Strategic Risk Register V1 6 June 2022 **Appendix 1**

Datix Risk No.	Lead Executive	Description	Risk Score												
			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Target
103343	CFO	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building and risk of RAAC panel failure.	20	20											10
103344	CFO	Risk of major and / or repeated minor outages of technology infrastructure causing business interruption which impacts on the Trust being able to deliver safe and effective patient care at all times	15	15											5
103345	CSATO & Dep CEO	The Cambridgeshire and Peterborough ICS does not evolve into a fit for purpose integrated care system. There is also a risk associated with the Trust taking on responsibility as the MCP for the North Place in the absence of the resources and governance arrangements from the ICS and the Trusts own internal capacity and capability.	12	16↑											6
103346	Chief Nurse	Failure to recognise and deliver fundamental standards of care has impacted on patient safety, experience and regulatory requirements, resulting in undertakings and poor CQC feedback	20	20											8
103348	CPO	The Trust is unable to recruit and develop sufficient numbers of qualified staff in a challenging labour market, and is unable to maintain good levels of staff experience in order to aid retention and become an employer of choice. These factors could impact on the delivery of safe services for our patients and on patient experience.	20	20											8
103349	CMO	As a result of the ongoing post-pandemic impact, 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	There is a risk that the recovery of Trust services perpetuates health inequalities	12	12											8
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	20↑											10
103438	CFO	Risk to delivery of patient services and data if the Trust does not treat information as critical asset and address cyber security threats	15	20↑											9

Top 4 Risks			
103343	CFO	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building and risk of RAAC panel failure.	20
103348	CPO	The Trust is unable to recruit and develop sufficient numbers of qualified staff in a challenging labour market, and is unable to maintain good levels of staff experience in order to aid retention and become an employer of choice. These factors could impact on the delivery of safe services for our patients and on patient experience.	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
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	20

Datix Risk ID	103343	Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building and risk of RAAC panel failure.

Current risk rating: 20

Strategic objective	Improving and developing our services and infrastructure
Last review date	26 May 2022

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	5	4	20
Current (26/05/22)	5	4	20

Change since last
N/A

Operational Risks		
ID	Score	Summary risk description
103063	20	HH - Because of the potential of the main building structure un-surveyed RAAC failure, risk of harm to persons & service int'n.
102911	16	Heating system beyond economic life and prone to failure
103148	16	HH: Because of inadequate compartmentation there is a risk of harm and extended loss of services
102223	20	Risk of failure/non-compliance with air handling units to theatres and radiology
102278	15	Hinchingbrooke: Risk of infection and resultant harm to patients, visitor or staff due to pathogenic contamination of water system
103310	15	Inadequate ventilation resulting in potential harm to staff patients or visitors
103226	20	Inability to provide oxygen due to a single points of failure could result in compromised patient safety

Key controls
What are we already doing to manage the risk?

- Estates Strategy addendum approved by Trust Board
- 6 Facet Survey - completed
- Infrastructure deep dive commissioned in support of the 6 facet survey - completed
- Whole hospital replacement plans submitted to NHSI/E
- P22 partner and other framework contractors in place to project manage both backlog and C.I.R projects
- Site evacuation plans and BCPs refreshed and tested. This is supported by system planning exercises as part of the NHS England Incident Co-ordination & Recovery Work stream. Scope for the Hospital Evacuation Service Transition &

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 steering Group and H&S Committee
- Capital Programme - Investment Committee
- Governance via operational board sub committees - Performance and estates Committee
- Non-Executive involvement in redevelopment project board
- A full compliment of Authorising engineers have been employed and provide independent assurance. Reports Go to FAC & PEC .
- ERIC return and PAM submitted to NHSE/I. Action plans in place.
- Risk register and BAF reviewed by Performance and Estates Committee on a monthly basis

Recovery Plan being consulted upon on a regional/national basis prior to adoption, with a joint response being made by the Trust and the CCG. ● Year 1 WSP survey of RAAC planks completed and report issued to the Trust Board. Year 2 surveys commenced. ● Month on month improvements on PPM schedules ● Phase 1 of Medical gases resilience works completed - risk reduced ● Water filters now removed and monthly sampling taking place ● Detailed ventilation surveys and risk assessment completed with action plans to resolve these issues. CO2 Monitors deployed and monitored to areas of concern ● External company brought in to manage backlog maintenance programme.	● HH Development monitored via Strategy and Transformation Committee every other month. ● Compliance report issued to Performance & Estates Committee for assurance.

