
- Gaps and next steps
- Supporting evidence

The intention is to provide a Board-level view of strategic risk exposure, while detailed delivery and operational risk management remain within Committee and service-level structures.

The focus of the BAF is a framework for Board assurance, not a comprehensive record of performance, operational actions and detailed delivery plans.

1.3 Summary of BAF Risks and Current Position
The BAF sets out the principal risks to delivery of the Trust's strategic priorities.

The most significant risks facing the Trust remain those relating to:
- Demand exceeding capacity across urgent, elective and cancer pathways
- Financial delivery and long-term sustainability
- Workforce capacity and capability.

These risks reflect the ongoing system-wide pressures within which the Trust is operating.

All risks have been reviewed through the relevant Board Committees in May 2026 and are considered to accurately reflect the current position. Following discussion at OPC in May, Activity risk has been agreed following a further discussion between the Chair of OPC, the COO and the Head of Risk Assurance on 3rd June.

Feedback from Committees, Internal Audit, and ongoing use of the BAF has identified opportunities to further strengthen its effectiveness as an assurance framework tool. The focus for 2026/27 is to ensure that the BAF reflects Committee insight rather than introducing new information, actions will be more structured as strategic milestones with defined delivery times, and Committee discussions focus on assurance and effectiveness of controls, rather than activity.

To support this, Committee paper templates will be reviewed to consider inclusion of a short BAF section. This will encourage authors when drafting their papers to set out what has changed; what this means for the risk; and what still requires attention. This will strengthen alignment between Committee discussions and the understanding of risk. Committees will be supported to focus on whether controls are effective; where gaps remain; and whether the risk is improving, stable or deteriorating rather than reviewing activity alone.

Over the coming year, further work will be undertaken to strengthen the link between significant operational risks (scoring 15 and above on the organisation risk register) and BAF risks ensuring operational Trust-wide risks are clearly informing the strategic risk picture. This will be monitored through the Risk Committee and refined over time.

A copy of the current BAF is attached as Appendix A.

1.4 Governance and Review Process
The BAF will be managed through a structured governance process including monthly update between the Head of Risk Assurance and each Executive Lead (or nominated Deputy). These will review the risk position, controls, gaps and actions; act on feedback from Committee discussion and consider the trajectory of the risk. Updated positions will be presented to the relevant Committees for oversight, challenge and validation before escalated to the Board through Committee escalation reports.

1.5 Deep-Dive Reviews

A programme of monthly BAF deep-dive reviews is in place through the Risk Committee. These are led and presented by the Executive Risk Owner and provides analysis of progress, control effectiveness and insight into the impact on delivery of strategic priorities. This approach strengthens assurance and provides the Board with greater depth of understanding of key risks over time.

2. Operational Risk Register Main Report

2.1 Current Position

The operational risk register continues to provide assurance that risks at CMG and corporate directorate level are being actively managed and are aligned to the strategic risks set out in the BAF. Analysis confirms that key operational risk themes, including workforce capacity, patient flow, estate and digital infrastructure, and financial pressures, are appropriately reflected within the BAF. Further work will be undertaken during 2026/27 to strengthen the link between significant operational risks and the BAF to ensure continued alignment between operational and strategic risk management.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Board Assurance Framework – 2026/27

The Board Assurance Framework (BAF) sets out the principal strategic risks facing the Trust and the key controls and assurances in place to manage them. Each strategic risk has been reviewed and agreed by the Executive Directors responsible for delivery and is subject to ongoing scrutiny by the relevant Board Committees.

Strategic risks are reviewed monthly, with Executive Leads providing updates on risk trajectory, effectiveness of controls, and gaps in assurance. Committee consideration includes challenge of scoring, testing of assurance sources, and assessment of progress with actions to reduce risk.

The BAF is informed by risks within the Operational Risk Register, including significant Trust-wide and local risks, thematic findings from incidents, complaints, claims, audits and inspections. Ongoing review of the Operational Risk Register themes is used to validate risk exposure and inform updates to this BAF risk. This ensures that the Board's strategic view of risk is grounded in operational reality and emerging intelligence.

Content:

Blue text = latest changes. Green text = Completed actions. Black text = No change.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	01-Quality-1			
Risk Title:	Safe care environment and learning safety culture			
Executive Lead:	Julie Hogg, CN & Gang Xu, MD			
Board Committee Oversight:	Quality Committee			
Supporting Committees:	Operational Performance Committee; People & Culture Committee			
Trust Priority:	Safety system failure: Transform patient care –/ safety culture drives reductions in harm. Strengthen our culture – directly related to psychological safety, speaking up, learning culture. Quality Strategy - Relentless Focus on Safety / Incident learning			
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**	
	There is a risk that patient safety is not consistently maintained and that avoidable harm occurs, particularly during periods of sustained operational pressure	due to inconsistent safety behaviours, weaknesses in organisational learning from incidents, workforce pressures affecting safe practice, and constraints that reduce safety margins under operational pressure	leading to avoidable harm, reduced staff confidence to speak up, regulatory intervention and loss of public trust.	
Risk Appetite Level	**Minimal** - the Trust has minimal appetite for avoidable patient harm or weak safety culture.		**Risk Tolerance Range**	1-6

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Almost certain (5)				Likely (4)				Unlikely (2)			
Consequence	Major (4)				Major (4)				Moderate (3)			
Total Score	**20**				**16**				**6**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											

Key Controls and Assurances

Control: Safety governance and PSIRF framework (incident reporting, learning reviews, governance oversight).
Assurance: incident themes and learning reviews reported through safety governance routes; internal audit evidence on PSIRF/safety governance where available.

Control: Fundamentals of care and harm reduction programmes (harm-prevention focus).
Assurance: ward audit results, IPC compliance trends, IPC BAF and quality dashboards, with QC oversight of trends rather than one off activity.

Control: Harm Free Care (HFC) Programme
Assurances: Infection rates and trends reporting and TIPAC reporting.

Control: Duty of Candour and Freedom to Speak Up mechanisms (including escalation and safeguarding confidence).
Assurance: FTSU reports/data and staff survey indicators on speaking up, used as safety culture indicators.

Control: Clinical improvement and organisational learning systems (QI, GIRFT, thematic reviews).
Assurance: audit outcomes and external reviews/benchmarking evidence where applicable, with thematic learning tracked through QC reporting.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Control: External regulatory oversight (CQC, NHSE).
Assurance: inspection outcomes and external compliance reports

Gaps in control and assurance with key next steps

Gap: Variation in reliability of harm-prevention and fundamental care.
Action: Implement Trust-wide standardisation of core harm-prevention bundles with planned compliance and assurance reporting.
Review: August 2026

Gap: Sustained operational pressure reducing safety margins.
Action: Embed system-level surge/flow/escalation arrangements aligned to capacity modelling to protect safety during extreme pressure.
Review: December 2026

Gap: Safety culture and psychological safety not consistently embedded.
Action: Strengthen Trust-wide safety culture through coordinated improvement programmes, leadership oversight, and Board-level monitoring of culture indicators and escalation themes.
Note: Workforce culture risks are jointly addressed through the Workforce Sustainability & Culture BAF risk.
Areas of concern: Maternity and neonatology; cardiac surgery service; Clinical Research Facility at LRI; Fragility of perfusion workforce; Gynaecology; Histopathology; Ward 27; CDU; Ward 29 in SM;
Review: December 2026

Gap: Organisational learning / QI capability variable and not embedded.
Action: Strengthen organisational learning through thematic reviews, QI capability development, and improved feedback loops from incidents/reviews/audits.
Review: Sept 2026 (six monthly report to QC)

Gap: Financial / capital constraints limiting timely quality improvements (medical equipment / estate infrastructure).
Action: Maintain explicit linkage between quality risks and capital/financial sustainability risks, with escalation where patient safety exposure increases.
Review: Sept 2026 (six monthly report to QC)

Gap: Ambulance handover delays; Crowding within the ED and normalisation of boarding; Delayed supported discharges; Delays to planned care
Action: Cross reference with BAF Risk 02-Activity - Delivery of the UEC improvement plan.
Review: Monthly at OPC

Executive commentary – please add any narrative the Board/Committee need to know now?

