

Cover Sheet

Trust Board Meeting in Public: Wednesday 14 July 2021

TB2021.58

Title: Board Assurance and Corporate Risk Register Report

Status: For Information

History: Regular report to the Committee

Board Lead: Chief Assurance Officer

Author: Clare Winch, Director of Regulatory Compliance and Assurance

Confidential: No

Key Purpose: Assurance

Executive Summary

1. The paper provides the Board with the Board Assurance Framework and Corporate Risk Register for 2021/22.
2. In addition, it provides assurance that;
 - the Board Assurance Framework has been updated to reflect the changes in the CRR as accepted by the Risk Committee on 27 May 2021 and include reference to the BDO Internal Audit Plan. A copy of the BAF is provided as Appendix 1 this this report.
 - the Corporate Risk Register has been and updated following the Risk Committee on 27 May 2021. The Corporate Risk Register (CRR) summary for the current year has been provided as Appendix 2 of this report. A full copy of the current risk register has been provided in as a separate paper in Diligent for information.

Recommendations

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

Board Assurance and Corporate Risk Register Report

1. Purpose

- 1.1. This paper provides the Board with the updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR) for 2021/22.

2. Board Assurance Framework

- 2.1. The BAF has been updated to reflect the changes in the CRR as accepted by the Risk Committee on 27 May 2021. The BAF reflects the assurance to be gained from the BDO Internal Audit strategic plan covering 2021/22 to 2023/24 as presented to the Audit Committee in June. This demonstrates that there is a good level of coverage from Internal Audit across all the strategic themes.
- 2.2. The Audit Committee has agreed a schedule of reporting to cover each of the strategic themes in the BAF during the current financial year.

3. Corporate Risk Register

- 3.1. There have been no major updates to the CRR following review and approval at the Risk Committee on 27 May 2021. The next meeting of the Risk Committee is scheduled on 15th July 2021.
- 3.2. The Risk Committee has a standard agenda item to discuss thematic risks in detail and the next theme for review is the Trust's capital prioritisation process. The thematic review will be linked to the Audit Committee's deep dive reviews and to the thematic review of the BAF, where possible, to ensure that there is a co-ordinated approach to such thematic reviews.
- 3.3. The current summary is provided as Appendix 2 to this report for the Board's information.

4. Recommendations

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

Our Board Assurance Framework has been compiled with the Trust’s overarching strategy at its heart

STRATEGIC OBJECTIVES	OUR OBJECTIVES
<p>OUR PEOPLE</p> <p>We will make OUH a great place to work by delivering the best staff experience and wellbeing for all Our People, supported by a sustainable workforce model and a compassionate culture.</p>	<ul style="list-style-type: none"> • Improving staff experience and wellbeing: Enabling healthy lives; Including and valuing everyone; Keeping our staff • Supporting everyone to achieve their potential: Supporting personal and professional development; Identifying and managing our talent; Supporting great teams • Building a sustainable workforce: Fit for future workforce model; Attracting the right people with the right skills; Releasing time to care
<p>OUR PATIENTS</p> <p>We will improve the access, quality and experience of care for all of Our Patients.</p>	<ul style="list-style-type: none"> • Delivering high quality care: Delivering outstanding patient centred care; Building a culture of clinical effectiveness and improvement • Continuously improving patient safety: Ensuring a safety culture; Ensuring safe staffing and environment • Working with patients to improve their health, care and experience: Working with patients to manage their health and wellbeing; Increasing Patient and Public Involvement
<p>OUR POPULATIONS</p> <p>We will work with partners to improve the health and wellbeing of Our Populations, working collaboratively to deliver integrated and sustainable services.</p>	<ul style="list-style-type: none"> • Providing integrated care, close to home: Transforming outpatients; working with primary care, community services, BOB ICS; Developing regional and national networks and impact • Improving the health and wellbeing of the communities we serve and reducing our environmental impact: Prevention and public health; Reducing health inequalities; Reducing environmental impact • Delivering sustainable services: Making the best use of our financial resources to ensure sustainability across the system; Designing and delivering services at the right level

Summary of key measures for success noted in our strategy are:



The delivery of our strategic ambitions are supported by specific delivery plans, these plans have / will be used to form the basis on the Board Assurance Framework, as it is the delivery of these plans overtime that should enable us to provide assurance that we are moving towards achieving the strategic ambitions. As such the detailed content of the Board Assurance Framework have been mapped against the supporting Strategic Themes that act as the enablers to delivery of the strategic objectives. **Note updates have been added in red text.**

