

Cover Sheet

Trust Board Meeting in Public: Wednesday 8 May 2024

TB2024.45

Title: Board Assurance Framework 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 purpose of this paper is to provide the Audit Committee with assurance on the process to ensure that the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) are kept under active review during the year.
2. The latest version of the BAF is provided as Appendix 1. This has been updated to reflect the feedback from the Board seminar session and further review comments provided by the Integrated Assurance Committee and Audit Committee.
3. Work will continue to further review and develop the controls, assurance, and actions sections of the BAF. The current version has been updated to reflect the year one (2024/25) existing controls and actions in relation to each of the strategic risks, these are included in red for ease of review. The strategic objectives fully map to the three-year plan and each of the four strategic pillars have been reflected in the BAF.
4. The Corporate Risk Register is updated to reflect any revisions made by the relevant risk owner. A high-level summary of the CRR is provided as Appendix 2 for the Board's information.

Recommendations

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

Board Assurance Framework and Corporate Risk Register review

1. Purpose

- 1.1. The purpose of this paper is to provide the Board with assurance on the process to ensure that the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) are kept under active review during the year.
- 1.2. This paper provides the committee with the latest version of the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) summary.

2. Board Assurance Framework

- 2.1. The latest version of the BAF is provided as Appendix 1. This has been updated to reflect the feedback from the Board seminar session and further review comments provided by the Integrated Assurance Committee and Audit Committee.
- 2.2. A summary of the approach to the development and recording of controls and assurances to be adopted following the seminar session was reported to Integrated Assurance Committee. The following further next steps were reported to the Audit Committee in April.
 - Mapping the trust governance structure to the CQC domains and new CQC 'we' statements and to the strategic objectives. To consider the committee activity and the level of independent challenge on this activity.
 - To develop the Board reporting template to link to the BAF and provide supporting guidance on the link to strategic objective, the three-year plan and the level of assurance reports provide on progress to the delivery of these objectives.
- 2.3. Work will continue to further review and develop the controls, assurance, and actions sections of the BAF. The current version has been updated to reflect the year one (2024/25) existing controls and actions in relation to each of the strategic risks, these are included in red for ease of review. The strategic objectives fully map to the three-year plan and each of the four strategic pillars have been reflected in the BAF.
- 2.4. An overarching BAF summary has been added to the front pages of Appendix 1. This provides a summary of changes to the BAF since the report to Audit Committee in April. The Audit Committee suggested that further changes to the strategic risk scores should be considered as part their review of the BAF. In addition, the change in year-end was acknowledged by the Audit Committee. A full review of those risks that might be impacted by the receipt of the new planning guidance for 2024/25 is currently being undertaken. This will include an assessment

of the impact on the BAF and the CRR, progress on this will be reported to the next Risk Committee.

- 2.5. As part of the assurance role of the Audit Committee a review of all agendas and papers from the Board, Audit Committee, Integrated Assurance Committee, and Investment Committee in 2023/24 was undertaken. This has been used to inform the controls and assurance elements of the BAF and assists with the drafting of the Annual Governance Statement.
- 2.6. This exercise provided assurance to the Audit Committee that all the strategic risks have been subject to discussion and review, via various Board committees during 2023/24.
- 2.7. The chart below in figure 1 shows the current analysis of all Board reports from April 2023 to April 2024 for of each of the strategic objectives.

