

Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

TB2023.12

Title: Board Assurance and Corporate Risk Register review

Status: For Discussion

History: Regular report to the Committee

Board Lead: Chief Assurance Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. The paper provides the Trust Board with the latest version of the Board Assurance Framework and Corporate Risk Register for 2022/23 for the Board to review.
2. In addition, it provides assurance to the Board that:
 - The Board Assurance Framework design and use is developing following the Board seminar. Each of the strategic risks included on the current draft of the BAF have been shared with the relevant lead Executive and meetings are being planned with each Executive and the Assurance Team to develop the content. A copy of the BAF is provided as Appendix 1 to this report.
 - The Trust Board appetite statement is in the process of being reviewed and the conclusion from this review will be discussed at a Board Seminar and Integrated Assurance Committee.
 - The Corporate Risk Register was updated following the Risk Committee on 10 November 2022. The next Risk Committee was held on 12 January 2023, so updates from this meeting have not been reflected in this paper. The Corporate Risk Register (CRR) summary for the current year has been provided as Appendix 2 of this report.

Recommendations

3. The Trust Board is asked to:
 - Review and note the report

Board Assurance and Corporate Risk Register review

1. Purpose

- 1.1. This paper provides the Board with the latest version of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) for the Board to review.

2. Board Assurance Framework

- 2.1. The BAF design and use has developed following the Board seminar and recent Internal Audit report. Each of the strategic risks included on the BAF have been shared with the relevant lead Executive and regular meetings are being scheduled with each Executive and the Assurance Team to develop the content.
- 2.2. Board members will already be aware that the Trust Board has defined the overarching levels of assurance as follows:
- Level 1 – Management oversight – our first line of defence
 - Level 2 – Committee oversight – our second line of defence
 - Level 3 – Independent oversight – our third line of defence
- 2.3. A full review of all agendas and papers from the Board, Audit Committee and Integrated Assurance Committee from March 2022 to date has been undertaken. Papers were mapped to the strategic themes this is summarised in figure 1 below.
- 2.4. The outcome of this review demonstrated that all strategic themes have been covered in the year to date with the focus of specific reports being on the Our Patients theme.

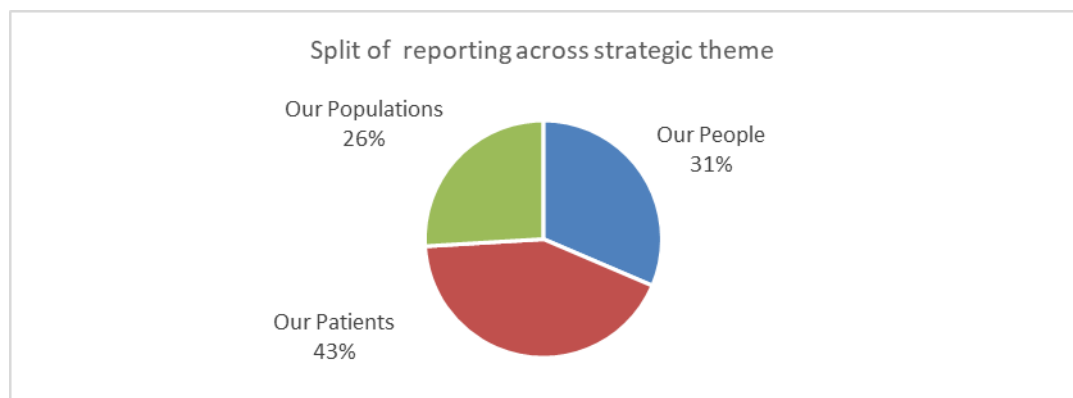


Figure 1

- 2.5. From the analysis of the papers it was noted that a total of 211 separate assurance reports were made to the Board, Audit Committee, and Integrated Assurance Committee of the year to date. These have been further broken down by the strategic risks included on the BAF. This analysis provides the Board with assurance that there was a broad spread

of assurance reported across all strategic risks. Areas of lower volumes of reporting will be considered and the forward programmes of committee meetings will be reviewed to address any agreed gaps in assurance that might be identified.

- 2.6. The analysis of assurance reported by assurance level and strategic theme is presented in Figure 2 below for information, further analysis is available.