Strategic theme:	Close to home	We will work with GP and community healthcare partners to transform outpatient services, modernise the Horton General Hospital and support out of hospital care, close to home by working in a more integrated way across acute, primary and community settings.																																																											
Existing Risks:	Controls	Performance Indicators	Assurance Reported (summary of reports across the theme NB excludes reports across all themes)				Risk score				Assurance assessment																																																		
			Q1	Q2	Q3	Q4																																																							
<p>Failure to care for patients across providers the right place at the right time (linked to the development of the Trust's Clinical Strategy)</p>	<ul style="list-style-type: none"> Monitoring of performance and access targets covering DTOCs, ED and patient experience Monitoring of HART team service developments Physician in ED (Additional Support) to reduce admissions and signpost to primary care support where necessary Increase the number of care hours delivered beyond 110,000 threshold Complete the integration of supported discharge Partnership working (Quality Priority) Implementation and monitoring of quality priority 2: safe discharge and priority 4: stakeholder engagement and partnership working Accountable care working principles BOB work streams to address DTOC and flow issues Urgent care improvement plan <ul style="list-style-type: none"> NHS 111 First project Home First across Oxfordshire (measured via reablement team pick-ups) Weekly monitoring programme of 4 hour wait and urgent care Emergency Planning across the system Covid Operational Measures Dashboard Population Health within Cerner will help to give increased visibility and joined up care Procurement and rollout of Cerner population health functionality will improve the Trust's capability to deliver integrated care records within the region. Discussions ongoing within the ICS and the broader region on joined up data for care and secondary purposes. Identify opportunities for supporting the sustainability of primary care Improvement of GP engagement channels Implementation and delivery of Care 24/7 project and monitoring of action plans. Bi-weekly liaison meetings Integrated Quality Improvement Programme (Outpatients) <ul style="list-style-type: none"> Patient Initiated Follow-ups (PIFU) Attend Anywhere blended clinics Remote Blood Testing Outpatient Improvement Steering Group 	<ul style="list-style-type: none"> No. of patients medically fit for discharge No. of patients with delayed transfer of care Home first metrics monitoring 	<p>From previous analysis during 2020/21 (all Board and board committee reports 1-4 2020 – 31/3/21): Assurance level key: (Level 1: Management Assurance, Level 2 Scrutiny at Committee level, Level 3 independent review, e.g. Internal Audit)</p>				6					Current assessment: Partial																																																	
			<table border="1"> <thead> <tr> <th>4. Close To Home</th> <th>Assurance Level 1</th> <th>Assurance Level 2</th> <th>Assurance Level 3</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>1. Capital</td> <td>9</td> <td></td> <td></td> <td>9</td> </tr> <tr> <td>2. Clinical Governance</td> <td>4</td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>3. Estates</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>4. Finance</td> <td>1</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>5. Governance</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>6. Performance</td> <td></td> <td>1</td> <td></td> <td>1</td> </tr> <tr> <td>7. Workforce</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>8. Two or More Risk Themes</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td></td> <td>14</td> <td>1</td> <td>0</td> <td>15</td> </tr> </tbody> </table>				4. Close To Home	Assurance Level 1	Assurance Level 2	Assurance Level 3	total	1. Capital	9			9	2. Clinical Governance	4			4	3. Estates				0	4. Finance	1			1	5. Governance				0	6. Performance		1		1	7. Workforce				0	8. Two or More Risk Themes				0		14	1	0	15	<p>Assurance assessment future actions:</p> <ul style="list-style-type: none"> Ensure that Integrated Improvement Plan reports are noted for assurance against these risks Review of assurance from current clinical networks (ensure these are recorded in the Accreditation and Regulation Database) <p>Note BDO assurance on:</p> <ul style="list-style-type: none"> Outpatient Management (21/22) ICS & partnership governance (planned 22/23) 				Previous assessment: (for previous Qtr) Partial
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			<p>Commentary covering gaps in control / assurance (from analysis of reporting across the theme)</p>																																																										
			<p>The reports noted in the chart above do not directly relate to the risks described against this theme. Assurance is gained on these risks from those reports that cut across all themes for example on the IPR has noted the collaborative working across the ICS. In addition, the digital innovations introduced because of Covid have been reported through the covid update reports.</p>																																																										
			<p>Note reporting on the Integrated Improvement Plan during 21/22 will provide additional level 1 and level 2 assurance.</p>																																																										
			<p>The potential areas identified are in the previous analysis around have been reflected in the future actions section.</p>																																																										
			<p>The emerging area in relation to ICS governance that was highlighted because of the previous analysis is now reflected in the BDO Audit Plan for 22/23.</p>																																																										
<p>Ability to develop internal trust quality improvements and to influence system-wide quality improvement</p>	<ul style="list-style-type: none"> Quality Improvement events and tools in place at OUH and other providers Forums to promote quality improvement across the system in place System wide GIRFT review program in development Improvement and Finance team input to support dissemination of QI initiatives including GIRFT expected Development of tools to promote QI in new OUH reporting system (Ulysses) Integrated Quality Improvement Programme – Quality Improvement and Safety Programme. <ul style="list-style-type: none"> Quality Service Improvement and Redesign (QSIR) methodology to be embedded in OUH and introduced across BOB QI integration – QI stand-ups and QI hub GIRFT / 7 Day Services processes developed 	<ul style="list-style-type: none"> Quality metrics in IPR Patient experience information Screening information 					8					Current assessment: Partial																																																	
							<p>Note BDO assurance on:</p> <ul style="list-style-type: none"> GIRFT (planned 22/23) 				Previous assessment: Partial																																																		

