<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| 1    | Patient harm and missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral | NICE have changed the national criteria and targets for cancer referrals (NG12) so that tests must be carried out within 2 weeks | The number of cancer patient referrals into the hospital will increase without systems adjustment to cope | Patients suffer:  
- delayed/missed diagnosis  
- impaired outcomes  
- reduced patient experience  
- stress and/or distress  
- discomfort  
Trust suffers:  
- target to test within 2 weeks not met  
Associated risk register items:  
1782 |

**Affected objectives**

<table>
<thead>
<tr>
<th>Delivery of access targets</th>
<th>Delivery of FIP</th>
<th>Sustaining/Change improvement plan</th>
<th>Owners</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Impact**

<table>
<thead>
<tr>
<th>Source</th>
<th>Role</th>
<th>Date identified</th>
<th>Initial risk score (I x L)</th>
<th>Owners</th>
<th>Risk title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient harm and missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral</td>
</tr>
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</table>

**Other Committees**

<table>
<thead>
<tr>
<th>Clinical Director for Cancer Services</th>
<th>Quality &amp; Performance Committee</th>
<th>Patient Safety Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current assurance sources**

<table>
<thead>
<tr>
<th>None as yet – new risk</th>
<th>None as yet – new risk</th>
</tr>
</thead>
</table>

**Latest assurance**

<table>
<thead>
<tr>
<th>None as yet – new risk</th>
<th>None as yet – new risk</th>
</tr>
</thead>
</table>

**Impact**

<table>
<thead>
<tr>
<th>None as yet – new risk</th>
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</thead>
</table>

**Likelihood**

<table>
<thead>
<tr>
<th>None as yet – new risk</th>
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</table>

**Total**

<table>
<thead>
<tr>
<th>None as yet – new risk</th>
<th>None as yet – new risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Risk title</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>2</td>
<td>Widespread/key IT systems failure</td>
</tr>
</tbody>
</table>

**Vulnerability:**

- Systems breakdown (specific and general, e.g. Outlook) will lead to unplanned service interruptions
- Systems with known management issues:
  - MetaVision
  - Endoscopy
  - Diabetes
  - System1
  - Ophthalmology
- Systems malfunction may lead to inaccurate diagnostic information and inappropriate treatment

**Threat:**

- Trust may fail to deliver against access targets
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Trust may be subject to additional regulatory action
- Trust reputation may deteriorate further
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Consequence:**

- Trust may fail to deliver against access targets
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Trust may be subject to additional regulatory action
- Trust reputation may deteriorate further
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**

1091, 1382, 1606, 1602, 1672
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Owners</th>
<th>Source</th>
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<th>Initial risk score (IxA)</th>
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<th>Target risk score (IxA)</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Estates/fabric of buildings</td>
<td>Director of Facilities and Estates, Quality and Performance Committee, Capital Expenditure Committee</td>
<td>RA</td>
<td>20.06.16</td>
<td>4</td>
<td>Board Committee</td>
<td>Capital plan/backlog maintenance programme</td>
<td>Management resource within Facilities and Estates Team, Governance arrangements not established in accordance with guidance, Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them, No up to date 6 Facet Survey information within the Trust, Currently no Service Level Agreements in place across services, Incomplete asset register</td>
<td>4</td>
<td>Patient Led Assessments of the Clinical Environment (PLACE) audits, CQC inspection</td>
<td>8</td>
<td>No up to date 6 Facet Survey information within the Trust</td>
<td>4</td>
</tr>
</tbody>
</table>

**Vulnerability:**
Significant history of unmet maintenance needs across estate and infrastructure

**Threat:**
- Poor estates maintenance will lead to unplanned closure of departments/areas
- Poor infrastructure maintenance will lead to unplanned service interruptions
- Care is being delivered in sub-optimal conditions, to the detriment of patients and staff
- Need for urgent, unplanned maintenance diverts resources from planned programmes of remediation

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Trust may be subject to additional regulatory action
- Trust reputation may deteriorate further
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**
105, 1644, 1403, 1560, 1402, 945, 1386, 1290, 1545, 1243, 1540, 1554
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
<th>Associated risk register items</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Recruitment and retention of staff</td>
<td>Trust has pockets of under-recruitment and high levels of staff vacancies</td>
<td>Trust does not have enough suitably qualified staff available to deliver high levels of Quality in &quot;business as usual&quot; services</td>
<td>Trust may fail to deliver against access targets</td>
<td>1620, 1636, 1708, 1657, 1565, 1564, 1402</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Trust does not have enough suitably qualified staff available to deliver to implement recovery plans</td>
<td>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Trust may experience significant service failure</td>
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</tbody>
</table>

