

Strategic Risks as at 16 March 2021

| Strategic Risk No. | Lead Executive | Description   | 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 | Target |    |
| 001                | COO            | The Trust does not sustain effective emergency and elective patient flow which may negatively impact on the responsiveness of services including waiting times, safety and patient and staff experience.  |            |        |        |        |        |        |        | 15     | 15     | 15     | 15     | 20↑    | 16↓    | 9  |
| 002                | COO            | Risk to patient and staff safety at Hinchingsbrooke Hospital due to old and non-compliant building.   |            |        |        |        |        |        |        | 20     | 20     | 20     | 20     | 20     | 20     | 10 |
| 003                | CFO            | 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.  |            |        |        |        |        |        |        | 10     | 10     | 10     | 10     | 10     | 10     | 5  |
| 004                | CSATO          | 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.  |            |        |        |        |        |        |        | 12     | 12     | 12     | 12     | 9↓     | 9      | 4  |
| 005                | Chief Nurse    | Failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements  |            |        |        |        |        |        |        | 12     | 12     | 16↑    | 20↑    | 20     | 16↓    | 8  |
| 006                | CPO            | 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.   |            |        |        |        |        |        |        | 12     | 12     | 12     | 12     | 12     | 12     | 12 |
| 007                | CPO            | Poor employee experience, as measured by the NHS staff survey and quarterly cultural barometer.   |            |        |        |        |        |        |        | 12     | 12     | 12     | 12     | 12     | 12     | 9  |
| 008                | CFO            | 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.  |            |        |        |        |        |        |        | 15     | 15     | 15     | 15     | 10↓    | 10     | 10 |
| 009                | CMO & Dep CEO  | 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 poorer outcomes and experience for patients |            |        |        |        |        |        |        | 12     | 16↑    | 16     | 16     | 16     | 16     | 8  |
| 010                | COO            | Risk of patient harm due to extended wait list due to demand, impact of pandemic and backlogs.  |            |        |        |        |        |        |        | 20     | 20     | 20     | 20     | 20     | 20     | 10 |

|                       |     |   |
|-----------------------|-----|---|
| <b>Strategic risk</b> | 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. |
|-----------------------|-----|---|

**Current risk rating:**  
16↓

|                            |  |
|----------------------------|--|
| <b>Strategic objective</b> | Delivering outstanding care and experience |
| <b>Last review date</b>    | 08 March 2021                              |

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>Lead Executive</b>             | Chief Operating Officer         |
| <b>Board monitoring committee</b> | Performance & Estates Committee |

| Risk rating        | Consequence | Likelihood | Total | Change since last |
|--------------------|-------------|------------|-------|-------------------|
| Initial (13/10/20) | 3           | 5          | 15    |                   |
| Current (08/03/21) | 4           | 4          | 16↓   |                   |
| Target (31/03/21)  | 3           | 3          | 9     |                   |

| 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"> <li>• Daily breach analysis and RCAs</li> <li>• Independent oversight / audits</li> <li>• Clear capacity management and escalation framework</li> <li>• Accountability framework and performance governance</li> <li>• Quality oversight and governance</li> <li>• Improvement plans in place across divisions</li> <li>• Escalation areas</li> <li>• Ambulance border diverts</li> <li>• Full capacity protocols</li> <li>• Daily operational huddles</li> <li>• Hospital Control Team</li> <li>• Oversight by Senior Manager on Call (SMoC) and Director on Call (DoC)</li> </ul> |

| Assurances on controls  |
|---|
| <i>How do we gain assurance that the controls are working?</i>  |
| <ul style="list-style-type: none"> <li>• Daily operational huddles</li> <li>• Hospital Control Team</li> <li>• Oversight by Senior Manager on Call (SMoC) and Director on Call (DoC)</li> <li>• Staff surveys including Annual Staff Survey; cultural barometers</li> <li>• Freedom to Speak Up Guardians; Raising Concerns in a Safe Environment Policy</li> <li>• Board/Committee reporting</li> <li>• Patient safety incident reporting</li> <li>• Complaints management process</li> <li>• Board and committee reporting and oversight</li> </ul> |

| Gaps in control   | Gaps in assurance |
|---|-------------------|
| <ul style="list-style-type: none"> <li>• Opportunities to improve LOS + improve occupancy levels across site</li> </ul> |                   |

| Actions to address gaps in controls and assurance  | Due date |
|--|----------|
| <ul style="list-style-type: none"> <li>• LLOS reviews recommenced across sites. Focus improvement project on board rounds/ward rounds to improve discharges and LoS</li> </ul> |          |

| 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     | 20↑    | 16↓    |

|                |     |  |
|----------------|-----|--|
| Strategic risk | 002 | Risk to patient and staff safety at Hinchingsbrooke Hospital due to old and non-compliant building |
|----------------|-----|--|