Strategic theme:	Digital by Default	We will use digital services to transform our services and the way we work, improving population health, patient outcomes and experience and by making things easier for staff. We will secure our digital salutation to industry standards to ensure the information we hold can be safely accessed, form anywhere and that data is protected by the strongest cyber security and information governance controls.																																																												
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Trust-wide loss of IT infrastructure and systems from Cyber attack	<ul style="list-style-type: none"> Cyber security task force – use of the DSP Toolkit Delivery of improvement plan following NHS Digital review of IT services To reach the cyber essentials accreditation Major incident plan Templar Associates review completed. Action plan developed and progress underway. PACS workstation replacement programme, IM&T replacement programme. 	<ul style="list-style-type: none"> DSP toolkit results Information governance training compliance IT service desk performance Cyber status (viruses blocked, SPAM blocked etc.) FOI numbers and response Data security breach numbers Subject access request numbers 	From previous analysis during 2020/21: (all Board and board committee reports 1-4 2020 – 31/3/21): Assurance level key: (Level 1: Management Assurance, Level 2 Scrutiny at Committee level, Level 3 independent review, e.g. Internal Audit) <table border="1" data-bbox="1620 537 2297 930"> <thead> <tr> <th>2. Digital by Default</th> <th>Assurance Level 1</th> <th>Assurance Level 2</th> <th>Assurance Level 3</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>1. Capital</td> <td>6</td> <td>1</td> <td></td> <td>7</td> </tr> <tr> <td>2. Clinical Governance</td> <td>1</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>3. Estates</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>4. Finance</td> <td>4</td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>5. Governance</td> <td>7</td> <td>2</td> <td></td> <td>9</td> </tr> <tr> <td>6. Performance</td> <td>1</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>7. Workforce</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>8. Two or More Risk Themes</td> <td>2</td> <td></td> <td></td> <td>2</td> </tr> <tr> <td></td> <td>21</td> <td>3</td> <td>0</td> <td>24</td> </tr> </tbody> </table>				2. Digital by Default	Assurance Level 1	Assurance Level 2	Assurance Level 3	total	1. Capital	6	1		7	2. Clinical Governance	1			1	3. Estates				0	4. Finance	4			4	5. Governance	7	2		9	6. Performance	1			1	7. Workforce				0	8. Two or More Risk Themes	2			2		21	3	0	24	12				Current assessment: Moderate Previous assessment: (for previous Qtr) Moderate	
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Potential risk of failing to respond to the results of diagnostic tests (linked to delivery of improved outcomes for our patients)	<ul style="list-style-type: none"> Result Endorsement levels are reported to clinical governance monthly by divisions Performance managed in exec performance reviews quarterly OCCG Quality review process Reporting – by user level for quality purposes. Integrated Quality Improvement Programme (Outpatients) <ul style="list-style-type: none"> Ophthalmology Single Point of Access and transfer of images Digital Diagnostics Capability Programme 	<ul style="list-style-type: none"> % results endorsement within 7 days 	Commentary covering gaps in control / assurance (from analysis of reporting across the theme) The Internal Audit plan 21/22 included audits on: Cyber Security and the DSP Toolkit. It was acknowledged at TME that the reporting from the Digital Oversight Committee to TME will provide an opportunity for improved assurance / visibility on digital programmes of work. Note reporting on the Integrated Improvement Plan during 21/22 will provide additional level 1 and level 2 assurance.				9				Current assessment: Moderate Previous assessment: Moderate																																																			
Patients harmed because of difficulty finding information across two different systems (Paper and digital) HIMSS Level 7 implementation op risks: <ul style="list-style-type: none"> Ability to prioritise Trust resource and purchases for COVID 19 recovery Difficulty recruiting digital staff and service providers 	<ul style="list-style-type: none"> Incident reporting metrics Reporting against digitised processes Paper light working across whole Trust Medical and Nursing documentation implementation Mitigation and contingency: - <ul style="list-style-type: none"> A process to identify and remediate the root cause (scan and remove old paper) Faster migration to 100% digital solutions from present paper processes to new digital solutions CDW 2.0 case (if approved and implemented) the programme will deliver a detailed data baseline to support quality improvement Integrated Quality Improvement Programme (Outpatients) <ul style="list-style-type: none"> Admin and Digital Integration (Admin Review) process map project 	<ul style="list-style-type: none"> 	Potential areas for further assurance need to consider Digital Plan. There is a need to consider some of the larger platforms / areas of work: ESR / EPR) it would be useful to consider how the data quality work will cover these larger platforms and performance information, perhaps to include the development of clinical governance information.				6				Current assessment: Moderate Previous assessment: Moderate																																																			

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<p>Improving key processes: Operational Performance:</p> <ul style="list-style-type: none"> New clinical standards for ED waiting times could pose a new risk to the organisation's performance / distract staff Clinical prioritisation to the waiting list could lead to patients waiting longer than they would have hoped and could have the potential to cause harm to patients Lack of capacity to meet the demand for patients waiting 52 weeks or longer Ability to achieve the 85% of patients treated within 62 days of cancer diagnose across all tumour sites 	<ul style="list-style-type: none"> Develop metrics to measure and report on LoS, 111 performance and impact and short stay patient co-hort Ongoing implementation of urgent care plan Acute Care Collaborative across Thames Valley Daily review of A&E breaches by Deputy Director for Urgent Care Hourly monitoring of number of patients checked into A&E Site capacity meeting x 4 times a day OPEL Escalation triggers in place in ED, EAU and SEU Daily & weekly stranded patient reviews with system colleagues Urgent Care Improvement plan in place with 8 key priorities Divisional performance meetings Urgent care system wide group and improvement plan Monthly A&E Delivery Board monitoring performance– Urgent care Improvement Plan Emergency Standards (explicit responsibilities to admit, new comms and at a glance') Note 'Emergency Village' concept being considered Develop metrics to measure compliance with clinical prioritisation process Prioritise elective waiting lists and wider recovery <ul style="list-style-type: none"> Actions to clinically risk assess and prioritise patients' access to the available capacity, plans to increase capacity in collaboration with system partners Patient Deferment policy BOB challenged specialty task and finish groups in place Divisions developing plans for recovering day to day clinical activities within the parameters of revised modelling for ongoing COVID-19 cases and the availability of staff, Personal Protective Equipment (PPE), medicines and estates. New ways of working are being pursued with consideration to the safety and quality of services and improvements to operational performance. Use of the Independent Sector to increase capacity in some services and explore pathway management options within the BOB ICS Link to development of the trust's clinical strategy Theatre productivity monitoring could create additional capacity to meet 52ww demands, if better more visible data / information is generated and used. 	<p>Patient waiting times information (in IPR)</p> <ul style="list-style-type: none"> 18 week incomplete (target 92%) % diagnostic waits 6 weeks / more (target 1%) RTT over 52 weeks (target 0) ED performance (target 95%) Cancer targets (in IPR) 2 week urgent cancer wait (target 93%) 31 day diagnostic to treatment (target 96%) 62 day diagnostic to treatment (target 85%) Length of stay (LOS over 21 days) Waiting list size over time Elective cancellations and 28 day readmission rates 	<p>From previous analysis during 2020/21: (all Board and board committee reports 1-4 2020 – 31/3/21): Assurance level key: (Level 1: Management Assurance, Level 2 Scrutiny at Committee level, Level 3 independent review, e.g. Internal Audit)</p> <table border="1" data-bbox="1834 478 2347 835"> <thead> <tr> <th>1. 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Two or More Risk Themes</td> <td>2</td> <td>12</td> <td></td> </tr> <tr> <td></td> <td>154</td> <td>191</td> <td></td> </tr> </tbody> </table> <p>Commentary covering gaps in control / assurance (from analysis of reporting across the theme)</p> <p>Note this commentary provides a summary across the whole theme.</p> <p>This is the strongest theme in terms of volume and breadth of coverage, as would be expected. Strong assurance is gained in relation to financial reporting, operational performance reporting and clinical governance reporting.</p> <p>Note specific audits included in the Internal audit plan have been profiled against the risks, as they have been grouped, the majority of the potential areas for consideration have been included in the Internal Audit plans over the next 3 years. The following areas are still to be considered.</p> <ul style="list-style-type: none"> Patient safety culture (note this could be linked to the divisional governance review included in the BDO Audit plan) Development of performance information reporting <p>Assurance assessment future actions:</p> <ul style="list-style-type: none"> Ensure that the additional areas identified are considered with the relevant Executive Director Understand the process for the completion of actions following the Financial Governance review 	1. Getting the Basics Right	Assurance Level 1	Assurance Level 2	Assurance Level 3	1. Capital	36	47		2. Clinical Governance	25	51		3. Estates	7	19		4. Finance	43	34		5. Governance	32	18		6. Performance	7	10		7. Workforce	2			8. Two or More Risk Themes	2	12			154	191		<p>20</p> <p>Note BDO assurance on:</p> <ul style="list-style-type: none"> Clinical Validation of waiting lists (21/22) Data Quality (all three years) Patient Flow (planned 22/23) 	<p>Current assessment: Significant</p>
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<p>Improving key processes: Financial Performance:</p> <ul style="list-style-type: none"> Failure to deliver the in-year break even financial plan and NHSI Financial Control total plan (risk score 16) Inability to sustain break-even duty over 3-5 years (risk score 12) 	<ul style="list-style-type: none"> Business planning process aligns: activity, workforce and finances Centralisation of controls of over discretionary spending Performance management of Divisions and Directorates not on track. Management of capital and working capital Contingency against underperformance In-year reforecasting process and mitigation plans Budget setting policy Develop a set of responses to financial governance arrangements/review recommendations Right sizing planning projects to improve workforce planning Increase capacity to deliver major change projects Commercial ventures to cross subsidise NHS care. 	<ul style="list-style-type: none"> Budget v actual (in IPR) subjective analysis by: <ul style="list-style-type: none"> Income Pay & Non-pay Covid R&D Spend analysis against NHSE/I guidance By division (in month and year to date) Income by source Run rate by month <ul style="list-style-type: none"> Pay and temporary staffing 	<p>Reported to the Board / IAC</p> <ul style="list-style-type: none"> Financial Reports IPR Reports <p>Reported elsewhere:</p> <ul style="list-style-type: none"> Reports to Audit Committee Audit Committee Reports to Board 	<p>16</p> <p>Note BDO assurance on:</p> <ul style="list-style-type: none"> Financial systems (planned all 3 years) Budgetary Control (planned 22/23) Procurement (planned 23/24) Payroll controls (21/22) 	<p>Current assessment: Significant</p> <p>Previous assessment: Significant</p>																																								