**Vulnerability:**
Trust has pockets of under-recruitment and high levels of staff vacancies

**Threat:**
- Trust does not have enough suitably qualified staff available to deliver high levels of Quality in "business as usual" services
- Trust does not have enough suitably qualified staff available to deliver to implement recovery plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**
1620, 1636, 1708, 1657, 1565, 1564, 1402
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leadership capacity</td>
<td>Vulnerability</td>
<td>Trust Leadership capacity is stretched by demands of delivery of “Business as Usual” and recovery plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Threat</td>
<td>• Delivery of “business as usual” requires constant innovation and oversight</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Delivery of recovery plans requires constant innovation and oversight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consequence</td>
<td>• Trust may fail to deliver against access targets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Trust may fail to deliver against financial and quality improvement plans</td>
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<td></td>
<td>• Trust may experience significant service failure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patients may experience safety failures</td>
</tr>
</tbody>
</table>

Associated risk register items: 1669, 1474

### Current controls
- Executive portfolios and structures approved
- Interim Chair and Board Advisor appointed
- Integrated Recovery Plan approved
- NHS Improvement Director appointed
- Additional permanent/interim senior resources in place including Director of Clinical Governance, Chief Information Officer, and Director of Performance
- Programme Management Office established and permanent recruitment currently underway
- Additional consultancy support commissioned to support delivery of Financial Transformation Plan
- Directorate leadership/support requirements identified
- New Performance Management framework agreed
- Workforce and Leadership Programme currently under construction
- “1000 hours” of visits by Board and Senior Managers to all areas of the Trust and associated feedback mechanism in place
- Uncertainty about long term leadership arrangements
- Limitations of current Operating Model

### Current gaps in control
- CQC Inspection and monitoring
- Integrated Recovery Plan
- Trust Programme Board
- Safety and Quality Programme
- Performance Management Meetings
- An agreed workforce plan to recruit to substantive senior leadership positions
- Full implementation of the Performance Management Framework

### Current assurance sources
- Proposed groupings of Directorates determined by the COO and CDs
- Interim Chair, CEO and Board Advisor providing stability to the Trust in the mid-term
- Substantive appointment to Director of Clinical Governance
- Interim appointments to Chief Information Officer, Director of Performance, Turnaround Director
- An agreed Integrated Recovery Plan in place
- Four Trust-wide Programme Briefs signed off or at final stages of consultation
- Implementation of additional business support to the Directorates within internal resource pool and corporate Service Level Agreements to be developed between corporate services and directorates
- Professional and Study Leave Policy for Medical staff reviewed, improved and implemented to support service delivery
- 350 Managers have attended Leading the Way 2 Management Development programme

### Latest assurance
- Professional and Study Leave Policy for Medical staff reviewed, improved and implemented to support service delivery
- 350 Managers have attended Leading the Way 2 Management Development programme
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
<th>Affected objectives</th>
<th>Delivery of access</th>
<th>Delivery of FIP</th>
<th>Delivery of Q&amp;S</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Total</th>
<th>Owners</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Target risk score (I x L)</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
<th>Current risk score (I x L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Service disruption arising from poor condition/breakdown of specialist ventilation equipment</td>
<td>Vulnerability:</td>
<td>The Trust is reliant on the effective operation of specialist ventilation equipment in a number of key areas of the Trust's operations (e.g., theatres, ICU)</td>
<td>Threat:</td>
<td>Much of the specialist ventilation equipment is beyond its usual working life and maintenance programmes have been neglected, meaning that breakdown is more likely and takes longer to repair — in some cases, repair may not be possible</td>
<td>Consequence:</td>
<td>Services are disrupted because specific areas (e.g., theatres, ICU) cannot be used during down time of ventilation equipment</td>
<td>Associated risk register items:</td>
<td>1644, 945, 75, 1554, 1290, 946, 1539, 1577</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>13.06.16</td>
<td>RA</td>
<td>5</td>
<td>4</td>
<td>Director of Facilities and Estates</td>
<td>Quality &amp; Performance Committee</td>
<td>Patient Safety Committee</td>
</tr>
</tbody>
</table>