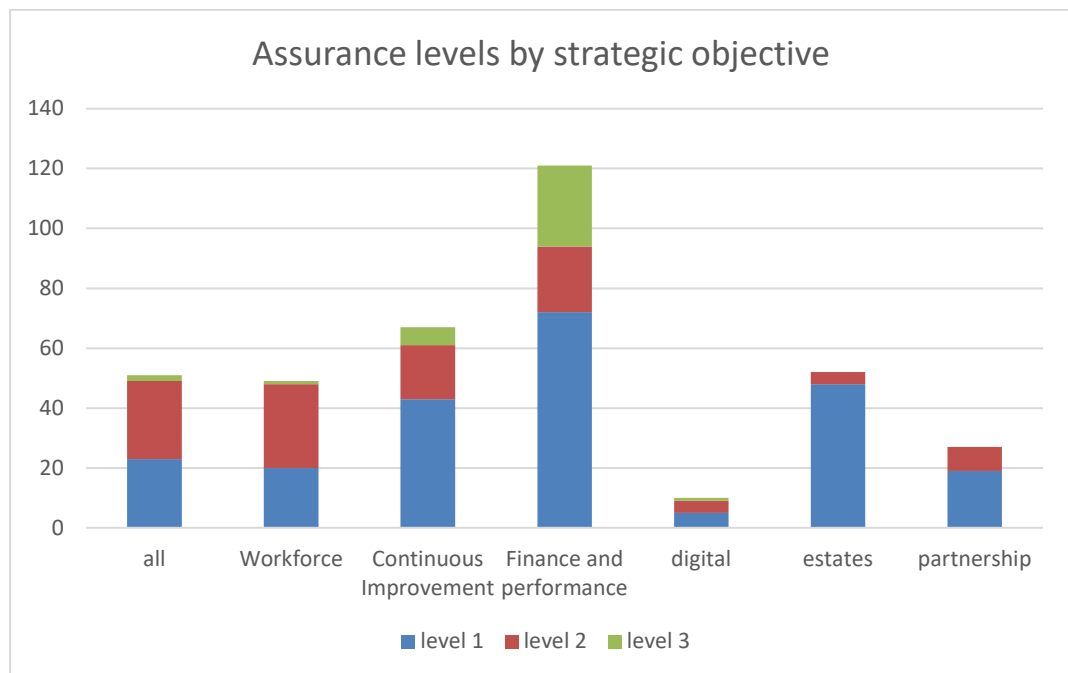


Figure 1

3. Corporate Risk Register

- 3.1. The Corporate Risk Register is updated to reflect any revisions made by the relevant risk owner. 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 and a rolling programme of corporate functions risk register review.
- 3.3. The Director of Regulatory Compliance and Assurance, as part of attendance at Trust Management Executive and IAC notes the risk discussions drive by the specific papers against the risks contained in

the CRR. This is provided as part of the summary (with each risk discussed at any meeting shaded yellow on the summary). The full year of this annotation was provided to the Audit Committee, and this concluded that there was positive distribution against the risks recorded on the CRR.

3.4. Following the discussions at the Board seminar the following additional appendices have been added to the paper for information / ease of reading:

- Appendix 3: setting out a summary of acronyms.
- Appendix 4: setting out the risk scoring matrix.

4. Recommendations

4.1. The Trust Board is asked to:

- Review and note the report.

Strategic Risk	Risk score			Rational for change / commentary	Changes to controls since last version April 24	Changes to assurance since last version April 24
	Original March 24	Current April 24	Target			
Strategic Objective: To make OUH a great place to work ; one that promotes equality, diversity and inclusion, encourages talent and development , and enables freedom to speak up without fear of futility or detriment.						
SR1: Staff may not want to come, not want to stay, and not want to engage	C4 x L3= 12	C4 x L4 = 16	C2 x L2= 4	↑: Noted by IAC and Audit Committee.	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan
Strategic Objective: To create a culture of continuous improvement in all that we do.						
SR2: Our culture of continuous improvement may not become embedded to deliver sustainable impacts on patient care, ensure highest levels of patient safety, effective outcomes and experience of both patients and our staff	C3 x L3 = 9	C3 x L3 = 9	C3 x L1= 3	↔: No change	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan
Strategic Objective: To consistently achieve all operational performance standards and financial sustainability .						
SR 3.1: We may not operate effectively, and may not be able to deliver performance standards sustainably, patient care will suffer and we will face regulatory enforcement	C3 x L5= 15	C4 x L4 = 16	C3 x L3= 9	↑: Noted by IAC and Audit Committee.	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan
SR 3.2: We may not operate effectively, and our finances may become unsustainable over the short and longer term	C4 x L4 = 16	C4 x L4 = 16	C4 x L3= 12	↔: No change	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan
Strategic Objective: To make effective use of our digital capability to enhance patient care and staff efficiency, and productivity						
SR 4: We may not deliver effective patient care, efficiency, and data security/ data stewardship	C4 x L3= 12	C4 x L3= 12	C4 x L1= 4	↔: No change	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan
Strategic Objective: To have an estate that meets the highest levels of regulatory compliance and enhances our offer for patient care and staff wellbeing by adopting novel ideas and methods that embrace the sustainability goals .						
SR 5: If we fail to plan, deliver and	C4 x L3= 12	C4 x L3= 12	C4 x L2= 4	↔: No change	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan

Strategic Risk	Risk score			Rational for change / commentary	Changes to controls since last	Changes to assurance since
maintain our estates infrastructure then we will be unable to meet regulatory standards and be unable to maintain safe infrastructure to support patient care and staff wellbeing.	12	12	8		one of the three-year plan	year one of the three-year plan
To work in partnership at Place and System level for the benefit of our patients and populations with effective collaboration to reduce health inequalities and fulfil our role as an anchor institution .						
SR 6: We may not be able to deliver reductions in health inequalities and the anticipated benefits of anchor institution	C3 x L3 = 9	C3 x L3 = 9	C3 x L2= 6	↔: No change	Added controls reflected in year one of the three-year plan	Added actions reflected in year one of the three-year plan

Strategic Objective	To make OUH a great place to work ; one that promotes equality, diversity and inclusion, encourages talent and development , and empowers enables the freedom to speak up without fear of futility or detriment.
Strategic Risk 1	Staff may not want to come, not want to stay and not want to engage

Cause	Risk	Effect
<p><i>As a result of:</i></p> <ul style="list-style-type: none"> our staff not having a sense of belonging and fulfilment external factors of cost of living failure to recruit and retain key staff Not feeling able to speak up, due to poor inclusive safety culture (inc psychological safety) Lack of training and development opportunities 	<p><i>...there is a risk that staff may not want to come, not want to stay and may not want to engage or be able to develop</i></p>	<p><i>Which could result in...</i></p> <ul style="list-style-type: none"> Potential loss of high-quality staff, higher turnover / recruitment and retention challenge Lack of support for each other /lack of sense of belonging / not meeting the expectations of our people Higher financial costs Lack of consistency of care / reduction in quality of care Potential harm to patients, staff, and reputation We may not get the most out of our people Poor staff moral / well-being / staff experience Poor employee relations Bullying and harassment Reliance on temporary staffing Staff sickness (potential for increased anxiety etc) Restricted succession planning / career development Potential mistrust, presenteeism

Risk Score	Consequence	Likelihood	Score
Current risk score	4	4	16
Target risk score	2	2	4
Risk Lead	Chief People Officer	Risk Appetite Domain	People / Patient
		Risk Appetite Level	Cautious / Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> People Plan 2022-25 and supporting annual priorities - Delivery of year 3 of the plan TNA for all staff (link to nursing) (New director of non-medical education link to new controls re this aspect) Growing Stronger Together Plan with metrics and related actions Well-being check-ins FTSU speak up culture and plans Bullying and harassment eradication plan Kindness into action and related training plan Clear core training policy and appraisal policies, monitored via workforce metrics (to inc. EDI Training) Sexual safety charter Employee relations meetings (covered via SLA) and addressing of medical concerns. International Educated nursing (IEN) action implementation (to inc. IEN development) Well supported staff networks to assist with the delivery of EDI Peer Review Programme. 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief People Officer’s Update Reports to TME, IAC and Board Workforce Issues Heatmap (Reported bi-monthly) People and Communications Committee (Chair: CPO, Frequency: Bi-monthly) <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings. Divisional Performance meetings <p>Third line of defence:</p> <p>Other External Reports</p> <ul style="list-style-type: none"> NHS Staff Survey results CQC reports on OCC (not rated) and HGH MLU (RI rated) and action plan monitoring via governance structure Independent cultural reviews National Inquiry Reviews

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> ICB partnerships to address workforce issues. Plan for learning from staff survey and implementation of related actions Educational supervisors training for medical appraisal Service specific development programmes in place <p>Governance Structure:</p> <ul style="list-style-type: none"> HR Governance to review all KPIs (Chair CPO, Frequency: Monthly) People and Communications Committee (Chair CPO, Frequency: Bi-monthly) Health and Safety Committee (Chair CNO, Frequency Bi-monthly) Productivity Committee (Chair: CEO, Frequency: Monthly) TME (Chair: CEO, Frequency: Two weekly) Integrated Assurance Committee (Chair: Trust Chair, Frequency: Bi-monthly) 	
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Proportion of staff receiving well-being check-in Medical recruitment SLA and reporting Comprehensive temporary staffing controls and measures of impact 	<ul style="list-style-type: none"> Monitoring via divisional performance review meetings Medical Recruitment SLA needs TME approval and implementation Temporary Staffing Reduction Programme needs completion and impact assessed * Collate Cultural Connectedness and Development Programme progress for OCC and Neonatal Unit

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1614	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)
1616	9 (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.
1615	12 (medium)	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

Priorities marked * are aligned with the annual planning process and will be included in the OUH submission made to NHSE.