Strategic theme:	Getting the basics right	We will focus on getting the basics right across our estates, resources and key processes to support us in achieving our strategic objectives.						
Existing Risks:	Controls	Performance Indicators	Assurance Reported (summary of reports across the theme NB excludes reports across all themes)	Risk score				Assurance assessment
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	<ul style="list-style-type: none"> Develop and deliver long term financial recovery plan, that links to wider ICS and BOB Development of Master Plans for all sites Planning around draft scenarios – charitable donations, national bidding, commercial profits, and asset disposal options Price Weighted Activity Plan (across ICS) ICS development of process to monitor delivery of elective activity against Elective Recovery Fund (ERF) (against weighted activity thresholds) 	<ul style="list-style-type: none"> Cash flow Capital expenditure Statement of Financial Position (SOFP) 						
Quality governance: <ul style="list-style-type: none"> Unable to deliver Quality Priorities due to competing demands between on staff time (Risk score 8) Aspects of medicines management were identified as an area that required improvement during the reviews across all divisions (risk score 9) Potential harm to patients via never events through staff not following policies (LocSSIPs) (Risk score 4) Potential harm to patients, staff, and the public from nosocomial COVID-19 exposure (Risk score 6) 	<ul style="list-style-type: none"> Quality Priorities – some carried forward from 20/21, as amended due to Covid QIA Improvement Programme Development of local metrics to monitor achievement of local quality goals, included in Board Reports Local weekly checks on medicine storage. Trust-wide and Divisional action plans monthly monitoring via CGC. Reported at Audit Committee KPMG audits. Medication on electronic ordering and invoicing low risk and high bulk items on NHS Supply chain, Safe storage of medicine reviews by pharmacy Medicines Safety Group Project manager appointed in Pharmacy Dissemination of new LocSSIPs and communications to raise awareness SSIP developing single LocSSIPs for 85% all interventions LocSSIP auditing performed by Divisions WHO checklist compliance monitoring Incident reporting policy 	Patient Experience measures: <ul style="list-style-type: none"> Friends and Family Test results Inpatient survey results VTE performance % Outpatient DNA rates Patient safety improvements (safety huddles, WHO checklist compliance, LocSSIPs development, Investigation turnaround times, learning across divisions) Clinical effectiveness: <ul style="list-style-type: none"> GIRFT information Patient Outcome measures: <ul style="list-style-type: none"> HSMI / SHMI Medicine reconciliation rates MRSA / MSSA / CDiff rates Theatre utilisation rates (target elective 80%, emergency 70%) 	Reported to the Board / IAC <ul style="list-style-type: none"> Learning from Deaths Patient Perspective: Infection Prevention and Control Plan National Inpatient Survey Adults and Children’s Safeguarding Annual Report; Patient Experience, PALS and Complaints Annual Report; Quality Account Reports Reported Elsewhere <ul style="list-style-type: none"> Paterson Inquiry Gap Analysis; Annual Report on Tissue Viability; IAC Clinical Governance Committee Six Monthly Report IAC Cervical Screening Annual Report; IAC 	9				Current assessment: Significant Previous assessment: Significant
Capital Strategy / Planning: <ul style="list-style-type: none"> The Trust Master Plan from 2017 – 2047 may not be developed to point of delivery (6) Ability to develop and use premises and major equipment (estates and facilities) (16) Major capital projects have the potential to impact on service delivery (9) 	<ul style="list-style-type: none"> Head of Architecture & Capital Space Allocation/ Management Policy Capital Programme. 5 Year Capital Plan to align with Master Plan Prepare a plan of sites for investment/ acquisition and disposal Agree prioritisation of sites and capital funding, including investment in infrastructure, IT and medical equipment Revised procedure in place for the management of capital projects from business case to delivery. Non-capital solution: Development of the Trust Financing Policy. Investment Policy and Capital Procedures Policy Masterplan in place which addresses any lack of clarity QIA of projects 	<ul style="list-style-type: none"> Capital spend Capital expenditure Statement of Financial Position (SOFP) 	Reported to the Board <ul style="list-style-type: none"> Capital Control Limit Reports Investment Committee Reports Reported Elsewhere <ul style="list-style-type: none"> Validity of Going Concern External Audit Progress Report, Investment Committee activity 	16				Current assessment: Significant Previous assessment: Significant
Estates Compliance: <ul style="list-style-type: none"> Risk to patient and staff from smoke ingress from potential fires due to poor fabric of the building / fire alarm systems in certain sites (15) Risk of loss of electrical power across JR and NOC 	<ul style="list-style-type: none"> Staff training for fire marshal role and for fire incident co-ordinator role Stat & Man training on fire (2 yearly review period) Fire Drills and testing of operation of drills Proactive monitoring of high risk areas by H&S team and Fire Manager Monthly check of local areas in known high risk areas (by trained fire marshal) Annual Fire Safety Audit of area by local manager JR PFI controls: Children’s Hospital carpark closed. Fire patrols in place hourly and 24/7 to provide increased surveillance of potential hazards 	<ul style="list-style-type: none"> Statutory & Mandatory training rates (target 85%) Health and safety reporting in IPR 	Reported to the Board <ul style="list-style-type: none"> Emergency Preparedness Annual Report, Estates Compliance Reports Health and Safety Annual Report Reported Elsewhere <ul style="list-style-type: none"> Estates Compliance Update Reports H&S Committee reporting Estates Compliance Group reporting 	15				Current assessment: Significant Previous assessment:

