

Strategic risk	001	The Trust does not sustain effective patient flow which may negatively impact on the responsiveness of services including waiting times, safety and patient and staff experience.
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Current risk rating: 15

Strategic objective	Delivering outstanding care and experience
Last review date	12 January 2021

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance & Estates Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/10/20)	3	5	15	N/A
Current (07/12/20)	3	5	15	
Target (31/03/21)	3	3	9	

Operational Risks		
ID	Score	Summary risk description

<p>Key controls <i>What are we already doing to manage the risk?</i></p> <ul style="list-style-type: none"> ● Daily breach analysis and RCAs ● Independent oversight / audits ● Clear capacity management and escalation framework ● Accountability framework and performance governance ● Quality oversight and governance ● Improvement plans in place across divisions ● Escalation areas ● Ambulance border diverts ● Full capacity protocols ● Daily operational huddles ● Hospital Control Team ● Oversight by Senior Manager on Call (SMoC) and Director on Call (DoC)
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<p>Assurances on controls <i>How do we gain assurance that the controls are working?</i></p> <ul style="list-style-type: none"> ● Daily operational huddles ● Hospital Control Team ● Oversight by Senior Manager on Call (SMoC) and Director on Call (DoC) ● Staff surveys including Annual Staff Survey; cultural barometers ● Freedom to Speak Up Guardians; Raising Concerns in a Safe Environment Policy ● Board/Committee reporting ● Patient safety incident reporting ● Complaints management process ● Board and committee reporting and oversight

Gaps in control	Gaps in assurance

Actions to address gaps in controls and assurance	Due date

Strategic risk	002	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building
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Current risk rating: 20

Strategic objective	Improving and developing our services and
Last review date	12 January 2021

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance & Estates Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/10/20)	5	4	20	N/A
Current (07/12/20)	5	4	20	
Target (31/03/21)	5	2	10	

Operational Risks		
ID	Score	Summary risk description
103063	20	Potential failure of building RAAC panels at HH
102911	16	Heating system beyond economic life and prone to failure
103148	16	Risk of fire spread within hospital
102223	20	Risk of failure/non-compliance with air handling units to theatres and radiology
102278	25	Risk of contamination of water system

Key controls
<p><i>What are we already doing to manage the risk?</i></p> <ul style="list-style-type: none"> • Estates Strategy addendum approved by Trust Board • 6 Facet Survey - completion end of January 2021 • 2020/21 year funded backlog maintenance plan - in progress • Whole hospital replacement plans submitted to NHSI/E • P22 partner in place to project manage bot backlog and C.I.R projects • Site evacuation plans refreshed and tested • WSP survey of RAAC planks completed in the main. End bearing survey delays due to only 25% of hospital to be surveyed. • Development control plans approved by Trust Board • Medical gases resilience works to take place before March 2021 • Water filters on all water outlets in HH site to make site safe. 3 phase plan started with phase 1 completion expected by March 2021.

Assurances on controls
<p><i>How do we gain assurance that the controls are working?</i></p> <ul style="list-style-type: none"> • Trust Board Review RAAC Panel on monthly basis • Facilities Assurance Committee on Monthly basis • Health and Safety and escalation via H&S Committee • Capital Programme - Investment Committee • Governance via operational board sub committees - Finance Committee • Non-Executive champion for RAAC panels • Non-Executive involvement in redevelopment project board • Water AE review and overseeing work programme

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> • Funding risk mitigation in 21/22 • No whole hospital project team • STP priorities .e.g. DCP, Capital Programme • Insufficient staffing levels to manage risks 	

Actions to address gaps in controls and assurance	Due date
<ul style="list-style-type: none"> • Funding gap to be addressed via investment appraisal • New Hospital Programme Board to be set up by SDC 	<ul style="list-style-type: none"> • Feb/Mar 2021 • Jan/Feb 2021

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							20	20	20	20		

Strategic risk	003	Major infrastructure outage resulting in a loss of I.T. systems and services impacting the Trust's ability to offer safe and effective patient care.
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Current risk rating: 10

Strategic objective	Improving and developing our services and infrastructure
Last review date	12 January 2021

Lead Executive	Chief Finance Officer
Board monitoring committee	Finance & Infrastructure Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (12/10/20)	5	2	10	N/A
Current (07/12/20)	5	2	10	
Target (31/03/21)	5	1	5	

Operational Risks		
ID	Score	Summary risk description

Key controls <i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> ● Back-up battery based power supplies in all data centres and network cupboards in the event of a power failure (one hour cover). ● Environmental cooling in each main data centre and network cupboard to maintain optimal performance and prevent overheating. ● Resilient network core (one in each datacentre) to provide failover capacity between data centres in the event of a single element failing. ● Main phone system hosted on virtual servers (as above) to provide resiliency in the event of a server failure. ● Fall back “red” phones available in the event of the major phone system failure. This provides reduced service but allows departments and wards to keep in contact for patient safety. ● The control team have handheld radios to distribute in the event of phone system failure to enhance direct communications. ● Each department and ward have BCP to implement in the event of an I.T. failure to ensure patient safety.