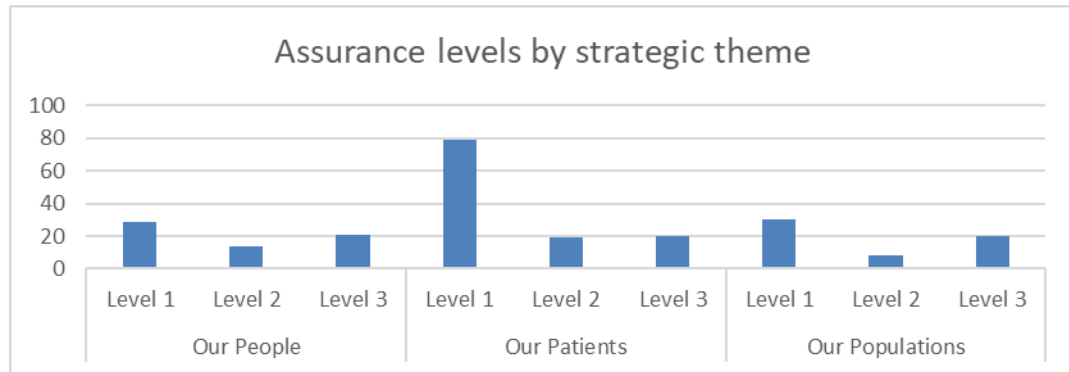


Figure 2

- 2.7. The BAF has been further updated to reflect all Level 3 assurances in line with the Internal Audit and External Audit plans. The revised BAF is provided as Appendix 1 for consideration at this meeting.

3. Corporate Risk Register and Risk Management

- 3.1. This section covers two elements: the update on the review of the risk appetite statement and the current corporate risk register.

Risk Appetite - update on review

- 3.2. During November and December a series of one-to-one interviews were held with most Board members to enable a review and refresh of the Board's Risk Appetite statement. The remaining interviews will be undertaken during January and the outcome of this exercise will be shared as part of a Board seminar and to Integrated Assurance Committee.

Corporate Risk Register

- 3.3. The last meeting of the Risk Committee was held on 12 January 2023, due to the proximity of this meeting to the Board meeting the updates included in this report reflect those approved in the previous meeting in November 2022.
- 3.4. A full summary of the CRR is provided as Appendix 2 for the Board to review.

4. Recommendations

- 4.1. The Trust Board is asked to:
- Review and note the report

Strategic Aim	We will make OUH a great place to work by delivering the best staff experience and wellbeing for all <i>Our People</i> , supported by a sustainable workforce model and a compassionate culture.
Strategic Risk 1	Ability to deliver a sustainable workforce in line with the People Plan

Cause	Risk	Effect
<i>If</i> sufficient workforce resources are not in place in line with our People Plan	<i>Then</i> this could lead to a risk where there is a lack of capacity to meet demand for clinical services and staff wellbeing will suffer	<i>Resulting in</i> poor operational performance effecting the trust's ability to deliver national performance targets / waiting times / access targets and increased attrition.

Risk Score	Consequence	Likelihood	Score
Current risk score	4	4	16 (high)
Target risk score	4	2	8 (medium)
Risk Lead	Chief People Officer	Risk Appetite Domain	Staff / People
		Risk Appetite Level	Cautious

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> People Plan action log <p>Governance Structure:</p> <ul style="list-style-type: none"> People and Communications Committee 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief People Officer's Update Reports to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings <p>Third line of defence:</p> <ul style="list-style-type: none"> Home Working (22/23 plan) Consultant Job Planning (22/23 plan)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Recruitment delays 	<ul style="list-style-type: none"> Improvement programme Leadership Development Programme recruitment project – to conclude November 2022

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1143	15 (high)	As a result of the reliance on the internal bank there is a risk we will not be able to ensure sufficient temporary staffing to sustain services and maintain the wellbeing of our own staff effecting patient safety
1144	16 (high)	Due to persistent increased workloads there is a risk that sickness absence levels continue to rise and that staff will suffer increased levels of mental ill health effecting staff turnover levels.
1147	12 (medium)	Due to national staff shortages there is a risk that we will not be able to recruit and retain sufficient numbers of substantive staff to maintain our current level and quality of service (in the context of the merging cost of living crisis)

Strategic Aim	We will make OUH a great place to work by delivering the best staff experience and wellbeing for all <i>Our People</i> , supported by a sustainable workforce model and a compassionate culture.
Strategic Risk 2	Leadership capacity to deliver the People Plan

Cause	Risk	Effect
<i>If</i> there is insufficient leadership capacity	<i>Then</i> this could lead to a risk on our ability to react to variances and effectively re-plan across clinical services	<i>Resulting in</i> operational performance issues impacting on the trust's reputation and delivery of the People Plan.

