Datix Risk No.	Lead Executive	Description	Risk Score												
			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Target
103343	COO	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building.	20	20											10
103344	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.	15	15											5
103345	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.	9	9											4
103346	Chief Nurse	There is a risk that failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements	16	12↓											8
103348	CPO	The Trust does not have a positive organisational culture, which potentially impacts on staff and patient experience as well as recruitment and retention, sickness and levels of engagement	16↓	20											9
103349	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	16	16											8
103350	COO	Risk of patient harm due to the Trust not sustaining effective patient flow which will negatively impact on waiting times, safety, patient and staff experience.	20	20											10
103351	CMO & Dep CEO	There is a risk that the recovery of Trust services perpetuates health inequalities	12	12											8
103352	Chief Nurse	There is a risk of non-compliance with regulatory indicators and national guidelines for maternity impacting on patient safety, quality and experience	16↑	16											4
103353	CFO	This is a risk the Trust is unable to achieve financial balance as a consequence of increased resource requirements to meet service pressures and the national financial architecture	15	15											10

Top 3 Risks			
103343	COO	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building.	20
103348	CPO	The Trust does not have a positive organisational culture, which potentially impacts on staff and patient experience as well as recruitment and retention, sickness and levels of engagement	20
103350	COO	Risk of patient harm due to the Trust not sustaining effective patient flow which will negatively impact on waiting times, safety, patient and staff experience.	20

Datix Risk ID	103343	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building

Current risk rating: 20

Strategic objective	Improving and developing our services and
Last review date	01 June 2021

Lead Executive	Chief Operating Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	5	4	20
Current (08/03/21)	5	4	20
Target (31/03/21)	5	2	10

Change since last
N/A

Operational Risks		
ID	Score	Summary risk description
103063	20	Potential failure of building RAAC panels at HH
102911	16	Heating system beyong 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

What are we already doing to manage the risk?

- Estates Strategy addendum approved by Trust Board
- 6 Facet Survey - completed
- 2021/22 year funded backlong maintenance plan - funded
- Whole hospital replacement plans submitted to NHSI/E
- P22 partner in place to project manage both backlog and C.I.R projects
- Site evacuation plans refreshed and tested
- WSP survey of RAAC planks completed. 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 May 2021
- Water filters on all water outlets in HH site to make site safe. 3 phase plan started with phase 1 completion expected by May 2021.

Assurances on controls

How do we gain assurance that the controls are working?

- 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
● 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
● Funding gap to be addressed via investment appraisal	● Feb/Mar 2021
● New Hospital Programme Board to be set up by SDC	● Jan/Feb 2021

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	20	20										

Datix Risk ID	103344	**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.**

Current risk rating: 15

Strategic objective	Improving and developing our services and infrastructure
Last review date	01 June 2021

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	5	2	10
Current (06/05/21)	5	2	15
Target (31/03/21)	5	1	5

Change since last
15

Operational Risks		
ID	Score	Summary risk description

Key controls

What are we already doing to manage the risk?

- 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

How do we gain assurance that the controls are working?

- 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
● UPS yet to be installed	

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

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	15	15										

Datix Risk ID	103345	**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

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

Lead Executive	Chief Strategy and Transformation Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	4	3	12
Current (08/03/21)	3	3	9
Target (31/03/22)	2	2	4

Change since last
9

Operational Risks		
ID	**Score**	**Summary risk description**

Key controls

What are we already doing to manage the risk?

- ICS application approved with conditions associated with it.
- ICS development plan in place.
- ICS governance being finalised.

Assurances on controls

How do we gain assurance that the controls are working?

- 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
- Board/Committee reporting

Gaps in control	Gaps in assurance
● No timeline as yet confirmed for ICP establishment ● Unclear about resourcing of the ICS and the ICPs in particular ● Further work is required for the transition arrangements	●Whether the governance structure is fit for purpose for C&P ICS ● Assume that key positions will be filled via open competitive process ● Timeline for recruitment of independent chair and accountable officer

Actions to address gaps in controls and assurance	Due date
●STP Board and system leaders workshop	● Dec 20 to Mar 21
●Review of plans by specialist consultancy	● Dec 20 to Jan 21
●Roadmap for ICP to be agreed	● Dec 20 to Jan 21
●Appointment to ICP MD roles	● Mar 21

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	9	9										

Datix Risk ID	103346	There is a risk that failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements.

Current risk rating: 12↓

Strategic objective	Delivering outstanding care and experience
Last review date	01 June 2021

Lead Executive	Chief Nurse

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
12↓

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)
103074	20	Potential risk to maintaining safe staffing levels in maternity services due to vacancies and maternity leave

Key controls

What are we already doing to manage the risk?