Strategic theme:	Getting the basics right	We will focus on getting the basics right across our estates, resources and key processes to support us in achieving our strategic objectives.							
Existing Risks:	Controls	Performance Indicators	Assurance Reported (summary of reports across the theme NB excludes reports across all themes)	Risk score				Assurance assessment	
				Q1	Q2	Q3	Q4		
<p>sites may lead to loss of clinical services. (12)</p> <ul style="list-style-type: none"> Risk of potential slips, trips and falls due to poor fabric of the Estate in old parts of the Churchill (12) Risk to patients and staff due to poor repair to ventilation systems in certain areas (6) Risk of self-harm if an individual were to climb over the existing balustrade (JR WW stairs) (5) 	<ul style="list-style-type: none"> Churchill PFI controls: regular fire patrols in place 24/7 to provide increased surveillance of potential hazards, design team appointed progressing, OFRS on automatic call out upon receipt of call. Local service continuity assessments in place and business continuity plans in place. Uninterrupted power supplies in higher risk areas such as theatres. Reliance on generators (tested off line) (PFI generators tested overnight) Clinical equipment has battery backup and tested regularly batteries are replaced in line with manufacturers recommendations Relevant actions to mitigate risk of slips in local areas owned by local managers. Replacement of areas of damaged flooring as a result of water damage. Churchill PFI: collection receptacles above ceilings in place to avoid ingress into patient areas (no reported incidents) Annual testing and Air monitoring Close monitoring regular testing of legionella Normal pump to a tank and fed off a tank normally get 4-6 hours of water supply, in time for a mobile tanker to arrive Business Continuity Plans Regular recorded building fabric inspections take place. Staff understand MH patients level of need and take additional mitigations, where necessary. Initial assessment of cladding undertaken with view to develop any potential rectification plan Technical inspection carried out by Gleeds Surveyors confirmed compliance. (WW stair) 		<ul style="list-style-type: none"> Additional assurance provided by external AE reviews and reports <p>Note further action: estates compliance assurance to be further mapped to ensure this is more visible to the organisation and the Board</p>					<ul style="list-style-type: none"> Estates Compliance (21/22) Fire Safety and H&S (21/22) H&S (planned 22/23) 	