Risk Score	Consequence	Likelihood	Score
Current risk score	3	4	12 (medium)
Target risk score	3	2	6 (low)
Risk Lead	Chief People Officer	Risk Appetite Domain	Staff / People
		Risk Appetite Level	Cautious

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> People Plan action log Organisational Development Programme <p>Governance Structure:</p> <ul style="list-style-type: none"> People and Communications Committee 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief People Officer's Update Reports to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings <p>Third line of defence:</p> <ul style="list-style-type: none"> Patient Flow (22/23 plan) Leave Management (22/23 plan) Health & Safety (22/23 plan)
Gaps in controls and assurance	Actions to address gaps
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Related Corporate Risk Register Entries

ID	Score	Summary risk description
1148	9 (medium)	Due to excessive workload and lack of understanding of the process there is a risk of not achieving our VBA targets and our staff not having meaningful appraisals that celebrate their successes, identify clear objectives and development needs and discuss career goals effecting staff morale.

Strategic Aim	We will make OUH a great place to work by delivering the best staff experience and wellbeing for all <i>Our People</i> , supported by a sustainable workforce model and a compassionate culture.
Strategic Risk 3	Ability to deliver the growing stronger together programme of work and wider People Plan in a timely manner

Cause	Risk	Effect
If there is poor staff resilience / morale / well-being	This could lead to a lack of flexibility and willingness / ability to 'do more' and lead to poor recruitment and retention.	Resulting in poor patient experience, lower staff morale and ability to deliver operational performance in all areas which may result in patient harm.

Risk Score	Consequence	Likelihood	Score
Current risk score	4	3	12 (medium)
Target risk score	4	2	8 (medium)
Risk Lead	Chief People Officer	Risk Appetite Domain	Staff/ People / Patient
		Risk Appetite Level	Cautious / Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> People Plan action log Growing Stronger Together Plan <p>Governance Structure:</p> <ul style="list-style-type: none"> People and Communications Committee Health and Safety Committee 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief People Officer's Update Reports to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings <p>Third line of defence:</p> <ul style="list-style-type: none"> Home Working (22/23 plan) Health & Safety (22/23 plan)
Gaps in controls and assurance	Actions to address gaps
•	•

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1147	12(medium)	Due to national staff shortages there is a risk that we will not be able to recruit and retain sufficient numbers of substantive staff to maintain our current level and quality of service (in the context of the merging cost of living crisis)

Strategic Aim	We will improve the access, quality and experience of care for all of <i>Our Patients</i> .
Strategic Risk 4	Ability to delivery of improvement programmes and the Trust's long term financial sustainability

Cause	Risk	Effect
If we don't make operational improvements to meet the required national standards, coupled with high energy costs and industrial strike action	Then there is a risk to the delivery of improvement programmes, high quality care and the Trust's long term financial sustainability plan	Resulting in an adverse impact on the Trust's reputation that could lead to regulatory action and impact of patient outcomes.

Risk Score	Consequence	Likelihood	Score
Current risk score	4	5	20 (high)
Target risk score	4	2	8 (medium)
Risk Lead	Chief Finance Officer & Chief Operating Officer	Risk Appetite Domain	Finance / Patient / Change
		Risk Appetite Level	Minimal / Avoid / Seek

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Improvement Programmes Quality improvement initiatives Cost improvement Programmes Winter Plan / Q4 Plan PIF Contract management processes <p>Governance Structure:</p> <ul style="list-style-type: none"> Productivity Committee 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief Finance Officer's Update Reports to TME, Audit Committee, IAC, Investment Committee and Board <p>Second line of defence:</p> <ul style="list-style-type: none"> Divisional Performance Review meetings Planned review as part of Corporate Performance Review meetings Productivity review of major programmes <p>Third line of defence:</p> <ul style="list-style-type: none"> PFI Contract Management (22/23) Payroll Spend Controls (22/23) HFMA Financial Sustainability (22/23) Direct Award Procurement (22/23) Key Financial Systems (22/23) Getting It Right First Time (GIRFT) (22/23) Infection Prevention and Control (21/22: M:M) Clinical Validation of Waiting Lists (21/22: M:M)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Depth of QI knowledge across the Trust From PFI contract management review: KPIs, workflow documentation 	<ul style="list-style-type: none"> QI Education roll out (just approved to be delivered) Internal Audit actions to be completed in line with agreed deadlines.