**Board Assurance Framework**

October 2016

Page 6 of 21
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Staff not appropriately supported in terms of release time to undertake statutory and mandatory training or being effectively appraised</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vulnerability:**
Trust does not have the staff capacity or capability to deliver the required services

**Threat:**
- Trust does not have enough suitably qualified staff available to deliver high levels of quality in "business as usual" services
- Trust does not have enough suitably qualified staff available to deliver to implement recovery plans

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**
1620, 145, 1639, 102, 1636, 1625, 1740, 1402, 1523, 1432

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**Board Assurance Framework**
October 2016
Page 7 of 21
<table>
<thead>
<tr>
<th>Item</th>
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<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
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<tbody>
<tr>
<td>8</td>
<td>Poor accountability culture</td>
<td>Trust does not have a strong culture of holding individuals to account</td>
<td>• Failure to hold individuals / teams etc. to account will lead to failure to implement plans and / or deliver services effectively</td>
<td>• Trust may fail to deliver against access targets</td>
</tr>
</tbody>
</table>

**Associated risk register items:**

1687

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**Date identified:** 20.06.16

**Owners:**

- Chief Operating Officer
- Director of Performance
- Quality and Performance Committee
- Trust Board
- Appointment of an Interim Director of Performance
- Senior Management Team
- Directorate Performance Reviews
- New Performance Management Framework
- Current Operating Model makes implementation of the new Performance Management Framework more complex and time consuming

**Current assurance sources:**

- Integrated Performance Dash Board/scorecard
- Exception reporting to Senior Management Team, Board Committees and Trust Board
- Performance Management Meetings
- The new performance management framework and cycle of meetings is still in the process of being embedded and the effectiveness of the framework and meetings will need to be assessed by the COO/Director of Performance
- The leadership programme will equip managers to motivate, reward and performance manage staff
- Draft Leadership Strategy and People Management Accountability Framework under construction (over 900 employees have line management responsibilities)

**Current assurance gaps:**

- New Performance Management Framework agreed and being implemented
- New Performance Management meetings have commenced
- New Performance Reporting underway
### Poor staff engagement, low morale and reports of a culture of bullying, discrimination and favouritism

**Vulnerability:**
Prolonged experience of challenging working environment, financial restraints, regulatory activity etc. has demotivated, disappointed, frustrated and demotivated staff

**Threat:**
- Staff may fail to use their initiative
- Staff may become ill
- Staff may become less productive
- Employee relations may deteriorate
- Staff may fail to engage with development programmes
- Staff may choose to leave the Trust
- Staff may reflect personal feelings in quality of care / performance

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to harness the benefits of motivating and retaining a diverse workforce
- May impact negatively on Trust's ability to recruit and retain staff
- Trust may fail to deliver against financial and quality improvement plans
- Trust may experience significant service failure
- Trust management relationship with staff may deteriorate further
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience
- Trust may not deliver its statutory employment and equality legal obligations

**Associated risk register items:**
1000, 1687

<table>
<thead>
<tr>
<th>Item</th>
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<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
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<tbody>
<tr>
<td>9</td>
<td>Poor staff engagement, low morale and reports of a culture of bullying, discrimination and favouritism</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Impact - Likelihood - Score (I*L) - Total**

| Date identified | 20.06.16 | RA | 5 | 4 | 5 |

**Current threats**

- Integrated Recovery Plan
- Workforce and Leadership Programme

**Current controls**

- Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken
- Workforce and Leadership Programme
- Brief is currently being finalised with key stakeholders
- The Programme will incorporate the actions detailed in the Integrated Recovery Plan and CQC “must and should do” actions relating to workforce
- The Programme details how we will create a culture of equality and fairness for all staff, how we will up-skill our leaders and managers, how we will modernise our workforce now and in the future and how we can improve staff experience, engagement and well-being

**Current assurance sources**

- National Staff Survey
- Quarterly Staff Friends and Family Test
- Annual Workforce Equality Report
- Workforce KPI's
- Integrated Performance Report
- 1000 hours of Board and Senior Managers visits
- Well Being Committee
- Working to Workforce Race Equality Standard
- Working to Equality Delivery Standard 2 (EDS2)