Risk summary (for Committee)
While core patient safety indicators remain stable, the Trust is experiencing sustained operational pressure, with increasing Emergency Department attendances and acuity and a rise in corridor care, albeit with good compliance against the regional escalation framework. Three Never Events reported in April are under active review, with learning to be captured and shared. The Patient Safety Incident Response Plan (PSIRP) has been agreed and is progressing through ratification, supporting alignment to a more systematic, learning-focused approach. There is no current evidence that unsafe practice is being normalised; however, the position remains high risk, requiring continued vigilance, robust escalation where safety thresholds are exceeded, and strengthened assurance that learning is consistently tracked, shared and acted upon across the organisation.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	01-Quality-2		
Risk Title:	Patients, families and carers involvement		
Executive Lead:	Julie Hogg, CN & Gang Xu, MD		
Board Committee Oversight:	Quality Committee		
Supporting Committees:	Operational Performance Committee; People & Culture Committee		
Trust Priority:	Transform patient care. Strengthen our culture. Quality Strategy - Strengthened Patient Voice		
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**
	There is a risk that patients, families and carers are not consistently and meaningfully involved in care delivery and service improvement	due to variation in engagement, accessibility and responsiveness of feedback mechanisms	leading to poorer experience, unmet needs, increased complaints, reduced trust and missed opportunities to improve care quality and safety.
Risk Appetite Level	**Cautious** - innovation is encouraged but not at the expense of responsiveness or safety.	**Risk Tolerance Range**	1-9

Risk Scores

	Initial Score	Current Score	Target Score
Likelihood	Almost certain (5)	Likely (4)	Possible (3)
Consequence	Major (4)	Major (4)	Moderate (3)
Total Score	**20**	**16**	**9**

Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											

Key Controls and Assurances

Control: Patient experience and feedback systems (Friends and Family Test - FFT, PALS, complaints handling).
Assurance: QC oversight of patient experience metrics and complaint handling timeliness; thematic learning evidence from complaints/feedback.

Control: Patient engagement forums and local feedback mechanisms (patient stories, engagement routes).
Assurance: themes and learning reported through QC and triangulated with safety/quality intelligence

Control: Escalation routes for concerns (e.g., “Call for Concern” / Martha’s Rule type routes).
Assurance: assurance over escalation routes reported through QC; internal audit of complaints/patient engagement processes where relevant.

Control: External assurance (CQC Caring/Responsive domains; internal audit).
Assurance: inspection feedback and internal audit outputs.

Gaps in control and assurance with key next steps

Gap: Variability in responsiveness and learning from feedback and complaints
Action: Strengthen triangulation of patient experience data, complaints and improvement actions, with clearer Board-level assurance.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Review: Quality Committee annual report due July 2026 as per work plan
Gap: Variation in reliability of harm-prevention and fundamental care **Note**: Harm prevention and fundamental care assurance is addressed through 01-Quality-1 (Safe care environment and learning safety culture) to avoid duplication and maintain clear ownership.
Gap: Inconsistent identification and support of carers **Action**: Embed consistent carer identification and engagement arrangements across services. **Review:** Quality Committee review - December 2026
Executive commentary – please add any narrative the Board/Committee need to know now?
Risk summary (for Committee) Patient experience intelligence continues to be triangulated across complaints, PALS, FFT and wider engagement data, with emerging themes focused on waiting times, communication and quality of care, informing targeted improvement actions at service level. Complaints handling performance remains variable, with timely responses and consistency of investigation requiring further improvement; however, structured oversight and strengthened processes are in place to support recovery, including enhanced triage, monitoring and governance review. Learning from complaints is increasingly embedded, with evidence of system-wide learning and independent review processes supporting quality and consistency of response. Patient voice is being more systematically captured and used to inform improvement priorities, although further work is required to demonstrate consistent translation into measurable change and clearer feedback “you said, we did” visibility. Carer engagement remains an area of development, with improved recognition of carers and feedback informing future planning; however, assurance on consistent identification and impact is still emerging. Early warning indicators include pressures on response timeliness and variability across services, with active recovery actions in place and continued Committee oversight required to ensure sustained improvement and responsiveness.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	01-Quality-3		
Risk Title:	Consistently high quality care across services (including complex/additional needs)		
Executive Lead:	Julie Hogg, CN & Gang Xu, MD		
Board Committee Oversight:	Quality Committee		
Supporting Committees:	Operational Performance Committee; People & Culture Committee		
Trust Priority:	Quality Variation: Transform patient care Quality Strategy - Outstanding Care Quality		
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**
	There is a risk that consistently high quality care is not delivered across all services, particularly for patients with complex or additional needs	due to unwarranted variation in clinical practice, inconsistent application of standards and pathways, variation in workforce capability, and differences in access to enabling infrastructure (including estates, equipment and digital capability) across services	leading to unwarranted variation in outcomes, inconsistent patient experience, potential regulatory concern, and reduced confidence in the quality and reliability of care.
Risk Appetite Level	**Minimal** - low appetite for uncertainty for unexplained variation in care quality.		**Risk Tolerance Range** 1-6

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Almost certain (5)				Likely (4)				Unlikely (2)			
Consequence	Major (4)				Major (4)				Moderate (3)			
Total Score	**20**				**16**				**6**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											

Key Controls and Assurances

Control: Clinical policies, guidelines and audit programmes.
Assurance: audit findings and national audit/peer review outcomes where applicable; QC oversight of quality strategy delivery.

Control: Service-level quality governance and improvement activity.
Assurance: QC reports on service quality governance and improvement programmes; triangulation with CQC intelligence.

Control: Training, competency and workforce deployment arrangements.
Assurance: evidence of compliance/competency where tracked and escalation through quality governance routes.

Control: Assurance over care for vulnerable cohorts (LD, MH, dementia, EoL).
Assurance: assurance reports on vulnerable patient pathways and external benchmarking (national audits/peer reviews).

Control: External assurance (CQC domain intelligence; internal audit).
Assurance: inspection feedback and internal audit outputs.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Gaps in control and assurance with key next steps
Gap: Variation in quality for patients with complex or additional needs **Action**: Strengthen assurance over vulnerable patient pathways, with clear escalation where variation persists. **Review:** Quality Committee - December 2026
Gap: Estates, equipment and digital constraints as enablers or contributor to care quality variation **Action**: Explicitly align quality oversight with Estates, Medical Equipment and Digital BAF risks, strengthening visibility of quality impact. **Review:** Sept 2026 (six monthly report to QC as per work plan)
Executive commentary – please add any narrative the Board/Committee need to know now?
Risk summary (for Committee) Oversight of care quality for vulnerable groups (including dementia, learning disability, mental health and end-of-life care) is in place through established governance forums, with continued focus on strengthening consistency of delivery and assurance of standards in practice. Where indicators or external assessments highlight areas of weakness, these are being reviewed with credible improvement actions identified, although further work is required to demonstrate pace and consistency of improvement across all services. Estates, equipment and digital risks are recognised as potential contributors to variation in care quality; these are increasingly being considered through a quality and safety lens, with work ongoing to strengthen Board-level line of sight, prioritisation and mitigation. There is no evidence that Group working has diluted local governance or accountability; rather, alignment is supporting improved consistency of standards and shared learning, although continued vigilance is required to ensure clarity of ownership and escalation at site level. Early warning indicators relate to sustained operational pressure and workforce capacity, with active management in place; overall, the Committee can take moderate assurance that quality standards are being delivered and that variation is being identified and addressed, with further strengthening required to evidence consistency and pace of improvement across all areas.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	01-Quality-4										
Risk Title:	Health inequalities in access, experience and outcomes										
Executive Lead:	Ruw, DoHE, Julie Hogg, CN & Gang Xu, MD										
Board Committee Oversight:	Quality Committee										
Supporting Committees:	People & Culture Committee										
Trust Priority:	Transform patient care. Strengthen our culture. Quality Strategy - Equitable Care Experiences										
Risk Description	**Risk event** There is a risk that health inequalities in access, experience and outcomes persist			**Existing cause /condition** due to incomplete data, inconsistent reasonable adjustments and AIS compliance, communication barriers and variable engagement with underserved communities			**Impacts** leading to inequitable care, poorer outcomes, avoidable harm and reputational risk				
Risk Appetite Level	**Cautious -** innovation encouraged within safe and lawful frameworks						**Risk Tolerance Range**	1-9			
Risk Scores											
	Initial Score			**Current Score**			**Target Score**				
Likelihood	Almost certain (5)			Likely (4)			Possible (3)				
Consequence	Major (4)			Major (4)			Moderate (3)				
Total Score	**20**			**16**			**9**				
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											

Key Controls and Assurances

Control: Accessible Information Standard and reasonable adjustments processes.
Assurance: AIS compliance reporting and reasonable adjustments/accessibility reporting through QC oversight.