Strategic Objective	To create a culture of continuous improvement in all that we do.
Strategic Risk 2	Our culture of continuous improvement may not become embedded to deliver sustainable impacts on patient care to ensure highest levels of patient safety, effective outcomes and experience of both patients and our staff

Cause	Risk	Effect
<p><i>As a result of:</i></p> <ul style="list-style-type: none"> • <i>high clinical / all workloads, a tired workforce</i> • <i>strong reliance on discretionary effort to deliver quality improvement training and initiatives,</i> • <i>failure to educate and empower staff in QI.</i> • <i>a fear of change / low risk appetite,</i> • <i>lack of leadership capacity QI</i> • <i>Inability to effect change (capability and capacity)</i> • <i>Not able to embed this across all staff groups and all services, corporate and clinical functions.</i> • <i>Ability to actively engage with research activity.</i> • <i>Ability to drive patient engagement.</i> • <i>Changing internal / external agendas</i> • <i>Ability to invest in QI resources for improvement.</i> • <i>Insufficient resources in continuous improvement</i> 	<p><i>...there is a risk that a culture of continuous improvement may not become embedded, hindering the adoption of improvements and best practice, leading to patient harm and leaving staff disempowered with low morale</i></p>	<p><i>... which could result in...</i></p> <ul style="list-style-type: none"> • <i>poor patient outcomes – more harm</i> • <i>poor quality, efficiency, productivity, waste and poor financial performance placing increased pressure on services and staff that might lower engagement and morale.</i> • <i>Service improvement opportunities not taken forward / less novel emerging therapies/ lower ability to deliver new treatment options</i> • <i>Sustainability of continuous improvements</i> • <i>Impact on staff motivation and retention / staff may not feel empowered to make improvements</i> • <i>Increased mortality</i> • <i>Impact on reputation</i>

Risk Score	Consequence	Likelihood	Score
Current risk score	3	2	6
Target risk score	3	1	3
Risk Lead	Chief Medical Officer	Risk Appetite Domain	Patient / People / Change
		Risk Appetite Level	Avoid / Cautious / Seek

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> • Quality improvement initiatives • Continue to improve fracture NoF pathway at JR • Maintenance of Clinical Audit Programme • Integrated Quality Improvement Programme (to TME) • QI Hub • Monitoring of education numbers of staffing being trained • Ulysses Assurance module • QI continuous improvement methodology / PSIRF process as enabler to learning from themes. • Feedback mechanisms from staff • Feedback mechanisms from patients • Patient experience team • Series of development programmes in place 	<p>First line of defence:</p> <ul style="list-style-type: none"> • Learning from deaths reports • IPC Annual Report • Maternity Incentive Scheme Annual Review • Public Engagement, Patient Experience and Complaints Annual Report <p>Second line of defence:</p> <ul style="list-style-type: none"> • Performance review meetings • Delivery Committee monitoring • CGC reports • Safeguarding Annual Report • Infection Prevention and Control Committee Reports <p>Third line of defence: Internal Audit Reports</p> <ul style="list-style-type: none"> • Divisional Governance (22/23 design: operation: • GIRFT (23/24 design: moderate, operation: moderate)

Controls	Assurance on controls reported to Board and Committees
<p>aimed at further reducing moderate and major harms and mortality rates, for example falls and pressure ulcer reduction</p> <ul style="list-style-type: none"> Standardised quality reports (to divisions and CGC) <p>Governance Structure:</p> <ul style="list-style-type: none"> Clinical Improvement Committee (Chair: DCMO, Frequency: Monthly) Clinical Governance Committee (Chair: CMO/CNO, Frequency: Monthly) Cancer Improvement Programme Board (Chair: TBC, Frequency TBC) Urgent Care improvement Programme Board (Chair COO, Frequency: Monthly) TME (Chair: CEO, Frequency: Two weekly) Integrated Assurance Committee (Chair: Trust Chair, Frequency: Bi-monthly) 	<ul style="list-style-type: none"> Medicines Security (23/24 design: moderate, operation: moderate) <p>Other external reports</p> <ul style="list-style-type: none"> CQC reports on OCC (not rated) and HGH MLU (RI rated) and action plan monitoring via governance structure Hip Fracture database report
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Depth of QI knowledge across the Trust Return of Clinical Audit data in a timely manner 	<ul style="list-style-type: none"> QI Education roll out, and involve patients as partners in QI Explore the potential for a digital solution to align audit data to automate data collection and enable audit Delivery of 24/25 planned service developments, in accordance with three-year plan. Deliver 24/25 planned governance changes in accordance with three-year plan. Establish planned 24/25 KPIs and dashboards in accordance with three-year plan.