**Current gaps in assurance**

- Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken
- A programme to develop and train workplace mediators is currently being commissioned
- As part of the national anti-bullying week in November the Trust will be holding a whole series of events to support and educate managers and staff
- The Chief Executive, Director of Strategy and Director of Workforce and OD are in discussions about the use of “crowd sourcing” to engage staff in the refresh of our vision, values and strategy
- The Trust will be commissioning external expertise to support the required cultural change and review of the management of equalities within the Trust
- The Board will be further engaging with staff including the BME Network and LGBT Forum
- At the request of staff an inclusive Equality and Diversity Forum will be established
- An external review of all HR policies is underway
- Working with Brighton and Hove City Council Workplace wellbeing Charter on an evidence based assessment

**Latest assurance**

- The 2016 Staff Survey Action plan is being implemented – wellbeing work is adding to and better promoting options and benefits available to staff
- Living Well Days initiatives
- Connections Support Service for staff to identify support, referring to HELP when necessary
- Partnership working with the RCN on the Healthy Workplace Healthy Me toolkit, to be piloted in a service area
- HR working with Comms. Team to boost morale by highlighting good practice and areas of excellence where staff are recognised and supported
- Team Effectiveness Coaching has been delivered to 60 teams, touching 1,000 staff, evaluation to take place

**Affected objectives**

- Delivery of targets
- Delivery of FIP targets
- Workforce KPIs
- Integration of FIP and Q&S Improvement Plan

**Owners**

- Chief Executive
- Director of Workforce and OD
- Trust Board
- Quality and Performance Committee
- Trust Programme Board

**Date identified**

- 20.06.16

**Impact - Likelihood - Score (I*L) - Total**

- 5
- 3
- 15
<table>
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<th>Item</th>
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<tbody>
<tr>
<td></td>
<td>Failure to set up the Programme Management Office (PMO) and deliver the four programmes that form the basis of the Trust’s integrated recovery plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vulnerability:**
- PMO capacity: Since August 2016, the PMO has been populated with a mix of interims and substantive staff and all posts are being recruited to substantively, however there is a significant amount of work to deliver within the four programmes

**Threat:**
- Leadership capability and capacity: Significant number of initiatives across several areas leading to potentially insufficient resource to execute programmes
- Momentum and resilience: There is initial motivation for change but may be difficult to sustain new ways of working and pace in the long term

**Consequence:**
- Integrated recovery plan not delivered
- Patients may experience service failures, poor outcomes and unacceptable levels of patient experience

**Associated risk register items:**
419, 1774, 1723

<table>
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<tr>
<td>10</td>
<td>Failure to set up the Programme Management Office (PMO) and deliver the four programmes that form the basis of the Trust’s integrated recovery plan</td>
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419, 1774, 1723
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<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| 11   | Unexpected service interruption or disruption | Unexpected service interruption or disruption due to: | - Pandemic flu or other infectious disease pandemic  
- Multiple casualty incident  
- Major incident involving chemical, biological, radiological, nuclear (CBRN)/hazardous materials  
- Business continuity disruption affecting Trust's ability to provide critical services  
- Whole hospital evacuation (mass evacuation of part or all of site due to a major incident on site) - covers the strategic planning for whole hospital evacuation and does not cover general fire risks and fire safety), or  
- Adverse weather conditions affecting the trust's ability to provide critical services | - Service failure  
- Services overwhelmed  
- Patients may experience:  
  - Service failures  
  - Unacceptable levels of care  
  - Poor outcomes  
- Associated risk register items: 145, 408, 395 |
<table>
<thead>
<tr>
<th>Item</th>
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<th>Consequence</th>
<th>Owners</th>
<th>Role</th>
<th>Board Committee</th>
<th>Other Committees</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Target risk score (I x L)</th>
<th>Current assurance sources</th>
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</thead>
<tbody>
<tr>
<td>12</td>
<td>Failure of 3Ts programme to deliver per plan</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Management of Successful Programmes and OGC Common Causes of Project Failure used as a mechanism for keeping on track</td>
<td></td>
<td>Programme Board</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Vulnerability:</td>
<td>There is a considerable time lag between commissioning and delivery of 3Ts building and associated projects</td>
<td>Threat:</td>
<td>• Commissioning needs / intentions / plans change prior to delivery of building and associated services</td>
<td>Director of 3Ts Trust Programme Board</td>
<td></td>
<td></td>
<td></td>
<td>Programme Charter in existence with LO’R</td>
<td></td>
<td>Without internal commissioning and delivery of project within our control providing scope creep is avoided</td>
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<tr>
<td></td>
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<td></td>
<td>• Trust’s strategic direction changes prior to delivery of building and associated services</td>
<td></td>
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<td></td>
<td></td>
<td>Monthly reporting and sub structure is established which provides reports by exception</td>
<td></td>
<td>Exec Team required to support completion of current design without changes if further time and cost delays are to be avoided</td>
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<td></td>
<td>• Trust ends up with building/workforce/ equipment etc. which does not support its needs</td>
<td></td>
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<td></td>
<td></td>
<td>Building has also been designed flexibly to accommodate changes post completion</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>• Trust may fail to deliver against Financial Improvement Plans</td>
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<td></td>
<td></td>
<td>CCG commissioning priorities may change which is beyond our control; however internal commissioning and delivery of project within our control providing scope creep is avoided</td>
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<td>• Trust may fail to deliver against access targets</td>
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<td>• Trust may fail to deliver against quality improvement plans</td>
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<td></td>
<td>Associated risk register items:</td>
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<td>983</td>
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</tr>
<tr>
<td>Item</td>
<td>Risk title</td>
<td>Vulnerability</td>
<td>Threat</td>
<td>Consequence</td>
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</tbody>
</table>
| 13   | Performance reporting and management | There are pockets of reduced/uncertain data quality and availability in key areas of the Trust | Decision making, data returns and planning may be based on flawed data | • Trust may set unachievable targets, commit regulatory / contractual breaches, mismanage finances  
• Patient and staff safety incidents |

