

**Meeting:** Trust Board Meeting in Public

**31 July 2024**

<b>Agenda item</b>	Organisational Risk Report
<b>Board Lead</b>	Joanna James, Trust Board Business Manager
<b>Type name of Author</b>	Joanna James, Trust Board Business Manager
<b>Attachments</b>	Appendix 1 - Corporate Risk Register (CRR) Report Appendix 2 - Board Assurance Framework Report (BAF)
<b>Purpose</b>	Assurance
<b>Previously considered</b>	EMC 02.07.2024 Audit Committee 11.07.2024

### Executive Summary

This report provides an overview of current risk within the organisation, considering both strategic and operational risks as well as the Trust's risk appetite for each of the strategic objectives.

At the time of writing the report, the Trust was carrying a high level of risk related to finance, people, quality and performance and estates and facilities, above the Board's appetite for such risk.

This paper was considered by the Executive Management Committee (EMC) on 2 July 2024. The Committee approved the escalation of Risk 655 (consultant microbiologist staffing) onto the CRR, noting Risk 711, which considers microbiology staffing more broadly, and requesting these risks be amalgamated. EMC also approved the de-escalation of 190 (ward 21 environment) with a revised residual risk score of 12. This would continue to be managed at Care Group level.

The Committee discussed Risk 51 (nursing workforce) recognising there was work underway to articulate specific areas of risk related to nursing workforce within appropriate risk registers to allow Risk 51 to be de-escalated from the CRR/closed. The Committee also discussed Risk 719 (water hygiene/safety at Wycombe Hospital), recognising mitigations in place resulted in a residual risk score of 12. An update was provided on electrical upgrades to theatres (related to Risks 410 & 415); UPS equipment had been ordered and a review of the overall programme was underway as part of the estates' compliance exercise.

Following previous discussion at the Audit Committee, the BOB ICB risk report (May 2024) was appended for information. The Committee welcomed the addition of the BOB ICB risk register and planned to review this on a six-monthly basis going forwards.

The Board are asked to note the migration of the BAF to the new 4risk platform and feedback on reporting is welcomed. In view of the migration of the BAF to the new, web-based platform, emerging risks and associated actions have been included in this report.

<b>Decision</b>	The Committee is requested to note the contents of the report and use this information to support risk-based discussions and decision making.
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### Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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### Relevant objective

<input checked="" type="checkbox"/> Improve waiting times in ED	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life	<input checked="" type="checkbox"/> Zero tolerance to bullying
<input checked="" type="checkbox"/> Improve elective waiting times	<input checked="" type="checkbox"/> Outpatient blood pressure checks	
<input checked="" type="checkbox"/> Improve safety through clinical accreditation		

### Implications / Impact

<b>Patient Safety</b>	There are a significant number of operational mapped to the Trust ambition to 'meet/exceed quality and performance standards'.
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	This paper attempts to highlight and map risks from the Corporate Risk Register (CRR) aligned to the Trust's strategic objectives and principal risks.
<b>Financial</b>	Two risks from the CRR are mapped against the objective to 'deliver a financially sustainable plan'.
<b>Compliance CQC Standards Good Governance</b>	An effective, comprehensive process is required to be in place to identify, understand, monitor and address current and future risks to the organisation
<b>Partnership: consultation / communication</b>	No CRR risks have been mapped against the objective to 'work with partners and engage people'.
<b>Equality</b>	Specific attention to issues related to equality are considered in relation to the Trust ambition to 'reduce health inequalities' and 'deliver people priorities'.
<b>Quality Impact Assessment [QIA] completion required?</b>	n/a

## 1 Introduction

The purpose of this report is to provide a summary of current risk within the organisation considering the detail of both those risks within the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

## 2 Risks mapped to Strategic Objectives

The table below lists the nine Strategic Objectives of the Trust as documented in the BHT Strategy 2025. For each objective, the risk appetite of the Board is noted, the number of high scoring operational risks within the CRR and the risk rating of the relevant Principal and CRR risks (maximum, minimum and average for the latter). This is intended to provide a more global overview of the risk portfolio in each area.

