

BOARD ASSURANCE FRAMEWORK 2022-2023

BAF Dashboard 2022-23





| Strategic Priority | Risk No | Risk Description | Executive Lead | Lead Committee | Initial | Risk Score 2021/22 | | | | Risk Score 2022/23 | | | | | | Target |
|-------------------------------|---------|---|---|------------------------|---------|--------------------|---------|---------|---------|--------------------|---------|---------|---------|---------|---------|--------|
| | | | | | | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | |
| Collaborate with others | 3467 | There is a risk that we fail to agree a cross organisational transformational approach for children and young people services in C&P which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business Unit. | CEO | Board | 12 | | | | | 6 | 6 | 8 | 8 | 6 | 0 | 2 |
| | | | | | | | | | | N/A | → | ↑ | → | ↓ | | |
| | 3468 | There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. | CEO | Board | 12 | | | | | 8 | 8 | 8 | 8 | 8 | 0 | 2 |
| | | | | | | | | | | N/A | → | → | → | → | | |
| | 3475 | There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. | Director of Governance & Service Redesign | Board / Infrastructure | 16 | | | | | 12 | 12 | 12 | 12 | 12 | 0 | 4 |
| | | | | | | | | | | N/A | → | → | → | → | | |
| Provide outstanding care | 3166 | There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC | Chief Nurse | Board | 4 | 8 | 8 | 8 | 8 | 16 | 16 | 16 | 16 | 16 | 0 | 8 |
| | | | | | | N/A | → | → | → | ↑ | → | → | → | → | | |
| | 3227 | Risk that the Trust will not be able to fulfil its statutory Safeguarding responsibilities | Chief Nurse | Board / QIS comm | 12 | 16 | 16 | 20 | 16 | 16 | 16 | 16 | 16 | 16 | 0 | 4 |
| | | | | | | N/A | → | ↑ | ↓ | → | → | → | → | → | | |
| | 3486 | There is a risk that the performance, stability and functionality of variability in performance with elements of the ICT Infrastructure service provided by SBS / Sopra Steria during the early adoption and transition phase, impacts our staff's ability to deliver quality services. | Director of Finance & Resources | Board / Infrastructure | 12 | | | | | 12 | 12 | 12 | 12 | 12 | 0 | 8 |
| | | | | | | N/A | → | → | → | | | | | | | |
| | 3164 | There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. | Director of Workforce / Deputy CEO | Board | 12 | 16 | 16 | 20 | 20 | 20 | 20 | 16 | 16 | 16 | 0 | 12 |
| | | | | | | N/A | → | ↑ | → | → | → | ↓ | → | → | | |
| | 3502 | There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients/service users not receiving the care that they need and potentially negatively impacting staff morale. | Director of Workforce / Deputy CEO | Board/COBS | 12 | | | | | | | 12 | 12 | 12 | 0 | 8 |
| | | | | | | | | | | | | N/A | → | → | | |
| Be an excellent employer | 3163 | There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. | Director of Workforce / Deputy CEO | Board | 8 | 16 | 16 | 20 | 20 | 20 | 20 | 16 | 16 | 16 | 0 | 12 |
| | | | | | | N/A | → | ↑ | → | → | → | ↓ | → | → | | |
| Be a sustainable organisation | 3167 | As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation | CEO | Board | 12 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 8 |
| | | | | | | N/A | → | → | → | → | → | → | → | → | | |
| | 3488 | There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of world wide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10% If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23, and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies. | Director of Finance & Resources | Board | 12 | | | | | | 12 | 12 | 12 | 12 | 0 | 8 |
| | | | | | | | | | | | N/A | → | → | → | | |

| Risk Matrix | | | | | |
|----------------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Likelihood/ Frequency ↓ | Consequence/Impact → | | | | |
| | Insignificant 1 | Minor 2 | Moderate 3 | Major 4 | Catastrophic 5 |
| 5 Almost Certain | Moderate 5 | High 10 | Significant 15 | Significant 20 | Significant 25 |
| 4 Likely | Moderate 4 | High 8 | High 12 | Significant 16 | Significant 20 |
| 3 Possible | Low 3 | Moderate 6 | High 9 | High 12 | Significant 15 |
| 2 Unlikely | Low 2 | Moderate 4 | Moderate 6 | High 8 | High 10 |
| 1 Rare | Low 1 | Low 2 | Low 3 | Moderate 4 | Moderate 5 |