Control: Monitoring of equity metrics and stratified data (experience/outcomes by group).
Assurance: equity metrics and stratified experience/outcome data reviewed via QC oversight.

Control: Community engagement and outreach activity.
Assurance: community engagement insights and patient experience signals used to test whether engagement is effective (where reported).

Control: External assurance (CQC Caring/Responsive domains; internal audit).
Assurance: inspection feedback and internal audit outputs.

Gaps in control and assurance with key next steps

Gap: Inconsistent use of data to identify and address inequalities
Action: Strengthen use of data and insight to target inequality-focused improvement at service level.
Review: Quality Committee quarterly report, September 2026

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Gap: Variable compliance with Accessible Information Standard **Action**: Deliver a Trust-wide roadmap to full AIS compliance, with measurable milestones. **Review:** Quality Committee quarterly report, September 2026
Executive commentary – please add any narrative the Board/Committee need to know now?
Risk summary (for Committee) This risk reflects the Trust's ability to identify, understand and actively reduce health inequalities, rather than just describing them.

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	02-Activity		
Risk Title:	Demand exceeding capacity impacting access, flow and delivery of timely care		
Executive Lead:	Helen Hendley, COO		
Board Committee Oversight:	Operations & Performance Committee		
Supporting Committees:	Quality Committee; Finance & Investment Committee		
Trust Priority:	Transform patient care – quality, safety, timeliness. Deliver our financial plan – activity pressures, stranded costs, flow inefficiencies. Improve productivity and reduce unwarranted variation.		
Key Deliverable:	Delivery of national and local access standards across urgent, elective and cancer pathways.		
Risk Description	**Risk event** There is a risk that the Trust is unable to provide timely access to urgent, elective and cancer care	**Existing cause /condition** due to demand exceeding capacity, workforce and diagnostic constraints, estate limitations and system dependencies	**Impacts** leading to overcrowding, extended waits, increased risk of harm, poorer patient experience, staff burnout, failure to meet national standards and financial underperformance.
Risk Appetite Level	**Minimal - Cautious** – minimal appetite for harm; cautious acceptance of performance variation		**Risk Tolerance Range** 1-9

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Almost certain (5)				Almost certain (5)				Possible (3)			
Consequence	Major (4)				Major (4)				Moderate (3)			
Total Score	**20**				**20**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	20											

Demand & Capacity Executive commentary

2026/27 Risk Summary
This risk brings together urgent care, elective, cancer and flow risks that were previously fragmented across the 2025/26 BAF. These specific risks are reflected on the Trust-wide Corporate Operations Risk Register. It reflects explicit 2026/27 planning assumptions around planned under-performance, demand growth and funding dependency, providing clearer Board-level assurance on access and delivery.

The risk is high because demand exceeds capacity and flow constraints continue to drive long waits and harm exposure. The intended steady-state is to deliver access and flow within tolerance through credible capacity/flow plans and system discharge arrangements that reduce the risk of harm from delays. Current above tolerance requires routine oversight and escalation where delivery confidence or safety indicators deteriorate.

Committee Assurance Test - What would justify a score reduction?
A reduction in score would be justified where there is sustained evidence that access, flow and timeliness are improving across urgent, elective and cancer pathways, with demand and capacity becoming more balanced, harm risks mitigated, and system discharge and diagnostic constraints having less impact on delivery.

Does the Committee have sufficient evidence that access, flow and timeliness are improving sustainably, with harm risks mitigated?

Urgent Emergency Care Section

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

UEC Executive commentary – please add any narrative the Board/Committee need to know now?	
Emergency Department activity was above plan in April 2026, with 1,887 more attendances than plan and 1,484 more attendances than the same period last year. Ambulance handovers have also increased from 6172 last year to 6704 this year – April 2026. 4hour performance across ED improved against plan (65.93%) to 66.13%. Actions implemented through winter have continued to deliver improvements in ambulance handover performance, with April 2026 showing a significant improvement both overall and compared with the same period last year (32.08 minutes compared to a trajectory of 33.29 minutes). This improvement has been driven primarily by the implementation of the 45-minute and 24-hour Emergency Department Standard Operating Procedures, supported by the opening of additional capacity, and the delivery of winter workforce actions, alongside improvement initiatives introduced through the 2025/26 plan. The 2026/27 plan will maintain focus on this improvement along with implementing action to reduce long waits in ED and reduce the requirement for Corridor Care. Most controls remain effective; however, the UEC System Recovery Plan is not yet providing the intended grip on attendances and is recognised as a gap. The work of the 2026/27 Urgent and Emergency Care plan is expected to establish a clearer activity and capacity baseline.	
UEC - Key Controls - what you do to manage the risk	**UEC – Associated Assurances - how you know those controls are working**
UEC improvement and seasonal Recovery Plan and system flow programme	Weekly UEC performance and recovery reporting through operational flow meetings; escalation reviews via OPC (1st line)
Daily operational flow oversight and escalation framework (OPEL)	Daily escalation reporting and review of escalation triggers. Real-time flow reports; stranded patient metrics (1st line)
Discharge improvement programme	System discharge metrics and delays reviewed at system meetings; ICB oversight (1st line)
System / partnerships flow governance	LLR system oversight and reporting on flow performance (2nd line)
Clinical harm review for long waits and escalation care	OPC, Quality Committee oversight (1st line)
UEC - Gaps	**UEC – Key next steps**
UEC recovery actions are not yet delivering sustained improvement in system flow and demand management.	Establish a system-owned UEC delivery framework with clear accountability across partners and escalation through OPC. Due: November 2026
Delivery of UEC performance is dependent on system partners, limiting the Trust's direct control and assurance over outcomes.	Strengthen measurement of impact, ensuring UEC interventions demonstrate sustained improvement in flow and length of stay. Due: November 2026
UEC Key Risk Indicators	
• Ambulance handover delays - average handover delay >30 mins • No. of 12-hour ED waits • No. of 24-hour ED waits • No. of patients cared for in corridor care (Corridor care) • ED 4-hour performance (%) • Bed occupancy rate (%) - % of patients with delayed discharge • Length of Stay	
Evidence for Board Assurance	
• Sustained reduction in 12-hour waits over successive months • Improvement in length of stay aligned to trajectory • Demonstrated system partner contribution to discharge performance • Evidence of consistent delivery against UEC recovery trajectory	
Linked Operational Risks from risk register	
3996 - There is a risk of overcrowding in the Emergency Department and an inability to accept new patients from ambulances, due to insufficient inpatient capacity, delayed ambulance handovers, and unmet urgent emergency care demand, leading to compromised quality of care, potential harm to patients and staff, and the potential need to activate the Rapid Flow and Boarding SOP	

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Current rating 20

Elective & Diagnostics Section

Elective & Diagnostics Executive commentary – narrative the Board/Committee need to know now?

Elective Care continues to face major challenges, especially concerning the size of waiting lists, RTT standards, and long waits (including 65-week and 52-week patients). Although there has been steady progress for those waiting the longest, the rate of improvement remains too slow to meet national elective targets and milestones. As a result, risk levels have remained unchanged. Efforts have been concentrated on three main areas: boosting productivity, expanding capacity, and strengthening partnerships, leading to notable achievements. Despite this, the extent of improvement needed is limited by stricter financial controls and headcount restrictions.