- Quality dashboards
- CREWS Assessments; CQC Action Plans
- External peer reviews by commissioners
- CQC fundamental standards self-assessments
- Soft and hard intelligence and triangulation
- Matrons Balance scorecards, Risk Register, CNRR + SCIC
- Intentional rounding; NICE guidance
- Trust Quality Improvement Plan(s)
- Peer review; CPD
- Learning from complaints
- 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

Assurances on controls

How do we gain assurance that the controls are working?

- CQC Inspection and assurance meetings
- Self assessment against CQC fundamental standards
- Peer reviews
- Internal Audit and external benchmarking
- Model hospital
- QAC
- MBSC
- CREWS assessments and Walkabouts
- Quality report/IPR
- GIRFT reports
- Royal College oversight and guidance
- CNRR and SCIG meetings
- CQC Insight reports
- Board/Committee reporting
- Maternity assurance tool
- Complaints
- Ockenden recommendations
- Safer Nursing Care Tools
- Maternity staffing reports

Gaps in control	Gaps in assurance
● Effective Recovery Plan in place ● Matrons and DND's ability to focus on quality ● Increase in falls and pressure ulcers	

Actions to address gaps in controls and assurance	Due date
● Recovery plan in place and evolving ● 6 weekly meeting with CQC Relationship Officer ● CQC Action Plan ● Plan for reduction in pressure ulcers and falls - datix reviewed and re-written ● Maternity QI plan ● New format MBSC to be confirmed for 21/22 ● New Maternity QI Board - inagural meeting held Feb 21 ● New national Matrons Charter (reset and focus on role) ● 6 monthly staffing review with Divisions to Trust Board June	

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	16	12↓										

Datix Risk ID	103348	The Trust does not have a positve organisational culture, which potentially impacts on staff and patient experience as well as recruitment and retention, sickness and levels of engagement.

Current risk rating: 20

Strategic objective	Recruiting, developing and retaining our workforce
Last review date	03 June 2021

Lead Executive	Chief People Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	3	4	12
Current (08/03/21)	4	4	20
Target (31/03/21)	3	3	9

Change since last
20

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

Key controls

What are we already doing to manage the risk?

- 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
- Line manager training
- Leadership training
- Focused interventions on specific areas of concern

Assurances on controls

How do we gain assurance that the controls are working?

- 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 help 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
- Workforce indicators plus staff survey and cultural barometer results
- Monitoring employee relations cases, FTSU and OD intervention requirements and 'Hot Spots'
- 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, and vacancy levels
- Independent well led review
- Assurance via reporting to Workforce Committee and People & Culture Committee
- EDI Steering Group
- Targeted initiatives to support staff recovery from COVID e.g. Wellbeing and Mental Health
- Good to outstanding Programme and Programme Board with key priorities - evidence of delivery and impact

Gaps in control	Gaps in assurance
● Staff survey 2020 below average scores on 10 National themes ● People Directorate vacancies and workload pressures	

Actions to address gaps in controls and assurance	Due date
● Additional funding in place for People services, recruitment in progress ● Staff survey action plan linked to G2O programme	01/09/2021 30/06/21

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	16	20										

Datix Risk ID	103349	**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

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

Lead Executive	Chief Medical Officer & Deputy CEO

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (13/09/20)	4	4	16	
Current (08/03/21)	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
What are we already doing to manage the risk?

- Recovery plans are in place
- Additional capacity has been procured (insourcing and outsourcing)
- 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)
- Additional management capacity has been procured

Assurances on controls
How do we gain assurance that the controls are working?

- 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
• There could be cost pressures associated with addressing the backlogs to manage the risks. • Response to critical internal capacity requirements • Lack of sufficient staffing	

Actions to address gaps in controls and assurance	Due date
• Staff Covid-19 vaccination programme • Staff Covid-19 testing programme • Patient Covid-19 testing and vaccination programme • Digitalisation of waiting list processes	

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	16	16										

Datix Risk ID	103350	**Risk of patient harm due to the Trust not sustaining effective patient flow which will negatively impact on waiting times, safety, patient and staff experience.**

Current risk rating: 20

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

Lead Executive	Chief Operating Officer

Risk rating	Consequence	Likelihood	Total	Change since last
Initial (12/10/20)	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**
102974	16	Potential clinical harm due to delay in diagnostic endoscopy
103115	16	Lack of respiratory staff on B12

Key controls

What are we already doing to manage the risk?

- 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 on managing patient flo
- Additional recovery finance arrangements in place for 2021/22

Assurances on controls

How do we gain assurance that the controls are working?