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1119	20 (high)	Long term financial sustainability.
1112	9 (medium)	QI Resources

Strategic Aim	We will improve the access, quality and experience of care for all of Our Patients.
Strategic Risk 5	Ability to make capital investments to improve quality, outcomes and patient experience.

Cause	Risk	Effect
<i>If</i> there are changes to the availability of capital (ability to bid / changes in funding streams/ capital allocations) outside of the control of the organisation (e.g. inflation)	<i>Then</i> there is a risk to the trust's ability to meet capital spending needs	<i>Resulting in</i> poor compliance with building regulations / potential regulatory or inspection action and a potential impact on patient safety.

Risk Score	Consequence	Likelihood	Score
Current risk score	4	3	12 (medium)
Target risk score	4	2	8 (medium)
Risk Lead	Chief Finance Officer & Chief Nursing Officer	Risk Appetite Domain	Finance / Regulatory
		Risk Appetite Level	Minimal / Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Capital Programme Master Plan Premises Assurance Model assessment Capital Infrastructure Plan <p>Governance Structure:</p> <ul style="list-style-type: none"> Estates Compliance Committee Medical Equipment Prioritisation Group Capital Management Group Health & Safety Committee 	<p>First line of defence:</p> <ul style="list-style-type: none"> Director of Estates and Capital Update Reports to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Divisional Performance Review Meetings Planned review as part of Corporate Performance Review meetings Investment Committee Review <p>Third line of defence:</p> <ul style="list-style-type: none"> Estates Compliance (22/23: M:M) Key Financial Systems (22/23) IT Projects Benefits Realisation (22/23) Technology Appraisal Group (21/22: S:M)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Ability to cross reference risks across teams, collective understanding of risk reduction from potential changes to capital programme Estates staff capacity 	<ul style="list-style-type: none"> Estates Compliance meeting review of estates related risks across clinical divisions (from Oct 2022) Continue implementation of estates and facilities business case

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1124	12 (medium)	As a result of Insufficient capital funding to cover all major capital schemes there is a risk that certain services are delivered in poorer estate for a longer period this may effect service delivery

Strategic Aim	OUH strategic pillars, Our People Our Patients and Our Populations linked to the Digital Strategy
Strategic Risk 6	Ability to deliver the key developments as part of the Trust's Digital Strategy / Digital Plan

Cause	Risk	Effect
If the Trust digital infrastructure / resilience is not improved	Then this could lead to a risk of potential cyber security breaches or system downtime	Resulting in an impact on the trusts ability to meet patient demand for services that could impact on the trusts efficient running. With potential to impact on EPR / record keeping and continuity of patient records

Risk Score	Consequence	Likelihood	Score
Current risk score	3	3	9 (moderate)
Target risk score	3	1	3 (very low)
Risk Lead	Chief Digital and Partnerships Officer	Risk Appetite Domain	Change / Service delivery
		Risk Appetite Level	Seek / Cautious

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Digital Plan Digital Strategy <p>Governance Structure:</p> <ul style="list-style-type: none"> Digital Oversight Committee Cyber Security Task Force 	<p>First line of defence:</p> <ul style="list-style-type: none"> Update Reports to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings <p>Third line of defence:</p> <ul style="list-style-type: none"> Cyber Security (22/23: M:M) IT Disaster Recovery (22/23) Business Continuity (22/23) Data Quality (22/23) IT Project Benefits Realisation (22/23) DSP Toolkit (22/23)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> From cyber security review: some unsupported systems 	<ul style="list-style-type: none"> Continue programme of upgrade of systems.

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1113	12 (medium)	As a result of IT infrastructure vulnerabilities and external factors there is a risk that the Trust may suffer from the loss of IT infrastructure and systems (e.g., from Cyber-attack, loss of services etc) this may effect operational service delivery and finances in the long term
1116	16 (high)	Due to the potential for power failure in level 0 there is a risk that there may be a failure to provide clinical digital services, including virtual desktop and pharmacy stock control that will effect the delivery of clinical services and core critical infrastructure
1117	12 (Medium)	As a result of issues with the NEWS2 digital solution purchasing there is a risk that the Trust is unable to provide safe patient care and the accurate reporting of NEWS2 scoring in Cerner.