Further collaboration within the system is necessary to decrease demand on the Trust, helping to balance demand with available capacity and accelerating the reduction of backlogs. The principal reasons for ongoing risk are the expanding waiting lists and rising referrals in all areas of elective care, including cancer and diagnostics. Simply increasing productivity will not generate sufficient capacity to reduce patient waiting times and deliver better operational results

Elective & Diagnostics - Key Controls	Elective & Diagnostics - Associated Assurances
Elective recovery, planning and productivity governance	Elective recovery board reporting and oversight (1st line)
Waiting list validation and pathway assurance	Specialty-level oversight; PTL validation and reporting (1st line)
Diagnostic capacity management (including CDCs)	Diagnostic performance dashboards and utilisation reporting (1st line)
Productivity and theatre optimisation programmes	Theatre utilisation and productivity reporting (1st line)
Industrial Action Plans and Resilience Planning Group - EPRR	Industrial Action Plans & Planning Group reporting – EPRR (1st line) EPRR governance reporting on industrial action resilience (2nd line)
Elective & Diagnostics - Gaps	**Elective & Diagnostics - Key next steps**
Diagnostic capacity remains a cross-cutting structural bottleneck impacting urgent, elective and cancer pathways, constraining recovery pace and sustainability.	Deliver a multi-year diagnostic and elective capacity strategy aligned to workforce, estate and CDC expansion, with benefits realisation tracked through pathway performance and delivery confidence rather than activity alone. Due: December 2026
Variation in elective productivity across specialties limits the speed and sustainability of backlog recovery.	Implement a Trust-wide elective and theatre optimisation strategy and improvement programme to reduce variation across specialties, aligned to workforce, estates and digital enablers, with oversight focused on reducing unwarranted variation and improving end-to-end pathway efficiency. Due: December 2026
Recovery of elective activity is dependent on funding and contractual assumptions; misalignment risks increased activity without proportionate financial or workforce sustainability.	Strengthen triangulation between activity, workforce capacity and funding assumptions, with escalation where contract or funding positions undermine the deliverability of agreed recovery trajectories. Due: December 2026

Elective & Diagnostics Key Risk Indicators

- % RTT >18 weeks
- Number of >52-week waiters
- % diagnostics completed <6 weeks
- Theatre utilisation rate (%)
- Outpatient DNA rate

Evidence for Board Assurance

- Reduction in backlog aligned to trajectory
- Sustained improvement in diagnostic waiting times

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

- Reduction in variation between specialties
- Evidence that capacity plans are delivering expected activity levels

Linked Operational Risks from risk register

4009 - There is a risk of breaching the requirement to see and treat elective patients within national access standards, due to not significantly increasing capacity beyond pre-pandemic levels to support patients awaiting elective care (both admitted and non-admitted), leading to potential patient harm.
Current rating 20

Cancer Services Section

Cancer - Executive commentary – please add any narrative the Board/Committee need to know now?

Delivering cancer care within the defined national waiting time standards continues to be challenging, with 62 day standard last achieved in 2014. There has been progress across multiple tumour sites, however due to unexpected loss of capacity in two large tumour sites (Breast and H&N) this has directly impacted performance throughout 2025/26 and into 2026/27. Breast has been unable to recover and is driving the deterioration in FDS specifically, with a balance required between symptomatic and screening recall to assessment pathways where additional capacity cannot currently be sought. Average waits on the 62 day pathway did reduce slightly in 2025/26 despite an additional 3.1% increased demand for treatment, there were less patients waiting beyond 62 days at the end of the year compared to the start. However, performance remains variable and challenging. As a result, risk levels have remained unchanged. 31 day continues to have variation in performance with surgery driving the variance, anti-cancer drug regimes performance remains high and radiotherapy is improving as a result of increased linac capacity.

While improvement actions are underway, risk reduction depends on structural changes in workforce, capacity, and digital maturity. These longer-term actions are embedded in 26/27 planning and will provide the foundation for future sustainable compliance with cancer standards. Evidence of progress will include approval of workforce plans, capital investment cases, delivery of digital transformation milestones and improved performance including in supporting services such as radiology and pathology. Overall progress will measure against improvement in the delivery of the three key cancer waiting time national standards.

Cancer Services - Key Controls	**Cancer Services - Associated Assurances**
Cancer Patient Tracking List (PTL) and tumour-site recovery governance	Cancer pathway escalation (1st line) Demand & Capacity review by services (1st line) Tumour-site level reporting and escalation (1st line)
Faster Diagnosis Standard tracking	Cancer pathway performance dashboards (1st line)
Diagnostic and treatment capacity planning	OPC and system reporting on cancer performance (2nd line)
Clinical harm reviews for long-waiting cancer patients	OPC, Quality Committee and Cancer Board oversight (1st line)
System and external performance oversight	NHSE and peer benchmarking (1st line)
Cancer Services - Gaps	**Cancer Services - Key next steps**
Rising cancer demand continues to exceed strategic diagnostic and treatment capacity across some tumour sites, affecting delivery of FDS, 31-day and 62-day standards	Deliver a whole-pathway cancer optimisation programme to improve end-to-end performance. **Review**: Monthly via OPC
Variation in tumour-site pathway performance reduces consistency and delivery confidence.	Strengthen alignment between cancer pathways and diagnostic/elective capacity planning. **Due**: December 2026
Ongoing dependency on non-recurrent funding creates risk to the long-term sustainability of cancer recovery and transformation.	Secure sustainable workforce capacity and funding for cancer pathways through system and national channels, aligned to agreed 2026/27 planning assumptions and recovery trajectories. **Due**: December 2026

Cancer Services Key Risk Indicators

- % of patients meeting Faster Diagnosis Standard
- % of patients meeting 31-day standard
- % of patients meeting 62-day standard
- Number of patients waiting >62 days and >104 days

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Evidence for Board Assurance
• Sustained improvement in cancer performance against national standards • Reduction in variation between tumour sites • Diagnostic turnaround times supporting cancer pathways • Delivery against trajectory for cancer recovery
Linked Operational Risks from risk register
4177 - There is a risk that patients may experience delays in progressing through cancer diagnostic and treatment pathways, due to insufficient service capacity and resources to meet increasing demand for cancer services across UHL, leading to failure to achieve national cancer waiting time standards and potential harm to patient outcomes. Current rating 20

University Hospitals of Leicester NHS Trust

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	03-Finance (capital)			
Risk Title:	Finance - Capital Availability for Critical Infrastructure			
Executive Lead:	Lee Bond, CFO			
Board Committee Oversight:	Finance Investment Committee			
Supporting Committee:	Our Future Hospitals & Transformation Committee			
Trust Priority:	Deliver our financial plan – capital strategy, statutory compliance, backlog costs.			
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**	
	There is a risk that essential estates, equipment and digital infrastructure cannot be maintained or replaced at the pace required	due to national capital constraints, competing priorities, and limited confirmed multi-year capital certainty	leading to catastrophic asset failure or major service disruption, reduced ability to expand capacity, and safety or compliance breaches.	
Risk Appetite Level	**Cautious** - limited flexibility acceptable but not where patient safety or compliance is compromised.		**Risk Tolerance Range**	1-9

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Almost Certain (5)				Likely (4)				Possible (3)			
Consequence	Major (4)				Major (4)				Moderate (3)			
Total Score	**20**				**16**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											

Key Controls and Assurances

Control: Capital prioritisation and multi-year programme governance - A prioritised capital plan overseen through formal capital governance (capital scheme leads and programme delivery oversight).
Assurance*:* Capital programme delivery monitoring and capital dashboards reported through governance and to FIC; internal audit review of capital planning/investment management.

Control: Backlog maintenance oversight and condition-based prioritisation - Backlog maintenance programme and compliance oversight used to prioritise safety-critical investment.
Assurance*:* Estates compliance reporting, condition surveys, and backlog reporting (including independent/ condition survey evidence).

Control: Medical equipment governance and risk-based replacement - Medical equipment governance (including executive oversight and risk register approach).
Assurance*:* Equipment risk reporting through the medical equipment executive reporting routes.

Control: System capital forums and regional engagement - System capital group / system capital forums and regional processes to influence prioritisation.
Assurance*:* Regional/system prioritisation outcomes and documented returns/feedback loops.