**Associated risk register items:**  
1709, 1774, 1475, 1694

**Date identified:** 20.06.16

**Impact/Likelihood Total:** 5

**Current assurance sources:**  
- Internal audit review of data quality  
- Directorate Quality tests internally  
- Notes from performance review meetings  
- Independent review of Referral to Treatment data and reporting report has been written  
- Reconciliation of Patient Administration (PAS) and Secondary Uses Services (SUS) data to Service Level Agreement Monitoring (SLAM) data by Clinical Commissioning Groups  
- Clinical Coding Audits

**Current gaps in assurance:**  
- Directorate Quality tests need to be reported to Board  
- Clinical Coding Audit and Internal Audit Reports to come to Committee and follow up actions monitored

**Controlled by:**  
- Board Performance Dashboard  
- Directorate Quality tests need to be reported to Board  
- Clinical Coding Audit and Internal Audit Reports to come to Committee and follow up actions monitored

**Notes from performance review meetings:**

- New monthly official returns sign off process by Senior Reporting Officer and Central Information Unit  
- New revised Clinical Governance dashboard still to be launched (existing one in place)  
- More frequent performance review meetings with Directorates - constraint is amount of Directorates in structure  
- Business intelligence not accessible on desktops – it is known this could drive up Directorate Quality, especially with clinical teams  
- Resources in Central Information Unit and Directorate Quality teams

**Impact/Likelihood Total:** 5

**Latest assurance:**

- New Integrated Board Performance Dashboard

**Board Assurance Framework**  
**October 2016**  
**Page 13 of 21**
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Poor organisational reputation</td>
<td>Trust’s regulatory position is a matter of public record</td>
<td>Poor reputation will attract increased scrutiny by regulators and quasi-regulators</td>
<td>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</td>
</tr>
</tbody>
</table>