Strategic Aim	We will work with partners to improve the health and wellbeing of <i>Our Populations</i> , working collaboratively to deliver integrated and sustainable services.
Strategic Risk 7	External factors impact our ability to deliver wider health and well-being benefits to our populations.

Cause	Risk	Effect
<i>If</i> the range of external change and influence factors, such as change to government policy and the development of ICS, in the light of the lack of a clear clinical strategy continues	<i>Then</i> this could lead to a risk of uncertainty to the long-term direction including policy/practice/funding and relationships and a lack of alignment to system wide priorities	<i>Resulting in</i> an impact on the Trust's ability to deliver wider health and wellbeing benefits for our populations (including health inequalities).

Risk Score	Consequence	Likelihood	Score
Current risk score	2	3	6 (low)
Target risk score	2	2	4 (low)
Risk Lead	Chief Digital and Partnerships Officer	Risk Appetite Domain	Patient / Change
		Risk Appetite Level	Avoid / Seek

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> ICS governance map (to date) MoU for provider collaborative with OH MoU for Acute provider collaborative across BOB <p>Governance Structure:</p> <ul style="list-style-type: none"> A&E Delivery Board Place Based Board 	<p>First line of defence:</p> <ul style="list-style-type: none"> Director of Strategy Update Reports to TME <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings Chief Assurance Officer's report on ICS governance <p>Third line of defence:</p> <ul style="list-style-type: none"> Clinical Research Network (22/23)
Gaps in controls and assurance	Actions to address gaps
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Related Corporate Risk Register Entries

ID	Score	Summary risk description
1142	9 (Medium)	Due to introduction of new ICS governance arrangements and other national factors (such as change in government policy) there is a risk to service delivery that might effect patient outcomes

NB: yellow highlight denotes risk discussed at the particular meeting and supports the breadth of conversation on risk across meetings overtime

Board Sept	TME 29/9	Ulysses ref	TME 13/10	TME 10/11	IAC 14/12	TME 15/12	Lead	Summary Risk Description	22/23 Q1	22/23 Q2	22/23 Q3	Target
Ref	Ref	Ref	Ref	Ref	Ref	Ref			score	score	score	score
C1	C1	1111	1111	1111	1111	1111	DW	Due to lack of capacity and ineffective working practices across the system there is a risk that patients might not receive the right care in the place at the right time which may effect patient outcomes, experience and staff morale.	9	9	9	6
C3	C3	1112	1112	1112	1112	1112	AS	Due to the lack of capacity and resources available for QI there is a risk to the delivery of internal trust quality improvements and to influence system-wide quality improvement effecting the learning and improvement culture across the ICS	9	9	9	6
								Digital by Default				
D1	D1	1113	1113	1113	1113	1113	DW	As a result of IT infrastructure vulnerabilities and external factors there is a risk that the Trust may suffer from the loss of IT infrastructure and systems (e.g., from Cyber-attack, loss of services etc) this may effect operational service delivery and finances in the long term.	12	10	10	5
D2	D2	1114	1114	1114	1114	1114	AS	Due to inconsistencies in the process and behaviours there is a risk that there may be a failure to respond to the results of diagnostic tests that may effect patient care	9	9	9	4
D4	D4	1115	1115	1115	1115	1115	DW	As a result of a mix of paper and IT record systems there is a risk of increased patient safety incidents that may effect patient care.	6	6	6	3
D5	D5	1116	1116	1116	1116	1116	DW	Due to the potential for power failure in level 0 there is a risk that there may be a failure to provide clinical digital services, including virtual desktop and pharmacy stock control that will effect the delivery of clinical services and core critical infrastructure	20	12	12	8
D6	D6	1117	1117	1117	1117	1117	DW	The risk that the Trust is unable to provide safe patient care and the accurate reporting of NEWS2 scoring in Cerner.	15	6	6	6
								Getting the Basics Right				
G6	G6	1118	1118	1118	1118	1118	JD	As a result of costs being greater than planned and than total income there is a risk that there may be a failure to deliver the in-year financial plan that might reduce the funds available for capital expenditure,	16	16	20	8