No.	Strategic Objective	Risk Appetite (max. 5)	Principal Risk RR*	No. of Corporate Risks mapped to Objective	Maximum RRR** (Corporate Risks)	Minimum RRR (Corporate Risks)	Average RRR - Mean (Corporate Risks)
1	Consistently meet or exceed quality and performance standards	2.5	12	4	25	15	20 Increased
2	Deliver a financially sustainable plan	2.5	12	2	20	12	16 No change
3	Work with partners and engage people	4	9	0	-	-	- No change
4	Ensure children get the best start in life	2.5	12	0	-	-	- No change
5	Use population health analytics to reduce health inequalities and improve outcomes	4	9	0	-	-	- No change
6	Improve the wellbeing of communities						
7	Deliver People priorities	2	12	4	20	15	16 No change
8	For buildings and facilities to be great places to work	3	16	4	20	20	20 No change
9	Maximise opportunities for improving, sharing good practice and learning	4	9	0	-	-	- No change

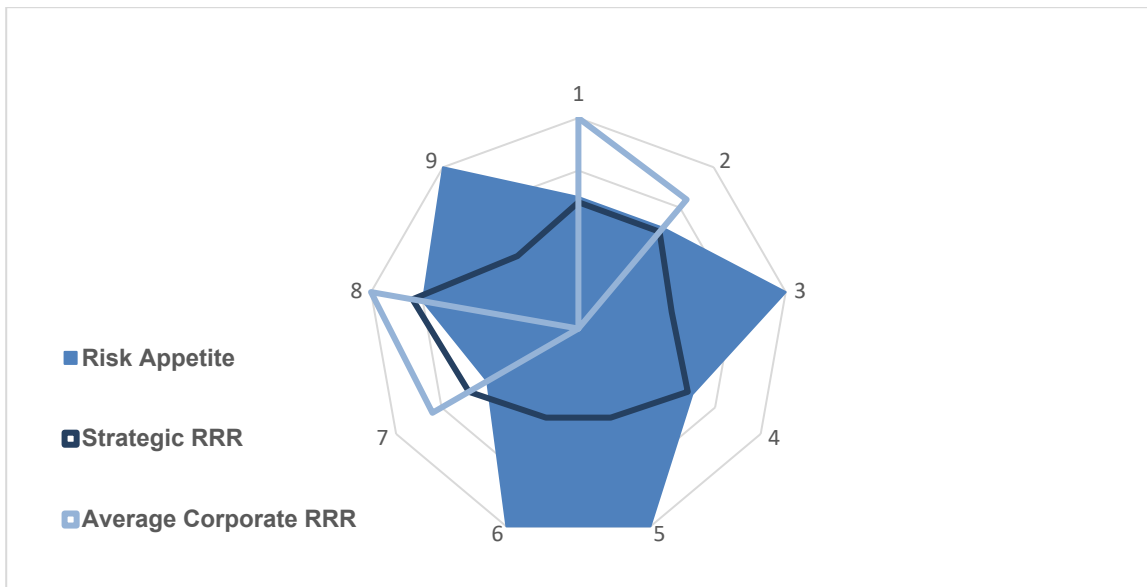
\*RR – Risk Rating; \*\*RRR – Residual Risk Rating  
No change in any Principal Risk Ratings.

The amber and red colouring is intended to highlight those areas of most significant risk.

Since the previous report one risk has been escalated to and one risk de-escalated from the CRR.

## 3 Risk Appetite

The diagram overleaf displays the residual ratings for each strategic risk and the average risk ratings of corporate risks against the Trust risk appetite, demonstrating where these are aligned/misaligned.



The diagram indicates the Trust is carrying higher risk than set out in the risk appetite in relation to quality and performance, finance, people and buildings and facilities. The Trust is open to more risk in relation to working with partners, healthy communities and innovation and learning.

The Trust risk appetite statement is below, this will be reviewed at the annual risk workshop later in 2024.

*Buckinghamshire Healthcare NHS Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners.*

*The Trust has the lowest tolerance for risks that materially impact on the safety of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money. The Trust has the greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.*

*Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.*

#### 4 Risk Management KPI Dashboard

The table overleaf provides high level information on how risk is being managed each month. For more detail on each specific risk, the CRR and BAF papers are included as an appendix.

Month	% Strategic Risks reviewed	% Operational Risks reviewed	% Actions Overdue Operational risks	Balance of assurance Internal v External	Number of new risks	Number of removed risks Closed/de-escalated from CRR	% risks with increased scores Strategic	% risks with reduced scores Strategic	% risks with static scores Strategic	% risks with increased scores Operational	% risks with reduced scores Operational	% risks with static scores Operational
Jan 2024	75%	50%	70%	Med	0	0	0%	0%	100%	0%	0%	100%
Feb 2024	88%	50%	70%	Med	1	0	0%	0%	100%	0%	0%	100%
Mar 2024	88%	69%	62%	Med	0	1	0%	0%	100%	0%	0%	100%
Apr 2024	100%	53%	75%	Med	1	3	0%	0%	100%	0%	0%	100%
May 2024	88%	57%	77%	Med	0	0	0%	0%	100%	0%	0%	100%
Jun 2024	100%	36%	56%*	Med	1	1	0%	0%	100%	0%	0%	100%

\*Total open actions (9); total overdue actions (5)

## 5 Emerging Risks; Board and Committees

The table overleaf summarises those new/emerging risks identified at Board and Committee meetings during the months of May and June.