Gaps in control	Gaps in assurance
● Limited capital to address RAAC panel issue and backlog maintenance ● Limited revenue to manage all the risks ● Insufficient senior and experienced trade staffing levels to manage risks ● Potential financial risk related to project cost overruns and delays ● To pay a market rate for qualified and experienced staff we need to significantly improve what we offer	Need to address vacancies over next 4 months.

Actions to address gaps in controls and assurance	Due date
● Concerns regarding staff workload are escalated to Performance and Estates Committee. ● FAC have agreed to the appointment of a temporary dedicated Water compliance resource. Recruitment and on boarding to be completed. ● All Funding gaps to be addressed via investment appraisal process ● Vacancies to be filled with qualified and experienced staff to be paid at market rates ● New structure to and pay rewards to be developed. ● The Trust is in receipt of 3 year funding package for RAAC and is in discussion with NHSI about funding for HH redevelopment	● Monthly to PEC ● January 2022 ● continual process ● March 2022 ● December 2021

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	20	20										

Datix Risk ID	103344	**Risk of major and / or repeated minor outages of technology infrastructure causing business interruption which impacts on the Trust being able to deliver safe and effective patient care at all times**

Current risk rating: 15

Strategic objective	Improving and developing our services and infrastructure
Last review date	15 March 2022

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	5	2	10
Current (26/05/22)	5	3	15

Change since last
15

Operational Risks		
ID	**Score**	**Summary risk description**
103423	*pending*	Unified ICT Strategy & Business Engagement
103424	*pending*	End-of-Life/End of Support infrastructure
103425	*pending*	Lack of resilience
103426	*pending*	Insufficient security management framework
103427	*pending*	Use of design best practice for infrastructure
103428	*pending*	Capacity in the team and overall resource envelope
103429	*pending*	Management of the infrastructure - people, process, technology
103262	*review*	Backup infrastructure needs to be replaced £450k 22/23

Key controls
What are we already doing to manage the risk?

Capital plans delivered through IT Projects to upgrade end-of-life equipment
Resilient network cores to provide failover capability between data centres in the event of a catastrophic failure of the single biggest infrastructure item the network core
Each department and ward have a Business Continuity Plan ready to invoke in the event of a prolonged IT failure, to ensure safe and effective care can continue for a time
An externally validated HiMMS INFRAM assessment has been conducted which baselines the infrastructure maturity at Level 2

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

The project RAG status used by the ICS has been adopted, monthly reporting is overseen by Committees
INFRAM assessment provides good assurance against data centre
Business Continuity plans are tested when they are invoked, progress is overseen by Emergency Preparedness Committee
Over time the levels of investment and rate of progress need to be evaluated against the Trust aspiration via the refreshed Digital Strategy in Q3

Gaps in control	Gaps in assurance
The 20/21 capital programme is part way through leaving some older UPS components, wireless and networking infrastructure at higher risk The collaboration (INFRAM) relating to voice and data infrastructure at PCH is higher risk with an action plan to address	Departmental risks to be scored

Actions to address gaps in controls and assurance	Due date
INFRAM report provides clear next steps to address the risks. The resourcing and funding implications are being assessed against the required speed of progress	20/10/2021

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	15	15										

Datix Risk ID	103345	**The Cambridgeshire and Peterborough ICS does not evolve into a fit for purpose integrated care system. There is also a risk associated with the Trust taking on responsibility as the MCP for the North Place in the absence of the resources and governance arrangements from the ICS and the Trusts own internal capacity and capability.**

Current risk rating: 16↑

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

Lead Executive	Chief Strategy and Transformation Officer & Dep CEO

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	3	4	12
Current (27/05/22)	4	4	16↑

Change since last
16↑

Operational Risks		
ID	Score	Summary risk description

Key controls
What are we already doing to manage the risk?

- ICS development plan continues to evolve
- Governance regarding Autonomous Business Units (ABU's) being firmed up
- ICS led MCP process
- NWAFT commissioned GGI

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.
- Organisation of the ICB (Board) being developed.