**Associated risk register items:**
1709, 1774, 1475

<table>
<thead>
<tr>
<th>Impact</th>
<th>Likelihood</th>
<th>Current controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>Director of Communications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Board of Directors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current gaps in control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications Strategy is not fit for purpose following CQC report, a new Communications Strategy covering the next 12 months is in draft form but has yet to be officially approved by the Executive Team, causing a delay in its implementation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Likelihood</th>
<th>Current assurance sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Internal communications: Monday Message from CEO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly all staff informed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly all staff works in progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly staff magazine ‘Talkback’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>External communications: Quarterly ‘Your Trust’ magazine for patients and visitors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proactive press releases posted on Trust website and sent to local media</td>
</tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Likelihood</th>
<th>Current gaps in assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The Trust’s intranet is outdated and is close to being unfit for purpose. It is hard to navigate for staff and does not allow information to be readily accessible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is no clear Staff Engagement Strategy and no clear ownership of staff engagement as historically this does not sit with the communications team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engagement currently sits with HR but communications are increasingly involved in the arrangement and facilitation of staff engagement</td>
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<tr>
<td></td>
<td></td>
<td>The annual Star Awards ceremony for staff that celebrates excellence across the organisation is not taking place this year and there has yet to be a decision on an alternative recognition scheme to take its place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Latest assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The external website has an average of 70,000 – 80,000 visits per month and this number continues to grow - these visits involve an average of around 200,000 page views per month</td>
</tr>
<tr>
<td>There has been an increase in the activity and engagement on social media in the last two months - there are currently 2,800 followers on the Trust Twitter account and this number is growing by the day; the Trust’s tweets in August and September earned 12.5k and 13.6k respectively, compared to 7.9k for the month of July; the number of likes Facebook is currently 1,200 and is growing steadily weekly; the number of people reached in Facebook posts increased from 914 to 989 between August and September</td>
</tr>
<tr>
<td>The number of proactive positive communications has increased on the Trust website and the number of press releases sent to local media has increased over the last month, which has led to more favourable coverage of the Trust by the media during September, compared to August</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affected objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of access targets</td>
</tr>
<tr>
<td>Delivery of FIP targets</td>
</tr>
<tr>
<td>Delivery of quality improvement plans</td>
</tr>
<tr>
<td>Owners</td>
</tr>
<tr>
<td>Role</td>
</tr>
<tr>
<td>Source</td>
</tr>
<tr>
<td>Date identified</td>
</tr>
<tr>
<td>Safety risk score (0-4)</td>
</tr>
<tr>
<td>Likelihood risk score (0-4)</td>
</tr>
<tr>
<td>Item</td>
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<td>15</td>
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</tbody>
</table>

**Affected objectives**

- Delivery of access targets
- Delivery of FIP targets
- Delivery of Q&S targets

**Owners**

- Role: Board Committee
- Other Committees

**Current controls**

- Some items have approved funding for replacement 16/17:
  - Pascal laser
  - Tympanometry kit
- Joined up oversight of entire programme of clinical equipment maintenance/replacement

**Current gaps in control**

- Medical Equipment Replacement Programme
- CQC inspections

**Current assurance sources**

- Lengthy timescales for procurement delivery
- Joined up reporting on entire programme of clinical equipment maintenance/replacement

**Latest assurance**

- Medical Devices Committee oversight of Medical Equipment Replacement requirements
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| 16   | Regulatory intervention | Inadequacy of estates and equipment maintenance programmes has led to a number of potential Breaches of statutory and regulatory requirements | Significant history of recent regulatory action means that the Trust is under higher than usual levels of scrutiny by key regulators - HSE, CQC etc., and that enforcement policies will indicate a higher level of response | Trust reputation may deteriorate further | Authorising Engineer reviews for key engineering services in line with requirements of Building engineering in the health sector Health Technical Memorandum 00

- Management resource within Facilities and Estates Team
- Governance arrangements not established in accordance with guidance
- Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them
- Currently no service level agreements in place across services
- Incomplete asset register

- Board Assurance Framework
- October 2016
- Page 16 of 21
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Vulnerability</th>
<th>Threat</th>
<th>Consequence</th>
<th>Date identified</th>
<th>Owners</th>
<th>Role</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Target risk score (I x L)</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
<th>Current risk score (I x L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Absence of strategic vision</td>
<td>LACK OF CAPACITY FOR DIRECTOR TO COMPLETE</td>
<td></td>
<td></td>
<td>30.09.16</td>
<td>RA</td>
<td>Director of Strategy &amp; Commercial Development, Board of Directors</td>
<td></td>
<td></td>
<td></td>
<td>Board approved functional strategies</td>
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</table>

Vulnerability:
There is no formalised strategic vision for the Trust

Threat:
- Trust cannot prioritise use of resources efficiently/effectively
- Trust faces unexpected threats from external and internal challenges

Consequence:
- Trust may divert attention and resources to ultimately unproductive objectives/practice
- Trust is unable to maintain identity/status

Associated risk register items:
1474
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Affected objectives</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Target risk score (I x L)</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
<th>Current risk score (I x L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>CCG commissioning practice: LACK OF CAPACITY FOR DIRECTOR TO COMPLETE</td>
<td>✓ ✓ ✓</td>
<td>*</td>
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</table>

**Vulnerability:**
Trust is heavily dependent on capacity/capability of CCG to manage key contracts/service across WHE and beyond