Strategic theme:	One Team One OUH	We will take forwards the ambition of the national NHS People Plan to ensure an inclusive, compassionate and positive culture that engages and inspires all of our people and creates the right environment to deliver high quality patient care as OneTeam One OUH.																																																								
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<p>Right staff resources linked to recruitment, retention, and attendance:</p> <ul style="list-style-type: none"> Having the right staff in the right place at the right (risk score 16) Ability to attract, deliver and retain the workforce (risk score 16) Low retention of non-medical workforce in some professions and clinical areas 'hot spots' leading to ongoing recruitment challenges (8) Increase in absence due to mental health related issues linked to Covid (TBC) Staff staffing levels (risk score 8) Excessive use of temporary nursing staff pose a risk to the quality of service delivered and 	<ul style="list-style-type: none"> Engagement and retention strategy and plan Develop rolling programme targeted interventions to address key areas of risk Substantive staff work additional hours on NHSP Intrapartum toolkit in use to measure acuity of workload on a 4 hourly basis Monitoring of sickness and occupational health input when appropriate Birth Rate + used to monitor acuity of patients against staff levels Twice daily monitoring of safe staffing levels on all sites and staff moved to mitigate clinical risk, shift by shift. Weekly monitoring of all temporary staff including medical locums and nursing Use of recognised framework agencies in line with NHS England's directive. Local induction of agency staff Vacancy levels monitored monthly by Divisions Review of trust plans against national People Plan Staff well-being actions in place 	<ul style="list-style-type: none"> Vacancy rates Staff sickness rates (rolling 12 months) (Covid related absence rates) Staff turnover rates Whole time equivalent numbers (bank, agency) 	<p>From previous analysis during 2020/21: (all Board and board committee reports 1-4 2020 – 31/3/21): Assurance level key: (Level 1: Management Assurance, Level 2 Scrutiny at Committee level, Level 3 independent review, e.g. Internal Audit)</p> <table border="1"> <thead> <tr> <th>3. One Team One OUH</th> <th>Assurance Level 1</th> <th>Assurance Level 2</th> <th>Assurance Level 3</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>1. Capital</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>2. Clinical Governance</td> <td></td> <td>3</td> <td></td> <td>3</td> </tr> <tr> <td>3. Estates</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>4. Finance</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>5. Governance</td> <td>1</td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>6. Performance</td> <td>7</td> <td></td> <td></td> <td>7</td> </tr> <tr> <td>7. Workforce</td> <td>27</td> <td>17</td> <td>4</td> <td>48</td> </tr> <tr> <td>8. Two or More Risk Themes</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td></td> <td>35</td> <td>20</td> <td>5</td> <td>60</td> </tr> </tbody> </table>	3. One Team One OUH	Assurance Level 1	Assurance Level 2	Assurance Level 3	total	1. Capital				0	2. Clinical Governance		3		3	3. Estates				0	4. Finance				0	5. Governance	1			2	6. Performance	7			7	7. Workforce	27	17	4	48	8. Two or More Risk Themes				0		35	20	5	60	16				<p>Current assessment: Significant</p> <p>Previous assessment: Significant</p> <p>Note BDO assurance on:</p> <ul style="list-style-type: none"> Consultant Job Planning (planned 22/23) Equality & Diversity (planned 22/23) Recruitment (planned 22/23) Retention (planned 23/24)
3. One Team One OUH	Assurance Level 1	Assurance Level 2	Assurance Level 3	total																																																						
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Existing Risks:	Controls	Performance Indicators	Assurance Reported (summary of reports across the theme NB excludes reports across all themes)	Risk score				Assurance assessment
				Q1	Q2	Q3	Q4	
lead to increased workforce costs (risk score 6) <ul style="list-style-type: none"> Employee relations (TBC) The use of fixed term contracts for large numbers of A&C staff could create uncertainty (risk score 9) 	<ul style="list-style-type: none"> Growing stronger together programme Review of trust plans against national People Plan Workforce planning and right sizing in divisions Improved strategic workforce planning Culture and Leadership Delivery Plan 		See comments overleaf in relation to level of assurance and gaps.					
Training and Development: <ul style="list-style-type: none"> Insufficient provision of appropriate education and learning development opportunities (risk score 12) Failure to achieve targets for Appraisals means an assessment of competency is not completed (risk score 12) 	<ul style="list-style-type: none"> Note update from action log IAC: Totara Director of Culture and Leadership with responsibility for Training and develop the appraisal process and policy. A new policy in about to enter consultation. Project lead for the LMS upgrade (Totara). Totara project and communications provided. New HR infrastructure The StatMan Policy and processes have been reviewed and about to enter consultation. Cross Divisional Working group formed to review funding and budgeting process with an emphasis on how the Trust can better allocate training resources to meet identified skills deficiencies. Culture and Leadership Delivery Plan (note linked to Annual Plan objective A; support health and well-being) 	<ul style="list-style-type: none"> Statutory & Mandatory training rates (target 85%) Non-medical appraisal rates (target 90%) Staff survey results 	Commentary covering gaps in control / assurance (from analysis of reporting across the theme)	12				Current assessment: Moderate
			The current reporting provides a good level of assurance across a number of workforce themes. It was noted that there has been a deep dive on the Culture and Leadership Delivery Plan at a Board Seminar in May 2021.	Note BDO assurance on: <ul style="list-style-type: none"> Cultural Maturity (planned 23/24) 	Areas that could be considered for further assurance are as follows: <ul style="list-style-type: none"> Actions taken following the staff survey results to consider staff well-being and staff engagement Workforce planning and the 'right sizing' reviews 	Note the following was highlighted as potential future subjects for the Internal audit plan: <ul style="list-style-type: none"> Statutory & mandatory training (linked to My Learning hub implementation) – competency assessment Succession planning and talent management. 	To be further discussed with the relevant Executive Director	Previous assessment: Moderate