| Trust Board Committees | |
|------------------------|---|
| Infrastructure | Infrastructure Committee |
| COBs | Clinical Operational Boards |
| PPC | People Participation Committee |
| QIS Comm | Quality Improvement & Safety Committee |
| RemCo | Remuneration Committee |
| Audit | Audit Committee |
| Char | Charitable Funds Committee |
| JCPB | CCS/CPFT Joint Children's Partnership Board |

Risk Score = Consequence x Likelihood (C x L)

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

| | | |
|---|---------|---------------|
|  | 1 - 3 | Low risk |
|  | 4 - 6 | Moderate risk |
|  | 8 - 12 | High risk |
|  | 15 - 25 | Extreme risk |

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|---|--|---|-----------------|----------------|----------------|--|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3467 | Cambridge and Peterborough Children and Maternity Collaborative | | | | | | | | | | | | |
| Strategic Priority | Collaborate with Others | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 22 December 2022 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | CEO | 12 | | | | | 6 | 6 | 8 | 8 | 6 | | 2 |
| Lead Committee | Trust Board | | | | | | N/A | → | ↑ | → | ↓ | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services in C&P which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit.</p> <p>Progress since the last review: The scope of responsibilities that fall to the CYP Partnership (ABU) for the purposes of leading service transformation have broadly been agreed although discussions continue regarding children and adolescent mental health services.</p> | | | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | |
| What's going well inc future opportunities | | What are the current challenges inc future risks | | | | How are these challenges being managed | | | | | | | |
| <p>The Collaborative has a shared sense of purpose which will increase the likelihood of successfully working through the MCP assurance process. There is now a clear timeline for gateway submissions and the Collaborative will contribute to the design of gateway content.</p> | | <p>Lack of resource. Lack of delegation to stakeholder leads - leading to delays in decision-making. Failure to agree how the Collaborative will operate.</p> | | | | <p>1. Executive Board, with terms of reference and cross organisational representation is in place to drive forward the system development of CYP services 2. 1:1 and group meeting are planned throughout September 2022 to gain collective agreement on the scope of service areas to be included in the accountable business unit 3. CCS Trust has an internal working group focused on responding to these developments and ensuring the Trust is capable of leading the ABU, when it is established in the future A project plan will be drawn up once detail of the MCPP is known. Appointment by CCS of a new Exec Dir for CYP will create additional capability.</p> | | | | | | | |

| BAF Risk 3468 | | Development of the Bedfordshire Care Alliance | | | | | | | | | | | | | |
|--|--|---|--|---|----------|--|---------|--|----------------------|---------|---------|---------|---------|---------|--------|
| Strategic Priority | | Collaborate with Others | | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | | 9 January 2023 | | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | | CEO | | 12 | | | | | 8 | 8 | 8 | 8 | 8 | | 2 |
| Lead Committee | | Trust Board | | | | | | | N/A | → | → | → | → | | |
| Context | | | | | | Gaps in Control or Assurance | | | | | | | | | |
| <p>There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users.</p> <p>Progress since the last review: remains the same - the update from November 2022 is still valid and current</p> | | | | | | <p>The BCA may need to develop data collection that demonstrate improvements made. Changing priorities such as a surge in the Covid-19 pandemic or a particularly harsh winter may throw the BCA off track.</p> <p>Delay in integrating services across stakeholders will hamper progress.</p> | | | | | | | | | |
| Progress | | | | | | | | | | | | | | | |
| What's going well inc future opportunities | | | | What are the current challenges inc future risks | | | | How are these challenges being managed | | | | | | | |
| The BCA has a clear work-plan for 22-23 | | | | Changing priorities such as a surge in the Covid-19 pandemic or a particularly harsh winter may throw the BCA off track. Delay in integrating services across stakeholders will hamper progress. | | | | 1. Agreed work-plan, resource and leadership 2. Agreed ToR for the BCA committee of the ICB and it is now embedded in the structures of the ICB. 3. The BCA may need to develop data collection that demonstrate improvements made (21 Jun 22) 4. BCA as a sub-committee is now in place (October 2022) | | | | | | | |

