

Cover Sheet

Trust Board Meeting in Public: Wednesday 8 November 2023

TB2023.108

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 committee with the latest version of the Board Assurance Framework and Corporate Risk Register for 2023/24 for the Board to review.
2. In addition, it provides assurance that:
 - The latest version of the BAF is included as Appendix 1, this includes some updates noted from reports presented to Integrated Assurance Committee this month.
 - The Corporate Risk Register has been updated with support of relevant risk owners. The report largely reflects the update provided to Integrated Assurance Committee which outlined that a full review of all the current risk descriptions is being undertaken. An outline summary of quarter 2 risk scores as discussed at the Risk Committee in September. The Corporate Risk Register (CRR) summary 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 committee 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 latest version of the BAF is provided as Appendix 1. The Chief Estates and Facilities Officer has been provided with a report containing the estates and facilities risks on the CRR. He is considering the need to develop a strategic estates risk for inclusion on to the BAF. This includes some updates noted from reports presented to Integrated Assurance Committee in October.
- 2.2. A review of all agendas and papers from the Board, Audit Committee, Integrated Assurance Committee, and Investment Committee in 2023/24 will continue. The first results of papers to date were presented to the Audit Committee and have been summarised in paragraph 2.3 for information.
- 2.3. The chart below in figure 1 shows the current analysis of all Board reports from April 2023 to date by of each of the strategic themes. Each of the three themes are represented individually. The category 'all' represents papers that covered all three strategic themes.

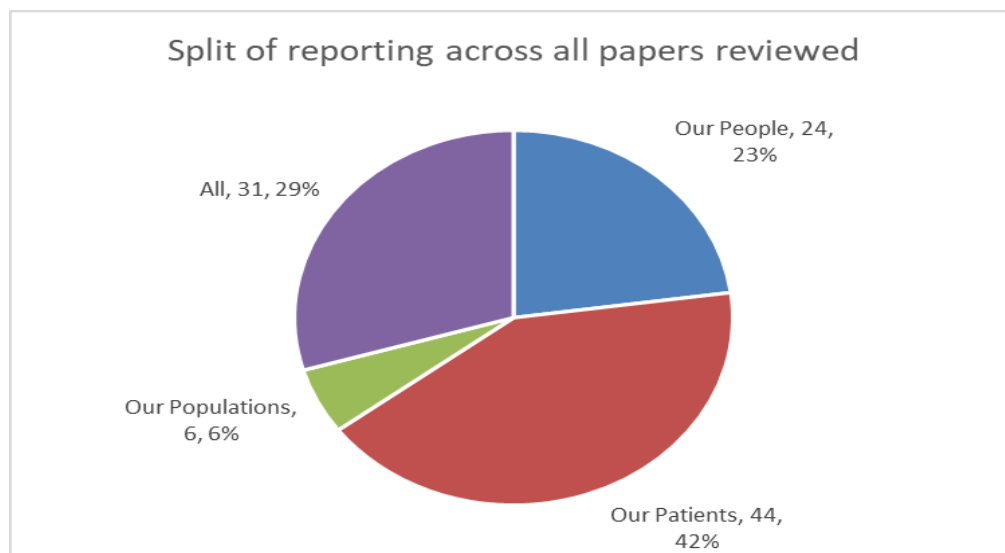


Figure 1

- 2.4. There has been further discussion in relation to the development of a strategic Intensive Care risk to be added to the Board Assurance Framework. The individual risks that contribute to this overarching strategic risk have been identified and a task and finish group is being set up to create the BAF entry on this subject. Following discussion at the last Risk Committee meeting, the Divisional Director for CSS has

offered to chair the group and will run a summit to identify the risks in relation to critical care provision at a trust wide level.

Benchmarking

- 2.5. A review of all the current guidance available in relation to the BAF and risk management has been undertaken to identify if there are any specific requirements for Board reporting. These documents included UK Government Orange Book (2023), NHS Oversight Framework (2019), NHS Provider Licence Standard Conditions (2023), NHSE Code of Governance (2023), National Quality Board National Guidance in Quality Risk Response and Escalation (2022). This review concluded that there are no mandated standards for the reporting of the BAF and risk register to the board including the frequency.
- 2.6. The Trust is a member of the Shelford Group and as part of our benchmarking work we have reviewed the BAF and CRR reports of the other nine members of the group. Table 1 highlights the responses to the following two questions:
- Is the BAF and CRR reported to Board?
 - If it is reported to Board, how frequently is it reported?