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1112	9 (medium)	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
1120	6 (low)	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 specific goals and improvement outcomes for patients.

Strategic objective	To consistently achieve all operational performance standards and financial sustainability.
Strategic Risk 3.1	We may not operate effectively, and may not be able to deliver performance standards sustainably, patient care will suffer and we will face regulatory enforcement.

Cause	Risk	Effect
<p>As a result of...</p> <ul style="list-style-type: none"> Our ability to participate in ICS / APC ICS effectiveness / failure of ICS policy framework / ICB boundaries Wider landscape changes in-year/ short termism in NHS National / regional restructure Ageing population with multiple co-morbidities Industrial action Changes to Specialist commissioning National planning guidance Availability of workforce / loss of experience staff aging workforce Poor theatre utilisation Poor estate Lack of capital development Lack of mutual aid / funding 	<p>...there is a risk that we may not operate effectively, and may not be able to deliver sustainable performance standards</p>	<p>... which could result in...</p> <ul style="list-style-type: none"> Ability to plan over time, Not having the right people of the right quality / different capacity (human and physical) Strategic planning in the broader sense Inability to deliver Cancer and other standards Additional oversight from ICB, regional and national team – system oversight process Increased use of temporary staffing Poor access times / longer waits for patients leading to harm Poor patient experience Poor productivity

Risk Score	Consequence	Likelihood	Score
Current risk score	4	4	16
Target risk score	3	3	9
Risk Lead	Chief Operating Officer	Risk Appetite Domain	Service Delivery
		Risk Appetite Level	Cautious

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Activity plan Performance management framework GIRFT Action Plan Planning / staff briefings on strike action Improvement Programmes covering: elective care, outpatients, cancer, theatres, diagnostics and urgent care. Implementation of ED staffing business case (IAC April 24) Roll out mobile lung check service for 50-75yr olds* <p>Governance Structure:</p> <ul style="list-style-type: none"> Productivity Committee Cancer Improvement Programme Board 	<p>First line of defence:</p> <ul style="list-style-type: none"> Divisional management reports Chief Operating Officer’s Update Reports to TME, Audit Committee, IAC, and Board <p>Second line of defence:</p> <ul style="list-style-type: none"> IAC, AC, Board 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> <p>Internal Audit reports:</p> <ul style="list-style-type: none"> Clinical Validation of Waiting Lists (21/22: design:

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Urgent Care improvement Programme Board TME 	<p>moderate, operation: moderate)</p> <ul style="list-style-type: none"> Performance Framework (23/24 design: significant, operation: moderate)- lead CDPO Outpatient Management (23/24 advisory review) lead-COO
Gaps in controls and assurance	Actions to address gaps
Assurance on ED staffing business case to come to IAC October 24	<ul style="list-style-type: none"> Delivery of 24/25 planned service developments, in accordance with three-year plan. Establish planned 24/25 KPIs and dashboards in accordance with three-year plan. Deliver planned measures to mee NHSE operational requirements in accordance with 24/25 actions in the three-year plan.

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1133	15 (high)	Due to new clinical standards for ED waiting times there could be a risk to the organisation's performance of the national urgent care targets
1134	15 (high)	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
1135	15 (high)	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 weeks and a risk to delivery of 65 ww trajectory
1136	15 (high)	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

Strategic objective	To consistently achieve all operational performance standards and financial sustainability.
Strategic Risk 3.2	We may not operate effectively, and our finances may become unsustainable over the short and longer term

Cause	Risk	Effect
<p>As a result of...</p> <ul style="list-style-type: none"> • Our ability to participate in ICS. • ICS effectiveness / failure of ICS policy framework / ICB boundaries • Wider landscape changes in-year/ short termism in NHS • Unsustainable financial model • Approach to NHS capital budget • Specialist commission landscape changes • National planning guidance • Lack of grip • Poor control of pay and non-pay budgets • Lack of delivery of productivity goals 	<p>...there is a risk that we may not operate effectively, and our finances may become unsustainable over the short and longer term</p>	<p>... which could result in...</p> <ul style="list-style-type: none"> • Lack of ability to fund emerging therapies/ new treatment options. • Support financially or for our people skills provision to be delivered in a different way • Ability to plan over time, new investments. • Additional oversight from ICB, regional and national team – system oversight process • Increased use of temporary staffing • Poor patient care • Poor staff morale • Increased pressure on cash potentially leading to need to cut services