Gaps in control	Gaps in assurance
● Further work is required for the transition arrangements and resources ● Finalising shape and function for Place ● Alignment of contracts and resources ● Application of MCP framework ● Separation of the North Place from MCP	●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 a substantive MD for the North Place and additional resources to deliver the MCP process

Actions to address gaps in controls and assurance	Due date
●Review of plans by GGI	● April 2022
●Tighten governance and reporting for the North Place	● Aug 2022
●Partnership agreement	● Aug 2022

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	12	16↑										

Datix Risk ID	103346	Failure to recognise and deliver fundamental standards of care has impacted on patient safety, experience and regulatory requirements, resulting in undertakings and poor CQC feedback

Current risk rating: 20

Strategic objective	Delivering outstanding care and experience
Last review date	08 March 2022

Lead Executive	Chief Nurse

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	4	3	12
Current (26/05/22)	4	5	20

Change since last
20

Operational Risks		
ID	Score	Summary risk description
103359	12	Inpatient falls increased risk of occurrence as not consistently in line with national average per 1000 bed days
103360	12	Sepsis failure to recognise and respond to patients in a timely fashion
103179	15	No budgeted establishment for Aspen diluting skill mix and safe staffing levels on multiple areas
102278	15	Hinchingbrooke - V3 Legionella - Management and technical control
103218	12	Hospital associated pressure ulcers increased risk of occurrence as above national average per 1000 bed days
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
- Policies
- DIPC Report monthly
- Quality and access standards for ED

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
- Weekly rapid review meeting
- CQC Insight reports
- Board/Committee reporting
- Maternity assurance tool + dashboards
- Complaints
- Ockenden recommendations
- Safer Nursing Care Tools
- Maternity staffing reports
- ICS Quality Board
- ICS IPC Board
- Dashboard re: ED Metrics ● Undertakings and CQC feedback (Quality/ED/Maternity)

Gaps in control	Gaps in assurance
● Matrons and DND's ability to focus on quality ● Staffing levels not optimum due to isolation of	● Incomplete MBSC from divisions

Actions to address gaps in controls and assurance	Due date
● OD work for Matrons ● 6 weekly meeting with CQC Relationship Officer	

staff and sickness levels ● Sustainability of sepsis screening and treatment compliance ● Capacity and flow demands and CII redeploying staff to manage day to day flow ● Delay in roll out of risk assessments for sepsis on Symphony and NerveCentre	● Governance meetings cancelled due to CII ● Matron vacancies ● Quality oversight ● Recent CQC Inspection (Mar 22) Report awaited.	● CQC Action Plan and oversight ● Plan for reduction in pressure ulcers and falls - Datix reviewed and re-written ● Maternity QI plan ● New format MBSC confirmed for 21/22 ● New Maternity QI Board ● New national Matrons Charter (reset and focus on role) ● 6 monthly staffing review with Divisions to Trust Board June ● Sepsis to be added to NerveCentre and Symphony ● PIR evidence to be submitted to CQC ● Q1 plan under development to address areas of concern identified in CQC visit (Mar 22)	

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	20	20										

Datix Risk ID	103348	**The Trust is unable to recruit and develop sufficient numbers of qualified staff in a challenging labour market, and is unable to maintain good levels of staff experience in order to aid retention and become an employer of choice. These factors could impact on the delivery of safe services for our patients and on patient experience.**

Current risk rating: 20

Strategic objective	Recruiting, developing and retaining our workforce
Last review date	31 May 2022

Lead Executive	Chief People Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/10/20)	4	4	16
Current (31/05/22)	4	5	20

Change since last
20

Operational Risks

ID	Score	Summary risk description
101952	16	Medical locum usage (EMED)
103205	16	ED consultant and middle grade recruitment
103441	20	Insufficient reporting capacity due to shortages of radiologists
103074	16	Maternity vacancies affecting safety
103002	15	Inadequate consultant palliative care cover
103197	12	Recruitment of acute medicine consultants
103288	12	Hard to fill consultant and junior doctor posts for EMED

Key controls

What are we already doing to manage the risk?

● People and Culture Strategy 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 People Pulse to measure employee experience
● Workforce performance report indicators (sickness; appraisals; retention)
● Staff training
● Effective 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 programmes and top 100 leadership events
● Focused WF and OD interventions on specific areas of concern

Assurances on controls

How do we gain assurance that the controls are working?