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> ● Virtual server environment allows the majority of systems/servers to reboot and come back online on an alternative server in the event of an individual server failure. ● A fall back external phone number for the public to call in the event of the main phone system failing. It would need communicating via social media etc. and has less capacity than normal but ensures communication channels remain open during any incident. ● Multiple data centres on each main hospital site provide resiliency in the event of an extended power or cooling failure or physical building infrastructure issue affecting an isolated area. Most services can be brought back on line in alternative data centre. Each hospital is linked to two other sites to maintain network connectivity (and access to clinical systems) in the event of a single data circuit failure. ● Board/Committee reporting

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> ● UPS yet to be installed 	

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							10	10	10	10		

Strategic risk	004	The Cambridgeshire and Peterborough STP does not evolve into a fit for purpose integrated care system, leading to polarisation that does not address system inequalities and inefficiencies.
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Current risk rating: 12

Strategic objective	Working together with local health and social care providers
Last review date	04 January 2021

Lead Executive	Chief Strategy and Transformation Officer
Board monitoring committee	Strategy & Transformation Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/10/20)	4	3	12	N/A
Current (07/12/20)	4	3	12	
Target (31/03/22)	2	2	4	

Operational Risks		
ID	Score	Summary risk description

Key controls <i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> ICS Maternity index reviewed and updated Governance structures being finalised STP Board and system leaders forum Alliances are in place and working to varying degrees of efficacy Programme Director in post to drive the transition to ICS

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> Road map for transition to ICS agreed by system leaders Place based solutions i.e. Integrated Care Partnerships agreed. Workshops for establishment of ICPs scheduled Governance arrangements for ICS being finalised Board/Committee reporting

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> No timeline as yet confirmed for ICP establishment Unclear about resourcing of the ICS and the ICPs in particular 	<ul style="list-style-type: none"> Whether the governance structure is fit for purpose for C&P ICS Assurance that system is mature enough to finalise details before April 2021 Assume that key positions will be filled via open competitive process

Actions to address gaps in controls and assurance	Due date
<ul style="list-style-type: none"> STP Board and system leaders workshop Review of plans by specialist consultancy Roadmap for ICP to be agreed Appointment to ICP MD roles 	<ul style="list-style-type: none"> Dec 20 to Mar 21 Dec 20 to Jan 21 Dec 20 to Jan 21 Mar 21

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							12	12	12	12		

Strategic risk	005	Failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements.
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Current risk rating: 20↑

Strategic objective	Delivering outstanding care and experience
Last review date	04 January 2021

Lead Executive	Chief Nurse
Board monitoring committee	Quality Assurance Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (12/10/20)	4	3	12	
Current (07/12/20)	4	5↑	20↑	
Target (31/03/21)	4	2	8	
Yes				

Operational Risks		
ID	Score	Summary risk description
101651	16	Patient Falls
101620	15	Sepsis failure to recognise and respond to patients in a timely fashion
101951	12	High level trained nursing vacancies
102278	25	Hinchingbrooke - V3 Legionella - Management and technical control
103074	20	Potential risk to maintaining safe staffing levels in maternity services due to vacancies and maternity leave

Key controls
<i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> • Walkabouts; Quality dashboards – evaluate; feedback • CREWS Assessments; CQC Action Plans • External peer reviews by commissioners • CQC fundamental standards self-assessments • Soft and hard intelligence and triangulation • Matrons Balance scorecards • Intentional rounding; NICE guidance • Improvement plan(s) • Peer review; CPD • Learning from complaints • Supervision; Performance reviews • National standards; Royal College oversight and guidance • Professional standards; Clinical Audit

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> • CQC Inspection and assurance meetings • Self assessment against CQC fundamental standards • Peer reviews • Internal Audit and external benchmarking • Model hospital • QAC • MBSC • Model Hospital • CREWS assessments and Walkabouts • Quality report/IPR • GIRFT reports / Complaints • Royal College oversight and guidance • CNRR and SCIG meetings • CQC Insight reports • Board/Committee reporting • IPAC BAF • Maternity assurance document