Strategic theme:	World Class Impact	We will focus on building on the unique research, education and innovation partnerships the Oxford offers by strengthening our research culture, education partnerships and driving improvement through innovation.																																																					
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Failure to develop robust plans to support the Trust's Joint Strategy with Universities, including clarity on the clinical strategy (linked to driving innovation)	<ul style="list-style-type: none"> Identify issues on which skills, expertise and resources of local universities have potential to make an invaluable contribution to effective and innovative solutions Address issues which are a result of the interface between the Trust and the University of Oxford Transformation Programme underpinned by research OUH Director of R&D, working as Director of the Oxford Academic Health Partners. This group, comprising OUH and OH as well and UO and OB universities, is working to identify key result areas where co working will deliver benefits for the Trust(s) UO-OUH Data and IP working group (DIP) established. Joint working across Governance, Value and Infrastructure work streams will propose a new basis for data and IP transactions to support realisation of clinical, research, commercial and other benefits within and across OUH and UO OUH Digital and Oxford NIHR BRC closely engaged, developing BRC4 bid documentation that outlines data infrastructure (and corresponding benefits) delivered so far, as well as setting out the 	<ul style="list-style-type: none"> To be considered 	From previous analysis during 2020/21: (all Board and board committee reports 1-4 2020 – 31/3/21): Assurance level key: (Level 1: Management Assurance, Level 2 Scrutiny at Committee level, Level 3 independent review, e.g. Internal Audit)	6	6	6		Current assessment: Partial																																															
			<table border="1"> <thead> <tr> <th>5. World Class Impact</th> <th>Assurance Level 1</th> <th>Assurance Level 2</th> <th>Assurance Level 3</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>1. Capital</td> <td>3</td> <td>1</td> <td></td> <td>4</td> </tr> <tr> <td>2. Clinical Governance</td> <td>4</td> <td>3</td> <td></td> <td>7</td> </tr> <tr> <td>3. Estates</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>4. Finance</td> <td>1</td> <td>2</td> <td></td> <td>3</td> </tr> <tr> <td>5. Governance</td> <td></td> <td>3</td> <td></td> <td>3</td> </tr> <tr> <td>6. Performance</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>7. Workforce</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>8. Two or More Risk Themes</td> <td></td> <td>2</td> <td></td> <td>2</td> </tr> <tr> <td></td> <td>8</td> <td>11</td> <td>0</td> <td>19</td> </tr> </tbody> </table>	5. World Class Impact	Assurance Level 1	Assurance Level 2	Assurance Level 3	total	1. Capital	3	1		4	2. Clinical Governance	4	3		7	3. Estates				0	4. Finance	1	2		3	5. Governance		3		3	6. Performance				0	7. Workforce				0	8. Two or More Risk Themes		2		2		8	11	0	19	Note BDO assurance on: <ul style="list-style-type: none"> Research governance (planned 23/24) 	Previous assessment: Partial
5. World Class Impact	Assurance Level 1	Assurance Level 2	Assurance Level 3	total																																																			
1. Capital	3	1		4																																																			
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Existing Risks:	Controls	Performance Indicators	Assurance Reported (summary of reports)	Risk score				Assurance assessment
				Q1 Q2 Q3 Q4				
	vision for shared capability to support future translational research and development. <ul style="list-style-type: none"> • Work underway with UO data science and medical science researchers to develop simple and advanced research scenarios / use cases, which may be used to support and test future policy making. This work is taking place through the UO-OUH DIP 		Commentary covering gaps in control / assurance (from analysis of reporting across the theme)					
If the trust is not able to increase the portfolio of research activity to pre covid levels there is a risk to reputation/finance	<ul style="list-style-type: none"> • Regular research approvals group set up • Vaccine and UPH studies ongoing • Regular reports to TME • BRC application in process • Monitoring at JEG and SPB 	TBC	The current reports noted in the chart above do not directly relate to the risk described against this theme. Assurance is gained on this theme from reports that cut across all themes and from reports covering R&D and innovations introduced during Covid including those noted in relation to the digital innovations introduced as a result of Covid have been reported through the covid update reports.	TBC				Current Assessment Partial
New approach to research in relation to CRF; Covid-19 controlled human challenge model presents additional risks to the Trust	<ul style="list-style-type: none"> • Clear link to current trust governance processes • MOU in progress • CQC registration status TBC • CNST status TBC 	TBC	Additional assurance to be reported to TME on digital innovations developed via The Hill, note the reporting of this will come via the Digital Oversight Committee to TME during 21/22.	9				Current Assessment Partial
				See comment above				Previous assessment (not assessed as new in 21/22)

Risk score: The risk score shown is the score assessed for the end of the quarter taken from the detailed scores as included in the Corporate Risk Register. Where more than one risk is listed in the Assurance Framework the score shown will be the highest risk score from the individual risks listed. (Note individual current risk scores are shown in brackets after each risk listed, where these are combined)

Reported to Board: This will record the report name and paper reference number as included in the Board agenda, together with the month in which the report was presented to the Board (reports include public and private board reports recorded in the BAF)

Reported Elsewhere: This will record the report name and paper reference number as included in the board sub-committee agenda, together with the date in which the report was presented. (Note TME reported are not currently included as part of the BAF, this is currently being reviewed)

Assurance assessments: This is based on an overview of the items listed as Assurance Reported and will be reviewed and updated by the Director of Regulatory Compliance and Assurance on a quarterly basis. The assurance assessment definitions in the grid below will be used as a guide to inform the overview.

Assurance assessment definitions:

Assurance view	Outline descriptor
No / Limited	<p>The report highlights weaknesses in the design or operation of controls that might have a significant impact on the delivery of the strategic objectives. Limited assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. Assurance indicates low effectiveness of controls. Or</p> <p>The volume of reporting and assurance levels of those reports do not enable a meaningful assurance view to be gained</p> <p><i>Audit definition: Means the system has not been designed effectively and is not operating effectively. Audit work has been limited by ineffective system design and significant attention is needed to address the controls. Might be indicated by one or more priority one recommendations and fundamental design or operational weaknesses in the area under review. (i.e. the weaknesses identified have a fundamental and immediate impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputation or other strategic risks).</i></p>
Partial	<p>The report highlighted some weaknesses in the design or operation of controls that might have an impact on the delivery of the some of the strategic objectives. Partial assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. Or</p> <p>The volume of reporting and assurance levels of those reports enables only a partial level assurance view to be gained.</p> <p><i>Audit definition: Means both the design of the system and its effective operation need to be addressed by management. Might be indicated by one or more priority one, or a number of priority two recommendations that taken cumulatively suggest a weak control environment. (i.e. the weakness or weaknesses identified have a significant impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputation or other strategic risks).</i></p>
Moderate	<p>The report did not highlight any weaknesses in the design or operation of controls that would in overall terms impact on the delivery of the strategic objectives. However some control weaknesses that might impact on certain objectives were identified. Moderate assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. Some assurance in place or still maturing so the effectiveness cannot be fully assessed but is likely to improve. Or</p> <p>The volume of reporting and assurance levels of those reports enables a fuller assurance view to be gained.</p> <p><i>Audit definition: Means the system is generally well designed however minor improvements could be made and some exceptions in its operation have been identified. Might be indicated by one or more priority two recommendations or a number of priority three recommendations (i.e. that there are weaknesses requiring improvement but these are not vital to the achievement of strategic aims and objectives –however, if not addressed the weaknesses could increase the likelihood of strategic risks occurring).</i></p>
Significant	<p>The report did not highlight any weaknesses in the design or operation of controls that would in overall terms impact on the delivery of the strategic objectives. Some low impact control weaknesses were identified and if addressed would improve overall performance. Significant assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. High level of assurance can be provided over the effectiveness of controls Or</p> <p>The volume of reporting and assurance levels of those reports enables a meaningful assurance view to be gained and provides an evidence base to support a significant assurance view.</p> <p><i>Audit definition: Means the system is well designed and only minor low priority recommendations have been identified in relation to its operation. No recommendations or priority three recommendations. (i.e. any weaknesses identified relate only to issues of good practice which could improve the efficiency and effectiveness of the system or process).</i></p>