Risk Score	Consequence	Likelihood	Score
Current risk score	4	4	16
Target risk score	4	3	12
Risk Lead	Chief Finance Officer	Risk Appetite Domain	Finance
		Risk Appetite Level	Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> • Capital project benefit realisation reviews • Improvement Programmes • Operational finance support • Workforce controls (link to LLPs) • Pay and non- pay controls in place and communicated trust wide (Reported via TME 11/4/24) • Temporary staffing work programme (monitored via Productivity Committee) • Delivery to 24/25 financial plan, inc. 6% efficiency target. <p>Governance Structure:</p> <ul style="list-style-type: none"> • Productivity Committee (Chair: CEO Frequency: Monthly) • Delivery Committee (Chair: CEO Frequency: Monthly) • TME (Chair: CEO Frequency: Monthly) • Investment Committee (Chair: CEO Frequency: Monthly) • Integrated Assurance Committee (Chair: CEO Frequency: Monthly) 	<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 – Reports to: TME • Productivity review of major programmes – Reports to: Productivity Committee <p>Third line of defence:</p> <p>Internal Audit reports:</p> <ul style="list-style-type: none"> • Payroll Spend Controls (22/23: design: M, operation: M)- lead CFO • HFMA Financial Sustainability (22/23) Advisory – lead CFO • Key Financial Systems (22/23: design S ,:operation: M)- lead CFO • Financial Governance and HFMA action plan (23/24 design: moderate, operation: moderate)- lead CFO <p>Counter Fraud report:</p> <ul style="list-style-type: none"> •

Controls	Assurance on controls reported to Board and Committees
Gaps in controls and assurance	Actions to address gaps
	<ul style="list-style-type: none"> Manage the Trust's finance's sustainably delivering our share of the system financial target while providing sufficient resources to deliver safe and timely care in line with national standards and agreed parameters set out for 24/25 of the three-year plan.

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1119	20 (high)	Long term financial sustainability.
1118	20 (high)	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.

Strategic Objective	To make effective use of our digital capability to enhance patient care and staff efficiency, and productivity
Strategic Risk 4	We may not deliver effective patient care, efficiency, and data security/ data stewardship

Cause	Risk	Effect
<p>As a result of...</p> <ul style="list-style-type: none"> Inadequate digital integration or cyber security measures... Digital capability to support trust staff to do the job (resource and finance) Inadequate resourcing of digital function Real time data capture and availability Training and ability of staff to use systems Lack of prioritisation on digital agenda System wide integration of IT systems across the ICB Engagement with patients on digital innovation infrastructure capacity to cope with digital solutions. 	<p>...there is a risk to patient care, efficiency, and data security/ data stewardship</p>	<p>... which could result in...</p> <ul style="list-style-type: none"> a failure to align with clinical workflows/integration. Our patients, staff, and public losing trust in us Potential for poorer quality of care The potential for reputational damage Poorer compliance and lack of drive for efficiency Lack of Delivery of improvements in operational delivery Systems that are implemented are not user friendly / staff become frustrated with IT provision

Risk Score	Consequence	Likelihood	Score
Current risk score	4	3	12
Target risk score	4	1	4
Risk Lead	Chief Digital and Partnerships 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"> Digital Plan Digital Strategy DSP toolkit assessment and action plan Contract management of systems Software licences SDE oversight and go live in 24/25 <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 (Frequency: Quarterly) <p>Second line of defence:</p> <ul style="list-style-type: none"> Corporate Performance Review meetings <p>Third line of defence:</p> <p>Internal Audit reports on:</p> <ul style="list-style-type: none"> Cyber Security (22/23: design; moderate, operation: moderate) – Lead CDPO IT Disaster Recovery (22/23: design: moderate, operation: moderate) – Lead: CDPO Business Continuity (22/23: S:M) – Lead COO Data Quality (22/23) – Lead CDPO IT Project Benefits Realisation (22/23) – Lead CDPO DSP Toolkit (23/24 design: substantial, operation: moderate) - Lead CDPO Outpatient Management (23/24 advisory review) – lead COO
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 Go Live of new Laboratory Information Management System (LIMS) in line with 24/25 of the three-year plan Maximise use of automation in Pharmacy for efficiency gains, in line with 24/25 of the three-year plan

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1115	6 (low)	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.
1398	15 (high)	Unsupported Hardware or Software fails and cannot be recovered; causes cyber security vulnerability; or becomes incompatible with supported systems ('technical debt' management).