Gaps in control and assurance with key next steps

Gap: Capital is insufficient to address the infrastructure backlog at the pace required, increasing the likelihood of deferral and reactive failure.
Action: Develop a funded, risk-based 5-year infrastructure strategy (with a clearly prioritised programme), explicitly covering estates, equipment and digital dependencies and the residual risk position.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Review: December 2026
Gap: Governance complexity can delay approvals and weaken timely decision-making, particularly later in-year, and can create unintended revenue consequences. **Action**: Streamline capital governance and decision rights, ensuring proportionate assurance and explicit assessment of downstream revenue consequences for schemes approved late in-year. **Review:** December 2026
Key Risk Indicators
Capital delivery vs programme High-risk Estate backlog maintenance value Infrastructure failure incidents Device failure incidents
Executive commentary – please add any narrative the Board/Committee need to know now?
Committee Risk Summary Capital constraints continue to limit the pace of infrastructure renewal, creating a sustained risk that critical estates, equipment and digital assets are not maintained or replaced at the required pace. This increases the underlying exposure to asset deterioration, service disruption and safety or compliance risk.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	04-Finance - Annual Financial Plan		
Risk Title:	Finance - Delivery of the Annual Financial Plan		
Executive Lead:	Lee Bond, CFO		
Board Committee Oversight:	Finance Investment Committee		
Supporting Committees:	Operational Performance Committee; People & Culture Committee		
Trust Priority:	Deliver our financial plan – direct alignment.		
	Risk event	**Existing cause /condition**	**Impacts**
Risk Description	There is a risk the Trust does not deliver the annual financial plan and required cost improvement programme	due to the scale and deliverability challenge of £99m CIP, continued operational pressures, workforce cost challenges and reliance on non-recurrent savings and contract assumptions	leading to an in-year deficit, increased cash requirements and pressure on liquidity, reduced financial flexibility, increased regulatory intervention, and potential reputational impact with regulators and system partners.
Risk Appetite Level	**Cautious** - some variation is tolerated but not where services are destabilised or safety compromised.	**Risk Tolerance Range**	1-9

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Almost certain (5)				Likely (4)				Possible (3)			
Consequence	Extreme (5)				Extreme (5)				Moderate (3)			
Total Score	**25**				**20**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	20											

Key Controls and Assurances

Control: Financial planning and budgetary control framework - Annual planning, budget setting and budgetary control framework.
Assurance*:* PRMs and budget monitoring, plus external audit assurance (annual accounts/financial reporting).

Control: CIP / efficiency governance and delivery grip - Formal CIP/efficiency governance (including RDO-type delivery tracking referenced in both versions).
Assurance: RDO dashboards and internal audit reviews of efficiency delivery frameworks (where used), plus committee oversight of delivery confidence.

Control: Workforce and agency cost controls - Workforce cost controls and finance -workforce scrutiny mechanisms.
Assurance*:* Spend reports and finance/workforce reviews.

Control: System-level financial oversight and contract management - System/ICS financial oversight and reviews.
Assurance*:* ICS financial reviews and strengthened contractual scenario modelling and escalation routes.

Gaps in control and assurance with key next steps

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Gap: The scale and deliverability of the £99m CIP remains a material uncertainty and requires stronger assurance than activity reporting. **Action:** Maintain CIP as a Trust-wide corporate risk with enhanced assurance on deliverability, including explicit delivery confidence and escalation where schemes are not credible or are slipping. **Review:** Quarterly
Gap: Reliance on non-recurrent savings weakens sustainability and increases the risk of recurrent gaps reappearing. **Action:** Deliver recurrent efficiency schemes to replace non-recurrent measures and reduce structural reliance on one-off actions. **Review:** November 2026
Gap: Contract and income uncertainty creates volatility in the plan and can undermine delivery confidence. **Action:** Strengthen contractual scenario modelling and escalation, so the Board can see the impact of contract positions early and intervene where necessary. **Review:** November 2026
Gap: Redundancy costs are not included in plan assumptions, creating a potential hidden pressure. **Action:** Confirm the funding approach and mitigation strategy for redundancy costs and reflect the agreed approach transparently in plan oversight. **Review:** November 2026
Key Risk Indicators
In-year deficit trajectory CIP delivery confidence (% high-confidence / recurrent) Workforce pay and agency spend trajectory
Executive commentary – please add any narrative the Board/Committee need to know now?
Committee Risk Summary Delivery risk remains high due to the scale of the annual plan and CIP challenge, and the destabilising impact of non-delivery on both the Trust's financial position and operational flexibility. The intended steady-state is to operate within tolerance, reflecting a position where financial delivery risk is controlled, cash requirements are managed within available resources, and financial performance does not trigger regulatory escalation or constrain service delivery. Current performance remains above tolerance and requires sustained executive and Committee oversight of deliverability, risk mitigations and the strength of assurance, rather than reliance on reported delivery activity alone. Delivery is further challenged by the scale and complexity of the changes required to achieve recurrent financial improvement. Many transformation and efficiency schemes require sustained implementation over time, with benefits realised across more than one financial year. This creates an ongoing risk of slippage between planned and realised savings and reinforces the need for realistic phasing, clear delivery confidence, and robust monitoring of whether underlying cost reductions are being achieved.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	05-Finance - Long-Term Financial Sustainability		
Risk Title:	Finance - Long-Term Financial Sustainability		
Executive Lead:	Lee Bond, CFO		
Board Committee Oversight:	Finance Investment Committee		
Supporting Committee:	Our Future Hospitals & Transformation Committee		
Trust Priority:	Deliver our financial plan – core purpose of the risk.		
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**
	There is a risk the Trust does not achieve long-term financial sustainability	due to structural cost pressures, recurrent deficits, uncertainty over transformation funding, and evolving national and system expectations regarding the timeframe and requirements for financial recovery	limiting the Trust's ability to invest and deliver strategic priorities and constrain delivery of sustainable service models.
Risk Appetite Level	**Cautious - Open** - open to transformational change where benefits are credible and sustainable	**Risk Tolerance Range**	1-15

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Likely (4)				Likely (4)				Possible (3)			
Consequence	Extreme (5)				Extreme (5)				Moderate (3)			
Total Score	**20**				**20**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	20											

Key Controls and Assurances

Control: Medium-term financial planning and scenario modelling - MTFP/medium-term planning and modelling to test trajectories and sensitivities.
Assurance: Scenario modelling outputs and external/system reviews that test whether assumptions remain credible.

Control: Transformation governance and benefits realisation - Transformation governance focused on benefits realisation (the mechanism by which sustainability improves).
Assurance*:* Programme board reporting and RDO metrics/benefits tracking.

Control: System financial alignment - System alignment on assumptions, allocations and medium-term decisions.
Assurance*:* ICS allocations/oversight and system assumptions documented and reflected in the Trust's medium-term plan.

Control: Benchmarking and cost base review - Benchmarking and structured review of cost base and productivity.
Assurance*:* Benchmarking outputs referenced (Model Hospital, GIRFT) used to evidence cost base variation and target opportunities.

Gaps in control and assurance with key next steps

Gap: Uncertain national and system funding regime limits the Trust's ability to plan with confidence over the medium term.
Action: Develop and maintain a medium-term financial plan aligned to system assumptions, updating the Board

where regime uncertainty materially changes the trajectory.
Review: December 2026

Gap: Recurrent cost base remains misaligned with income, constraining ability to invest and sustain services.
Action: Deliver cost base redesign linked to clinical strategy and estates strategy, with benefits tracked and delivery confidence reported through FIC.
Review: March 2027

Gap: Elective recovery affordability dependency creates exposure if demand/cost assumptions diverge from funding arrangements.
Action: Strengthen scenario planning and escalation on affordability and deliverability assumptions for recovery trajectories, so system/board intervention happens early if required.
Review: December 2026

Key Risk Indicators

Underlying deficit trend
Transformation benefits delivered
Productivity indicators

Executive commentary – please add any narrative the Board/Committee need to know now?

