

Cover Sheet

Trust Board: Wednesday 12 November 2025

TB2025.101

Title:	Board Assurance Framework and Corporate Risk Register Report
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Status:	For Discussion
History:	Regular report to the Committee

Board Lead:	Acting Chief Executive
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Confidential:	No
Key Purpose:	Assurance

Executive Summary

1. The purpose of this paper is to provide the Board the opportunity to review and comment on the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
2. This paper provides the Committee with latest copy of the Board Assurance Framework (BAF). In addition, it provides the current updated Corporate Risk Register (CRR). The report highlights the changes to the CRR since it was reported to the Audit Committee.

Recommendations

3. The Board is asked to:
 - Review the report, note the changes to the corporate risk register and;
 - provide feedback on the assurances noted as part of this report.

Board Assurance Framework and Corporate Risk Register Report

1. Purpose

- 1.1. The purpose of this paper is to provide the Board the opportunity to review and comment on the maintenance of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- 1.2. This paper provides the Committee with latest copy of the Board Assurance Framework (BAF). In addition, it provides the current updated Corporate Risk Register (CRR). The report highlights the changes to CRR as reported to Integrated Assurance Committee.

2. Board Assurance Framework

- 2.1. The latest version of the BAF is provided as Appendix 1. This reflects updates reported to Audit Committee in October.
- 2.2. A log of all reports to the Board and all Board subcommittees, including Trust Management Executive has been compiled. Mapping of these reports to the levels of assurance, in line with the definitions below has been undertaken.
- 2.3. Levels of Assurance (definitions):
 - Level 1 – Operational (Management) – our first line of defence
 - Level 2 – Oversight functions (Committees) – our second line of defence
 - Level 3 – Independent (Audits / Reviews / Inspections etc.) – our third line of defence
- 2.4. The charts below provide an overall summary of assurance reported by assurance level for the year to date. The Audit Committee has suggested that the level of assurance along with risk appetite could form the basis of a future board seminar session. This is currently being explored with the Acting Chief Executive.

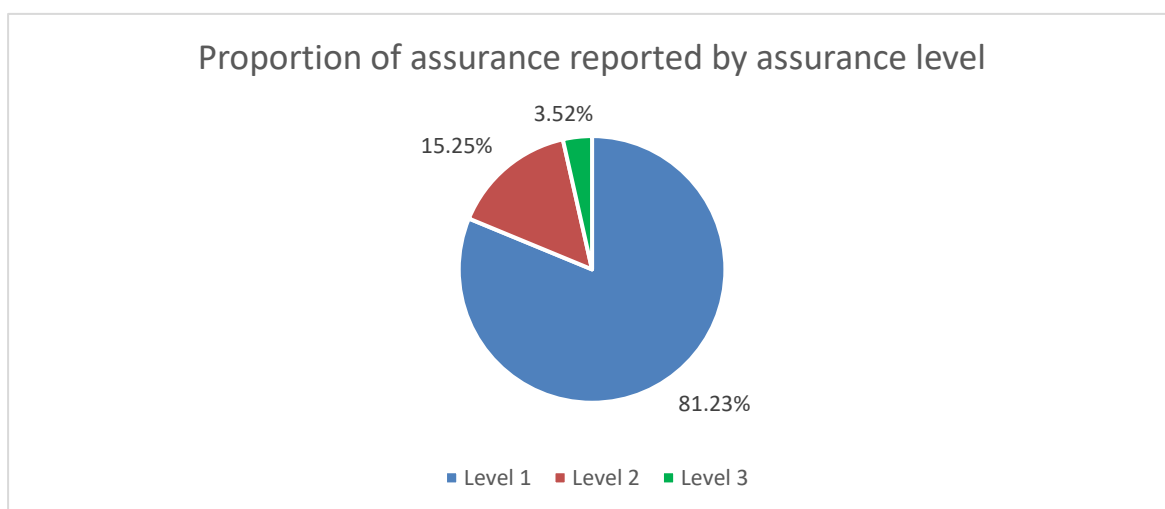


Table 1: total assurance by assurance level (all committees)