- 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 especially for long waiting patients
- Board/Committee reporting on long waiters
- Weekly meeting to review recovery plan

Gaps in control	Gaps in assurance
• Opportunities for whole system shared PTLS to minimise risk for long waiters • Funding for ongoing 21/22 activity recovery	• Harm review report to QAC

Actions to address gaps in controls and assurance	Due date
• Participation in region wide PTL/elective prioritisation cells. • Participation in C&P recovery planning	

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	20	20										

Datix Risk ID	103351	There is a risk that the recovery of Trust services perpetuates health inequalities

Current risk rating: 12

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

Lead Executive	CMO & Dep CEO

Risk rating	Consequence	Likelihood	Total
Initial	4	3	12
Current	4	3	12
Target	4	4	8

Change since last
12

Operational Risks		
ID	Score	Summary risk description

Key controls

What are we already doing to manage the risk?

- Adherence to the objectives in the CCG Health Inequalities Strategy by participation in the Health Inequalities Board
- Introduction of a equality impact assessment for the development of any new procedures or services

Assurances on controls

How do we gain assurance that the controls are working?

Gaps in control	Gaps in assurance
	• No systematic method for stratifying waiting lists by inclusion group

Actions to address gaps in controls and assurance	Due date

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	12	12										

Datix Risk ID	103352	There is a risk of non-compliance with regulatory indicators and national guidelines for maternity impacting on patient safety, quality and experience (NEW RISK)

Current risk rating: 16

Strategic objective	Delivering outstanding care and experience
Last review date	01 June 2021

Lead Executive	Chief Nurse

Risk rating	Consequence	Likelihood	Total
Initial	4	5	20
Current	4	5	16
Target	4	1	4

Change since last
16

Operational Risks		
ID	Score	Summary risk description
103253	9	There is a potential risk of missed safety improvement opportunities, reputational damage and financial loss to the Organisation by achieving CNST
103252	5	There is a risk to reputational damage and improving safety performance through not implementing the national Continuity of Care
103249	6	Risk to delivering the required transformation at pace due to current key midwifery leadership gaps
103250	9	The Maternity Service is unable to evidence full compliance with Regulation 17: Good Governance
103074	20	Potential risk to maintaining safe staffing levels in maternity services due to vacancies and maternity leave

Key controls

What are we already doing to manage the risk?

- NHS Improvement Director nominated for NWAFT with monthly contact
- Bi annual quality visits
- Improvement plan in place
- Commission of an external OD team to assist with cultural improvement
- Standalone Maternity Division with new leadership and strenthened by appointment of DOM
- Birthrate Plus commissioned and currently being presented to Board
- Governance review undertaken
- Recovery plans are in placeWorking group progressing the ten safety actions outlined in the Maternity Incentive Scheme
- Assessment and Assurance tool outlining compliance with the 12 clinical priorities following the publication of the Ockenden report completed

Assurances on controls

How do we gain assurance that the controls are working?

- Revised monthly maternity dashboard
- Safety Highlight report
- Monitoring complaints
- Quarterly meetings with HSIB
- Weekly review of DATIX and CNNR for grade 3 and above
- Birthrate Plus APP to monitor staffing
- Guidelines in place
- Revised audit programme
- Progressing improvement of risk register
- Monthly risk presentation
- Quality Improvement maternity Board
- Board reporting and Director for Midwifery attends public board
- LMNS oversight

Gaps in control	Gaps in assurance
● Lack of capacity in senior leadership team to drive implementation of the national maternity strategy	● Process for learning lessons needs to be more robust which is being addressed through new ways such as videos, facebook etc

Actions to address gaps in controls and assurance	Due date
● Staffing paper approved at Trust Board in April 2021 and recruitment plan in place. Recruitment task and finish group in place progressing recruitment plan. Progress reported to the Trust Board and LMNS for oversight	● Within scope of the governance review and following action plan

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	16	16										

Datix Risk ID	103353	This is a risk the Trust is unable to achieve financial balance as a consequence of increased resource requirements to meet service pressures and the national financial architecture (NEW RISK)

Current risk rating: 15

Strategic objective	Delivering financial sustainability
Last review date	01 June 2021

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial	5	3	15
Current	5	3	15
Target	5	2	10

Change since last

Operational Risks		
ID	Score	Summary risk description

Key controls

What are we already doing to manage the risk?

- Promotion of empowerment underpinned by accountability principles executed through the Accountability Framework
- Reintroduced the investment cycle
- Strengthen approvals for PFI variations
- Revisions to the ERCB process – pay controls
- Tightening of approvals for above agency cap expenditure
- Enhanced financial management support to Divisions
- Cost Improvement Programme embedded working alongside local teams
- Proactive engagement with key stakeholders and STP partners and Regulator

Assurances on controls

How do we gain assurance that the controls are working?

Gaps in control	Gaps in assurance
None identified	• National framework continues to evolve in response to the pandemic

Actions to address gaps in controls and assurance	Due date
• The Trust continues to work as an active member of the ICS to develop a longer term sustainable financial plan. The 2021/22 plan is the first measure of that programme.	• 31/05/21

Risk score	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	15	15										