**Current risk rating:  
20**

|                     |  |
|---------------------|--|
| Strategic objective | Improving and developing our services and infrastructure |
| Last review date    | 08 March 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    |                   |
| Current (08/03/21) | 5           | 4          | 20    |                   |
| Target (31/03/21)  | 5           | 2          | 10    |                   |
|                    |             |            |       | N/A               |

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

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

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

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

| 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     | 20     | 20     |

|                       |     |   |
|-----------------------|-----|---|
| <b>Strategic risk</b> | 003 | <b>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.</b> |
|-----------------------|-----|---|

**Current risk rating:  
10**

|                            |  |
|----------------------------|--|
| <b>Strategic objective</b> | Improving and developing our services and infrastructure |
| <b>Last review date</b>    | 09 March 2021  |

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Lead Executive</b>             | Chief Finance Officer              |
| <b>Board monitoring committee</b> | Finance & Infrastructure Committee |

| Risk rating        | Consequence | Likelihood | Total | Change since last |
|--------------------|-------------|------------|-------|-------------------|
| Initial (12/10/20) | 5           | 2          | 10    | N/A               |
| Current (09/03/21) | 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"> <li>• Back-up battery based power supplies in all data centres and network cupboards in the event of a power failure (one hour cover).</li> <li>• Environmental cooling in each main data centre and network cupboard to maintain optimal performance and prevent overheating.</li> <li>• Resilient network core (one in each datacentre) to provide failover capacity between data centres in the event of a single element failing.</li> <li>• Main phone system hosted on virtual servers (as above) to provide resiliency in the event of a server failure.</li> <li>• 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.</li> <li>• The control team have handheld radios to distribute in the event of phone system failure to enhance direct communications.</li> <li>• Each department and ward have BCP to implement in the event of an I.T. failure to ensure patient safety.</li> </ul> |

| Assurances on controls  |
|---|
| <i>How do we gain assurance that the controls are working?</i>  |
| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Board/Committee reporting</li> </ul> |

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

| Actions to address gaps in controls and assurance | Due date   |
|---|------------|
| UPS system due for installation                   | 31/03/2021 |

| 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 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|            |        |        |        |        |        |        | 10     | 10     | 10     | 10     | 10     | 10     |

|                       |     |  |
|-----------------------|-----|--|
| <b>Strategic risk</b> | 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. |
|-----------------------|-----|--|

**Current risk rating:**  
**9**

|                            |  |
|----------------------------|--|
| <b>Strategic objective</b> | Working together with local health and social care providers |
| <b>Last review date</b>    | 08 March 2021  |

|                                   |   |
|-----------------------------------|---|
| <b>Lead Executive</b>             | Chief Strategy and Transformation Officer |
| <b>Board monitoring committee</b> | Strategy & Transformation Committee       |

| Risk rating        | Consequence | Likelihood | Total | Change since last<br><br>9 |
|--------------------|-------------|------------|-------|----------------------------|
| Initial (13/10/20) | 4           | 3          | 12    |                            |
| Current (08/03/21) | 3           | 3          | 9     |                            |
| 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"> <li>ICS application submitted following support from specialist consultancy feedback session and NHSI/E and C&amp;P AOs held. Additional information included in application pack.</li> <li>Agreed transition of the CCG to strategic commissioners</li> <li>STP Board sign off</li> </ul> |

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

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

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

| 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     | 9↓     | 9      |

|                |     |   |
|----------------|-----|---|
| Strategic risk | 005 | Failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements. |
|----------------|-----|---|

**Current risk rating:**  
16↓

|                     |  |
|---------------------|--|
| Strategic objective | Delivering outstanding care and experience |
| Last review date    | 08 March 2021                              |

|                            |                             |
|----------------------------|-----------------------------|
| Lead Executive             | Chief Nurse                 |
| Board monitoring committee | Quality Assurance Committee |

| Risk rating        | Consequence | Likelihood | Total |
|--------------------|-------------|------------|-------|
| Initial (12/10/20) | 4           | 3          | 12    |
| Current (08/03/21) | 4           | 4↓         | 16↓   |
| Target (31/03/21)  | 4           | 2          | 8     |