Month	Meeting	Risks Noted
May 2024	Audit	Water safety risk
	F&BP	Cash position.
	Q&CG	- Infection Prevention and Control staffing. - Staffing in maternity. - Changes to mortality calculations and potential impact on Trust performance.
	SPC	No new risks identified.
	Public Board	Water safety and hygiene.
	Private Board	No new risks identified.
June 2024	Q&CG	Overall waiting list growth requiring transformation of services, particularly outpatients.
	F&BP	- Overall waiting list growth. - Material sum of efficiencies yet to be finalised and impact on overall financial plan. - Risk of legal challenge related to the Urgent and Emergency Care (UEC) contract procurement.
	Public Board	No new risks identified.
	Private Board	No new risks identified.

For those risks highlighted in the above table (not reflected in the BAF or CRR), the table below pulls together actions held by the Board and Committees where these have been set to address these risks.

Risk(s)	Action Details	Committee	Owner	Due Date
Water safety risk	Regular updates to EMC/F&BPC/Trust Board	All	CEFO	Completed June 2024
Cash position	Board approval for cash application.	Board	CFO	Completed May 2024
Changes to mortality calculations and potential impact on Trust performance	To pick up through regular mortality reporting	Q&CGC	CMO	Due July 2024
Risk of legal challenge related to procurement of the UEC contract	Procurement Strategy and guidance underway including new legislation/regulation in this area	F&BPC	CFO	Due July 2024

**6 Action required from the Board/Committee**

The Board is requested to note the contents of the report and use this information to support risk-based discussions and decision making.

**APPENDICES**

Appendix 1: Corporate Risk Register (CRR) Update Report

Appendix 2: CRR Heatmap

Appendix 3: Board Assurance Framework (BAF) Report

## Appendix 1: Corporate Risk Register Report

### 1. Purpose

This report provides an update on risks on the Corporate Risk Register (CRR).

### 2. Background

The CRR is reviewed monthly with the risk owner or relevant representative to consider the score, mitigations, gaps in control, actions update and progress update. Additionally, monthly reviews are completed with executive directors for risks within their portfolios.

The process for the CRR is that all new and current risks scored at 15 or above on the Divisional and Corporate Service risk registers are reviewed and reported on at the Risk and Compliance Monitoring Group (RCMG) every month. The RCMG review guides the Executive Management Committee (EMC) in moderating risks for escalation or de-escalation onto and from the CRR.

### 3. Updates

There are currently 14 risks on the CRR as transferred onto the Datix system. Quality assurance work (including updates) is carried out monthly through RCMG as per the policy. The table overleaf details updates to individual risks.

### 4. Risk & Compliance Monitoring Group (RCMG)

Following recent RCMG meetings, EMC were asked to consider:

#### a) Risks for escalation to the CRR

- Risk 655: Consultant microbiologist staffing risk (approved).

#### b) Risks for de-escalation/removal from the CRR

- Risk 190: Ward 2a environment, CQC non-compliance (approved).

Minutes of RCMG meetings are provided to EMC for information.

### 5. Risk actions

Risk actions are monitored monthly during RCMG meetings. Risks where actions are not articulated continue to be reviewed as a part of the risk quality assurance work.

### 6. Action required from the Board/Committee:

The Board are required to:

- a) Note and take assurance from the updates to the CRR.
- b) Note those risks escalated to/de-escalated from the CRR.



Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
51	Workforce - nursing	A shortage of registered and unregistered nursing staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care, the wellbeing of permanently employed colleagues and the Trust financial position.	July 2024 – Work ongoing to identify and articulate specific areas of nursing risk prior to de-escalation/closure of centralised risk.	15	15	↔↔↔
184	The ageing WH tower Block is showing signs of interior deterioration, which is challenging to maintain.	The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain in a condition suitable for modern healthcare provision.	09/07/24 - Improvements made to Ward 2 and small improvements made for other clinical services who continue to use the tower block. Awaiting new Director of Capital Planning.	25	20	↔↔↔
189	Risk of industrial action in relation to national pay award	Risk of industrial action in relation to national pay awards. Patient care may be impacted if the industrial action takes place.	10/06/2024 – All actions updated (nil outstanding)	12	16	↔↔↓
224	There is a risk that Trust Capital Resourcing is insufficient to support operational objectives for 2023-24.	For 2022/23, the Trust has a total capital requirement of £128.8m split between property services £104.4m, IT £18.2m and Medical Equipment £6.4m. BOB ICS has allocated a notional £20m capital envelope for BHT, which is only a sixth of the total requirement, leaving a funding shortfall of £108.8m. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage.	30/05/2023 – updated with handler to be changed to Deputy CFO when available on Datix	25	20	↔↔↔
225	There is a risk of disruption to Trust technology systems and services caused by cyberattacks.	There is a risk that the aged applications running on out of date Microsoft servers, network and telephony systems upon which the Trust relies are vulnerable to cyber-attack as they are no longer receive vendor security updates.	25/03/2024 – Reviewed; updated key controls and gaps in control, risk rating is unchanged.	20	20	↔↔↔
234	There is a risk to the delivery of the Financial Plan due to insufficient financial envelop.	Trust is unable to define / live within its financial envelope impacting on its ability to resource / deliver clinical, operational and strategic priorities.	30/05/2023 – Updated with CFO; handlers changed for risk and action.	20	12	↔↔↔
410	Wycombe Hospital Site - Marlow & Main THs block	Wycombe site Marlow theatres - currently theatre 2 out of action and 2 theatres struggling to meet accreditation standards regularly Ventilation and infrastructure, old and needs full refurbishment. Including inadequate recovery space. GPAS/RCoA guidance and HTM0301 not met.	May 2024 - Conducted a sub million £ refurbishment programme for 2023/24 and risk will be re-assessed for all sites (cross site) going forwards in new fiscal year. Will be embarking on a further 12 months maintenance programme to ensure all sites operational and robust for future use. Update required from clinical team and estates team.	20	20	↔↔↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
		Currently, theatre 1 and 3 are maintained to HTM standard. Theatre 2 is not able to be maintained to HTM standard. Break down and downtimes becoming a regular occurrence Wycombe Main: Theatre 3 upon revalidation is no longer compliance with HTM standards Theatre 1 and 2 just meeting HTM standards, however, the entire suite will need infrastructure and ventilation refurbishment. Not longer able to meet standards and breakdown are becoming a regular occurrence.				
415	New Wing Theatres Block (1-5)	New Wing Theatres block SMH (THs 1-5) currently at the end of life stage, and in need of full refurbishment in the next 12-24 months. Currently ventilation not meeting HTM standards in TH4 Anaes RM, and risk of electrical failure and ventilation failure in all theatres. Additionally heating coils and boilers at end of life and have frequent failures resulting in downtime and loss of service.	May 2024 - Conducted a sub million £ refurbishment programme for 2023/24 and risk will be re-assessed for all sites (cross site) going forwards in new fiscal year. Will be embarking on a further 12 months maintenance programme to ensure all sites operational and robust for future use. Update required from clinical team and estates team.	20	20	↔↔↔
320	Risks of Endoscopy Waiting Lists Leading to Delays in Procedures and Diagnosis.	Currently short of capacity in Endoscopy. This has been made worse by COVID. Delays in surveillance appointments, which means that there have been delays in removing polyps, which have now turned into cancer. Number of patients have been diagnosed with cancer, which may have been avoidable.	15/04/2024 - New attachment showing years activity, units are working at high levels of productivity. Limitations with equipment and infrastructure are the leading cause of delays. These factors are addressed in alternative risks.	25	25	↔↔↔
597	Lack of Commissioned TVN service for the Community	Under resourced team have approached the ICB for funding to support the service across winter months. The current service does not have the capacity to meet demand being asked particularly supporting referrals received from GP Practices and Nursing Homes.  If patients in the community are not provided the necessary care and support this could lead to an increase in ED visits/Hospital admissions for wound infections/complex leg and pressure ulcers etc.  30 patients from nursing homes on the waiting list for assessments.  Clinics have been put on hold for GP patients  Current staffing situation of both senior TVNs leaving in March and April 24. Without suitable recruitment there is a significant risk to service provision.	14/03/2024 – Risk approved to be escalated to the Corporate Risk Register	25	20	↔↔↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
		The team have noted a increase in staff stress and related sickness, and as a result the team are now only able to offer email advice to care homes and GP practices.				
287	Maintenance of safe staffing levels	A shortage of registered and unregistered midwifery staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care, the wellbeing of permanently employed colleagues and the Trust financial position.	16/07/2024 – Full review of risk with updates to key controls and assurances.	15	15	↔↔↔
388	Misapplication of the Mental capacity act including unlawful deprivations of liberty.	There is a risk that people may be deprived of their liberty unlawfully which could lead to risk of liability to Trust including risk of breach of Human Rights. This could to a delay in pursuing appropriate legal avenues including application to the court of protection. This could lead to unlawful detention in hospital, increased length of stay and poor patient experience. Risk of making decisions on behalf of an adult without legal framework to do so. The safeguarding team do not have capacity to review all MCA assessments linked to Deprivation of Liberty Applications. BHT have become aware through an individual case that the Local Authority have delays in being able to review applications for Deprivation and therefore granting the appropriate application. If a patient is actively objecting the Supervisory Body (Local Authority) should assess with a Best Interest Assessment. There is a risk that colleagues will not recognise the application of the MCA for 16 & 17 year olds.	29/02/2024 - Risk reviewed by TS and CR to update actions and gaps in control. Risk score remains the same. Risk to be reviewed again in 2 weeks with DCN.	15	15	↔↔↔
655	Consultant Microbiologist Staffing Risk	1 of 4 consultant Microbiologists has left the Trust in October 2023. They covered the IPC role for 1PA. We have been unable to fill the position other than with intermittent high-cost agency locums. The role of an IPC doctor has expanded over recent years and even if we do replace this post we have insufficient time in current job plans to cover the additional duties. According to RCPATH IPC doctor role is 4-6PA per week. The risk is inadequate oversight of IPC aspects of bed management and facilities could increase risk of outbreaks of infectious diseases. Financial risk paying for agency locums (includes out of hours cover).  Another full-time microbiology consultant is retiring mid July in 2024. They hold the Antimicrobial Stewardship lead role for 1PA.  This leads to 2 microbiology consultants in the hospital and unable to continue the clinical services and on-call rota from July onwards as if the rota gaps are not filled by the locums. This will lead to only 2 consultants (1 WTE, 0.9WTE) for the BHT.	Discussed at June RCMG meeting – for escalation to CRR. Approved for escalation at July EMC meeting	12	15	↑