● Trust People and Culture Strategy 2022-2025 and associated delivery plan across 7 pillars.
● Assurance via reporting to Operational Workforce Committee and People & Culture Committee and to Trust Board.
● Freedom to Speak Up reporting and associated data.
● Occupational Health Service increased focus on Health and Wellbeing and associated data.
● Improved/increased leadership and management development to align to required culture.
● Assurance through Workforce Committee, People & Culture Committee and HMC.
● Impact of 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 of employee relations cases, FTSU and OD intervention requirements and 'Hot Spots'.
● Monthly Accountability Framework Meetings with Divisions and workforce escalation meetings.
● Indicators for recruitment and retention e.g. time to hire, vacancy rates, turnover, retention rates. impact of targeted campaigns for specific staff groups, e.g. nurses, midwives, medical staff, AHPs, admin and clerical.
● Monitoring of the international, national and local labour markets to understand the gaps in workforce supply and the success of NWA campaigns to recruit.
● Monitoring the effectiveness of improved employer branding to attract staff and to be come an employer of choice.
● Independent well led review and CQC inspections.
● Assurance via reporting and analysis to Workforce Committee and People & Culture Committee.
● EDI - Steering Group, annual reports and data sets. national reporting for WRES, WDES and Gender Pay Gap.
● Impact of targeted initiatives to support staff e.g. Wellbeing and Mental Health.
● Good to outstanding Programme and Programme Board with key priorities - evidence of delivery and impact.
● Impact of targeted recruitment activity for hard to fill roles/areas to reduce vacancy levels.
● Analysis of exit data and interviews and impact of plans to address reasons for leaving.
Impact of improvements to health and safety culture, e.g. training, divisional oversight and governance.
● Monitoring of e-rostering roll out to all staff groups by 31 March 2023 and compliance on KPIs to ensure good levels of utilisation and staff experience of shift and rota management.
● Monitoring of consultant job planning compliance with policy, timetable, contracted/agreed service needs and available funding.

Gaps in control	Gaps in assurance

Actions to address gaps in controls and assurance	Due date
● Additional funding in place for People and OD services for 22/23 from 1 April 2022 - recruitment in progress.	30/05/22
● Staff survey and People Pulse action plan linked to G2O programme	30/06/22
● WF Committee - Assurance reporting (in place)	30/06/22

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	20	20										

Datix Risk ID	103349	**As a result of the ongoing post-pandemic impact, 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**

Current risk rating: 16

Strategic objective	Delivering outstanding care and experience
Last review date	03 March 2022

Lead Executive	Chief Medical Officer

Risk rating	Consequence	Likelihood	Total
Initial (13/09/20)	4	4	16
Current (26/05/22)	4	4	16

Change since last
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
- ICS 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. ● Adherence to social distancing and Covid safe practices reduce the numbers of patients who may be seen and managed per session. ● 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-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	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 March 2022

Lead Executive	Chief Operating Officer

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	5	4	20
Current (26/05/22)	5	4	20

Change since last
20

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
103261	16	ED patients with journey time of >12 hours affects patient safety

Key controls
What are we already doing to manage the risk?

- Improvement plans in place for flow across various areas, specifically urgent and emergency care. Focus on enhancing skill mix / volume of staffing and alternative pathways to manage demand.
- Additional capacity is being delivered through 7 day working
- Clinical prioritisation and clinical harm reviews aligned to national model (implemented)
- Performance and accountability framework in place to ensure routine oversight of key performance, outcome metrics
- Policies on managing patient flow, capacity and escalation
- System wide escalation and collaboration to manage non elective surges in demand

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 monitoring via independent sector
- Monitoring of the backlog especially for long waiting patients
- Board/Committee reporting on long waiters
- Weekly meeting to review recovery plan
- Monthly performance meeting with Division and Executive of the backlog especially for long waiting patients
- Daily capacity, flow and escalation for non elective patients

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 ● Ability to respond to any significant surges in Covid-19 (staff or patients) and likely impact on elective waiting lists.	● Harm review report to QAC

Actions to address gaps in controls and assurance	Due date
● Continued participation in region wide PTL/elective prioritisation conversations. ● Additional activity plans in place ● Increased resources being established within urgent and emergency care services to support admission avoidance, navigation and patient flow	30/03/2022

