

Meeting title:	Trust Board (public)	Trust Board paper N
Date of the meeting:	5 th May 2022	
Title:	Risk and Assurance report	
Report presented by:	Becky Cassidy, Director of Corporate & Legal Affairs	
Report written by:	Richard Manton, Head of Risk & Assurance	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	The relevant Executive Boards have reviewed the BAF and the Risk Committee review the risk register at each meeting.					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

The BAF provides assurance and mitigation for all the Principal Risks.

Impact assessment

The risks on the BAF and Risk Register have potential impacts on the following domains:

- Patients, staff, others
- Services
- Finance
- Reputation/legal

Acronyms used:

BAF (Board Assurance Framework)

Purpose of the Report

This risk and assurance report will enable the Board to review the effectiveness of risk management within the Trust's Board Assurance Framework (BAF) and operational risk register.

Recommendation

The Board is invited to receive assurance on the process of risk management through the content of this report, noting the work to the Board Assurance Framework and the position to entries on the organisational risk register, and to advise as to any further action required.

Summary

The BAF is undergoing a review by the Executive Team and the newly formed Risk Committee to ensure processes are effective, embedding and maturing.

There are currently 328 risks recorded on the organisational risk register and risks entered on CMG and Corporate Directorate risk register are reviewed at the newly formed Risk Committee chaired by the Chief Executive.

Main report detail

BAF:

The BAF 2021/22 would normally be brought to the Trust Board today but the framework is undergoing a review by the Executive Team and the newly formed Risk Committee to ensure processes are effective, embedding and maturing. Principal risks on the BAF have been reviewed and updated by the relevant Lead Directors and there have been no recommendations made for changes in principal risk scores this period. A copy of the BAF dashboard is attached in figure 1 below.

Strategic Objective: Quality & Supporting Priorities - Becoming the Best - Delivering caring at its best to every patient, every time	PR No.	BAF Principal Risk Title	Executive Lead Owner	Decision Boards /Monitoring Forums		BAF Current Rating: (L x I)
	1	Adverse impact on quality of care	MD/ACN	EQB	QC	4 x 5 = 20
	2	Failure to meet constitutional performance targets	COO	EFPB	OPC	5 x 4 = 20
	3	Inability to ensure adequate staffing capacity, capability and diversity	CPO	EPCB	PCC	5 x 4 = 20
	4	Failure to achieve and maintain financial sustainability	CFO	EFPB	FIC	4 x 5 = 20
	5	Failure to realise the benefits of the e-Hospital programme and maintain / improve critical IT infrastructure	CIO	EIM&T	QC / PCC	4 x 4 = 16
	6	Failure to maintain / improve existing critical infrastructure	DDEF	ESB	TB	4 x 5 = 20
	7	Failure to create and sustain an estate fit for the future	DDEF	ESB	TB	4 x 4 = 16
	8	Inability to achieve recovery and restoration (COVID-19)	COO	ESB	TB	5 x 4 = 20

Fig 1 - UHL BAF dashboard (as at 31st March 2022)

As part of the BAF review, a new framework is being worked on which will focus on the strategic risks owned by Executive Directors aligned to important work streams. The new framework will include key milestones that have a material impact on controlling or mitigating the risk, it will summarise the controls in place to mitigate the risk, and it will describe actions required to manage any gaps in controls. It will also provide an assurance rating for each risk which will be a summary of positive assurances received by the relevant Board Committee.

Risk Register:

There are currently 328 risks recorded on the organisational risk register. New risks rated 15 and above are presented to every Risk Committee meeting for review and endorsement and CMGs and Corporate Directorates who have risks with elapsed 'due dates' are offered support to ensure their risks are being managed in a timely manner. Risk register analysis and performance is monitored at the Risk Committee, CMG Boards and Performance Review Meetings. A copy of the risk register profile is shown in figure 2 below.

UHL Risk Register Profile – as at 27/04/2022	Target Level	Total Risk Register Total (1 – 25)	Risk Register Extreme (25)	Risk Register High (15 - 20)	Risk Register Moderate (8 – 12)	Risk Register Low (1 – 6)
No. of active risks (open)	N/A	328	0	119	189	20
New risks added to the risk register	N/A	8	0	2	3	3
Risks closed last month		8	0	2	4	2
% of risk reviews completed on time / within set review date	No.	286	0	106	164	16
	(>90%)	87%	0%	89%	87%	80%
% of risks with mitigating actions lapsed/overdue (i.e. beyond target date)	No.	49	0	16	28	5
	(<10%)	15%	0%	13%	15%	25%

Fig 2 – Risk register profile (as at 27/04/2022)

Thematic analysis of the open risks on the organisational risk register shows the typical risk causation themes illustrated in figure 3 below. The typical impacts include harm, adverse reputation and financial effects.

Workforce	Demand and capacity	Process and procedures	Clinical resources (devices & medication)	Environment	IM&T	Finance
28%	14%	24%	8%	16%	8%	2%

Fig 3 – Risk register causation themes