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> • Effective Recovery Plan in place • Capacity to maintain red and amber pathways for Covid patients • Matrons and DNO's ability to focus on quality • Increase in falls and pressure ulcers • Insufficient IPAC capacity • Requirement to send staff internal and external to undertake mass vaccination 	<ul style="list-style-type: none"> • CQC face to face inspections

Actions to address gaps in controls and assurance	Due date
<ul style="list-style-type: none"> • Recovery plan in place • Monthly meeting with CQC Relationship Officer • CQC Action Plan • CQC new assistance specialised meetings • IPAC presence in control room • Ops and IPAC plan for flow • Plan for reduction in pressure ulcers and falls • IA for IPAC agreed but unable to recruit 	

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							12	12	16↑	20↑		

Strategic risk	006	The Trust does not have adequate plans to recruit and retain staff for groups where there are skills shortages which impacts on the delivery of safe services for our patients.
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Current risk rating: 12

Strategic objective	Recruiting, developing and retaining our workforce
Last review date	15 January 2021

Lead Executive	Chief People Officer
Board monitoring committee	People & Culture Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/10/20)	4	3	12	N/A
Current (07/12/20)	4	3	12	
Target (31/03/21)	4	3	12	

Operational Risks		
ID	Score	Summary risk description
101952	16	Medical locum usage (EMED)
102972	16	Respiratory medicine consultant vacancies
349	20	insufficient radiologists to maintain core service

Key controls <i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> • Divisional Recruitment Control Boards and weekly Executive Resourcing Control Board (ERCB) • Robust recruitment approaches and processes • Targeted campaigns for hard to fill roles with regular review and monitoring • TRAC recruitment data to manage processes and help reduce time to hire • Accountability framework to track and hold Divisions/Corporate Departments to account on progress • Bank and agency use monitoring and actions • System and Trust workforce plan, with associated resourcing plans • Transformation and service redesign

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> • Oversight at Workforce Committee, Medical and non-Medical Workforce Boards • Vacancy data and turnover date to track improvements • Executive Resourcing Control Board (ERCB) weekly - recruitment, vacancies, agency and bank • Monthly performance meetings with Divisions • Evidence of targeted approach to recruit to hard to fill roles • Board/Committee reporting

Gaps in control	Gaps in assurance

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							12	12	12	12		

Strategic risk	007	Organisational culture impacts on staff engagement, turnover and sickness, and potentially impacts on patient and staff experience
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Current risk rating: 12

Strategic objective	Recruiting, developing and retaining our workforce
Last review date	15 January 2021

Lead Executive	Chief People Officer
Board monitoring committee	People & Culture Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/10/20)	3	4	12	
Current (07/12/20)	3	4	12	
Target (31/03/21)	3	3	9	

N/A

Operational Risks		
ID	Score	Summary risk description

Key controls
<i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> • Delivery plans for the Trust and Divisions to track progress/impact • G2O Board oversight with links to 5 priority work streams (Quality, Wellbeing, Leadership, People and Communication) • Accountability frameworks to track and hold Divisions/Corporate Departments to account for progress • Staff survey and quarterly cultural barometer to measure employee experience • Workforce indicators (sickness; appraisals; retention) • Staff training • HR policies and procedures • Promoting and embedding NWA values and behaviours • Leadership and management development in terms of being collective and compassionate • Clear vision and values set with staff

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> • Freedom to Speak Up policy and guardians and associated data • Occupational Health Service and increased focus on Health and Wellbeing and data about health and wellbeing • NWA People Plan to shape and deliver cultural shift • Improved/increased leadership and management development to align to required culture • Development of Employee Value Proposition (EVP) as part of culture shift and people plan • Assurance through Workforce Committee, People & Performance Committee and HMC • Divisional plans and outcomes re staff survey, cultural barometer and workforce metrics • Family and Friends scores - care • Family and Friends scores - place to work • Workforce indicators plus staff survey and cultural barometer results • Monitoring employee relations cases, FTSU and OD intervention requirements and 'Hot Spots' • Level of knowledge and improvements and evidence of use • Monthly Accountability Framework Meetings with Divisions • Embedding of QSIR and measuring impact • Behavioural risks to productivity, performance and high level care • Indicators for recruitment and retention • Independent well led review • Board/Committee reporting

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> • Assistant Director for Organisational Development post currently vacant and not expected to have someone in post before the end of March 2021 	

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							12	12	12	12		

Strategic risk	008	There is a risk the Trust does not deliver the financial plan for 2020/21 as a consequence of increased resource requirements to meet service pressures and the national financial architecture.
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Current risk rating: 15

Strategic objective	Delivering financial sustainability
Last review date	12 January 2021

Lead Executive	Chief Finance Officer
Board monitoring committee	Finance & Infrastructure Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (12/10/20)	5	3	15	N/A
Current (07/12/20)	5	3	15	
Target (31/03/21)	5	2	10	

