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| **Report title** | BAF and corporate risk register – Q3 2022/23 update |
| **Report from** | Head of corporate governance |
| **Previously discussed at** | With individual risk owners, audit and risk committee |
| **Link to strategic objectives** | The corporate risk register and risk appetite statement links to all strategic objectives |

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| **Brief** **summary of report** The trust’s corporate risk register is the means by which the management executive holds itself to account and defends its patients and staff as well as the trust. It helps to clarify what risks are likely to compromise the trust’s strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care. Along with the board assurance framework, this should support the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities.  |
| **Quality implications**The trust must have a robust approach to risk management in order to maintain the highest standards of quality care provided to patients. Identification and mitigation of risk is an important tool in being able to manage events that could have an impact.  |
| **Financial implications**There are no financial implications arising from this paper.  |
| **Risk implications**As detailed in the paper.  |
| **Action Required/Recommendation.** The board is asked to note the report and discuss risk updates.  |
| **For Assurance** | **✓** | **For decision** |  | **For discussion** | **✓** | **To note** |  |

**Board assurance framework executive summary report**

**October 2022 – December 2022 (Q3 2022/23)**

### BAF analysis and summary of changes

The top-rated risks to achieving the strategic objectives are as follows:

* 1. Impact of Covid-19 in all areas of the trust and on the wider system as a whole
	2. Delivery of our long-term plan for a new centre for research, education and clinical care
	3. Generation of sufficient commercial revenue
	4. Financial regime 22/23
	5. Recovery of clinical services
	6. Robust workforce planning
	7. Staff health and wellbeing
	8. Attraction of sufficient research funding
	9. Successful cyber-attack
	10. Digital infrastructure and resilience

All have been identified as risks that will have a significant impact on the delivery of patient care, the patient and staff experience, the financial sustainability and reputation of the trust or a combination of these. The identified areas are those that require the most focus from the Board in terms of scrutiny and provision of assurance from the executive team. Particular attention is also being given to those risks that are not wholly within the trust’s control to mitigate and a strategy developed as to how to manage such external factors.

* 1. ***Amendments made to the BAF this quarter***

The following risks have had their score reduced due to mitigating actions in place:

**Research funding** risk from 5x2 (10) to 5x1 (5) – Recently successful with five year funding NIHR BRC (£20M) and NIHR CRF (£5.5M) taking us through to Oriel, and with new income and partnerships from INSIGHT and OCTane, based on previous significant external funding and grant investment over last nine years. Steady commercial trial income and, in addition, further significant applications for public sector and commercial funding and partnerships. Continued investment in research capacity required to maintain world leading position, and success with UCL IO and partners.

**Cyber attack** risk from 4x5 (20) to 4x4 (16) – The mitigations in place are effective for a known attack and reduce our likelihood from 5 to 4. The risk of a new variant back door attack remains high. Given the macro climate, a target score of 12 requires a further reduction in consequence of a successful attack which is difficult to achieve with so many potential new threats.

***Risks added to the BAF this quarter***

There were no risks added this quarter.

* 1. ***Risks removed from the BAF this quarter***

There were no risks removed this quarter.

***1.3 Emerging concerns from the corporate risk register***

There were no emerging risks this quarter.

***1.4 Risks removed from the corporate risk register***

One risks has been removed at Q3:

1. **Ref #15:** If the trust does not develop a new EMR and digital strategy that is able to support Oriel this will lead to an inability to deliver a paperless environment and have a significant impact on patient and staff experience as well as posing a reputational risk to the trust.

The trust has now developed and approved the IT Strategy (March 2022) and completed the delivery of OpenEyes v6 (August 2022) meaning the risk has been fully mitigated.

***1.5 Risks added to the corporate risk register***

Four new risks were added at Q3:

1. **Ref #27: Fraud and bribery** committed against the Trust will divert resources away from patient care. Due to the nature of our business, we are vulnerable to fraud and bribery. Individuals could be open to a charge of fraud or bribery should they knowingly undertake a dishonest act with the intent of obtaining an advantage, avoiding an obligation (such as disclosure) or causing a loss to the Trust or individual(s). If the Trust does not put in place appropriate measures it could suffer financial and reputational risk if fraud or bribery is committed.
2. **Ref #28**: Winter illness, lower vaccination rates, vacancies and industrial action across healthcare and transport may impact **staff availability** in the coming months which could impact on activity and also increase pressure on other staff.
3. **Ref #29**: If there is considerable **inconsistency** across divisions, geographical locations, and services regarding the **management of patient referrals** and waiting lists, then teams will not be able to effectively assess, plan and manage capacity leading to inequity in waiting times, service delivery, patient experience and possible patient harm.
4. **Ref #30:** If the trust does not successfully secure funding and implement a **new Electronic Patient Record system** by 2025, then it will be unable to meet the target set by the Secretary of State for Health and Social Care for all trusts to reach the Minimum Digital Maturity standard.