Committee Risk Summary
Structural cost pressures and recurrent deficit risk remain significant, limiting the Trust's capacity to invest and deliver its long-term strategic objectives.

The intended steady-state is to operate within tolerance through credible medium-term financial planning, delivery of transformation benefits, and alignment to system and national assumptions, resulting in a sustainable cost base over time. Oversight focuses on whether assurance supports a credible trajectory toward that position, rather than short-term delivery alone.

A key area of uncertainty remains the national and system expectations regarding the scale and timeframe for financial recovery. Requirements for long-term plans and recovery trajectories continue to evolve, and the time horizon within which financial sustainability is expected to be achieved is not fully within the Trust's control.

This creates an inherent risk that the pace of improvement delivered locally may not align with national expectations. While incremental yearly improvement can be demonstrated, the judgement of whether this is sufficient will be influenced by the timeframe set externally, which may change. This reinforces the need for realistic planning assumptions, clear trajectory tracking, and transparent articulation of delivery confidence over the medium term.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	06-Digital		
Risk Title:	Digital Capability & Transformation Enablement		
Executive Lead:	Will Monaghan, Group CIO		
Board Committee Oversight:	Our Future Hospitals & Transformation Committee		
Supporting Committees:	Operational Performance Committee; Finance & Investment Committee		
Trust Priority:	Transform patient care – digital stability enables safe care.		
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**
	There is a risk that the Group fails to deliver a robust, consistent and reliable digital infrastructure and operating model and that digital solutions do not consistently meet clinical, operational and patient needs, including digital inclusion	due to legacy systems, fragmented platforms and operating models across the Group, including M365 tenant / cross-tenant complexity and EPR divergence, alongside undeveloped Group-wide governance/capability and limited capacity to deliver and absorb change safely	leading to inefficiencies, staff frustration, poor adoption and workflow benefit realisation, barriers to cross-organisational collaboration and continuity of care, and limited readiness for wider transformation.
Risk Appetite Level	**Cautious - Open** - supportive of digital investment where benefits and adoption are clear.		**Risk Tolerance Range** 1-15

Risk Scores

	Initial Score	Current Score	Target Score
Likelihood	Likely (4)	Likely (4)	Possible (3)
Consequence	Major (4)	Major (4)	Moderate (3)
Total Score	**16**	**16**	**9**

Risk progression	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	16											

Key Controls (in place now) and Assurance (how we know it's working)

Control: Digital infrastructure modernisation and service reliability management - Ongoing infrastructure modernisation and reliability management to reduce operational disruption and improve day-to-day performance.
Assurance*:* Routine system performance monitoring (e.g. uptime/outage and service performance) and delivery grip, including supplier performance reporting.
Operational IT performance indicators.

Control: Platform simplification, including M365 tenant / cross-tenant collaboration - Active platform simplification to reduce fragmentation, specifically including the M365 tenant / cross-tenant position that was identified as a cause of inefficiency and barrier to collaboration.
Assurance: Helpdesk/asset management and operational IT performance data used to evidence service performance and reduction in complexity.
Programme reporting on rationalisation/decommissioning progress.

Control: Digital programme governance, prioritisation and PMO - A prioritised delivery model supported by programme governance/ PMO to manage sequencing, decision-making and delivery risk.
Assurance*:* Milestone reporting through programme dashboards and governance reporting to Committee.
Internal audit coverage of digital governance / programme delivery where scheduled/available.

Control: User-centred design and adoption support - User-centred design/ co-production and adoption support to ensure solutions meet clinical, operational, patient needs and embed in practice.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Assurance*:* Training uptake, adoption metrics and user feedback (including staff surveys / pulse checks) reported through digital governance. Benefits tracking (e.g., benefits register / time savings and workflow impact reporting) and independent evaluation.
Control: Data quality and analytics improvement - A programme of work to improve data quality and analytics capability to support reliable reporting and value realisation. **Assurance***:* External/independent reviews. Evidence of improved reporting consistency and reduced fragmentation through adoption of Trust-wide standards.
Gaps in control and assurance with key next steps
Gap: Capacity to deliver and safely absorb change - Digital delivery capacity and organisational absorption capacity may be exceeded, increasing delivery risk and limiting benefits realisation. **Action**: Deliver a prioritised digital roadmap aligned to clinical strategy, explicitly balancing delivery capacity with change absorption and delivery confidence reporting. **Review**: December 2026
Gap: Data quality and system fragmentation - Data quality and system fragmentation continue to constrain reliable reporting, interoperability and sustainable value. **Action**: Implement federated data platform arrangements and Trust-wide standards to reduce fragmentation and improve consistency. **Review**: October 2026
Key Risk Indicators
Digital programme milestone delivery User adoption rates Benefits realisation
Executive commentary – please add any narrative the Board/Committee need to know now?
Committee Risk Summary Digital maturity and reliability constraints continue to limit transformation pace and productivity benefits. Though the roadmap agreed at Trust board in May is being delivered against. The intended steady-state is to operate within tolerance through a prioritised digital roadmap, improved governance and demonstrable adoption/benefits. Oversight focuses on evidence of delivery confidence and benefits realisation.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	07-Digital - Cyber											
Risk Title:	Digital - Cyber Security & Digital Resilience											
Executive Lead:	Will Monaghan, Group CIO											
Board Committee Oversight:	Our Future Hospitals & Transformation Committee											
Supporting Committees:	Quality Committee; FIC											
Trust Priority:	Transform patient care – patient safety risk if digital systems fail. Deliver our financial plan – severe financial/regulatory impact if breached.											
Risk Description	**Risk event** There is a risk that cyber-attack disrupts clinical and operational services				**Existing cause /condition** due to evolving threats, legacy vulnerabilities, and increasing third-party/supply chain exposure across an expanding digital footprint				**Impacts** leading to service downtime, data loss, patient safety risks and reputational damage			
Risk Appetite Level	**None - Minimal** - almost no tolerance for cyber exposure affecting patient care or data security								**Risk Tolerance Range**			1-6
Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Likely (4)				Likely (4)				Unlikely (2)			
Consequence	Extreme (5)				Extreme (5)				Moderate (3)			
Total Score	**20**				**20**				**6**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	20											
Key Controls and Assurances												
[Withheld from public reporting]:												
Gaps in control and assurance with key next steps												
[Withheld from public reporting]:												

Blue text = latest changes. Green text = Completed actions. Black text = No change.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	08-Estate											
Risk Title:	Estate Safety, Compliance & Service Capacity											
Executive Lead:	Ben Widdowson, DEF											
Board Committee Oversight:	Primary Oversight: Finance Investment Committee (in line with FIC quarterly update)											
Supporting Committees:	Our Future Hospitals & Transformation Committee Finance & Investment Committee; Quality Committee											
Trust Priority:	Transform patient care – safe, compliant estate. Deliver our financial plan – high-risk backlog, statutory costs.											
Risk Description	**Risk event** There is a risk that estate condition and space constraints undermine safe and efficient service delivery				**Existing cause /condition** due to backlog maintenance, ageing infrastructure and compliance gaps				**Impacts** leading to safety incidents, service disruption and regulatory action			
Risk Appetite Level	**Minimal - Cautious** - low tolerance for statutory safety or compliance breaches.								**Risk Tolerance Range**		1-9	
Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Likely (4)				Likely (4)				Possible (3)			
Consequence	Extreme (5)				Major (4)				Moderate (3)			
Total Score	**20**				**16**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	16											
Key Controls and Assurances												
Control: Planned preventative maintenance and statutory compliance **Assurance***:* audit outcomes, PPM completion rates												
Control: Backlog prioritisation and capital alignment **Assurance***:* condition surveys, investment oversight												
Control: Space utilisation and reconfiguration **Assurance***:* project delivery updates												
Control: EPRR and business continuity reactive arrangements **Assurance***:* drill outcomes and feedback												
Control: Our Future Hospitals (OFH) Programme Governance **Assurance***:* OFH Programme progress reports to OFH & Transformation Committee. OFH risk recorded on Trust-wide risk register and reviewed at Risk Committee.												
Gaps in control and assurance with key next steps												
Gap: Underfunded backlog and long-term investment gap **Action**: Develop long-term estates strategy aligned to NHP (DEF) **Note**: £10m-£12m/year capital investment needed to address BLM (DEF) **Review:** December 2026												

Blue text = latest changes. Green text = Completed actions. Black text = No change.

Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

Gap: Statutory compliance workforce capacity gaps **Action**: Strengthen estates compliance workforce (DEF) **Review:** October 2026
Gap: Testing of EPRR and business continuity plans **Action**: Build testing into the annual EPRR plans (DEF/COO) **Review:** October 2026
Gap: Risk that reconfiguration of acute and community hospital services under the OFH Programme is not delivered by 2034 due to uncertainty around funding because of the NHP Wave 2a timeline **Action**: Maintain regular engagement with the National NHP Directorate. **Review**: Monthly review at OFH&TC
Key Risk Indicators
High risk backlog maintenance value Statutory compliance indicators – tasks completed, external inspection reports Number of estates-related safety near misses or incidents
Executive commentary – please add any narrative the Board/Committee need to know now?
Committee Risk Summary Backlog maintenance, ageing infrastructure and compliance gaps continue to create high exposure to safety incidents and service disruption. The intended steady-state is to be within tolerance through credible compliance assurance, risk-based backlog reduction and resilience testing. Current above tolerance requires visibility of statutory compliance and safety-critical mitigation.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

BAF Risk Ref No.:	09-People		
Risk Title:	Workforce Culture, Capability & Sustainability		
Executive Lead:	Clare Teeney, CPO		
Board Committee Oversight:	People & Culture Committee		
Supporting Committees:	Finance & Investment Committee; Operational Performance Committee		
Trust Priority:	Strengthen our culture – directly aligned. Transform patient care – culture drives quality.		
Risk Description	**Risk event**	**Existing cause /condition**	**Impacts**
	There is a risk that the Trust is unable to sustain a sufficiently capable, engaged and productive workforce to deliver safe and effective services	due to workforce supply constraints, capability and skills gaps, variation in leadership capacity and behaviours, reliance on temporary staffing, and the scale and pace of required workforce change	leading to reduced quality and safety of care, lower productivity, increased staff turnover and absence, and reduced organisational capacity to recover performance and deliver strategic objectives.
Risk Appetite Level	**Cautious** - low tolerance for workforce issues affecting safety, morale or delivery		**Risk Tolerance Range** 1-9

Risk Scores												
	Initial Score				**Current Score**				**Target Score**			
Likelihood	Likely (4)				Likely (4)				Possible (3)			
Consequence	Extreme (5)				Extreme (5)				Moderate (3)			
Total Score	**20**				**20**				**9**			
Risk progression	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	20											

Workforce Culture Section - Focus: engagement, retention, behaviours

Executive commentary – please add any narrative the Board/Committee need to know now?

Staff experience and organisational culture remain a significant strategic risk area for the Trust and continue to require sustained executive and divisional focus. While national staff survey results demonstrated a challenging position across the NHS in 2025, UHL continues to perform above benchmark comparators across all staff survey themes and almost all sub-themes despite a year-on-year decline in scores.

Triangulation of NHS Staff Survey, NETS and wider workforce intelligence continues to demonstrate consistent organisational themes relating to psychological safety, civility, discrimination, wellbeing and variation in colleague experience across services. Although there is evidence of sustained improvement over time in several learner experience indicators, bullying and undermining, discrimination and wellbeing remain below national averages within learner groups, reinforcing the need for continued focus on inclusive leadership and culture improvement.

Free-text feedback within the NHS Staff Survey also continues to highlight themes relating to leadership visibility, compassionate management, workload pressure, burnout, civility and colleague wellbeing. Emerging NHS Staff Standards and NOF expectations further reinforce the importance of sustained improvement in the fundamental drivers of staff experience, including line manager effectiveness, supportive environments, tackling racism and improving sexual safety.

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Appendix A - UHL NHS Trust Board Assurance Framework (BAF)

The refreshed Year 2 People Strategy delivery plan represents the Trust's primary strategic response to mitigating workforce culture risks and reducing variation in staff experience. The delivery plan establishes a smaller number of high-impact organisational priorities, supported by defined metrics, SRO accountability, delivery milestones and assurance mechanisms focused on staff engagement, compassionate and inclusive leadership, psychological safety, civility and speaking up culture.

The risk remains above tolerance as workforce pressures, operational demand, and variation in local leadership capability continue to impact consistency of colleague experience and pace of cultural improvement across services.

Key Controls – what is in place now	**Assurances - we know it is working because (trend based)…**
Staff engagement and culture improvement programmes aligned to the People Strategy.	Movement in staff survey results over time (not just scores), including engagement and experience indicators, reported to PCC and Board.
Workforce wellbeing and support initiatives in place to support staff experience and retention.	Trends in sickness absence and wellbeing indicators monitored through Workforce Board and Board reporting.
Freedom to Speak Up and staff feedback mechanisms embedded across the organisation.	Themes and trends from staff feedback (including speaking up) reported and triangulated with staff survey and retention data.
Equality, diversity and inclusion programmes supporting workforce experience.	Workforce metrics and staff feedback in staff experience across groups, reported through PCC.
Gaps in control and assurance	**Key next steps**
Workforce culture and staff experience vary across services, contributing to inconsistent retention, engagement and performance.	Strengthen organisational approach to improving staff experience, focusing on areas of variation, with targeted interventions linked to retention and service performance outcomes. **Review**: December 2026
Sickness absence and turnover indicators remain elevated in some areas, reflecting ongoing workforce pressure.	Deliver targeted interventions to reduce sickness absence and improve retention, aligned to workforce and operational priorities, with clear trajectory expectations. **Review**: November 2026

Key Risk Indicators

Staff engagement and experience trends - Movement in staff survey indicators (e.g. engagement score, "raising concerns", "we are always learning"), including variation across services.

Sickness absence and workforce stability - Trends in sickness absence and workforce stability index, indicating underlying pressure on staff wellbeing and resilience.

Workforce culture signals (speaking up and employee relations) - Levels of psychological safety, employee relations cases and speaking-up indicators, highlighting areas of concern or variation in culture.

Workforce Capability Section - Focus: skills, leadership, development

Executive commentary – please add any narrative the Board/Committee need to know now?

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Leadership and workforce capability remain critical enablers of organisational performance, workforce sustainability and culture improvement. The Trust has continued to strengthen its strategic approach to leadership, management and workforce development through alignment of the People Strategy Year 2 refresh, appraisal redesign and preparatory implementation activity for the NHS Management and Leadership Development Framework (MALD).

A comprehensive review of the appraisal process identified material risks relating to inconsistent appraisal quality, limited organisational workforce insight and variation in leadership capability across services. In response, the Trust has developed a redesigned coaching-led appraisal model focused on leadership behaviours, development, talent and succession planning, alongside progression toward ESR-enabled organisational oversight and workforce intelligence.

The refreshed Year 2 People Strategy delivery plan provides a more focused and measurable framework for improving workforce capability and leadership consistency across the organisation. Priority programmes relating to leadership and management capability, talent and succession planning, appraisal redesign and digital and improvement capability are intended to strengthen organisational resilience and provide clearer assurance regarding workforce capability improvement over time.

External assurance relating to organisational learning and workforce development capability has also been strengthened through the recent OFSTED inspection outcome, with the UHL Apprenticeship and Development Centre achieving “Expected Standard” across all inspection categories under the newly introduced national framework. Inspectors identified strengths in curriculum quality, inclusion, learner experience, leadership oversight and workforce development infrastructure, providing additional assurance regarding the Trust’s capability to develop sustainable workforce pipelines and support future workforce transformation.

The risk remains above tolerance due to continued variation in leadership capability and organisational learning maturity across services, alongside operational pressures which constrain capacity for development activity and leadership release. Sustained evidence of improvement in leadership consistency, appraisal quality, succession planning maturity and workforce capability metrics will be required before the risk position can reduce toward target.