Trust name	BAF / CRR reported to Board	Frequency
Cambridge University Hospitals NHSFT	Yes	Twice per annum (<i>November and March</i>)
Guy's & St Thomas' NHSFT	No	Noted as reported to Audit & Risk, Finance and Quality Board Committees
Imperial College Healthcare Trust	No – (<i>note now wider Board in Common</i>)	Reported to Audit Committee
King's College Hospital NHSFT	Yes	At every meeting (<i>bi-monthly</i>)
Manchester University NHSFT	Yes	Twice per annum (<i>July and January</i>)
Newcastle Upon Tyne Hospitals NHSFT	No	Reported to Audit Committee
Sheffield Teaching Hospitals NHSFT	Yes (<i>note two separate reports on BAF and CRR as different items</i>)	Twice per annum (<i>May and January</i>)
University College London Hospitals NHSFT	Yes	Twice per annum (<i>May and January</i>)
University Hospitals Birmingham NHSFT	Yes	Twice per annum (<i>April and September</i>)

Table 1

- 2.7. Analysis of this detail highlights that five out of the nine organisations are reporting twice per annum. This is consistent with our current reporting frequency.

- 2.8. In addition to reviewing the frequency of reporting to the Board included in table 2 is the current coverage of reporting of the BAF and CRR from the Trust cycle of business. Note this does not take into account the divisional and directorate reporting of risk within the Trust. This demonstrates a wide range of reporting across a range of committees.

Committee name Month	Risk (of TME)	Audit	Integrated Assurance	Board
April		Report	Report	
May	Report			
June			Report	
July	Report			Report
August				
September	Report			
October		Report	Report	
November	Report			
December			Report	
January	Report			Report
February		Report		
March	Y/e report			

Table 2

- 2.9. This information will now be presented to the Risk Committee and Trust Management Executive for consideration of any proposals for the optimisation of the timing of reporting.
- 2.10. As part of the benchmarking review of Shelford Group reporting, all the BAF and CRR reports available publicly have been downloaded. They are in the process of being reviewed in detail. This information will be used to inform the planned Board seminar session on the development of the BAF.

3. Corporate Risk Register

- 3.1. The Corporate Risk Register was updated following the Risk Committee in September. A high-level summary of the CRR is provided as Appendix 2 for the Board's information. The full details of the CRR have been made available separately.
- 3.2. The Risk Committee keeps divisional risks under review, in addition there is a focus on cross divisional themes, two theme have been covered in previous meetings. The next thematic risk for consideration at the Risk Committee has been identified as violence and aggression.

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 the health, well-being and belonging for all our people element of the People Plan

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"> Delivery of year two milestones of People Plan (action log) Growing Stronger Together Plan Well-being check-ins <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 Workforce Issues Heatmap (to IAC Oct 23) <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"> TIAA Counter Fraud Reports (AC2022.72,84)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Proportion of staff receiving well-being check-in TIAA highlighted improvements with DBS checking 	<ul style="list-style-type: none"> Monitoring via divisional performance review meetings

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 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	That our culture does not support making OUH a great place to work

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 QI training Kindness into action training for all managers <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 Workforce Issues Heatmap (to IAC Oct 23) <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)
Gaps in controls and assurance	Actions to address gaps
•	•

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.
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 where we all feel we belong 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 a sustainable workforce in line with the People Plan strategic theme 'More people working differently'

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	3	12 (medium)
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 2022-25 and supporting annual priorities General Recruitment Service Level Agreement (SLA) in place <p>Governance Structure:</p> <ul style="list-style-type: none"> Integrated Assurance Committee (IAC) Trust Management Executive (TME) People and Communications Committee Productivity Committee HR Governance monthly meeting to review all KPIs 	<p>First line of defence:</p> <ul style="list-style-type: none"> Integrated Performance Report (IPR) Workforce Metrics Chief People Officer's Update Reports on the People Plan to TME and IAC <p>Second line of defence:</p> <ul style="list-style-type: none"> Divisional Performance Reviews – monthly and quarterly <p>Third line of defence:</p> <ul style="list-style-type: none"> NHS Staff Survey results ICB Tripartite Meeting
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Medical recruitment SLA and reporting Comprehensive temporary staffing controls and measures of impact 	<ul style="list-style-type: none"> Medical Recruitment SLA needs TME approval and implementation Temporary Staffing Reduction Programme needs completion and impact assessed