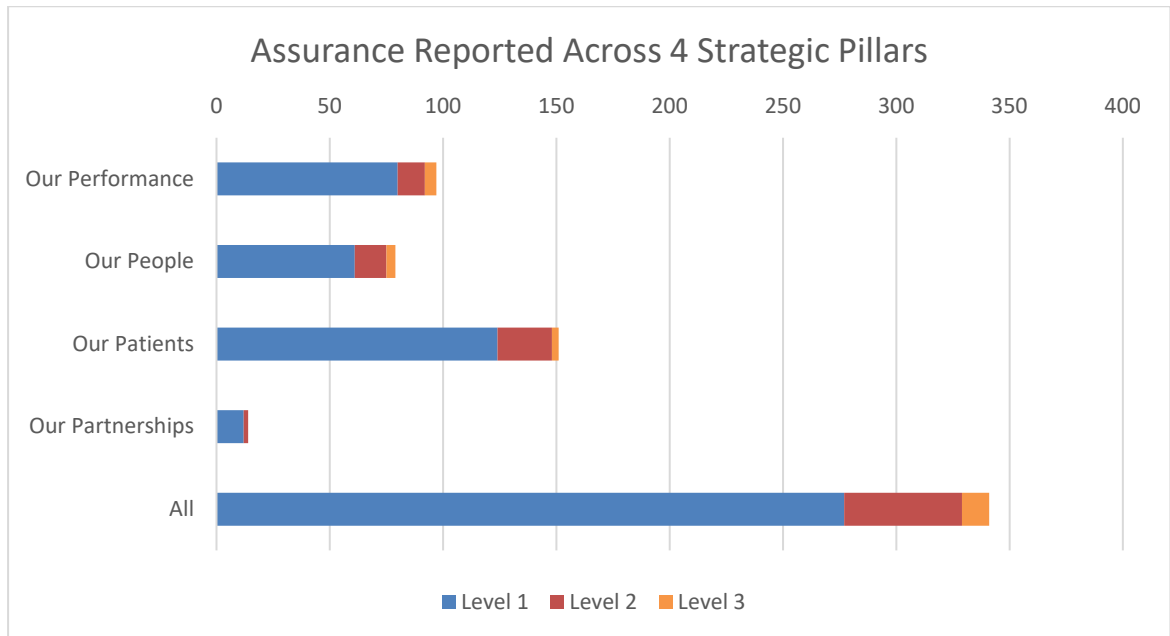


Table 2: Assurance levels by strategic pillar

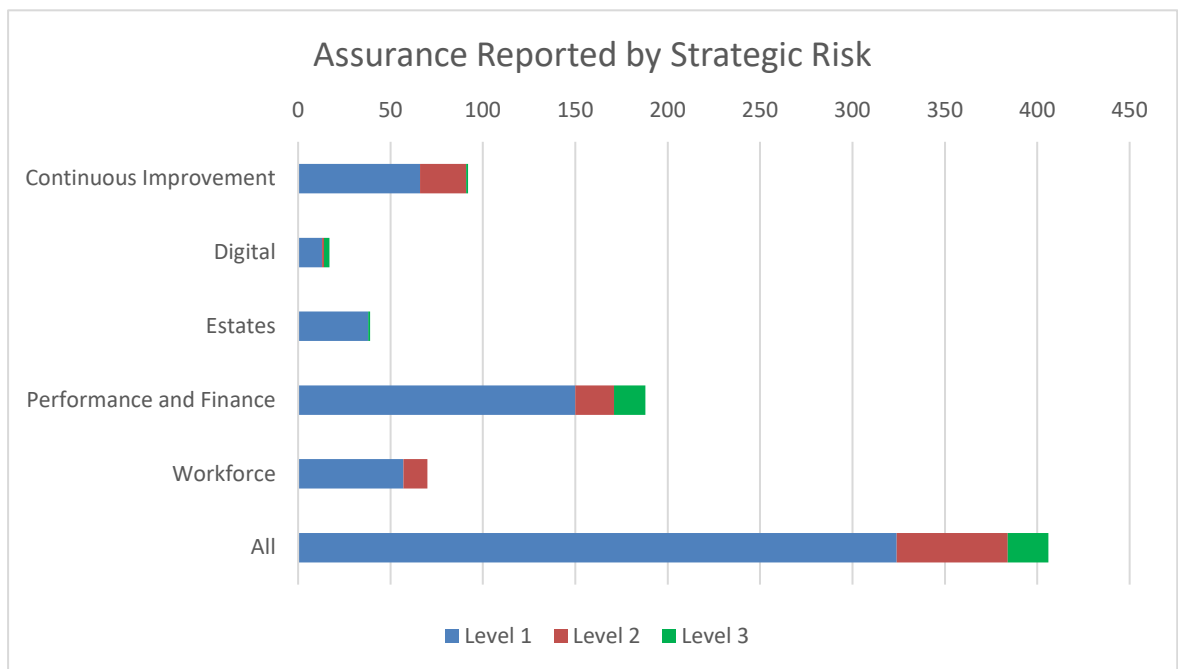


Table 3: Assurance by strategic risk

- 2.5. Note papers such as the Integrated Performance Report have been included in the 'All' category. The BAF has been updated to reflect level 3 and level 2 assurances from the report log to provide a fuller picture of independent assurance through the BAF.

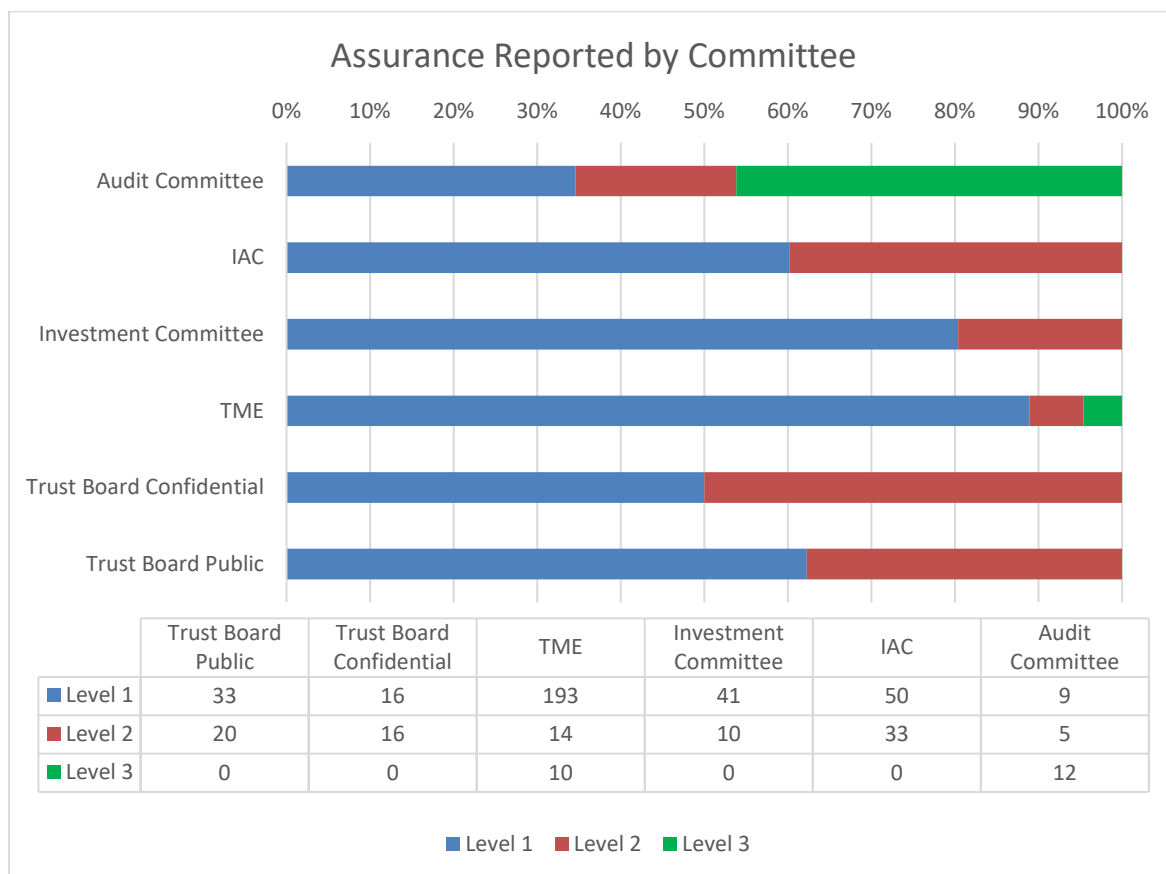


Table 4: Breakdown of assurance by Committee.

3. Corporate Risk Register (CRR)

- 3.1. The summary of the CRR has been provided as Appendix 2 to this report, for review and discussion. Note a detailed report extracted from the Ulysses Risk Register module has been provided to the Board as a separate document.

Summary changes to risk register

- 3.2. The table below provides details of changes to the CRR since it was reported to the Audit Committee in October.

Risk ID	Risk Description	Sept score	Oct score	Target	Review comments
3	Vulnerability of the Bedford computer system (CSSD 1415-09)	20	25	4	Subject to further review proposed increase to risk score to be discussed by Risk Committee
3088	Due to local interest groups views there is a risk that we are perceived by members of the public, our patients and our staff as providing unsafe care and that we fail to listen, learn and respond compassionately to our patients leading to increase in complaints, poor staff morale and increased regulatory scrutiny.	16	16	8	Note risk under review by CNO to be spilt into two risks for approval of next Risk Committee

Risk ID	Risk Description	Sept score	Oct score	Target	Review comments
3087	Due to internal and external resourcing challenges and uncertain patient demand there is a risk that the trust might not deliver the Winter Plan leading to increased operational pressures and impact on operational performance targets.	16	12	8	Risk score reduced as plan presented to system partners

- 3.3. All changes to risk score are currently proposed until review and agreement by Risk Committee, the next meeting is 13th November. Following feedback from the Integrated Assurance Committee (IAC) the regular CRR report to IAC will be updated to provide additional assurance on the risk management processes. The report will include all current risk management key performance indicators and additional narrative in relation to the effectiveness of controls. As an immediate first step the next Risk Committee will be commencing a review of controls recorded in the CRR.

4. Recommendations

- 4.1. The Board is asked to:
- Review the report, note the changes to the corporate risk register and;
 - provide feedback on the assurances noted as part of this report.

Strategic Risk	Risk score			Rational for change in risk score / commentary	Changes to controls since Oct 2025	Changes to assurance since Oct 2025
	Previous Aug 25	Current Oct 25	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 L3 = 12	C2 x L2= 4	↔: No change	No additions	No additions
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	No additions	Level 2 & 3 assurances added
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	C5 x L4= 20	C5 x L4 = 20	C3 x L3= 9	↔: No change	Control added	Level 3 assurances added
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	No additions	Level 2 & 3 assurances added
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	No additions	Level 2 assurances added
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 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.	C4 x L3= 12	C4 x L3= 12	C4 x L2= 8	↔: No change	No additions	Level 2 assurances added
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	No additions	No additions

BAF showing External Review Coverage (Key: **Blue= Internal Audit**, **Other Review body**)

	24/25	25/26	26/27	27/28
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	<ul style="list-style-type: none"> • Temporary Staffing Reduction Programme • EDI Maturity (Advisory) • Bullying & Harassment • Establishment Controls 	<ul style="list-style-type: none"> • ISO45001 H&S / Well-being 	<ul style="list-style-type: none"> • Retention 	<ul style="list-style-type: none"> • Sickness Absence Management • Temporary Staffing
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	<ul style="list-style-type: none"> • CQC Well Led Preparation (Advisory) • PSIRF • Accreditation program 	<ul style="list-style-type: none"> • Waiting List Management • Directorate Risk Management • Accreditation program 	<ul style="list-style-type: none"> • Complaints • MHA/MCA Administration • Accreditation program 	<ul style="list-style-type: none"> • Accreditation program
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		<ul style="list-style-type: none"> • E-Rostering 	<ul style="list-style-type: none"> • Discharge Planning 	<ul style="list-style-type: none"> • NICE Guidelines • Divisional Governance
SR 3.2: We may not operate effectively, and our finances may become unsustainable over the short and longer term	<ul style="list-style-type: none"> • Overpayments • Cash Management (Advisory) • Finance Month-End Closedown Procedures • Compliant Direct Awards 	<ul style="list-style-type: none"> • Key Financial Systems – Accounts Payable & Receivable • Divisional Finance Controls 	<ul style="list-style-type: none"> • Forecasting • Procurement 	<ul style="list-style-type: none"> • Capital Programme • Business Case Benefits Realisation
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	<ul style="list-style-type: none"> • Cyber Security • DSP Toolkit • Data Quality – UEC Datasets 	<ul style="list-style-type: none"> • DSP Toolkit • IT Asset Management • Medical Device Management • Data Quality – • ISO27001 SDE 	<ul style="list-style-type: none"> • DSP Toolkit • Data Quality – DM01 	<ul style="list-style-type: none"> • DSP Toolkit • Cyber Security • Freedom of Information

	24/25	25/26	26/27	27/28
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 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.	<ul style="list-style-type: none"> • Waste Management • Environment Agency Review 	<ul style="list-style-type: none"> • Stock Control • ISO45001 H&S • Environment Agency Review • Fire Safety Audit 		<ul style="list-style-type: none"> • Estates Compliance
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	<ul style="list-style-type: none"> • Research & Development (Advisory) 		<ul style="list-style-type: none"> • ICS Governance • Population Health / Health Inequalities 	

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.
Strategic Risk 1	Staff may not want to come, not want to stay and not want to engage

Cause	Risk	Effect
<p>As a result of:</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>...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</p>	<p>Which could result in...</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	3	12
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 2025-28 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) 	<p>First line of defence:</p> <ul style="list-style-type: none"> Chief People Officer's Update Reports to TME, IAC and Board, specific reports on Temporary Staffing and Pay Panel results Workforce Issues Heatmap (Reported bi-monthly) People and Communications Committee (Chair: CPO, Frequency: Bi-monthly) Sexual Safety Assurance Framework (TME November) WRES/ DES report (IAC August 2025) <p>Second line of defence:</p> <ul style="list-style-type: none"> Planned review as part of Corporate Performance Review meetings.

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> 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. 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 Workforce Reduction Plan, Workforce establishment programme, vacancy control process <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) 	<ul style="list-style-type: none"> Divisional Performance meetings Guardian of Safe Working Hours Reports <p>Third line of defence:</p> <ul style="list-style-type: none"> Internal Audit Report (24/25): Temporary Staffing Reduction Programme (Design: Moderate, Effectiveness: Moderate) Internal Audit Report (24/25): EDI Maturity Internal Audit Report (24/25): Bullying and Harassment (design: Moderate, operation: Moderate) <p>Other External Reports</p> <ul style="list-style-type: none"> NHS Staff Survey results (note confidential results to TME Jan 25) CQC reports on OCC (not rated) and HGH MLU (RI rated) and action plan monitoring via governance structure Independent cultural reviews National Inquiry Reviews
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

ID	Score	Summary risk description
1616	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.
2443	12(medium)	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing
2595	12(medium)	Not able to reduce our temporary staffing and missing our NHSE control target
2596	12(medium)	Impact of temp staff reduction on staff and patients - Meeting our financial controls could have an adverse impact on patients and staff.
2948	12(medium)	Due to the current control environment there is a risk that the Trust will not deliver its headcount reduction target (575 posts in total) and will continue to grow its workforce rather than reduce it resulting in increased external scrutiny and impacting on financial performance and year end position.

ID	Score	Summary risk description
2163	12(medium)	Culture - There is a risk for leaders and managers not being able to participate in our central programmes to support a culture whereby everyone feels included and valued as part of #OneTeamOneOUH due to operational pressures and bandwidth resulting in leaders do not have the skills and confidence to tackle bullying and harassment (impacting on staff well-being).

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

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) 	<p>First line of defence:</p> <ul style="list-style-type: none"> Learning from deaths reports IPC Annual Report Maternity Incentive Scheme Annual Review

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> • 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 aimed at further reducing moderate and major harms and mortality rates, for example falls and pressure ulcer reduction • Standardised quality reports (to divisions and CGC) • External Reviews Policy (reported to IAC June 2025) <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) • Critical Care Safety Group (Chair: CMO) • Inpatient Survey Delivery Group (Chair CNO) 	<ul style="list-style-type: none"> • Public Engagement, Patient Experience and Complaints Annual Report • Quality priority paper to IAC August 24 • Clinical Audit Plan paper to Audit Committee Oct 24 • Integrated Quality Improvement Programme update to TME (Jan 25) • Patients on Outlier Wards (IAC Feb 25) • 7 Day Services Review (IAC June 25) <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 to IAC (most recent June 2025) • Guardian of Safe Working Hours (November Board) • Integrated Quality Improvement Programme Update • Annual Clinical Effectiveness Report • Patient Experience Annual Report <p>Third line of defence:</p> <p>Internal Audit Reports</p> <ul style="list-style-type: none"> • Divisional Governance (22/23 design: operation: • GIRFT (23/24 design: moderate, operation: moderate) • Medicines Security (23/24 design: moderate, operation: moderate) • CQC Well-led (24/25 Advisory) • PSIRF Review (24/25 design: substantial, 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 • CQC inpatient survey (November Board) • Children and Young People's Patient Experience Survey 2024: CQC Benchmark 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 • Robust follow-up of PSIRF Action plans 	<ul style="list-style-type: none"> • Explore the potential for a digital solution to align audit data to automate data collection and enable audit • Delivery of planned service developments, in accordance with three-year plan. • Deliver planned governance changes in accordance with three-year plan. • Establish planned KPIs and dashboards in accordance with three-year plan.

Controls	Assurance on controls reported to Board and Committees
	<ul style="list-style-type: none"> Local action to follow-up completion of PSIRF actions

ID	Score	Summary risk description
3	25 (high)	Vulnerability of the Bedford computer system (CSSD 1415-09)
2944	12	Due to the current control environment there is a risk around the potential for increase in harm free incident categories (falls, pressure ulcers, violence and aggression) impacting on patient experience
2945	12	Due to resourcing capacity there is a potential risk on the poor turnaround in complaints response rates leading to poor morale and adverse publicity
2888	12	Due to reductions in staffing and our inability to increase resources there is a potential risk to the delivery of new treatments (e.g. approved NICE TAs) that may mean the provision, quality or safety of services is affected.
31	16	Due to challenges in the community there is a risk of deconditioning of patients and increased length of stay due to delays in discharge. (MRC)
3088	16	Due to local interest groups views there is a risk that we are perceived by members of the public, our patients and our staff as providing unsafe care and that we fail to listen, learn and respond compassionately to our patients leading to increase in complaints, poor staff morale and increased regulatory scrutiny.

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><i>As a result of...</i></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><i>...there is a risk that we may not operate effectively, and may not be able to deliver sustainable performance standards</i></p>	<p><i>... which could result in...</i></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		5	4	20
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* Cash Improvement Plan (Reported to IAC August 24) NPAF published segmentation UEC Level 1 reconfiguration bid submission Cross divisional theatre capacity work Winter Plan <p>Governance Structure:</p> <ul style="list-style-type: none"> Productivity Committee Cancer Improvement Programme Board Urgent Care improvement Programme Board TME Tier 1 Oversight meetings (fortnightly with NHSE regional / national team as required) 	<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 Integrated Quality Improvement Programme update to TME (Jan 25) Winter Plan Update (IAC Feb 25) Surgical Elective Centre Update (Investment Committee) <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 Provider Capability Self-assessment <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: moderate, operation: moderate) Performance Framework (23/24 design: significant, operation: moderate)- lead CDPO Outpatient Management (23/24 advisory review) lead- COO Data Quality - UEC Data Sets (24/25 design: Substantial, operation; Substantial) Waiting list management (25/26 design: Substantial, operation; Moderate)- 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 planned service developments, in accordance with three-year plan. Establish planned KPIs and dashboards in accordance with three-year plan. Deliver planned measures to meet NHSE operational requirements in accordance with 24/25 actions in the three-year plan.

ID	Score	Summary risk description
1133	12 (medium)	Ability to improve ED waiting times potential risk to operational performance impacting on patient experience and outcomes

ID	Score	Summary risk description
1135	16 (high)	Bed capacity, staffing and ERF funding/ support poses a risk to meeting the elective care delivery plan that might affect patient outcomes and experience
1136	16 (high)	Due to issues with diagnostic capacity there is a risk to our ability to reduce the current backlog of patients waiting for elective care and cancer diagnosis and treatment this might effect patients in terms of harm or poor outcomes
2445	12(medium)	Ability to meet delivery plan trajectories for the achievement of Cancer targets that might impact on patient
3087	12(medium)	Due to internal and external resourcing challenges and uncertain patient demand there is a risk that the trust might not deliver the Winter Plan leading to increased operational pressures and impact on operational performance targets.

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 	<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)

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> 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 financial plan, inc. 6% efficiency target. Finance Training for non-finance staff (Audit Committee Oct 24) SFIs and Scheme of Delegated Authorities update <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) 	<ul style="list-style-type: none"> Finance Forecast (IAC Oct 23) Going Concern Assessment (AC June 2025) Assurance of Coding and counting clinical activity (IAC June 25) <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"> 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 Cash Management (24/25) Advisory – lead CFO Salary Overpayments (24/25: design: Moderate, operation: Limited) – lead CFO / CPO Month End Closedown procedures (24/25 design: Moderate, operation Moderate) – lead CFO Compliant Direct Awards (24/25: design: Moderate, operation: Moderate) – lead CFO Establishment Controls (24/25: design: Moderate, operation: Limited) – lead CPO Divisional Financial Controls (25/26: design: Moderate, operation: Limited) – Lead CFO Stock Control (25/26 design: Moderate, operation: Limited) – Lead CFO
Gaps in controls and assurance	Actions to address gaps
	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.

ID	Score	Summary risk description
1119	20 (high)	Long term financial sustainability.
1153	20 (high)	Failure to effectively manage-delivery of workforce, activity and CIP plans (to planning assumptions)-resulting in overspends against budget and inability to achieve financial targets
1157	16 (high)	Failure to deliver in year Financial Plan (Cash Impact): Decreasing liquidity ratio leads to: Increased regulatory reporting and potential delays in paying suppliers (Note escalated to CRR by Risk Committee in July) Score increased in Q1 25/26

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 SDE Maturity Assessment reported to IAC August 24 <p>Third line of defence:</p> <p>Internal Audit reports on:</p> <ul style="list-style-type: none"> 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 (24/25 design: substantial, operation: moderate) - Lead CDO Outpatient Management (23/24 advisory review) – lead COO SDE Cyber Security (24/25 design: Moderate, operation: Moderate) – lead CDO IT Asset Management (25/26 design: Limited, operation: Moderate) – Lead CDO

Controls	Assurance on controls reported to Board and Committees
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

ID	Score	Summary risk description
1398	10 (Medium)	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 Travel and Transport Strategy (Investment Committee June 25) UEC level 1 bid submission <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 Board seminar session Various Estates safety groups (e.g. Ventilation) 	<p>First line of defence:</p> <ul style="list-style-type: none"> E & F Management Committee Divisional Performance Reviews Estates compliance committee Capital Programme update report (Investment 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 / backlog maintenance risk review update / ventilation compliance update) Estates Compliance paper to IAC August 24 Planned review as part of Corporate Performance Review meetings Business continuity plan (EPRR Annual Report) Investment Committee Review, IAC, Board Premises Assurance Model Report Board Health and Safety Annual Report to 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 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 	<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.

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> From PFI contract management review: KPIs, workflow documentation 	<ul style="list-style-type: none"> 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

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
1138	9(medium)	Due to the capacity of the estates team and the scale of the major capital projects there is a risk of potential impacts on service delivery that might effect patient care and a risk to delivery of the capital programme

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 Acute provider collaborative across BOB Involvement in ICB structure consultation reported to IAC August 24 Research governance ToR signed off (TME August 25) <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) Acute Provider Collaborative Board (Chair, 25/26 Trust Chair, Frequency bi-monthly) 	<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) Research & Development Update Report (IAC Feb 25) APC and SRTB Update (IAC June 25) <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: Significant, operation: Moderate) Research & Development Review (24/25: advisory)

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

ID	Score	Summary risk description
1150	12 (medium)	If the trust is not able to maintain or increase the portfolio of research activity (and innovation activity) due to staff capacity and financial constraints to leading to a risk to delivery of research activity that might effect reputation/finance (note increase in risk score – Jul 25)
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.

Yellow cells show when risk was discussed / reviewed.

IAC April	TME 27/3	TME 1/5	TME 14/5	TME 29/5	IAC June	TME 12/6	TME 26/6	TME 10/7	TME 31/7	IAC Aug	TME 14/8	TME 26/8	TME 11/9	TME 25/9	IAC Oct	TME 9/10	TME3 0/10		25/26				
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	Risk ID	Description	July (Q2)	Sept	Oct	Target	Review comments
																		Patient Care					
67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	SWON OR 0004 - Limited ICU capacity - due to staffing and space issues there is a potential risk that ICU demand may outstrip current capacity	De-esc	12	12	4	
85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	MRC - Managing medical patients in outlier wards - there is a risk of harm to patients and increased length of stay	De-esc	De-esc	De-esc	6	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	Vulnerability of the Bedford computer system (CSSD 1415-09)	20	20	25	4	Subject to further review increase to risk score to 25 to be discussed by Risk Committee
new	new	new	new	2944 (new)	2944 (new)	2944 (new)	2944	2944	2944	2944	2944	2944	2944	2944	2944	2944	2944	Due to the current control environment there is a risk around the potential for increase in harm free incident categories (falls, pressure ulcers, violence and aggression) impacting on patient experience	12	12	12	8	
new	new	new	new	2945	2945	2945	2945	2945	2945	2945	2945	2945	2945	2945	2945	2945	2945	Due to resourcing capacity there is a potential risk on the poor turnaround in complaints response rates leading to poor morale and adverse publicity	12	12	12	6	
2886 (new)	2887 (new)	2889 (new)	2890 (new)	2888	2888	2888	2888	2888	2888	2888	2888	2888	2888	2888	2888	2888	2888	Due to reductions in staffing and our inability to increase resources there is a potential risk to the delivery of new treatments (e.g. approved NICE TAs) that may mean the provision, quality or safety of services is affected.	12	12	12	4	
													ESC	31	31	31	31	Due to challenges in the community there is a risk of deconditioning of patients and increased length of stay due to delays in discharge. (MRC)	ESC	16	16	8	
											new	3088	3088	3088	3088	3088	3088	Due to local interest groups views there is a risk that we are perceived by members of the public, our patients and our staff as providing unsafe care and that we fail to listen, learn and respond compassionately to our patients leading to increase in complaints, poor staff morale and increased regulatory scrutiny.	new	16	16	8	Note risk under review by CNO to be spilt into two risks for approval of next Risk Committee
																		People					
1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	1614	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	4	4	4	4	
new	new	new	new	new	new	new	2948	2948	2948	2948	2948	2948	2948	2948	2948	2948	2948	Due to the current control environment there is a risk that the Trust will not deliver its headcount reduction target (575 posts in total) and will continue to grow its workforce rather than reduce it resulting in increased external scrutiny and impacting on financial performance and year end position.	9	12	12	6	
2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	2595	Not able to reduce our temporary staffing and missing our NHSE control target	15	12	12	6	

IAC April	TME 27/3	TME 1/5	TME 14/5	TME 29/5	IAC June	TME 12/6	TME 26/6	TME 10/7	TME 31/7	IAC Aug	TME 14/8	TME 26/8	TME 11/9	TME 25/9	IAC Oct	TME 9/10	TME3 0/ 10		25/26				
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	Risk ID	Description	July (Q2)	Sept	Oct	Target	Review comments
2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	2596	Impact of temp staff reduction on staff and patients - Meeting our financial controls could have an adverse impact on patients and staff.	12	12	12	4	
1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	1616	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.	12	12	12	6	
new	new	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	2163	Culture - There is a risk for leaders and managers not being able to participate in our central programmes to support a culture whereby everyone feels included and valued as part of #OneTeamOneOUH due to operational pressures and bandwidth resulting in leaders do not have the skills and confidence to tackle bullying and harassment (impacting on staff well-being).	12	12	12	4	
2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing	12	12	12	6	
																		Performance					
1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	1153	Failure to effectively manage delivery of workforce, activity and CIP plans (to planning assumptions) resulting in overspends against budget and inability to achieve financial targets	20	16	16	8	
1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	1157	Failure to deliver in year Financial Plan (Cash Impact) Decreasing liquidity ratio leads to: Increased regulatory reporting and potential delays in paying suppliers	16	16	16	4	
1119	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 care.	20	20	20	12	
1124	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	12	12	8	
1125	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	12	12	12	8	
1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	Due to the capacity of the estates team and the scale of the major capital projects there is a risk of potential impacts on service delivery that might effect patient care and a risk to delivery of the capital programme	9	12	12	3	
1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	1133	Ability to improve ED waiting times (a minimum of 78% of patients seen within 4 hours by March 2026) potential risk to operational performance impacting on patient experience and outcomes	12	12	12	9	
1134	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	Bed capacity, staffing and access to funding/ uncertain levels of ICB support poses a risk to	16	16	16	9	

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IAC April	TME 27/3	TME 1/5	TME 14/5	TME 29/5	IAC June	TME 12/6	TME 26/6	TME 10/7	TME 31/7	IAC Aug	TME 14/8	TME 26/8	TME 11/9	TME 25/9	IAC Oct	TME 9/10	TME3 0/ 10		25/26				
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	Risk ID	Description	July (Q2)	Sept	Oct	Target	Review comments
																		meeting the trust trajectory for RTT 52 week waits that might affect patient outcomes and experience					
1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	1136	Due to issues with diagnostic capacity there is a risk to our ability to reduce the current backlog of patients waiting for elective care and cancer diagnosis and treatment this might effect patients in terms of harm or poor outcomes	16	16	16	6	
2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	Ability to meet delivery plan trajectories for the achievement of 62 day cancer targets that might impact on patient outcomes	12	12	12	8	
1398	1398	1398	1398	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).	10	Closed	Closed	8	
										new	3087	3087	3087	3087	3087	3087	3087	Due to internal and external resourcing challenges and uncertain patient demand there is a risk that the trust might not deliver the Winter Plan leading to increased operational pressures and impact on operational performance targets.	new	16	12	8	Risk score reduced as plan presented to system partners
																		Partnerships					
1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	Due to lack of capacity in the system and patient behaviours there is a risk that patients might not be directed to the right care pathway which may effect patient outcomes, experience and staff morale.	9	9	9	6	
1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	If the trust is not able to maintain or increase the portfolio of research activity (and innovation activity) due to staff capacity and financial constraints leading to a risk to delivery of research activity that might effect reputation/finance	12	12	12	2	

By risk score – current score

Risk ID	Description	Sept	Oct	Target	pillar
3	Vulnerability of the Bedford computer system (CSSD 1415-09)	20	25	4	patient
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 care.	20	20	12	performance
31	Due to challenges in the community there is a risk of deconditioning of patients and increased length of stay due to delays in discharge. (MRC)	16	16	8	patient
3088	Due to local interest groups views there is a risk that we are perceived by members of the public, our patients and our staff as providing unsafe care and that we fail to listen, learn and respond compassionately to our patients leading to increase in complaints, poor staff morale and increased regulatory scrutiny.	16	16	8	patient
1153	Failure to effectively manage delivery of workforce, activity and CIP plans (to planning assumptions) resulting in overspends against budget and inability to achieve financial targets	16	16	8	performance
1157	Failure to deliver in year Financial Plan (Cash Impact) Decreasing liquidity ratio leads to: Increased regulatory reporting and potential delays in paying suppliers	16	16	4	performance
1135	Bed capacity, staffing and access to funding/ uncertain levels of ICB support poses a risk to meeting the trust trajectory for RTT 52 week waits that might affect patient outcomes and experience	16	16	9	performance
1136	Due to issues with diagnostic capacity there is a risk to our ability to reduce the current backlog of patients waiting for elective care and cancer diagnosis and treatment this might effect patients in terms of harm or poor outcomes	16	16	6	performance
67	SWON OR 0004 - Limited ICU capacity - due to staffing and space issues there is a potential risk that ICU demand may outstrip current capacity	12	12	4	patient
2944	Due to the current control environment there is a risk around the potential for increase in harm free incident categories (falls, pressure ulcers, violence and aggression) impacting on patient experience	12	12	8	patient
2945	Due to resourcing capacity there is a potential risk on the poor turnaround in complaints response rates leading to poor morale and adverse publicity	12	12	6	patient
2888	Due to reductions in staffing and our inability to increase resources there is a potential risk to the delivery of new treatments (e.g. approved NICE TAs) that may mean the provision, quality or safety of services is affected.	12	12	4	patient
2948	Due to the current control environment there is a risk that the Trust will not deliver its headcount reduction target (575 posts in total) and will continue to grow its workforce rather than reduce it resulting in increased external scrutiny and impacting on financial performance and year end position.	12	12	6	people
2595	Not able to reduce our temporary staffing and missing our NHSE control target	12	12	6	people
2596	Impact of temp staff reduction on staff and patients - Meeting our financial controls could have an adverse impact on patients and staff.	12	12	4	people
1616	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.	12	12	6	people
2163	Culture - There is a risk for leaders and managers not being able to participate in our central programmes to support a culture whereby everyone feels included and valued as part of #OneTeamOneOUH due to operational pressures and bandwidth resulting in leaders do not have the skills and confidence to tackle bullying and harassment (impacting on staff well-being).	12	12	4	people
2443	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing	12	12	6	people
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	12	8	performance
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	12	12	8	performance
1138	Due to the capacity of the estates team and the scale of the major capital projects there is a risk of potential impacts on service delivery that might effect patient care and a risk to delivery of the capital programme	12	12	3	performance
1133	Ability to improve ED waiting times (a minimum of 78% of patients seen within 4 hours by March 2026) potential risk to operational performance impacting on patient experience and outcomes	12	12	9	performance
2445	Ability to meet delivery plan trajectories for the achievement of 62 day cancer targets that might impact on patient outcomes	12	12	8	performance
3087	Due to internal and external resourcing challenges and uncertain patient demand there is a risk that the trust might not deliver the Winter Plan leading to increased operational pressures and impact on operational performance targets.	16	12	8	performance
1150	If the trust is not able to maintain or increase the portfolio of research activity (and innovation activity) due to staff capacity and financial constraints leading to a risk to delivery of research activity that might effect reputation/finance	12	12	2	partner
1111	Due to lack of capacity in the system and patient behaviours there is a risk that patients might not be directed to the right care pathway which may effect patient outcomes, experience and staff morale.	9	9	6	partner
1614	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	4	4	4	people