Key Controls	**Assurances**
Implementation of the Trust’s People / Workforce strategy, including workforce development and skills planning.	Evidence of delivery against workforce development priorities reported through Workforce Board and PCC, including training uptake and impact on service delivery.
Leadership development programmes in place across the organisation.	Participation and coverage of leadership development programmes, with emerging linkage to service performance and staff experience indicators.
Ongoing workforce planning processes to align skills mix with service need.	Demand and capacity modelling outputs and workforce plans demonstrate alignment of workforce capability to service requirements, reviewed through planning and performance forums.
Gaps in control and assurance	**Key next steps**
Variation in leadership capability and development across services, resulting in inconsistent delivery, culture and performance.	Implement a consistent and organisation-wide leadership development approach, with clear expectations, coverage and measurable impact on service performance, staff experience and retention. **Review**: December 2026
Skills mix and workforce capability are not consistently aligned to service demand across all areas.	Strengthen workforce planning to ensure skill mix is aligned to demand and service models, supported by targeted development and recruitment in priority areas. **Review**: December 2026
Key Risk Indicators	

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Leadership capability and development coverage - Proportion of leaders completing leadership or inclusive leadership development, and variation across services.

Appraisal and training compliance - Appraisal rates and statutory/mandatory training compliance, indicating whether staff capability is being maintained and developed.

Variation in organisational learning and improvement capability - Evidence of variation in quality improvement capability and organisational learning across services (as identified through thematic reviews and programme delivery).

Workforce Capacity Section - Focus: numbers, supply, sustainability

Executive commentary – please add any narrative the Board/Committee need to know now?

Workforce capacity and sustainability continue to represent a significant strategic risk to the organisation, operational demand pressures, financial challenges and reliance on temporary staffing across a number of services.

A key organisational challenge continues to be the requirement to reduce workforce expenditure and overall pay costs within a context of sustained operational demand and increasing service pressure. While progress is being made through a number of workstreams focused on strengthening organisational grip and control in relation to workforce establishment management, temporary staffing utilisation and workforce productivity, there remains a more fundamental requirement to deliver sustainable service transformation and workforce redesign to align workforce models to future organisational and financial requirements.

Current activity includes strengthened workforce controls, improved oversight of temporary staffing utilisation, and continued focus on workforce productivity measures including rostering effectiveness, job planning and workforce utilisation through integrated operational, workforce and financial governance arrangements. However, the scale of financial challenge and underlying service demand means that sustainable risk reduction will require continued progress in redesigning services, workforce models and ways of working alongside productivity improvement activity.

Delivery of the refreshed Year 2 People Strategy strengthens organisational focus on workforce planning, workforce productivity, workforce redesign and workforce sustainability. The delivery plan establishes clearer organisational accountability, measurable delivery priorities and assurance mechanisms intended to support improvement in workforce utilisation, attendance, retention and workforce stability over time.

The risk remains above tolerance. Sustained improvement in workforce productivity, establishment control, vacancy trajectories, workforce stability and delivery of transformation programmes will be required before a material reduction in underlying workforce capacity risk can be demonstrated.

Key Controls	Assurances
Delivery of the Trust workforce plan aligned to activity demand and financial assumptions, including recruitment, retention and temporary staffing controls	Sustained movement in vacancy rate, turnover and agency usage trends monitored through Workforce Board and reported via performance packs to PCC and Board.
Active management of temporary staffing (bank and agency) with oversight through operational and finance governance.	Reduction trajectory in agency spend and utilisation, triangulated with fill rates and safe staffing metrics, reported through FIC/PCC and Board performance reporting.
Workforce planning integrated with service and demand and capacity planning processes.	Alignment between workforce establishment, activity plans and delivery trajectories evidenced through planning submissions and performance review cycles.
Retention initiatives and workforce supply pipelines (including international and early career routes).	

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	Improvement in retention indicators (turnover stability or reduction) and reduced reliance on one-off recruitment measures, monitored through Workforce Board.
Gaps in control and assurance	**Key next steps**
Workforce demand continues to exceed available supply in key areas, resulting in persistent vacancies and reliance on temporary staffing.	Deliver a sustainable workforce supply plan aligned to service demand and financial assumptions, reducing vacancy levels and reliance on agency through targeted recruitment and retention measures. Review: November 2026
Reliance on temporary staffing remains a structural feature in some services, impacting cost and continuity of care.	Strengthen delivery of workforce plans to reduce agency reliance through improved establishment control, bank utilisation and retention, with clear trajectory targets and reporting. Review: November 2026
Data quality issues exist in ESR resulting in an element of risk in terms of workforce management	Data quality improvement plan to focus on high-risk areas. Review: Jun 2026

Key Risk Indicators

Vacancy rate and turnover trends - Sustained vacancy levels and turnover across key staff groups, including variation across services.

Temporary staffing reliance (agency / bank) - Level and trajectory of agency usage and cost, indicating dependency on non-substantive workforce.

Time to recruit and workforce pipeline constraints - Recruitment timelines (e.g. time to hire) and supply pipeline indicators affecting ability to sustain workforce levels.

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Risk Scoring Matrix:

Likelihood is the *chance* that the *risk event will happen*
'x'
Impact is the *effect on objectives* if *that event occurs*

Likelihood	Rare	Minor	Moderate	Major	Extreme
Extremely unlikely	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Almost certain	5	10	15	20	25

Impact

Risk	
Score	**Rating**
1-6	Low
8-12	Moderate
15-20	High
25	Extreme

Risk Appetite Levels (The level of uncertainty the Trust is willing to accept when pursuing it goals / priorities)	Risk Tolerance Range (The maximum residual risk the Trust is prepared to accept before further action/escalation is required)
None - Avoidance of risk is a key organisational objective.	1 - 4
Minimal - Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	1 - 6
Cautious - Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	1 - 9
Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	1 - 15
Seek - Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	1 – 16
Significant - Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.	1 - 20

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Risk Scores:

For BAF scoring, likelihood is the probability of the risk event occurring; impact describes the credible consequence if the event occurs. Likelihood would reduce where there is sustained evidence that the underlying conditions driving this risk have improved, rather than simply completion of planned actions. The Committee discussion should test whether the evidence shows the underlying conditions driving this risk have changed (improved or deteriorated) and the risk event is becoming more or less likely and whether the mitigations are sufficient to prevent the worst-case impact.

Initial Score
The level of risk when it was first identified, before any controls or actions were taken.

Current Score
The level of risk today, based on the latest evidence about controls, assurance, and underlying conditions.
How likely is this to happen now, and how bad would it be?
Consider: Right now, how likely is this problem, and how serious would it be?

Note: BAF risk scores are generally expected to remain stable between formal reviews unless there is clear evidence of a material shift. In a complex acute NHS Trust, stable risk scores over time often reflect realistic appraisal of persistent system constraints rather than lack of action.
Risk movement will only be proposed where assurance demonstrates sustained change to underlying conditions, not simply completion of actions.

Target Score
The realistic intended steady-state level of risk the Trust aims to operate at once planned actions and improvements are delivered - not simply what can be achieved within the next 12 months.
What level of risk we think we can reduce it to over time.
Consider: If everything goes reasonably well, what level of risk can we realistically get to?
For complex strategic risks, reaching the target may take more than one planning cycle. In these cases, progress is expected to be incremental, with Executive commentary and actions describing the anticipated trajectory toward the target.
The target score represents a managed level of risk, not the absence of risk.

Tolerance score
The maximum level of risk the Board is prepared to accept while pursuing the objective - Tolerance scores represent the Board's escalation threshold (the red line). Where a current score exceeds tolerance, the risk is outside tolerance and requires active Board and Committee oversight.
Consider: What is the highest level of risk the Board is prepared to tolerate before it becomes unacceptable?
Targets are set at or below tolerance to avoid implying an intention to operate beyond the Board's stated limits.
Operating at tolerance is not the objective; it represents the upper limit of acceptable risk and should trigger heightened oversight.

Note: Where the current score exceeds tolerance, the risk is outside tolerance and requires active Board and Committee oversight, escalation, and corrective action.

Risk Appetite (attitude to risk)
The level of uncertainty the Trust is comfortable with and willing to accept when pursuing its goals, without exposing patients, staff, or the organisation to unnecessary or unjustified risk.
Consider: How cautious are we about risk in this area?