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1143	12 (medium)	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	12 (medium)	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 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
<i>If</i> we don't make operational improvements to meet the required national standards, coupled with high energy costs and industrial strike action	<i>Then</i> there is a risk to the delivery of improvement programmes, high quality care and the Trust's long term financial sustainability plan	<i>Resulting in</i> 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	3	5	15 (high)
Target risk score	3	2	6 (low)
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 GIRFT Action Plan Maintenance of Clinical Audit Programme PFI Contract management processes Planning / staff briefings on strike action Capital project benefit realisation reviews <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 (e.g. Costing Assurance Audit) Finance Forecast (IAC Oct 23) <p>Second line of defence:</p> <ul style="list-style-type: none"> Divisional Performance Review meetings Annual Reports: EoL, Infection Control, Learning from Deaths 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) Advisory Payroll Spend Controls (22/23: M:M) HFMA Financial Sustainability (22/23) Advisory Direct Award Procurement (22/23) Key Financial Systems (22/23: S:M) 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) TIAA Counter Fraud Reports (AC2022.72,84)
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 (NB risk that not able to spend current capital allocation in year)	<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 Facilities Reports to TME and IAC (Capital Schemes Updates, PFI updates, specific business case / project reports) <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: S:M) Business Continuity (22/23: S:M) 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 DSP toolkit assessment and action plan <p>Governance Structure:</p> <ul style="list-style-type: none"> Digital Oversight Committee (DOC) 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: M:M) Business Continuity (22/23: S:M) 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 From IT disaster Recovery: Plans to be tested and training to handle major incident 	<ul style="list-style-type: none"> Continue programme of upgrade of systems. DOC work with stakeholder on delivery / risk assessment

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1113	10 (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	12 (medium)	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

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 is 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 Provider collaborative update reports Clinical Strategy Implementation Plan (IAC Oct 23) <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 R&D governance Report CRN TV & South Midlands update <p>Third line of defence:</p> <ul style="list-style-type: none"> Clinical Research Network (CRN) (22/23: S:M)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Review of CRN SoD 	<ul style="list-style-type: none"> SoD to be reviewed and ratified annually via LCRN

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

Strategic Aim	We will improve the access, quality and experience of care for all of Our Patients.
Strategic Risk 8	Lack of intensive care staff and current estate capacity across our ITUs impact our ability to improve access, quality and experience for our patients

Cause	Risk	Effect
<i>If ...</i>	<i>Then this could lead to a risk</i> ...	<i>Resulting in ...</i>

Risk Score	Consequence	Likelihood	Score
Current risk score			
Target risk score			
Risk Lead	Chief Operating Officer	Risk Appetite Domain	Patient
		Risk Appetite Level	Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> xx <p>Governance Structure:</p> <ul style="list-style-type: none"> 	<p>First line of defence:</p> <ul style="list-style-type: none"> xx <p>Second line of defence:</p> <ul style="list-style-type: none"> Xx <p>Third line of defence:</p> <ul style="list-style-type: none">
Gaps in controls and assurance	Actions to address gaps
	<ul style="list-style-type: none">

Related Risk Register Entries – to be reviewed and discussed by working group

ID	Score	Summary risk description
1708	16 (high)	CSS division: Nursing skill mix in OCC and CICU could lead to a risk to staff morale and potential impact to patient safety.
1959	16 (high)	MRC: Power failures on CTCCU could lead to a lack of bed capacity in the unit that might impact patient care.
62	16 (high)	NOTSSCaN: PICU Estates could lead to a risk that might impact on patient safety
1648	16 (high)	NOTSSCaN: Paediatric Critical Care staffing levels could lead to a risk that might impact on clinical effectiveness
67	16 (high)	SuWOn: Shortage of ICU staff and limited estates space could lead to a risk that the demand for current ICU capacity out strips supply impacting on clinical effectiveness