Change since last  
16↓

| 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   |
| 103218            | 16    | Hospital associated pressure ulcers (reviewed and awaiting approval)  |
| 103233            | 20    | Infection Control Team lack of cover during Covid-19 pandemic (awaiting approval)                             |
| 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"> <li>• Quality dashboards</li> <li>• CREWS Assessments; CQC Action Plans</li> <li>• External peer reviews by commissioners</li> <li>• CQC fundamental standards self-assessments</li> <li>• Soft and hard intelligence and triangulation</li> <li>• Matrons Balance scorecards, Risk Register, CNRR + SCIC</li> <li>• Intentional rounding; NICE guidance</li> <li>• Trust Quality Improvement Plan(s)</li> <li>• Peer review; CPD</li> <li>• Learning from complaints</li> </ul> |

| Assurances on controls   |
|--|
| <i>How do we gain assurance that the controls are working?</i>   |
| <ul style="list-style-type: none"> <li>• CQC Inspection and assurance meetings</li> <li>• Self assessment against CQC fundamental standards</li> <li>• Peer reviews</li> <li>• Internal Audit and external benchmarking</li> <li>• Model hospital</li> <li>• QAC</li> <li>• MBSC</li> <li>• CREWS assessments and Walkabouts</li> <li>• Quality report/IPR</li> <li>• GIRFT reports</li> </ul> |



- Supervision; Performance reviews
- National standards; Royal College oversight and guidance
- Professional standards; Clinical Audit
- Environmental walkabouts
- Matron role
- DND's
- Bronze staffing cell (Daily)
- Corporate nursing teams
- Safer Nursing Care Tools

- Royal College oversight and guidance
- CNRR and SCIG meetings
- CQC Insight reports
- Board/Committee reporting
- IPAC BAF
- Maternity assurance tool
- Complaints
- Ockenden recommendations
- Safer Nursing Care Tools
- Maternity staffing reports

| Gaps in control  | Gaps in assurance  |
|--|--|
| <ul style="list-style-type: none"> <li>• Effective Recovery Plan in place</li> <li>• Matrons and DND's ability to focus on quality</li> <li>• Increase in falls and pressure ulcers</li> <li>• Insufficient IPAC capacity</li> <li>• Staffing levels due to sickness absence and redeployment</li> </ul> | <ul style="list-style-type: none"> <li>• CQC face to face inspections</li> </ul> |

| Actions to address gaps in controls and assurance   | Due date |
|---|----------|
| <ul style="list-style-type: none"> <li>• Recovery plan in place and evolving</li> <li>• Monthly meeting with CQC Relationship Officer</li> <li>• CQC Action Plan</li> <li>• CQC new assistance specialised meetings</li> <li>• IPAC presence in control room</li> <li>• Ops and IPAC plan for flow</li> <li>• Plan for reduction in pressure ulcers and falls</li> <li>• IA for IPAC agreed</li> <li>• Maternity QI plan</li> <li>• New format MBSC to be confirmed for start of new FY</li> <li>• New Maternity QI Board - inagural meeting held Feb 21</li> <li>• New national Matrons Charter (reset and focus on role)</li> <li>• Restart CQC staffing assessments</li> <li>• De-escalator plan for redeployed staff</li> <li>• 6 monthly staffing review with Divisions</li> </ul> |          |

| 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↑    | 20     | 16↓    |

|                |     |   |
|----------------|-----|---|
| 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. |
|----------------|-----|---|

**Current risk rating:  
12**

|                     |  |
|---------------------|--|
| Strategic objective | Recruiting, developing and retaining our workforce |
| Last review date    | 08 March 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 (08/03/21) | 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"> <li>• Divisional Recruitment Control Boards and weekly Executive Resourcing Control Board (ERCB)</li> <li>• Robust recruitment approaches and processes</li> <li>• Targeted campaigns for hard to fill roles with regular review and monitoring</li> <li>• TRAC recruitment data to manage processes and help reduce time to hire</li> <li>• Accountability framework to track and hold Divisions/Corporate Departments to account on progress</li> <li>• Bank and agency use monitoring and actions</li> <li>• System and Trust workforce plan, with associated resourcing plans</li> <li>• Transformation and service redesign</li> </ul> |

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

| 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     | 12     | 12     |

|                       |     |   |
|-----------------------|-----|---|
| <b>Strategic risk</b> | 007 | <b>Organisational culture impacts on staff engagement, turnover and sickness, and potentially impacts on patient and staff experience</b> |
|-----------------------|-----|---|

**Current risk rating:**  
**12**

|                            |  |
|----------------------------|--|
| <b>Strategic objective</b> | Recruiting, developing and retaining our workforce |
| <b>Last review date</b>    | 08 March 2021                                      |

|                                   |                            |
|-----------------------------------|----------------------------|
| <b>Lead Executive</b>             | Chief People Officer       |
| <b>Board monitoring committee</b> | People & Culture Committee |

| Risk rating               | Consequence | Likelihood | Total | Change since last |
|---------------------------|-------------|------------|-------|-------------------|
| <b>Initial (13/10/20)</b> | 3           | 4          | 12    | N/A               |
| <b>Current (08/03/21)</b> | 3           | 4          | 12    |                   |
| <b>Target (31/03/21)</b>  | 3           | 3          | 9     |                   |

| Operational Risks |       |                          |
|-------------------|-------|--------------------------|
| ID                | Score | Summary risk description |
|                   |       |                          |
|                   |       |                          |
|                   |       |                          |