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	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	03 March 2022

Lead Executive	CMO

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	4	3	12
Current (26/05/22)	4	3	12

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 health inequality 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 legislation to account for health inequality factors to mitigate position on a waiting list.	● No systematic method for stratifying waiting lists by inclusion group

Actions to address gaps in controls and assurance	Due date
● Adoption of the IMD specific stratification categories to review our waiting lists/ Serious Incidents/ Complaints/ DNA rates etc. ● Board presentation on anchor institutions July 2021 ● HMC Presentation on Health Inequalities ● QGOC presentation ● Development of Trust Health Inequalities Strategy ● Addition of Health Inequalities as a Key Line of Enquiry (KLOE) in Accountability meetings. ● Waiting lists stratifiable by deprivation index (post code) on CXAir	Sep-21

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	12	12										

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

Current risk rating: 20↑

Strategic objective	Delivering financial sustainability
Last review date	26 May 2022

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial (12/10/20)	5	3	15
Current (26/05/22)	5	4	20↑

Change since last
20↑

Operational Risks		
ID	Score	Summary risk description
103391	9	Non delivery of the financial plan leading to a shortage of cash and regulatory pressure
103392	9	Non delivery of cost improvement plan leading to a baseline run rate which is too high into 2022/23
103395	9	Reduced future capital funding due to underspend against the current capital plan

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 ICS partners and Regulator

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

- Monitoring of financial performance on a month basis at divisional and Trust level through internal governance arrangements
- Dedicated CIP PMO and Reporting arrangements
- Escalation meetings where performance deteriorates via performance metrics
- Internal Audit provide annual review of key financial systems and other processes with resource implications as directed by management, i.e. Pharmacy Drug Expenditure

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-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	15	20↑										

Datix Risk ID	103438	Risk to delivery of patient services and data if the Trust does not treat information as critical asset and address cyber security threats

20↑

Strategic objective	Improving and developing our services and infrastructure
Last review date	26 May 2022

Lead Executive	Chief Finance Officer

Risk rating	Consequence	Likelihood	Total
Initial (12/09/21)	5	3	15
Current (26/05/22)	5	4	20

Change since last
20↑

Operational Risks		
ID	Score	Summary risk description
103414	*pending*	Constrained Cybersecurity strategy
103415	*pending*	Risk of non-compliance against our Data Security Protection Toolkit measures
103416	*pending*	NHS Digital cyber measures need complimenting with Trust security framework
103419	*pending*	Windows servers limited telemetry visibility
103272	*review*	Windows SQL license upgrade to supported versions
103420	*pending*	Cyber security defences are present and will benefit from greater depth

Key controls
What are we already doing to manage the risk?

To counter the skillset risk we have established a dedicated Cybersecurity team to monitor and respond to Cyber threats
We subscribe to the NHS Digital CareCERT cyber alerts and action these
Cyber security training is carried out for all staff and there is a target for 95% IG training
Circa one third of the DSPT relates to cybersecurity
Medical Records team is established to curate paper and digital patient records
Training needs analysis (TNA) has been carried out for the key staff
20/21 project to establish a Business Information capability

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

Reporting of Cyber Threats and CareCERT Management KPI monthly via IMO Committee
Board SIRO report assured by Board after Board cybersecurity workshop
If we do not meet the IG Training requirement 95% target we are not supporting a strong security culture in our people, we need to review the human factor e.g. social engineering
CMAD proposal will independently verify the TNA especially around GDPR, DPA 2018, FOI Act 2000
INFRAM review is Level 2 for security with gaps understood and known

Gaps in control	Gaps in assurance
Need to establish a Trust Security Strategy by understanding the threat, deciding what matters, taking action Age of backup and storage system is a risk to recovery from backup - not in plan due to affordability Physical and environmental security risk will require controls and testing We have no named Information Asset Owners	Assurance required on plan once here Penetration test complete but physical / social engineering test recommended

Actions to address gaps in controls and assurance	Due date
Run an organisational cyber security maturity assessment (CMAD) Based on INFRAM improve Cyber capability and Defence in depth maturity with baseline software tools for IoT, PAM, VMS and automated Penetration testing. Establish IAO leadership at top level	Proposal received - TBC Timescales - TBC based on INFRAM

Risk score	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	15	20↑										