**Threat:**
- Failure of community provider/services will lead to reduced capacity/capability/unplanned service interruptions
- Failure of support/infrastructure services will lead to reduced capacity/capability/unplanned service interruptions
- CCG has not managed Patient transport contract well
- CCG has not managed RMS contract well

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to deliver against quality improvement plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**
835, 1474
| Item | Risk title | Affected objectives | Delivery of access targets | Delivery of FIP targets | Delivery of Q&S targets | Date identified | Source | Owners | Current controls | Current gaps in control | Target risk score (I x L) | Current assurance sources | Current gaps in assurance | Latest assurance | Current risk score (I x L) | Impact | Likelihood | Total |
|------|------------|---------------------|---------------------------|------------------------|------------------------|-------------------|--------|--------|-----------------|--------------------------|---------------------------|-------------------------|-------------------------|----------------|----------------|-------|
| 19   | Failure of Urgent Care Systems support across wider health economy (WHE) | ✓ ✓ ✓ | 30.09.16 | RA | Director of Strategy & Commercial Development Board of Directors | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Vulnerability:**
Trust is heavily dependent on other providers and services across WHE to deliver urgent care programme, and consequently elective care

**Threat:**
- Failure of community provider/services will lead to reduced capacity/capability/unplanned service interruptions
- Failure of support/infrastructure services will lead to reduced capacity/capability/unplanned service interruptions

**Consequence:**
- Trust may fail to deliver against access targets
- Trust may fail to deliver against quality improvement plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**
983, 1694
<table>
<thead>
<tr>
<th>Item</th>
<th>Risk title</th>
<th>Affected objectives</th>
<th>Delivery of access targets</th>
<th>Delivery of FIP targets</th>
<th>Delivery of Q&amp;I targets</th>
<th>Date identified</th>
<th>Owners</th>
<th>Initial risk score (I x L)</th>
<th>Current controls</th>
<th>Current gaps in control</th>
<th>Target risk score (I x L)</th>
<th>Current assurance sources</th>
<th>Current gaps in assurance</th>
<th>Latest assurance</th>
<th>Current risk score (I x L)</th>
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<tbody>
<tr>
<td>20</td>
<td>Overall patient flow through hospital/trust</td>
<td>LACK OF CAPACITY FOR DEPUTY CHIEF OPERATING OFFICER TO COMPLETE</td>
<td>✓ ✓ ✓</td>
<td></td>
<td></td>
<td>30.09.16</td>
<td>RA</td>
<td>Chief Operating Officer, Deputy Chief Operating Officer - Emergency Care, Board of Directors</td>
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**Vulnerability:**

Patient flow through the Trust is not effective

**Threat:**

- Lack of prompt and appropriate admission/discharge prevents other admissions
- Patients treated cared for in inappropriate/sub-optimal areas

**Consequence:**

- Trust may fail to deliver against Financial Improvement Plans
- Trust may fail to deliver against access targets
- Trust may fail to deliver against quality improvement plans
- Trust may experience significant service failure
- Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience

**Associated risk register items:**

682, 681, 1525, 421, 1483, 1709, 407, 1643, 1527, 1614, 1623, 1723, 332, 1694, 983
### Impact/Likelihood Descriptors:

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
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<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Impact on individual Patient/Employee/Visitor Safety
- **Score**: 1
  - **Insignificant**: Minor injury not requiring first aid.
- **Score**: 2
  - **Minor**: No permanent injury (psychological, emotional, physical). Minor injury or illness, first aid treatment required.
- **Score**: 3
  - **Moderate**: Semi-permanent injury (psychological, emotional, physical). Increase in treatment for a patient i.e. return to surgery, an unplanned readmission RIDDOR/Agency reportable.
- **Score**: 4
  - **Major**: Permanent injury, serious disability, reduced life expectancy (psychological, emotional, physical).
- **Score**: 5 (Extreme)
  - **Unexpected death.**

#### Patient Experience
- **Score**: 1
  - **Insignificant**: Unsatisfactory patient experience not directly related to patient care.
- **Score**: 2
  - **Minor**: Unsatisfactory patient experience readily resolvable.
- **Score**: 3
  - **Moderate**: Mismanagement of patient care.
- **Score**: 4
  - **Major**: Serious mismanagement of patient care.
- **Score**: 5 (Extreme)
  - **Totally unsatisfactory patient outcome or experience.**