Board Sept	TME 29/9	Ulysses ref	TME 13/10	TME 10/11	IAC 14/12	TME 15/12	Lead	Summary Risk Description	22/23	22/23	22/23	Target
Ref	Ref	Ref	Ref	Ref	Ref	Ref			Q1	Q2	Q3	Target
								Close to Home	score	score	score	score
								leading to increased scrutiny by the ICS and NHS England and ultimately require emergency cash funding from the DHSC so that the Trust maintain solvency.				
G7	G7	1119	1119	1119	1119	1119	JD	As a result of productivity levels that are insufficient to cover costs based national average funding levels there is a risk that there may be an inability to breakeven over 3-5 years that might effect the Trust's ability to sustain safe, compliant and effective provision of healthcare.	12	20	20	4
G9	G9	1120	1120	1120	1120	1120	AS	Due to a lack of awareness of Trust qualities priorities and capacity within teams assigned to the priorities there is a risk that the Trust may be unable to deliver Quality Priorities effecting the achievement of specific goals and improvement outcomes for patients.	6	6	6	4
G11	G11	1121	1121	1121	1121	1121	AS	If as a result of poor medicine safety audits and the lack of ability to progress actions there is a risk that medicines may not be stored securely and safely and in line with regulatory requirements that might effect standards are care.	9	9	9	3
G12	G12	1122	1122	1122	1122	1122	AS	Due to lack of knowledge and lack of implementation plans there is a risk that there may be potential harm to patients from never events and other serious incidents effecting perception of the Trust	4	4	4	2
ReCo5	ReCo5	1123	1123	1123	1123	1123	AS	If there are poor IPC practices there is a risk of potential harm to patients, staff and the public from nosocomial COVID-19 exposure that effects patient outcomes.	8	8	8	3
G39	G39	1124	1124	1124	1124	1124	SF	Insufficient capital funding to cover all major capital schemes means that there is a risk that certain services are delivered in poorer estate for a longer period this may effect service delivery	12	12	12	8
G40	G40	1125	1125	1125	1125	1125	SF	Significant backlog maintenance program means there is a risk that certain areas of the estate may be likely to breakdown this might lead to poor estates compliance	12	12	12	8
G41	G41	1126	1126	1126	1126	1126	SF	Lack of sufficient capital funding to cover all the Trust's equipment needs means that there is a risk that certain services are more likely to experience some equipment breakdowns that might impact on service delivery	12	12	12	4

Board Sept	TME 29/9	Ulysses ref	TME 13/10	TME 10/11	IAC 14/12	TME 15/12			22/23	22/23	22/23	
Ref	Ref	Ref	Ref	Ref	Ref	Ref	Lead	Summary Risk Description	Q1	Q2	Q3	Target
								Close to Home	score	score	score	score
G17	G17	1127	1127	1127	1127	1127	SF	Due to areas of poor fabric of certain buildings there is a risk to patient and staff safety as a result of smoke ingress from potential fires due to poor fabric of the building in certain sites effecting certain services	to review	15	10	10
G19	G19	1128	1128	1128	1128	1128	SF	Due to aging power plan there is a risk of loss of electrical power across JR and NOC sites resulting in potential of major loss of clinical services.	to review	to review	8	4
G20	G20	1129	1129	1129	1129	1129	SF	Due to poor fabric on the building in certain locations there is a risk of potential slips, trips and falls and to staff and visitors in old parts of the Churchill effecting patient and public safety	to review	to review	12	8
G21	G21	1130	1130	1130	1130	1130	SF	As ventilation plant is old in some locations there is a risk to patient and staff safety that may effect regulatory compliance	to review	to review	12	8
G22	G22	1131	1131	1131	1131	1131	SF	As a result of actions identified via audits and poor fabric of the estates there is a risk to patient and staff safety from the water systems in certain buildings effecting the trust reputation.	to review	to review	12	8
G24	G24	1132	1132	1132	1132	1132	SF	Due the height of the JR WW stairwell there is a risk of potential self harm if an individual were to climb over the existing balustrade/glazing effecting safety.	6	6	6	3
G29	G29	1133	1133	1133	1133	1133	SR	Due the to introduction of new clinical standards for ED waiting times there could be a risk to the organisation's performance of the national urgent care targets effecting patient experience	12	15	15	9
G30	G30	1134	1134	1134	1134	1134	SR	High bed occupancy and staffing capacity means there is a risk to our ability to achieve expected delivery levels in line with elective recovery plan that could lead to potential harm for patients	15	15	15	6
G31	G31	1135	1135	1135	1135	1135	SR	Lack of capacity in beds and staffing means there is a risk to meeting the elective care delivery plan for patients waiting 104 weeks and then to reduce 78 weeks that might effect patient outcomes and experience	9	12	12	9
G32	G32	1136	1136	1136	1136	1136	SR	Due to issues with diagnostic capacity there is a risk to our ability to reduce the current backlog of patients waiting for cancer diagnosis and treatment might cause patient harm	16	16	16	6