Operational Risks		
ID	Score	Summary risk description

<p>Key controls <i>What are we already doing to manage the risk?</i></p> <ul style="list-style-type: none"> ● Focus on divisional leadership responsibility through the Accountability Framework – people, performance, quality, finance ● Strengthened financial governance arrangements including: ● Reintroduction of the investment cycle ● Tightening of approvals for PFI variations ● Introduction of Financial Improvement Board ● Revisions to the ERCB process – pay controls ● Tightening of approvals for above agency cap expenditure ● Enhanced financial management support to Divisions ● Proactive engagement with key stakeholders and STP partners and Regulator

<p>Assurances on controls <i>How do we gain assurance that the controls are working?</i></p> <ul style="list-style-type: none"> ● Independent well led review ● Board/Committee reporting ● Monthly integrated performance meetings ● Escalation meetings in line with the accountability framework ● Delivery plans for the Trust and Divisions to track progress/impact ● Chief Finance Officer engagement with system partners at FPPG ● Trust engagement with system partners at STP Board etc ● Enhanced Recruitment Control Board (ERCB) ● Internal Audit

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> ● System CT ● Ask for help – expert ● System influence ● Common approach to funding ● Proactive with Regulators and STP ● STP / regional funding – how to influence system ‘discussions’ / common approach ● Facilitate innovation 	

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							15	15	15	15		

Strategic risk	009	As a result of the ongoing impact of Covid-19, there is a risk that the Trust is not able to safely restore all local and specialist services to previous levels of capacity which results in increased waiting times and poor outcomes and experience for patients.
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Current risk rating: 16

Strategic objective	Delivering outstanding care and experience
Last review date	04 January 2021

Lead Executive	Chief Medical Officer & Deputy CEO
Board monitoring committee	Quality Assurance Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/09/20)	4	4	16	
Current (07/12/20)	4	4	16↑	
Target (31/03/21)	4	2	8	N/A

Operational Risks		
ID	Score	Summary risk description
103116	16	Covid-19 Inability to meet ICU surge plan
103115	16	Covid-19 risk to patients due to lack of respiratory consultant

Key controls <i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> ● Recovery plans are in place ● Additional capacity is being scoped ● Clinical prioritisation and clinical harm reviews ● Monitoring of the backlog ● Strategic controls ● Assurance from QAC / sub board oversight ● Performance and accountability framework ● Policies ● STP wait list management ● PCP (backlog)

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> ● Reduction in waiting list ● Robust harm review process embedded ● Numbers of Datix reports raised ● Complaints ● Independent well led review ● Board/Committee reporting ● Mortality/SJR process ● Monthly integrated performance meetings

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> ● There could be cost pressures associated with addressing the backlogs to manage the risks. ● What is your level of RA for this and why is it not a high risk ● Response to critical internal capacity requirements ● Lack of sufficient staffing 	

Actions to address gaps in controls and assurance	Due date
<ul style="list-style-type: none"> ● Staff Covid-19 vaccination programme ● Staff Covid-19 testing programme 	

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							12	16↑	16	16		

Strategic risk	010	Risk of patient harm due to extended wait list due to demand, impact of pandemic and backlogs.
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Current risk rating: 20

Strategic objective	Delivering outstanding care and experience
Last review date	12 January 2021

Lead Executive	Chief Operating Officer
Board monitoring committee	Quality Assurance Committee

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (12/10/20)	5	4	20	
Current (07/12/20)	5	4	20	
Target (31/03/21)	5	2	10	

Operational Risks		
ID	Score	Summary risk description
102974	16	Potential clinical harm due to delay in diagnostic endoscopy
103115	16	Lack of respiratory staff on B12

Key controls
<i>What are we already doing to manage the risk?</i>
<ul style="list-style-type: none"> • Activity recovery plans are in place for all specialties • Additional capacity is being delivered through 7 day working • Clinical prioritisation and clinical harm reviews aligned to national model (implemented) • Strategic controls • Performance and accountability framework in place to ensure routine oversight of key performance, outcome metrics • Policies • STP wait list management • PCP (backlog) • Recovery finance arrangements in place

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ul style="list-style-type: none"> • Active harm review process in place including RCAS to identify learning. Reporting via relevant Board sub-committees • Constant WL management and review • Additional activity planned • Monitoring of the backlog • Board/Committee reporting

Gaps in control	Gaps in assurance
<ul style="list-style-type: none"> • Opportunities for whole system shared PTLs to minimise risk for long waiters • Funding for ongoing 21/22 activity recovery 	

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
							20	20	20	20		