#### Complaints/Claims
- **Score**: 1
  - **Insignificant**: Locally resolved complaint.
- **Score**: 2
  - **Minor**: Justified complaint peripheral to clinical care.
- **Score**: 3
  - **Moderate**: Below excess claim. Justified complaint involving lack of appropriate care.
- **Score**: 4
  - **Major**: Claim above excess level. Multiple justified complaints.
- **Score**: 5 (Extreme)
  - **Multiple claims or single major claim.**

#### Objectives/Projects
- **Score**: 1
  - **Insignificant**: Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality.
- **Score**: 2
  - **Minor**: <5% over budget/schedule slippage. Minor reduction in quality/scope.
- **Score**: 3
  - **Moderate**: 5-10% over budget/schedule slippage. Reduction in scope or quality.
- **Score**: 4
  - **Major**: 10-25% over budget/schedule slippage. Doesn't meet secondary objectives.
- **Score**: 5 (Extreme)
  - **>25% over budget/schedule slippage. Doesn't meet primary objectives.**

#### Clinical Service/Business Interruption
- **Score**: 1
  - **Insignificant**: Local interruption with back up.
- **Score**: 2
  - **Minor**: Local interruption.
- **Score**: 3
  - **Moderate**: Loss/interruption > 1 hour.
- **Score**: 4
  - **Major**: Loss/interruption > 8 hours.
- **Score**: 5 (Extreme)
  - **Loss/interruption > 24 hours.**

#### Staffing & Competence
- **Score**: 1
  - **Insignificant**: Short term low staff level temporarily reduces service quality (<1day).
- **Score**: 2
  - **Minor**: On-going low staffing level reduces service quality.
- **Score**: 3
  - **Moderate**: Late delivery of key objective/service due to lack of staff. Minor error due to poor training. On-going unsafe staffing level.
- **Score**: 4
  - **Major**: Uncertain delivery of key objective/service due to lack of staff. Serious error due to poor training. Non-delivery of key objective/service due to lack of staff. Critical error due to insufficient training.
- **Score**: 5 (Extreme)
  - **Non-delivery of key objective/service due to lack of staff. Critical error due to insufficient training.**

#### Financial
- **Score**: 1
  - **Insignificant**: Less than £100.
- **Score**: 2
  - **Minor**: £100 but >£1000.
- **Score**: 3
  - **Moderate**: £1000 but >£10,000.
- **Score**: 4
  - **Major**: £10,000 but >£100,000.
- **Score**: 5 (Extreme)
  - **>£100,000 to reduce the risk.**

#### Inspection/Audit
- **Score**: 1
  - **Insignificant**: Minor recommendations. Minor non-compliance with standards.
- **Score**: 2
  - **Minor**: Recommendations given. Non-compliance with standards.
- **Score**: 3
  - **Moderate**: Reduced rating. Challenging recommendations. Non-compliance with core standards.
- **Score**: 4
- **Score**: 5 (Extreme)
  - **Prosecution. Zero rating. Severely critical report.**

#### Adverse Publicity/Reputation
- **Score**: 1
  - **Insignificant**: Rumours.
- **Score**: 2
  - **Minor**: Local media – short term. Minor effect on staff morale.
- **Score**: 3
  - **Moderate**: Local media – long term. Significant effect on staff morale.
- **Score**: 4
  - **Major**: National media < 3 days.
- **Score**: 5 (Extreme)
  - **National media >3 day. MP concern (Questions in the House).**

#### Counter Fraud
- **Score**: 1
  - **Insignificant**: Interception of non-recurring fraud with no losses.
- **Score**: 2
  - **Minor**: Small losses incurred from fraud/error but no evidence to support sanctions.
- **Score**: 3
  - **Moderate**: Investigation leading to minor disciplinary sanction only.
- **Score**: 4
  - **Major**: Criminal investigation and possible dismissal. Local press coverage.
- **Score**: 5 (Extreme)
  - **Criminal Investigation. National press coverage. Poor systems exposed.**

#### RISK GRADING MATRIX

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>1 Insignificant</th>
<th>2 Minor</th>
<th>3 Moderate</th>
<th>4 Major</th>
<th>5 Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rare: This will probably never happen</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2 Unlikely: Do not expect it to happen</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>3 Possible: Might happen occasionally</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>4 Likely: Will probably happen</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>5 Almost certain: Will undoubtedly happen</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>