Board Sept	TME 29/9	Ulysses ref	TME 13/10	TME 10/11	IAC 14/12	TME 15/12	Lead	Summary Risk Description	22/23 Q1	22/23 Q2	22/23 Q3	Target
Ref	Ref	Ref	Ref	Ref	Ref	Ref			score	score	score	score
								Close to Home				
G33	G33	1137	1137	1137	1137	1137	SR	The use of fixed term contracts for large numbers of A&C staff could create uncertainty and there is risk that makes recruitment more difficult this could effect the delivery of services	6	9	9	3
G34	G34	1138	1138	1138	1138	1138	SF	Due to the amount of changes in relation to major capital projects there is a risk of potential impacts on service delivery that might effect patient care	9	9	9	3
G35	G35	1139	1139	1139	1139	1139	SR	Business Continuity Plans may not be effective there is a risk that if certain systems fail there may be an impact on service delivery in the short term	16	12	12	12
G36	G36	1140	1140	1140	1140	1140	SR	If Lab A fails then there is a risk that this could lead to the inability to perform Emergency PCI work effecting patient outcomes	15	12	12	12
G38	G38	1141	1141	1141	1141	1141	AS	If there are poor controls over the administration of medical air as opposed to oxygen there is a risk of increased incidents effecting patient safety	9	9	9	6
G42	G42	1142	1142	1142	1142	1142	EW	Due to introduction of new ICS governance arrangements there is a risk to service delivery that might effect patient outcomes	6	9	9	3
								One Team One OUH				
PC002	PC002	1143	1143	1143	1143	1143	TR	As a result of the reliance on the internal bank there is a risk the we will not be able to ensure sufficient temporary staffing to sustain services and maintain the wellbeing of our own staff effecting patient safety	12	16	16	9
PC003	PC003	1144	1144	1144	1144	1144	TR	Due to persistent increased workloads there is a risk that sickness absence levels continue to rise and that staff will suffer increased levels of mental ill health effecting staff turnover levels.	16	16	16	9
PC006	PC006	1145	1145	1145	1145	1145	TR	Potential failure of the trust to respond to the Covid19 impact in providing a modified secure and safe working environment including adequate rest areas and equipment	12	9	9	4
PC005	PC005	1146	1146	1146	1146	1146	TR	Due to poor workforce controls there is a risk that OUH staff establishment could continue to grow and become out of line with activity and income which could effect financial sustainability	12	12	12	4

Board Sept	TME 29/9	Ulysses ref	TME 13/10	TME 10/11	IAC 14/12	TME 15/12	Lead	Summary Risk Description	22/23	22/23	22/23	Target
Ref	Ref	Ref	Ref	Ref	Ref	Ref			Q1	Q2	Q3	Target
									score	score	score	score
PC001	PC001	1147	1147	1147	1147	1147	TR	Due to national staff shortages there is a risk that we will not be able to recruit and retain sufficient numbers of substantive staff to maintain our current level and quality of service (in the context of the merging cost of living crisis)	12	12	12	9
PC008	PC008	1148	1148	1148	1148	1148	TR	Due to excessive workload and lack of understanding of the process there is a risk of not achieving our VBA targets and our staff not having meaningful appraisals that celebrate their successes, identify clear objectives and development needs and discuss career goals effecting staff morale.	12	9	9	4
	1707	1707	1707	1707	1707	1707	SR	Potential strike action leading to operational performance issues and impact on patient safety		12	10	5
								World Class Impact				
W1	W1	1149	1149	1149	1149	1149	DW	Due to potential relationship management issues there is a risk of failure to develop robust plans to support the Trust's Joint Strategy with Universities, including clarity on the clinical strategy that might impact the trust's reputation	6	6	6	6
W2	W2	1150	1150	1150	1150	1150	AS	If the trust is not able to increase the portfolio of research activity (and innovation activity) to pre covid levels there is a risk to delivery of research activity that might effect reputation/finance	6	6	6	2
W3	W3	1151	1151	1151	1151	1151	JD	As a result of the new approach to research in relation to CRF; there is a risk to the delivery of certain research activity (e.g. Covid-19 controlled human challenge model) this might effect other research activity and regulatory compliance	9	6	6	6