Strategic Objective	To have an estate that meets the highest levels of regulatory compliance and enhances our offer for patient care and staff wellbeing by adopting novel ideas and methods that embrace the sustainability goals .
Strategic Risk 5	If we fail to plan, deliver and maintain our estates infrastructure then we will be unable to meet regulatory standards and be unable to maintain safe infrastructure to support patient care and staff wellbeing.

Cause	Risk	Effect
<p>As a result of...</p> <ul style="list-style-type: none"> The NHS financial regime If the trust does not develop and enhance clinical demand and capacity plans to identify a medium/ long-term site development control plan and strategy If the trust’s estates infrastructure and environment is not improved... 	<p>...there is a risk that we may not be able to plan deliver and maintain estates infrastructure to keep services functioning, meet statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing.</p>	<p>... which could result in...</p> <ul style="list-style-type: none"> The trusts’ ability to run its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities. Future site development plans may not be fit for purpose Less ability to ascertain NHS capital or alternative financial support for the future development of our sites Infrastructure problems Business continuity problems Estate compliance infrastructure / Regulatory Compliance issues Loss of services and productivity Impact on environment for patients and staff Poor staff experience Poor patient care

Risk Score	Consequence	Likelihood	Score
Current risk score	4	3	12
Target risk score	4	2	8
Risk Lead	Chief Estates and Facilities Officer	Risk Appetite Domain	Service Delivery/ Regulatory
		Risk Appetite Level	Cautious / Avoid

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Capital Programme Premises Assurance Model assessment Capital Infrastructure Plan Backlog maintenance review and targeted programme delivery PFI management full estates line of site across all estate, PFI and retained estate. Transport contract in place (presented to TME 11/4/24) Continue to improve and deliver net zero savings and reduction in our carbon footprint <p>Governance Structure:</p> <ul style="list-style-type: none"> Estates Compliance Committee Medical Equipment Prioritisation Group Capital Management Group Health & Safety Committee Investment Committee Review, IAC, Board 	<p>First line of defence:</p> <ul style="list-style-type: none"> E & F Management Committee Divisional Performance Reviews Estates compliance committee <p>Second 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) Planned review as part of Corporate Performance Review meetings Business continuity plan Investment Committee Review, IAC, Board <p>Third line of defence:</p> <p>Internal Audit Reports:</p> <ul style="list-style-type: none"> PFI Contract Management (22/23) Advisory Estates Compliance (22/23: design: M, operation :M) – lead CE&FO

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> Board seminar session 	<ul style="list-style-type: none"> Business Continuity (22/23: design: S, operation :M) – lead COO Environmental Sustainability (23/24 advisory review)- lead CE&FO <p>Other External Reports</p> <ul style="list-style-type: none"> Health and Safety Executive positive responses to reviews HTM Safety Groups
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 From PFI contract management review: KPIs, workflow documentation 	<ul style="list-style-type: none"> Estates Compliance meeting review of estates related risks across clinical divisions Continue implementation of estates and facilities business case Internal Audit actions to be completed in line with agreed deadlines. Implementation of sustainable Travel and Transport Strategy In line with 24/25 of the three-year plan, continue to make improvements in the estate environment and the hard and soft FM services

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
1125	12 (medium)	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
1126	12 (medium)	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
1128	8 (medium)	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.
1129	12 (medium)	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
1130	12 (medium)	As ventilation plant is old in some locations there is a risk to patient and staff safety that may effect regulatory compliance
1131	12 (medium)	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.
1132	15 (high)	Due the height of the JR WW stairwell there is a risk of potential self harm if an individual were to climb over the existing balustrade/glazing effecting safety.