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
		<p>The AMS and IPC lead roles are not held by the existing consultants so the duties and responsibilities of these roles are not covered.</p> <p>Clinical risks:</p> <ol style="list-style-type: none"> <li>1) Limited clinical services - Cannot attend the MDTs as when there were 4 consultants, delayed response by the micro team for primary care clinical queries. This leads to delay in treatment and clinical decision making.</li> <li>2) on-call frequency will stay as 1:4 as existing clinicians are not in a capacity to provide on-call below than 1:4. Gaps to be sort out by locum/NHSP</li> <li>3) Attendance in laboratory quality and accreditation work - unable to oversee this work</li> <li>4) Increase workload and stress for existing 2 consultants impacting their psychological well-being and potential burnout</li> <li>5) Potential increase in errors and mistake due to increase workload and burnout</li> <li>6) Clinical advisory service - Micro clinicians are unable to get back to primary care by phone/therefore only responding by email for non-urgent queries</li> <li>7) Impact on laboratory and admin staff in the micro department</li> <li>8) Unable to attend regular IPC meetings, but acute IPC queries will be dealt within the role A duties.</li> </ol>				

### Corporate Risk Register Heat Map July 2024

Consequence	1	2	3	4	5
Likelihood	Key: ↑ = risk score has increased; ↓ = risk score has decreased; ⇔ = no change. The CRR changes on a monthly basis and the arrows indicate the change since the previous version.				
5			388 – Application of MCA/DoLs ⇔ 287 – Midwifery Staffing ⇔ 655 – Consultant microbiologist staffing ↑	410 – Wycombe Hospital Theatres ⇔ 415 – SMH Theatres ⇔ 597 – Lack of commissioned TVN service (community) ⇔ 189 – Industrial Action ⇔ 48 – Ageing/failing equipment endoscopy decontamination ⇔	320 – Risk of endoscopy waiting lists leading to delays in procedures and diagnosis. ⇔
4					224 – Risk that Trust Capital Resourcing is insufficient to support operational objectives for 2023/24. ⇔ 225 – Risk of disruption to Trust technology systems and services caused by cyber incidents ⇔ 184 – The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain. ⇔
3				234 – There is a risk to the delivery of the 2023-24 Financial Plan due to unplanned pressures ⇔.	51 –Workforce – nursing ⇔
2					
1					