TME May	IAC June	TME 10 June	TME 1 July				20/21	21/22	
Risk ID	Risk ID	Risk ID	Risk ID	Risk Lead	Summary Risk Description	Proximity	Q4 score	Q1	Updated target 21/22
					Close to Home				
C1	C1	C1	C1	DW	Failure to care for patients correctly across providers at the right place and the right time.	3-6 months	9	9	6
C3	C3	C3	C2	MP	Ability to develop internal trust quality improvements and to influence system-wide quality improvement	3-6 months	9	9	6
					Digital by Default				
D1	D1	D1	D1	DW	Trust-wide loss of IT infrastructure and systems (e.g. from Cyber attack, loss of service etc)	12 months	12	12	3
D2	D2	D2	D2	MP	Potential risk of failing to respond to the results of diagnostic tests	Immediate	9	9	4
D4	D4	D4	D4	DW	Patient harmed because of difficulty finding information across two systems (paper and digital)	Immediate	6	6	3
					Getting the Basics Right				
G6	G6	G6	G6	JD	Failure to deliver the in-year break even financial plan and NHSI Financial Control total plan	In 3 months	12	16	8
G7	G7	G7	G7	JD	Inability to deliver sustainable break-even duty over 3-5 years	12 months	12	12	4
G9	G9	G9	G9	MP	Unable to deliver the Quality Priorities due to competing demands between on staff time	3-6 months	6	8	4
G11	G11	G11	G11	MP	Aspects of Medicine Management identified as needing improvement	Immediate	9	9	3
G12	G12	G12	G12	MP	Potential harm to patients via never events through staff not following policies (LocSSIPS)	Immediate	4	4	2
ReCo5	ReCo5	ReCo5	ReCo5	MP	Potential harm to patients, staff and the public from nosocomial COVID-19 exposure.	Immediate	6	6	3
G14	G14	G14	G14	SF	The Trust Master Plan from 2017 – 2047 may not be developed to point of delivery	12 months	6	6	3
G16	G16	G16	G16	SF	Ability to develop and use premises and major equipment (estates and facilities) sufficiently to support service capacity requirements, linked to Covid recovery	12 months	8	16	2
G17	G17	G17	G17	SF	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	Immediate	15	15	10
G19	G19	G19	G19	SF	Risk of loss of electrical power across JR and NOC sites resulting in potential of major loss of clinical services.	3-6 months	12	12	8
G20	G20	G20	G20	SF	Risk of potential slips, trips and falls and to staff and visitors due to poor fabric of the Estate in old parts of the Churchill	3-6 months	12	12	4
G21	G21	G21	G21	SF	Risk to patient and staff safety as a result of poor repair to ventilation systems in certain areas	Immediate	8	8	4
G24	G24	G24	G24	SF	JR WW stairwell - risk of self harm if an individual were to climb over the existing balustrade/glazing	Immediate	10	10	5
ReCo3	ReCo3	ReCo3	ReCo4	TR	Potential for issues with the ability to maintain safe staffing levels during recovery	In 3 months	12	8	8
G29	G29	G29	G29	SR	New clinical standards for ED waiting times could pose a new risk to the organisation's performance / distract staff	new		12	9
G30	G30	G30	G30	SR	Clinical prioritisation to the waiting list could lead to patients waiting longer than they would have hoped and could have the potential to cause harm to patients	new		15	6
G31	G31	G31	G31	SR	Lack of capacity to meet the demand for patients waiting 52 weeks or longer	new		12	9
G32	G32	G32	G32	SR	Ability to achieve the 85% of patients treated within 62 days of cancer diagnosis across all tumour sites	new		12	6
G33	G33	G33	G33	SR	The use of fixed term contracts for large numbers of A&C staff could create uncertainty and lead to potential issues in the control environment	new		9	3
G34	G34	G34	G34	SF	Major capital projects have the potential to impact on service delivery	new		9	3
					One Team One OUH				
O1	O1	O1	O1	SF	Excessive use of agency staff may pose a risk to the quality of service delivered	In 3 months	6	6	2
O2	O2	O2	O2	TR	Failure to achieve targets for Appraisals and Statutory/Mandatory Training (NB inc Information Governance linked to DSP toolkit).	Immediate	12	12	6
O3	O3	O3	O3	TR	Ability to recruit, retain and engage staff to work together to deliver compassionate excellence and fulfil their potential	Immediate	16	16	8
O6	O6	O6	O6	TR	Insufficient provision of appropriate education and learning development opportunities	3-6 months	12	12	3
O7	O7	O7	O7	TR	Low retention of non-medical workforce in some professions and clinical areas (hot spots) leading to ongoing recruitment challenges	Immediate	12	12	8
O8	O8	O8	O8	TR	Increase in absence due to mental health related issues linked to Covid	new		TBC	TBC
O9	O9	O9	O9	TR	Employee relations (risk description to be developed)	new		TBC	TBC
O10	O10	O10	O10	TR	Having the right staff in the right place at the right time (to include organisational development and the workforce strategy and workforce planning)	new		16	TBC
					World Class Impact				
W1	W1	W1	W1	DW	Failure to develop robust plans to support the Trust's Joint Strategy with Universities, including clarity on the clinical strategy	12 months	6	6	6
W2	W2	W2	W2	MP	If the trust is not able to increase the portfolio of research activity to pre covid levels the is a risk to reputation/finance	new		TBC	TBC
W3	W3	W3	W3	JD	New approach to research in relation to CRF; Covid-19 controlled human challenge model presents additional risks to the Trust	new		9	6

Note Yellow highlight notes the risks that formed part of the meeting discussion.