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

IAC April 23	TME 13/4	AC April 23	TME 27/4	TME 11/5	TME 1/6	IAC June	TME 15/6	TME 29/6	TME 3/8	IAC Aug 23	TME 10/8	TME 31/8	TME 14/9	TME 28/9	IAC Oct	TME 12/10					
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	23/24 Q1	23/24 Q2	Target
																	Close to Home				
1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	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.	3-6 months	9	9	6
1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	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	3-6 months	9	9	6
																	Digital by Default				
1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	Due to inconsistencies in the processes and behaviours there is a risk that there may be a failure to respond to the results of diagnostic tests that may affect patient care	Immediate	9	9	4
1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	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.	Immediate	6	6	3
																	Unsupported Hardware or Software fails and cannot be recovered; causes cyber security vulnerability; or becomes incompatible with supported systems ('technical debt' management).		15	15	9
																	Getting the Basics Right				
1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	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, 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.	12 months	20	20	8
1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	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 months	20	20	4
1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	1120	Due to a lack of capacity within teams there is a risk that the Trust may be unable to deliver Quality Priorities effecting the achievement of	12 months	6	6	4

IAC April 23	TME 13/4	AC April 23	TME 27/4	TME 11/5	TME 1/6	IAC June	TME 15/6	TME 29/6	TME 3/8	IAC Aug 23	TME 10/8	TME 31/8	TME 14/9	TME 28/9	IAC Oct	TME 12/10		23/24	23/24		
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target
																	specific goals and improvement outcomes for patients.				
1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	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.	Immediate	9	9	3
1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	1122	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	Immediate	4	4	2
1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	Insufficient capital funding / inability to spend current capital 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 months	12	12	8
1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	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	3-6 months	12	12	8
1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	Lack of sufficient capital funding / ability to spend current capital 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	3-6 months	12	12	4
1129	1129	1129	1129	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	Due to aging power plant there is a risk of loss of electrical power across JR and NOC sites resulting in potential of major loss of clinical services.	3-6 months	8	8	4
1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	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	3-6 months	12	12	8
1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	As ventilation plant is old in some locations there is a risk to patient and staff safety that may effect regulatory compliance	Immediate	12	12	8
1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	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.	3-6 months	12	12	8
1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	Due to the height of the JR WW stairwell there is a risk of potential self-harm if an individual	12 months	15	15	3

IAC April 23	TME 13/4	AC April 23	TME 27/4	TME 11/5	TME 1/6	IAC June	TME 15/6	TME 29/6	TME 3/8	IAC Aug 23	TME 10/8	TME 31/8	TME 14/9	TME 28/9	IAC Oct	TME 12/10			23/24	23/24	
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target
																	were to climb over the existing balustrade/glazing effecting safety.				
1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	Due to changes to 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	In 3 months	15	15	9
1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	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	In 3 months	15	15	6
1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	Lack of capacity in beds and staffing and current Industrial Action means there is a risk to meeting the elective care delivery plan for patients waiting 78 / 65 weeks and a risk to delivery of 65 ww trajectory that might effect patient outcomes and experience	In 3 months	16	16	9
1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	Due to issues with diagnostic capacity and Industrial Action there is a risk to our ability to reduce the current backlog of patients waiting for cancer diagnosis and treatment might cause patient harm	In 3 months	16	16	6
1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	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	In 3 months	9	9	3
1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	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	In 3 months	9	9	6
1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	Due to the introduction of new ICS arrangements and other national factors (such as change in government policy) there is a risk in relation to lost opportunities to service delivery that might effect patient outcomes	3-6 months	9	9	3
One Team One OUH																					
1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	1143	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	3 months	12	12	9
1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	1144	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.	3 months	12	12	9

IAC April 23	TME 13/4	AC April 23	TME 27/4	TME 11/5	TME 1/6	IAC June	TME 15/6	TME 29/6	TME 3/8	IAC Aug 23	TME 10/8	TME 31/8	TME 14/9	TME 28/9	IAC Oct	TME 12/10			23/24	23/24	
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target
1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	1145	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	6 months	6	6	4
1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	1146	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	3 months	12	12	4
1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	1147	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)	3 months	12	12	9
1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	1148	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.	3 months	9	9	4
1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	Potential strike action, across nursing, junior doctor and other AHPs, leading to operational performance issues and impact on patient safety	Immediate	10	10	5
World Class Impact																					
1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	If the trust is not able to increase the portfolio of research activity (and innovation activity) to pre covid levels the is a risk to delivery of research activity that might effect reputation/finance	12 months	6	6	2