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

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

| <b>Gaps in control</b>   | <b>Gaps in assurance</b> |
|--|--------------------------|
| <ul style="list-style-type: none"> <li>• Assistant Director for Organisational Development post currently vacant and not expected to have</li> </ul> |                          |

| <b>Actions to address gaps in controls and assurance</b> | <b>Due date</b> |
|--|-----------------|
|  |                 |

someone in post before the end of March 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 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|            |        |        |        |        |        |        | 12     | 12     | 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. |
|----------------|-----|--|

**Current risk rating:  
10**

|                     |                                     |
|---------------------|-------------------------------------|
| Strategic objective | Delivering financial sustainability |
| Last review date    | 09 March 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    |                   |
| Current (09/03/21) | 5           | 2          | 10    |                   |
| Target (31/03/21)  | 5           | 2          | 10    |                   |

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

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

| Gaps in control | Gaps in assurance  |
|-----------------|--|
|                 | <ul style="list-style-type: none"> <li>National framework continues to evolve in response to the pandemic</li> </ul> |

| Actions to address gaps in controls and assurance   | Due date   |
|---|------------|
| <ul style="list-style-type: none"> <li>Trust preparing revised forecast outturn on the basis to reflect the latest guidance and includes sensitivity analysis.</li> </ul> | 22/03/2021 |

| 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 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|            |        |        |        |        |        |        | 15     | 15     | 15     | 15     | 10↓    | 10     |

|                       |     |  |
|-----------------------|-----|--|
| <b>Strategic risk</b> | 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. |
|-----------------------|-----|--|

**Current risk rating:  
16**

|                            |  |
|----------------------------|--|
| <b>Strategic objective</b> | Delivering outstanding care and experience |
| <b>Last review date</b>    | 08 March 2021                              |

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Lead Executive</b>             | Chief Medical Officer & Deputy CEO |
| <b>Board monitoring committee</b> | Quality Assurance Committee        |

| Risk rating               | Consequence | Likelihood | Total | Change since last |
|---------------------------|-------------|------------|-------|-------------------|
| <b>Initial (13/09/20)</b> | 4           | 4          | 16    |                   |
| <b>Current (08/03/21)</b> | 4           | 4          | 16    |                   |
| <b>Target (31/03/21)</b>  | 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"> <li>Recovery plans are in place</li> <li>Additional capacity has been procured (insourcing and outsourcing)</li> <li>Clinical prioritisation and clinical harm reviews</li> <li>Monitoring of the backlog</li> <li>Strategic controls</li> <li>Assurance from QAC / sub board oversight</li> <li>Performance and accountability framework</li> <li>Policies</li> <li>STP wait list management</li> <li>PCP (backlog)</li> <li>Additional management capacity has been procured</li> </ul> |

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

| Gaps in control  | Gaps in assurance |
|--|-------------------|
| <ul style="list-style-type: none"> <li>There could be cost pressures associated with addressing the backlogs to manage the risks.</li> <li>Response to critical internal capacity requirements</li> <li>Lack of sufficient staffing</li> </ul> |                   |

| Actions to address gaps in controls and assurance  | Due date |
|--|----------|
| <ul style="list-style-type: none"> <li>Staff Covid-19 vaccination programme</li> <li>Staff Covid-19 testing programme</li> <li>Patient Covid-19 testing and vaccination programme</li> <li>Digitalisation of waiting list processes</li> </ul> |          |

| 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     | 16     | 16     |

|                |     |  |
|----------------|-----|--|
| Strategic risk | 010 | Risk of patient harm due to extended wait list due to demand, impact of pandemic and backlogs. |
|----------------|-----|--|

**Current risk rating:  
20**

|                     |  |
|---------------------|--|
| Strategic objective | Delivering outstanding care and experience |
| Last review date    | 08 March 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    | N/A               |
| Current (08/03/21) | 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  |
|---|
| <p><i>What are we already doing to manage the risk?</i></p> <ul style="list-style-type: none"> <li>• Activity recovery plans are in place for all specialties</li> <li>• Additional capacity is being delivered through 7 day working</li> <li>• Clinical prioritisation and clinical harm reviews aligned to national model (implemented)</li> <li>• Strategic controls</li> <li>• Performance and accountability framework in place to ensure routine oversight of key performance, outcome metrics</li> <li>• Policies</li> <li>• STP wait list management</li> <li>• PCP (backlog)</li> <li>• Recovery finance arrangements in place</li> </ul> |

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

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

| Actions to address gaps in controls and assurance   | Due date |
|---|----------|
| <ul style="list-style-type: none"> <li>• Participation in region wide PTL/elective prioritisation cells.</li> </ul> |          |

| 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     | 20     | 20     |