Strategic objective	To work in partnership at Place and System level for the benefit of our patients and populations with effective collaboration to reduce health inequalities and fulfil our role as an anchor institution .
Strategic Risk 6	<i>We may not be able to deliver reductions in health inequalities and the anticipated benefits of anchor institution</i>

Cause	Risk	Effect
<p>As a result of:</p> <ul style="list-style-type: none"> Our ability to participate in ICS. ICS effectiveness / failure of ICS policy framework Wider landscape changes in-year/ short termism in NHS Inability to collaborate Difficulty in maintaining relationships with University partners 	<p>There is a risk that we may not be able to deliver reductions in health inequalities and the anticipated benefits of anchor institution.</p> <p>There is a risk of not delivering research and innovation outcomes for the benefit of our patients</p>	<p>... which could result in:</p> <ul style="list-style-type: none"> Less novel emerging therapies/ lower ability to deliver new treatment options. Not having the right people of the right quality / different capacity (human and physical) Lack of consistency of care / reduction in quality of care Potential harm to patients, staff, and reputation

Risk Score	Consequence	Likelihood	Score
Current risk score	3	3	9
Target risk score	3	2	6
Risk Lead	Chief Digital and Partnerships Officer / Chief Operating Officer	Risk Appetite Domain	Patient / People
		Risk Appetite Level	Avoid / Cautious

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 (Chair: COO, Frequency: Monthly) Place Based Board (Chair: TBC, Frequency: TBC) 	<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 R&D governance Report CRN TV & South Midlands update <p>Third line of defence:</p> <p>Internal Audit Report:</p> <ul style="list-style-type: none"> Clinical Research Network (CRN) (22/23: design: S, operation: M)
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> Review of CRN SoD Is this embedded in the business case process (for consideration of service change) 	<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
1111	9 (medium)	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.

Note yellow indicates noted risk discussion at the relevant meeting – from Jan 24 to 30 April 24

TME 11/1	TME 1/2	IAC 14/Feb	TME 15/2	TME 29/2	TME 14/3	TME 28/3	IAC Apr 24	TME 11/4	TME 25/4		23/24	23/24		
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q3	Q4	Target
										Close to Home				
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	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	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	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
1398	1398	1398	1398	1398	1398	1398	1398	1398	1398	Unsupported Hardware or Software fails and cannot be recovered; causes cyber security vulnerability; or becomes incompatible with supported systems ('technical debt' management).	12 months	15	15	9
										Getting the Basics Right				
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	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
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
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	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	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
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	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	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	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

TME 11/1	TME 1/2	IAC 14/Feb	TME 15/2	TME 29/2	TME 14/3	TME 28/3	IAC Apr 24	TME 11/4	TME 25/4			23/24	23/24	
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q3	Q4	Target
1132	1132	1132	1132	1132	1131	1132	1132	1132	1132	Due the height of the JR WW stairwell there is a risk of potential self harm if an individual were to climb over the existing balustrade/glazing effecting safety.	12 months	15	15	3
1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	Due to new clinical standards for ED waiting times there could be a risk to the organisation's performance of the national urgent care targets effecting patient experience	In 3 months	15	15	9
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	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 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	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	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	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	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														
1144	1144 (now 1616)	1616	1616	1616	1616	1616	1616	1616	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	9	9	9
1146	1146 (now 1615)	1615	1615	1615	1615	1615	1615	1615	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 (now 1614)	1614	1614	1614	1614	1614	1614	1614	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
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	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

Summary of Acronyms

Note this page is underdevelopment and is currently not complete.

Acronym	Definition
Key roles:	
CD&PO	Chief Digital and Partnerships Officer
CEO	Chief Executive Officer
COO	Chief Operating Officer
CPO	Chief People Officer
General terms:	
BOB	Buckingham Oxfordshire West Berkshire area
CRN	Clinical Research Network
CQC	Care Quality Commission
DSP	DSP
EoL	End of life
MoU	Memorandum of Understanding
PFI	Private Finance Initiative
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
SDE	Secure Data Environment
SLA	Service Level Agreement
SoD	Scheme of Delegation
TNA	Training Needs Analysis
Governance reporting:	
AC	Audit Committee
CGC	Clinical Governance Committee
CIC	Clinical Improvement Committee
DOC	Digital Oversight Committee
IAC	Integrated Assurance Committee
E&F	Estates and Facilities Committee
TME	Trust Management Executive

The Risk Scoring Matrix

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

Likelihood – first consider how likely it is that the risk will occur.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency (general) How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/re-occur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency (timeframe)	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected	Expected to occur at least daily
Probability Will it happen or not	<0.1 per cent	0.1-1 per cent	1-20 per cent	20 – 80 per cent	>80 per cent

Consequence – consider how severe the impact, or consequence, of the risk would be if it did materialise or the level of opportunity it might provide.

	Consequence score and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Extreme
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to more than one death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Statutory duty/inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

	Consequence score and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Extreme
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment