

## Cover Sheet

Trust Board Meeting in Public: Wednesday 13 November 2024

TB2024.98

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**Title:** Board Assurance Framework and Risk Appetite

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**Status:** For Discussion

**History:** Regular report to the Committee

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**Board Lead:** Chief Assurance Officer

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**Confidential:** No

**Key Purpose:** Assurance

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## **Executive Summary**

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 the Corporate Risk Register (CRR) are kept under active review during the year.
2. This report provides an overview of the following:
  - The assurances noted as part of the BAF.
  - The processes to develop the review and reporting of risk, a summary of the current CRR and the current developments to the Trust's risk management processes.
3. Finally, it provides a summary of the update and development of the Trust's risk appetite statement.

## **Recommendations**

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

## Board Assurance Framework and Risk Appetite

### 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 the Corporate Risk Register (CRR) are kept under active review during the year.
- 1.2. This report provides an overview of the following:
  - The assurances noted as part of the BAF.
  - The processes to develop the review and reporting of risk, a summary of the current CRR and the current developments to the Trust’s risk management processes.
- 1.3. Finally, it provides a summary of the update and development of the Trust's risk appetite statement.

### 2. Board Assurance Framework

- 2.1. Reporting across the four strategic pillars has now been added to the Board and Integrated Assurance Committee agendas. This change has enabled an easier review of the assurance reported to all Board and Board subcommittees for the year to date. Mapping of all reports to the Board and Board subcommittees has been undertaken.
- 2.2. The following levels of Assurance have been used to form this analysis:
  - 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
- 2.3. The two charts below provide an overall summary of assurance reported by assurance level for the year to date.

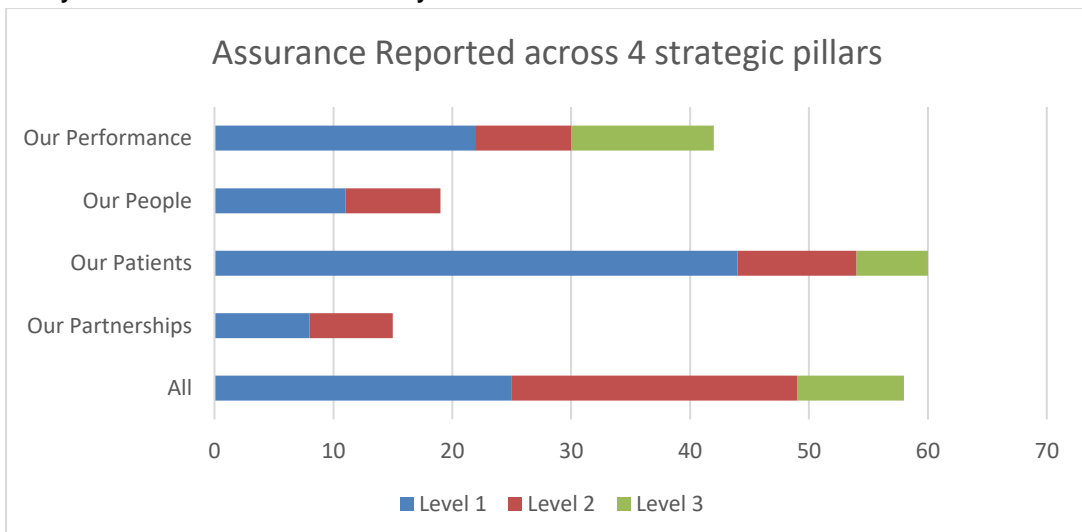


Table 1: Total Assurance reported in the year to date by each strategic pillar

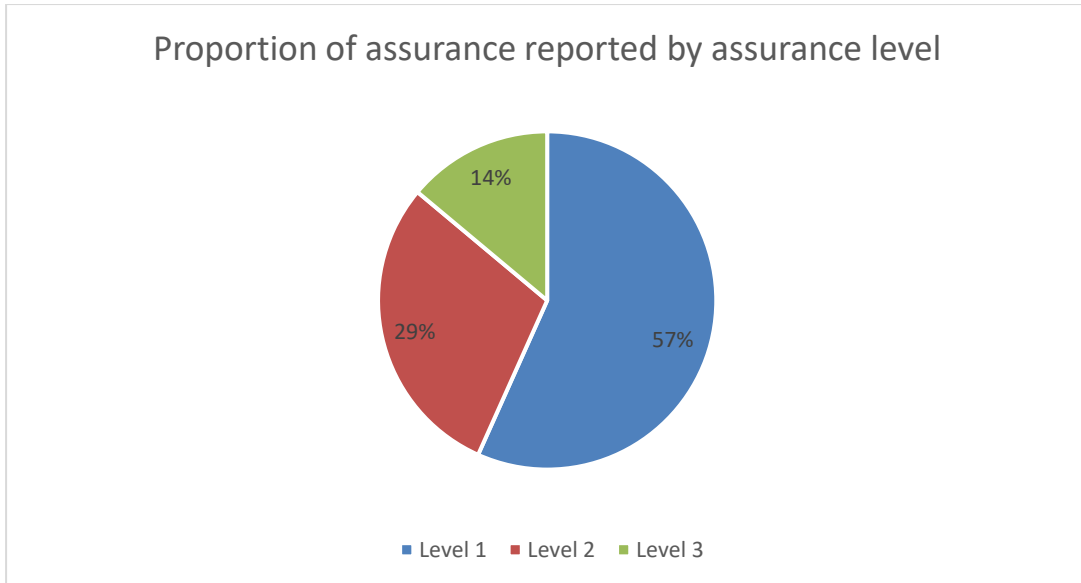


Table 2 Proportion of assurance levels for all assurance reported

- 2.4. There is a good range of assurance levels reported with most of the assurance coming from operational or management oversight (Level 1). This is to be expected as reports are generated by the subject matter expert under the relevant Chief Officer's portfolio.
- 2.5. The breadth and depth of Level 2 assurance has increased from that noted in the previous financial year. This is due to the development of new groups undertaking additional overview and scrutiny of certain aspects of Trust business. For example;
- the Productivity Committee is directly overseeing aspects of financial sustainability and operational efficiency;
  - the Delivery Committee is overseeing delivery of strategic and operational objectives, including the Trust's CQC long term plan, Board visibility programme, Clinical Strategy, the Trust's health inequalities programme and others;
  - The Digital Oversight Group, the Capital Management Group and EDI Steering Group all have an oversight role.
- 2.6. A full list of the entire map is held by the Assurance team this will continue to be mapped against the revised strategic objectives and across the four pillars.
- 2.7. The Assurance Team are currently undertaking a range of mapping to further enhance the view of assurance and the flow of information across the Trust. This has included mapping the terms of reference of Board subcommittees, key strategies and the wider governance structure. The aim is to include this in the BAF and CRR report to the Audit Committee in future.

- 2.8. A copy of the Board Assurance Framework (BAF) document is provided as Appendix 1 of this report. This provides a brief summary of items added to the BAF from the Audit Committee in October.

### **3. Corporate Risk Register**

- 3.1. The Corporate Risk Register was updated to reflect any revisions made by the relevant risk owner and has been updated to reflect recent reviews at the Risk Committee and Integrated Assurance Committee. A detailed copy of the full CRR has been provided in the reading room for information.
- 3.2. The last Integrated Assurance Committee (IAC) was provided with revised formats of the CRR that reflect the Strategic pillars.
- 3.3. The high-level summary of the CRR is provided as Appendix 2 showing the risks in this order for information. In addition, it provides a summary sorted by risk score.

#### **Continuous Improvement in Risk**

- 3.4. An update on a range of process development was provided to the last Audit Committee, these were based on continuous improvement work suggested by the Integrated Assurance Committee. This work included on triangulation and the connection between the CRR and divisional level risk registers. This is currently being developed further and will be presented to the next Risk Committee meeting in November.
- 3.5. The Risk Committee approved a three-year plan to further develop and embed good risk management practices across the Trust. The Plan focuses on the following key areas, in line with the Internal Audit risk maturity assessment model:
  - Risk Governance
  - Risk Assessment
  - Risk Mitigation
  - Risk Monitoring and Reporting
  - Continuous Improvement

### **4. Risk Appetite developments**

#### **Why is Risk Appetite important?**

- 4.1. Risk Appetite provides a framework which enables the Trust to make informed planning and management decisions. By defining Risk Appetite, the Trust will be able to clearly set the optimal position in pursuit of its strategy and vision. The benefits of adopting a Risk Appetite include:
  - Supporting informed decision-making;
  - Reducing uncertainty;

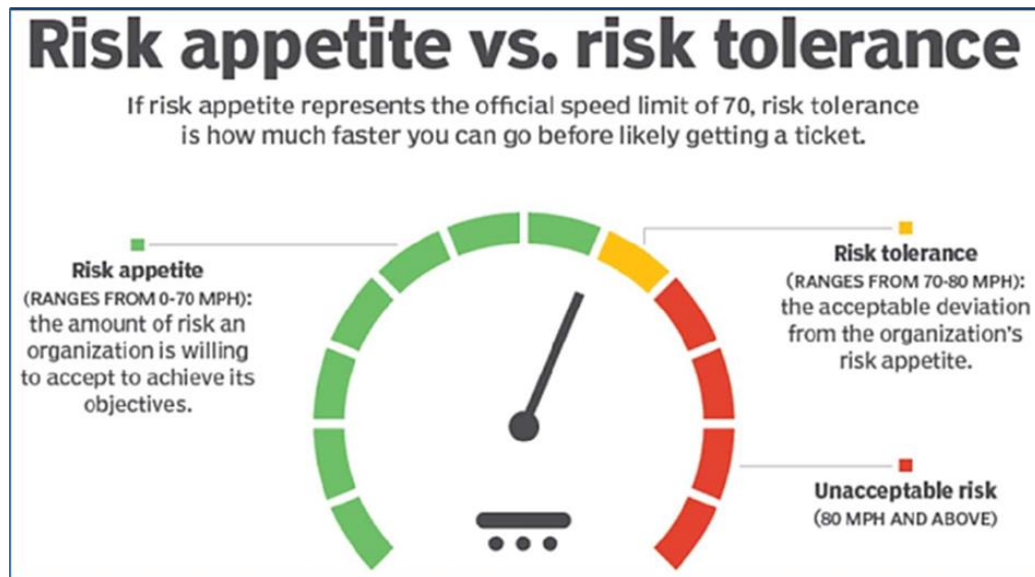
- Improving consistency across governance mechanisms and decision making;
  - Supporting performance improvement;
  - Focusing on priority areas within the Trust; and
  - Informing spending review and resource prioritisation processes.
- 4.2. Since budgetary constraints may prevent achievement of Risk Appetite (at least in the short-term), the defining of a Risk Tolerance enables the Trust to clearly set an acceptable position in pursuit of its strategy and vision.

### **The Board / Trust Risk Appetite Statement**

- 4.3. Following the introduction of a Risk Management Strategy in the Trust, back in 2012, the Board at that time developed a formal risk appetite statement to support the delivery of the strategy. This was based on the Good Governance Institute's (GGI) guidance for risk appetite developed with and for NHS organisations.
- 4.4. The Board invested time to explore and consider their appetite for risk across a set of Board agreed risk domains and appetite levels. This was most recently reviewed and discussed at a Board seminar session in July. From this session the risk appetite statement has been subject to review by the Risk Committee. The Risk Committee's recommended draft of the statement is provided as Appendix 3 for review and approval.

### **Definitions**

- 4.5. To assist with the concept the Trust has adapted definitions for Risk Appetite and Risk Tolerance from the 'Orange Book – Risk Appetite guidance note', Government Finance Function (October 2020), which are stated below:
- **Risk Appetite:** the level of risk with which the Trust **aims** to operate.
  - **Risk Tolerance:** the level of risk with which the Trust is **willing** to operate.
- 4.6. It is worth noting that these terms should not be used interchangeably. The picture below explains these concepts via a visual example.



- 4.7. In this picture the official speed limit shows the range of the **risk appetite**, over this limit we set our own **risk tolerance**. This is the amount we are prepared to flex from the risk appetite. There will then be a speed that we are not prepared to exceed which is outside our risk tolerance and represents an **unacceptable level of risk**. In this example our choices are personal to us but as a Board the choices of Appetite and Tolerance represent the collective opinions of the whole Board.

## 5. Next steps

- 5.1. As part of the Board seminar session there was a discussion about how the risk appetite statement, once approved by the Board, would be used within the organisation.
- 5.2. Initial first steps are to consider its use as part of the Quality Impact Assessment process and in Business Case development. As a result, an outline guide has been developed and shared with the owners of both processes, the Assurance Team and all Chief Officers for comment. Work on how this guide can be included in both processes in ongoing with the teams involved in these processes.
- 5.3. One suggestion in relation to the business case process is that the application of the Appetite Statement should be stratified to the size and nature of the business case.

## 6. Recommendations

- 6.1. The Board is asked to:
  - Note the BAF and CRR elements of the report;
  - Review and agree the draft risk appetite statement;

Strategic Risk	Risk score			Rational for change in risk score / commentary	Changes to controls since last version August 24	Changes to assurance since last version August 24
	Previous April 24	Current Sept 24	Target			
<b>Strategic Objective:</b> To make OUH a <b>great place to work</b> ; one that <b>promotes equality, diversity and inclusion, encourages talent and development, and enables freedom to speak up</b> without fear of futility or detriment.						
SR1: Staff may not want to come, not want to stay, and not want to engage	C4 x L4 = 16	C4 x L3 = 12	C2 x L2= 4	↓: Noted at Board Appetite Seminar July 2024	Reporting to TME added	Added Internal Audit Report reported to Audit Committee in Oct 2024
<b>Strategic Objective:</b> To create a <b>culture of continuous improvement</b> 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 new Critical Care Safety Group and Maternity dashboard	Added Report to Audit Committee in Oct 2024
<b>Strategic Objective:</b> To consistently achieve all operational <b>performance standards and financial sustainability.</b>						
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	↔: No change – <b>but considering if this may be increasing, given the current tiering review</b>	No additions	No additions
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 – <b>but considering if this is increasing given the current system wide NHSE Investigation and Improvement work</b>	Added finance training for non-financial staff as reported to Audit Committee Oct 2024	Added Internal Audit Report reported to Audit Committee in Oct 2024
<b>Strategic Objective:</b> To make effective use of our <b>digital capability to enhance patient care and staff efficiency, and productivity</b>						
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	No additions
<b>Strategic Objective:</b> To have an <b>estate that meets the highest levels of regulatory compliance</b> and enhances our offer for patient care and staff wellbeing by adopting novel ideas and methods that <b>embrace the sustainability goals.</b>						
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	C4 x L3= 12	C4 x L3= 12	C4 x L2= 8	↔: No change – <b>but considering if this may be increasing, given recent needs to amend capital programme</b>	No additions	No additions



Strategic Risk	Risk score			Rational for change in risk score / commentary	Changes to controls since last version August 24	Changes to assurance since last version August 24
	Previous April 24	Current Sept 24	Target			
maintain safe infrastructure to support patient care and staff wellbeing.						
To work in <b>partnership</b> at Place and System level for the benefit of our patients and populations with effective collaboration to <b>reduce health inequalities</b> and fulfil our role as an <b>anchor institution</b> .						
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	Added Internal Audit Report reported to Audit Committee in Oct 2024

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

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

<b>Risk Score</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Score</b>
<b>Current risk score</b>	4	3	12
<b>Target risk score</b>	2	2	4
<b>Risk Lead</b>	Chief People Officer	<b>Risk Appetite Domain</b>	People / Patient
		<b>Risk Appetite Level</b>	Cautious / Avoid

<b>Controls</b>	<b>Assurance on controls reported to Board and Committees</b>
<ul style="list-style-type: none"> <li>People Plan 2022-25 and supporting annual priorities - Delivery of year 3 of the plan</li> <li>TNA for all staff (link to nursing) (New director of non-medical education link to new controls re this aspect)</li> <li>Growing Stronger Together Plan with metrics and related actions</li> <li>Well-being check-ins</li> <li>FTSU speak up culture and plans</li> <li>Bullying and harassment eradication plan</li> <li>Kindness into action and related training plan</li> <li>Clear core training policy and appraisal policies, monitored via workforce metrics (to inc. EDI Training)</li> <li>Sexual safety charter</li> <li>Employee relations meetings (covered via SLA) and addressing of medical concerns.</li> <li>International Educated nursing (IEN) action implementation (to inc. IEN development)</li> <li>Well supported staff networks to assist with the delivery of EDI Peer Review Programme.</li> <li>ICB partnerships to address workforce issues.</li> </ul>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>Chief People Officer’s Update Reports to TME, IAC and Board, <b>specific reports on Temporary Staffing and Pay Panel results</b></li> <li>Workforce Issues Heatmap (Reported bi-monthly)</li> <li>People and Communications Committee (Chair: CPO, Frequency: Bi-monthly)</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>Planned review as part of Corporate Performance Review meetings.</li> <li>Divisional Performance meetings</li> </ul> <p><b>Third line of defence:</b></p> <ul style="list-style-type: none"> <li><b>Internal Audit Report (24/25): Temporary Staffing Reduction Programme (Design: Moderate, Effectiveness: Moderate)</b></li> </ul> <p><b>Other External Reports</b></p> <ul style="list-style-type: none"> <li>NHS Staff Survey results</li> <li>CQC reports on OCC (not rated) and HGH MLU (RI rated) and action plan monitoring via governance structure</li> </ul>

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

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	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.
1707	10(medium)	Potential strike action, across nursing, junior doctor and other AHPs, leading to operational performance issues and impact on patient safety
2443	12(medium)	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing.
2595	15(high)	Ability to meet 700 temp staff reduction target
2596	12(medium)	Impact of temp staff reduction on staff and patients

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

<b>Strategic Objective</b>	To create a <b>culture of continuous improvement</b> in all that we do.
<b>Strategic Risk 2</b>	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"> <li>high clinical / all workloads, a tired workforce</li> <li>strong reliance on discretionary effort to deliver quality improvement training and initiatives,</li> <li>failure to educate and empower staff in QI.</li> <li>a fear of change / low risk appetite,</li> <li>lack of leadership capacity QI</li> <li>Inability to effect change (capability and capacity)</li> <li>Not able to embed this across all staff groups and all services, corporate and clinical functions.</li> <li>Ability to actively engage with research activity.</li> <li>Ability to drive patient engagement.</li> <li>Changing internal / external agendas</li> <li>Ability to invest in QI resources for improvement.</li> <li>Insufficient resources in continuous improvement</li> </ul>	<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"> <li>poor patient outcomes – more harm</li> <li>poor quality, efficiency, productivity, waste and poor financial performance placing increased pressure on services and staff that might lower engagement and morale.</li> <li>Service improvement opportunities not taken forward / less novel emerging therapies/ lower ability to deliver new treatment options</li> <li>Sustainability of continuous improvements</li> <li>Impact on staff motivation and retention / staff may not feel empowered to make improvements</li> <li>Increased mortality</li> <li>Impact on reputation</li> </ul>

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

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

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

Related Corporate Risk Register Entries

ID	Score	Summary risk description
85	15 (high)	MRC - Managing medical patients in outlier wards - there is a risk of harm to patients and increased length of stay (Note escalated to CRR Q1 24/25)
2519	16 (high)	CSS - Due to small sized side rooms and smaller sized bed bay areas, there is a potential to limit the ability of staff to move freely around the bed space if all medical equipment is in place (i.e. ventilator, nitric, renal replacement machine, cooling/warming blanket, pump stack) that might lead to patient safety issues (OCC Level 1).
67	16 (high)	SWON OR 0004 - Limited ICU capacity - due to staffing and space issues there is a potential risk that ICU demand may outstrip current capacity

<b>Strategic objective</b>	To consistently <b>achieve all operational performance standards and financial sustainability.</b>
<b>Strategic Risk 3.1</b>	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"> <li>• Our ability to participate in ICS / APC</li> <li>• ICS effectiveness / failure of ICS policy framework / ICB boundaries</li> <li>• Wider landscape changes in-year/ short termism in NHS</li> <li>• National / regional restructure</li> <li>• Ageing population with multiple co-morbidities</li> <li>• Industrial action</li> <li>• Changes to Specialist commissioning</li> <li>• National planning guidance</li> <li>• Availability of workforce / loss of experience staff aging workforce</li> <li>• Poor theatre utilisation</li> <li>• Poor estate</li> <li>• Lack of capital development</li> <li>• Lack of mutual aid / funding</li> </ul>	<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"> <li>• Ability to plan over time,</li> <li>• Not having the right people of the right quality / different capacity (human and physical)</li> <li>• Strategic planning in the broader sense</li> <li>• Inability to deliver Cancer and other standards</li> <li>• Additional oversight from ICB, regional and national team – system oversight process</li> <li>• Increased use of temporary staffing</li> <li>• Poor access times / longer waits for patients leading to harm</li> <li>• Poor patient experience</li> <li>• Poor productivity</li> </ul>

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

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>• Activity plan</li> <li>• Performance management framework</li> <li>• GIRFT Action Plan</li> <li>• Planning / staff briefings on strike action</li> <li>• Improvement Programmes covering: elective care, outpatients, cancer, theatres, diagnostics and urgent care.</li> <li>• Implementation of ED staffing business case (IAC April 24)</li> <li>• Roll out mobile lung check service for 50-75yr olds*</li> <li>• Cash Improvement Plan (Reported to IAC August 24)</li> </ul> <p><b>Governance Structure:</b></p> <ul style="list-style-type: none"> <li>• Productivity Committee</li> </ul>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>• Divisional management reports</li> <li>• Chief Operating Officer's Update Reports to TME, Audit Committee, IAC, and Board</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>• IAC, AC, Board</li> <li>• Annual Reports: EoL, Infection Control, Learning from Deaths</li> <li>• Planned review as part of Corporate Performance Review meetings</li> <li>• Productivity review of major programmes</li> </ul> <p><b>Third line of defence:</b></p> <p><b>Internal Audit reports:</b></p> <ul style="list-style-type: none"> <li>• Clinical Validation of Waiting Lists (21/22: design: moderate, operation: moderate)</li> </ul>

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

## Related Corporate Risk Register Entries

ID	Score	Summary risk description
1133	12 (Medium)	Ability to improve ED waiting times (a minimum of 78% of patients seen within 4 hours by March 2025) potential risk to operational performance impacting on patient experience and outcomes
1135	15 (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 (Note summary description updated in line with 24/25 delivery plan)
1136	15 (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 (Note summary description updated in line with 24/25 delivery plan)
2445	12 (Medium)	Ability to meet delivery plan trajectories for the achievement of Cancer targets that might impact on patient outcomes (Note new risk added in line with 24/25 delivery plan)
67	16 (High)	SWON OR 0004 - Limited ICU capacity - due to staffing and space issues there is a potential risk that ICU demand may outstrip current capacity (Note escalated to CRR Q1 24/25)

<b>Strategic objective</b>	To consistently <b>achieve all operational performance standards and financial sustainability.</b>
<b>Strategic Risk 3.2</b>	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"> <li>• Our ability to participate in ICS.</li> <li>• ICS effectiveness / failure of ICS policy framework / ICB boundaries</li> <li>• Wider landscape changes in-year/ short termism in NHS</li> <li>• Unsustainable financial model</li> <li>• Approach to NHS capital budget</li> <li>• Specialist commission landscape changes</li> <li>• National planning guidance</li> <li>• Lack of grip</li> <li>• Poor control of pay and non-pay budgets</li> <li>• Lack of delivery of productivity goals</li> </ul>	<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"> <li>• Lack of ability to fund emerging therapies/ new treatment options.</li> <li>• Support financially or for our people skills provision to be delivered in a different way</li> <li>• Ability to plan over time, new investments.</li> <li>• Additional oversight from ICB, regional and national team – system oversight process</li> <li>• Increased use of temporary staffing</li> <li>• Poor patient care</li> <li>• Poor staff morale</li> <li>• Increased pressure on cash potentially leading to need to cut services</li> </ul>

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

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>• Capital project benefit realisation reviews</li> <li>• Improvement Programmes</li> <li>• Operational finance support</li> <li>• Workforce controls (link to LLPs)</li> <li>• Pay and non- pay controls in place and communicated trust wide (Reported via TME 11/4/24)</li> <li>• Temporary staffing work programme (monitored via Productivity Committee)</li> <li>• Delivery to 24/25 financial plan, inc. 6% efficiency target.</li> <li>• <b>Finance Training for non-finance staff (Audit Committee Oct 24)</b></li> </ul> <p><b>Governance Structure:</b></p> <ul style="list-style-type: none"> <li>• Productivity Committee (Chair: CEO Frequency: Monthly)</li> <li>• Delivery Committee (Chair: CEO Frequency: Monthly)</li> <li>• TME (Chair: CEO Frequency: Monthly)</li> <li>• Investment Committee (Chair: CEO Frequency: Monthly)</li> </ul>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>• Chief Finance Officer’s Update Reports to TME, Audit Committee, IAC, Investment Committee and Board (e.g. Costing Assurance Audit)</li> <li>• Finance Forecast (IAC Oct 23)</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>• Divisional Performance Review meetings – Reports to: TME</li> <li>• Productivity review of major programmes – Reports to: Productivity Committee</li> </ul> <p><b>Third line of defence:</b></p> <p><b>Internal Audit reports:</b></p> <ul style="list-style-type: none"> <li>• Payroll Spend Controls (22/23: design: M, operation: M)- lead CFO</li> <li>• HFMA Financial Sustainability (22/23) Advisory – lead CFO</li> <li>• Key Financial Systems (22/23: design S; operation: M)- lead CFO</li> <li>• Financial Governance and HFMA action plan (23/24 design: moderate, operation: moderate)- lead CFO</li> <li>• <b>Cash Management (24/25) Advisory – lead CFO</b></li> <li>• <b>Salary Overpayments (24/25: design: Moderate, operation: Limited) – lead CFO / CPO</b></li> </ul>



Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>Integrated Assurance Committee (Chair: CEO Frequency: Monthly)</li> </ul>	
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.

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.
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)

<b>Strategic Objective</b>	To make effective use of our <b>digital capability</b> to <b>enhance patient care</b> and staff <b>efficiency, and productivity</b>
<b>Strategic Risk 4</b>	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"> <li>Inadequate digital integration or cyber security measures...</li> <li>Digital capability to support trust staff to do the job (resource and finance)</li> <li>Inadequate resourcing of digital function</li> <li>Real time data capture and availability</li> <li>Training and ability of staff to use systems</li> <li>Lack of prioritisation on digital agenda</li> <li>System wide integration of IT systems across the ICB</li> <li>Engagement with patients on digital innovation</li> <li>infrastructure capacity to cope with digital solutions.</li> </ul>	<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"> <li>a failure to align with clinical workflows/integration.</li> <li>Our patients, staff, and public losing trust in us</li> <li>Potential for poorer quality of care</li> <li>The potential for reputational damage</li> <li>Poorer compliance and lack of drive for efficiency</li> <li>Lack of Delivery of improvements in operational delivery</li> <li>Systems that are implemented are not user friendly / staff become frustrated with IT provision</li> </ul>

Risk Score	Consequence	Likelihood	Score
<b>Current risk score</b>	4	3	12
<b>Target risk score</b>	4	1	4
<b>Risk Lead</b>	Chief Digital and Partnerships Officer	<b>Risk Appetite Domain</b>	Finance / Patient / Change
		<b>Risk Appetite Level</b>	Minimal / Avoid / Seek

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>Digital Plan</li> <li>Digital Strategy</li> <li>DSP toolkit assessment and action plan</li> <li>Contract management of systems</li> <li>Software licences</li> <li>SDE oversight and go live in 24/25</li> </ul> <p><b>Governance Structure:</b></p> <ul style="list-style-type: none"> <li>Digital Oversight Committee (DOC)</li> <li>Cyber Security Task Force</li> </ul>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>Update Reports to TME and IAC (Frequency: Quarterly)</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>Corporate Performance Review meetings</li> <li>SDE Maturity Assessment reported to IAC August 24</li> </ul> <p><b>Third line of defence:</b></p> <p><b>Internal Audit reports on:</b></p> <ul style="list-style-type: none"> <li>Cyber Security (22/23: design; moderate, operation: moderate) – Lead CDPO</li> <li>IT Disaster Recovery (22/23: design: moderate, operation: moderate) – Lead: CDPO</li> <li>Business Continuity (22/23: S:M) – Lead COO</li> <li>Data Quality (22/23) – Lead CDPO</li> <li>IT Project Benefits Realisation (22/23) – Lead CDPO</li> <li>DSP Toolkit (23/24 design: substantial, operation: moderate) - Lead CDPO</li> <li>Outpatient Management (23/24 advisory review) – lead COO</li> </ul>
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> <li>From cyber security review: some unsupported systems</li> <li>From IT disaster Recovery: Plans to be tested and training to handle major incident</li> </ul>	<ul style="list-style-type: none"> <li>Continue programme of upgrade of systems.</li> <li>DOC work with stakeholder on delivery / risk assessment</li> <li>Go Live of new Laboratory Information Management System (LIMS) in line with 24/25 of the three-year plan</li> <li>Maximise use of automation in Pharmacy for efficiency gains, in line with 24/25 of the three-year plan</li> </ul>

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	10 (Medium)	Unsupported Hardware or Software fails and cannot be recovered; causes cyber security vulnerability; or becomes incompatible with supported systems ('technical debt' management).

<b>Strategic Objective</b>	To have an <b>estate that meets the highest levels of regulatory compliance</b> and enhances our offer for patient care and staff wellbeing by adopting novel ideas and methods that <b>embrace the sustainability goals</b> .
<b>Strategic Risk 5</b>	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"> <li>The NHS financial regime</li> <li>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</li> <li>If the trust's estates infrastructure and environment is not improved...</li> </ul>	<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"> <li>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.</li> <li>Future site development plans may not be fit for purpose</li> <li>Less ability to ascertain NHS capital or alternative financial support for the future development of our sites</li> <li>Infrastructure problems</li> <li>Business continuity problems</li> <li>Estate compliance infrastructure / Regulatory Compliance issues</li> <li>Loss of services and productivity</li> <li>Impact on environment for patients and staff</li> <li>Poor staff experience</li> <li>Poor patient care</li> </ul>

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

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>Capital Programme</li> <li>Premises Assurance Model assessment</li> <li>Capital Infrastructure Plan</li> <li>Backlog maintenance review and targeted programme delivery</li> <li>PFI management full estates line of site across all estate, PFI and retained estate.</li> <li>Transport contract in place (presented to TME 11/4/24)</li> <li>Continue to improve and deliver net zero savings and reduction in our carbon footprint</li> </ul> <p><b>Governance Structure:</b></p>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>E &amp; F Management Committee</li> <li>Divisional Performance Reviews</li> <li>Estates compliance committee</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>Director of Estates and Facilities Reports to TME and IAC (Capital Schemes Updates, PFI updates, specific business case / project reports)</li> <li>Estates Compliance paper to IAC August 24</li> <li>Planned review as part of Corporate Performance Review meetings</li> <li>Business continuity plan</li> </ul>

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>Estates Compliance Committee</li> <li>Medical Equipment Prioritisation Group</li> <li>Capital Management Group</li> <li>Health &amp; Safety Committee</li> <li>Investment Committee Review, IAC, Board</li> <li>Board seminar session</li> </ul>	<ul style="list-style-type: none"> <li>Investment Committee Review, IAC, Board</li> </ul> <p><b>Third line of defence:</b></p> <p><b>Internal Audit Reports:</b></p> <ul style="list-style-type: none"> <li>PFI Contract Management (22/23) Advisory</li> <li>Estates Compliance (22/23: design: M, operation :M) – lead CE&amp;FO</li> <li>Business Continuity (22/23: design: S, operation :M) – lead COO</li> <li>Environmental Sustainability (23/24 advisory review)- lead CE&amp;FO</li> </ul> <p><b>Other External Reports</b></p> <ul style="list-style-type: none"> <li>Health and Safety Executive positive responses to reviews</li> <li>HTM Safety Groups</li> </ul>
Gaps in controls and assurance	Actions to address gaps
<ul style="list-style-type: none"> <li>Ability to cross reference risks across teams, collective understanding of risk reduction from potential changes to capital programme</li> <li>Estates staff capacity</li> <li>From PFI contract management review: KPIs, workflow documentation</li> </ul>	<ul style="list-style-type: none"> <li>Estates Compliance meeting review of estates related risks across clinical divisions</li> <li>Continue implementation of estates and facilities business case</li> <li>Internal Audit actions to be completed in line with agreed deadlines.</li> <li>Implementation of sustainable Travel and Transport Strategy</li> <li>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</li> </ul>

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.

<b>Strategic objective</b>	To work in <b>partnership</b> at Place and System level for the benefit of our patients and populations with effective collaboration to <b>reduce health inequalities</b> and fulfil our role as an <b>anchor institution</b> .
<b>Strategic Risk 6</b>	<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"> <li>Our ability to participate in ICS.</li> <li>ICS effectiveness / failure of ICS policy framework</li> <li>Wider landscape changes in-year/ short termism in NHS</li> <li>Inability to collaborate</li> <li>Difficulty in maintaining relationships with University partners</li> </ul>	<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"> <li>Less novel emerging therapies/ lower ability to deliver new treatment options.</li> <li>Not having the right people of the right quality / different capacity (human and physical)</li> <li>Lack of consistency of care / reduction in quality of care</li> <li>Potential harm to patients, staff, and reputation</li> </ul>

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

Controls	Assurance on controls reported to Board and Committees
<ul style="list-style-type: none"> <li>ICS governance map (to date)</li> <li>MoU for provider collaborative with OH</li> <li>MoU for Acute provider collaborative across BOB</li> <li>Involvement in ICB structure consultation reported to IAC August 24</li> </ul> <p><b>Governance Structure:</b></p> <ul style="list-style-type: none"> <li>A&amp;E Delivery Board (Chair: COO, Frequency: Monthly)</li> <li>Place Based Board (Chair: TBC, Frequency: TBC)</li> </ul>	<p><b>First line of defence:</b></p> <ul style="list-style-type: none"> <li>Director of Strategy Update Reports to TME</li> <li>Provider collaborative update reports</li> <li>Clinical Strategy Implementation Plan (IAC Oct 23)</li> </ul> <p><b>Second line of defence:</b></p> <ul style="list-style-type: none"> <li>Planned review as part of Corporate Performance Review meetings</li> <li>R&amp;D governance Report</li> <li>CRN TV &amp; South Midlands update</li> </ul> <p><b>Third line of defence:</b></p> <p><b>Internal Audit Report:</b></p> <ul style="list-style-type: none"> <li>Clinical Research Network (CRN) (22/23: design: Significant, operation: Moderate)</li> <li><b>Research &amp; Development Review (23/24: advisory)</b></li> </ul>
<b>Gaps in controls and assurance</b>	<b>Actions to address gaps</b>
<ul style="list-style-type: none"> <li>Review of CRN SoD</li> <li>Is this embedded in the business case process (for consideration of service change)</li> </ul>	<ul style="list-style-type: none"> <li>SoD to be reviewed and ratified annually via LCRN</li> </ul>

Related Corporate Risk Register Entries

ID	Score	Summary risk description
1142	12(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 (note proposed increase score for Q2 due to ICB restructuring proposals)
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 April 24 to date

TME 11/4	TME 25/4	TME 9/5	TME 30/5	IAC June	TME 27/6	TME 11/7	TME 1/8	IAC Aug	TME 15/8	TME 29/8	TME 12/9	TME 26/9	IAC Oct		2024/25			
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target
														Patient Care				
		esc.	62	62	62	62	62	62	62	62	62	62	de-esc	NOTSSCaN -2022/23-02 (PICU Estate) - due to age of estate the building requires refurbishment as there is a potential risk to patient experience and capacity	Immediate	16	de-esc	3
											esc	2519	2519	CSS - Due to small sized side rooms and smaller sized bed bay areas, there is a potential to limit the ability of staff to move freely around the bed space if all medical equipment is in place (i.e. ventilator, nitric, renal replacement machine, cooling/warming blanket, pump stack) that might lead to patient safety issues (OCC Level 1).	Immediate	esc	16	8
		esc.	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	Immediate	16	16	4
		esc.	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	Immediate	15	15	6
1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	1114	Due to inconsistencies in the processes and behaviours there is a risk that there may be a failure to respond to the results of diagnostic tests that may affect patient care	Immediate	9	9	4
1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	1115	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
1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	1121	As a result of poor medicine safety audits and the lack of ability to progress actions there is a risk that medicines may not be stored securely and safely and in line with regulatory requirements that might effect standards are care.	Immediate	9	9	3
1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	1128	Due to aging power plant there is a risk of loss of electrical power across JR and NOC sites resulting in potential of major loss of clinical services.	3-6 months	8	8	4
1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	1129	Due to poor fabric of the building in certain locations there is a risk of potential slips, trips and falls and to staff and visitors in old parts of the Churchill effecting patient and public safety	3-6 months	12	12	8
1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	1130	As ventilation plant is old in some locations there is a risk to patient and staff safety that may effect regulatory compliance	Immediate	12	12	8
1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	1131	As a result of actions identified via audits and poor fabric of the estates there is a risk to patient and staff safety from the water systems in certain buildings effecting the trust reputation.	3-6 months	12	12	8
1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	1132	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
1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	1141	If there are poor controls over the administration of medical air as opposed to oxygen there is a risk of increased incidents effecting patient safety	In 3 months	9	9	6
														People				
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 (re cost of living crisis)	In 3 months	12	12	9
1615	1615	1615	1615	1615	1615	1615	1615	1615	1615	1615	1615	1615	1615	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	In 3 months	15	closed	4
											new	2595	2595	Ability to meet 700 temp staff reduction target	Immediate	new	15	6
											new	2596	2596	Impact of temp staff reduction on staff and patients	In 3 months	new	12	4
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.	In 3 months	12	12	9
		new esc.	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	2443	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing	3 months	12	12	6
1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	1707	Potential strike action, across nursing, junior doctor and other AHPs, leading to operational performance issues and impact on patient safety	Immediate	10	10	5
														Performance				
1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	1118	As a result of costs being greater than planned and than total income there is a risk that there may be a failure to deliver the in-year financial plan that might reduce the funds available for capital expenditure, leading to increased scrutiny by the ICS and NHS England and ultimately require emergency cash funding from the DHSC so that the Trust maintain solvency.	12 months	20	20	8

Oxford University Hospitals Trust: Appendix 2: Corporate Risk Register Summary

TME 11/4	TME 25/4	TME 9/5	TME 30/5	IAC June	TME 27/6	TME 11/7	TME 1/8	IAC Aug	TME 15/8	TME 29/8	TME 12/9	TME 26/9	IAC Oct		2024/25			
Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target
														Patient Care				
						esc	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	Immediate	esc	16	4
1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	1119	As a result of productivity levels that are insufficient to cover costs based national average funding levels there is a risk that there may be an inability to breakeven over 3-5 years that might effect the Trust's ability to sustain safe, compliant and effective provision of healthcare.	12 months	20	20	4
1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	1124	Insufficient capital funding / inability to spend current capital to cover all major capital schemes means that there is a risk that certain services are delivered in poorer estate for a longer period this may effect service delivery	12 months	12	12	8
1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	Significant backlog maintenance program means there is a risk that certain areas of the estate may be likely to breakdown this might lead to poor estates compliance	3-6 months	12	12	8
1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	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
1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	1138	Due to the amount of changes in relation to major capital projects there is a risk of potential impacts on service delivery that might effect patient care	In 3 months	9	9	3
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 2025) potential risk to operational performance impacting on patient experience and outcomes	In 3 months	15	15	9
1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	1134	High bed occupancy and staffing capacity means there is a risk to our ability to achieve expected delivery levels in line with elective recovery plan that could lead to potential harm for patients	In 3 months	archive	archive	6
1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	1135	Bed capacity, staffing and ERF funding/ support poses a risk to meeting the elective care delivery plan that might affect patient outcomes and experience	In 3 months	16	16	9
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	In 3 months	16	16	6
		new risk	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	2445	Ability to meet delivery plan trajectories for the achievement of Cancer targets that might impact on patient outcomes	In 3 months	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).	12 months	15	10	8
														Partnerships				
1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	1111	Due to lack of capacity and ineffective working practices across the system there is a risk that patients might not receive the right care in the place at the right time which may effect patient outcomes, experience and staff morale.	3-6 months	9	9	6
1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	1112	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
1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	1142	Due to the introduction of new ICS arrangements and other national factors (such as change in government policy) there is a risk in relation to lost opportunities to service delivery that might effect patient outcomes	3-6 months	9	12	3
1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	1150	If the trust is not able to increase the portfolio of research activity (and innovation activity) to pre covid levels the is a risk to delivery of research activity that might effect reputation/finance	12 months	6	4	2

## Sorted by current risk score (highest risk first)

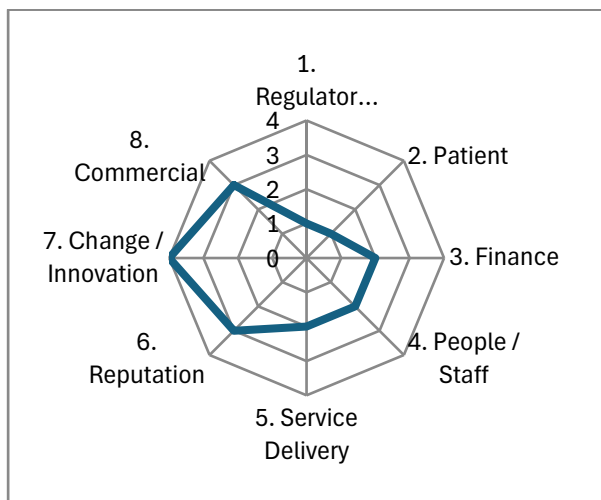
Risk ID	Summary Risk Description	Proximity	Q1	Q2	Target	Strategic pillar
1118	As a result of costs being greater than planned and than total income there is a risk that there may be a failure to deliver the in-year financial plan that might reduce the funds available for capital expenditure, leading 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	performance
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	performance
2519	CSS - Due to small sized side rooms and smaller sized bed bay areas, there is a potential to limit the ability of staff to move freely around the bed space if all medical equipment is in place (i.e. ventilator, nitric, renal replacement machine, cooling/warming blanket, pump stack) that might lead to patient safety issues (OCC Level 1).	Immediate	esc	16	8	patient
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	Immediate	16	16	4	patient
1157	Failure to deliver in year Financial Plan (Cash Impact): Decreasing liquidity ratio leads to: Increased regulatory reporting and potential delays in paying suppliers	Immediate	esc	16	4	performance
1135	Bed capacity, staffing and ERF funding/ support poses a risk to meeting the elective care delivery plan that might affect patient outcomes and experience	In 3 months	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	In 3 months	16	16	6	performance
85	MRC - Managing medical patients in outlier wards - there is a risk of harm to patients and increased length of stay	Immediate	15	15	6	patient
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	patient
2595	Ability to meet 700 temp staff reduction target	Immediate	new	15	6	people
1133	Ability to improve ED waiting times (a minimum of 78% of patients seen within 4 hours by March 2025) potential risk to operational performance impacting on patient experience and outcomes	In 3 months	15	15	9	performance
1129	Due to poor fabric of 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	patient
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	patient
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	patient
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 (in the context of the merging cost of living crisis)	In 3 months	12	12	9	people
2596	Impact of temp staff reduction on staff and patients	In 3 months	new	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.	In 3 months	12	12	9	people
2443	Risk to implementation of staff Sexual Safety Charter, that might impact staff wellbeing	3 months	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 months	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	3-6 months	12	12	8	performance
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	performance
2445	Ability to meet delivery plan trajectories for the achievement of Cancer targets that might impact on patient outcomes	In 3 months	12	12	8	performance
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	12	3	partner
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	people
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	10	8	performance
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	patient
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	patient
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	patient
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	performance
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	partner
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	partner
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	patient
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	patient
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	4	2	partner



### Risk Appetite

The Trust Board recognises that the Trust’s long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners, including our staff, wherever possible.

This risk appetite statement has individual statements across eight key risk areas (domains). The statements and the supporting definitions seek to establish our capacity for taking and absorbing risk and will act as guiding principles for the management of risk across the Trust. They also link with our overarching strategy and to the CQC key questions.



### Key Risk Areas / Domain: **Appetite level**

#### 1. Regulatory/ Legal: **Minimal**

Regulatory compliance is a key organisational objective linking to the *‘getting the basics right’* strategic theme. We will aim to work with our regulators to help shape the regulatory landscape. We will implement controls to ensure compliance and have limited tolerance for action which could be subject to legal challenge.

#### 2. Patient: **Minimal**

We will not accept risks that materially impact on patient safety and outcomes, linking to *‘Our Patients’* strategic objective. We will listen to the experiences of our patients and seek to maintain and improve patient experience. (CQC Safe / Caring)

#### 3. Finance: **Cautious**

We have limited tolerance for actions that mean current service delivery is not financially sustainable. (CQC Well Led)

#### 4. People / Staff: **Cautious**

We are open to recruiting people provided they have the competencies and values that complement the Trust’s culture. We will invest in the learning and development of our staff, linking with the *‘One team One OUH’* theme and complementing our research academic and teaching agenda. (CQC caring / Well Led)

#### 5. Service Delivery: **Cautious**

We are prepared to consider all service delivery options and will select those with the best impact on patient outcomes that can be delivered in a financially sustainable manner. We will consider both transformational and incremental change. (CQC Effective / Responsive)

#### 6. Reputation: **Open**

We will be mindful of our reputation and the way in which our patients and the public view the services we deliver. We will make changes that enhance services and the level of confidence gained for our local community, linking to *‘Our Populations’* strategic objective. (CQC Caring / Responsive)

#### 7. Change / Innovation: **Seek**

We are open to change and improvement, innovation is supported to improve service delivery this links to the *‘digital by default and world class impact’* strategic themes. We want to introduce change but only if this doesn’t have a negative impact on our patient outcomes or our partners. (CQC Well Led)

#### 8. Commercial: **Open**

We will be open to exploring commercial innovation as part of the Trust’s commercial and investments strategies. (CQC Well Led)