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|--|--|--|---|-----------------|----------------|----------------|----------------|---|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3475 | Redevelopment of Princess of Wales, Ely | | | | | | | | | | | | | |
| Strategic Priority | Collaborate with Others | | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 10 January 2023 | | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Director of Governance and Service Redesign | | 16 | | | | | 12 | 12 | 12 | 12 | 12 | | 4 |
| Lead Committee | Board / Infrastructure | | | | | | | N/A | → | → | → | → | | |
| Context | | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users.</p> <p>Progress since the last review: information on the funding for the business case for redevelopment</p> | | | <p>Business Case developed and submitted to the national team and awaiting feedback. Project Board suspended until feedback received, to enable the project to progress to the next stage.</p> <p>No further</p> | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | | |
| What's going well inc future opportunities | | | What are the current challenges inc future risks | | | | | How are these challenges being managed | | | | | | |
| <p>Linked work to the CDC business case to enable progress to start. Car park consultation process concluded. Further conversations took place in August on the CDC to develop and enhance the business case further, and approval for PoW diagnostics to proceed which reduces the capital requirement of the business case. No further information on the PoW redevelopment business case at this stage</p> | | | <p>The business case requires significant capital funds in order for the redevelopment works to take place. The estate and infrastructure requires upgrading to provide fit for purpose facilities for the future</p> | | | | | <p>Existing infrastructure management arrangements for ICS partners. ICS estates group and PoW Project Board. CCS Executive Programme Board and PMO arrangements. Existing CCS policies and procedures. The Community Diagnostics Centre Business Case development if supported will provide the daignotics elements as a separate case and enable earlier delivery for this.</p> | | | | | | |

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|--|---|---|-----------------|----------------|----------------|----------------|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3166 | There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC | | | | | | | | | | | | |
| Strategic Priority | Provide outstanding care Be an Excellent Employer | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 10 January 2023 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Chief Nurse | 4 | 8 | 8 | 8 | 8 | 16 | 16 | 16 | 16 | 16 | | 8 |
| Lead Committee | Board | | N/A | → | → | → | ↑ | → | → | → | → | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care standards.</p> <p>Staffing remains challenging in a number of clinical areas (a mix of sickness, vacancies and annual leave) this has had an impact on capacity, additionally the response to monkeypox has increased pressure on the iCaSH teams as has an increase in SEND activity across the 0-19 geography. Teams are working hard to reduce waiting times and these are being closely monitored.</p> <p>Progress since the last review: The cqc self assessment process has been completed and the teams are triangulating the results with the service directors. Once we have the outcome it will be reported to the Exec Committee and filtered into the COBS. Alongside this a separate group looking at cqc requirements in the 0-19 services has been set up - the initial meeting was on the 10.1.23 - the group will be looking at staffing, mandated contacts and service models - ensuring we have consistency (where possible) across our provisions. This risk will be reviewed when the cqc self assessment outcomes have been finalised</p> | | | | | | | | | | | | | |
| What's going well inc future opportunities | What are the current challenges inc future risks | How are these challenges being managed | | | | | | | | | | | |
| <p>The new CQC self assessment will be sent to all teams W/C 20th June, this will provide services with an opportunity to rate themselves against the CQC KLOE's - each team will provide a rating of where they currently identify against the 4 CQC ratings. The peer assessment tool is now being updated and will be ready for roll out in September. A review of the past CQC action plan has been completed, some further work (in addition to the should do's) have been identified which is now underway. The new CQC self assessment has been sent to all teams, these have been completed and the outcomes are now being reviewed. This process has provided services with an opportunity to rate themselves against the CQC KLOE's - each team has provided a rating of where they currently identify against the 4 CQC ratings. The actions identified from the teams have been added to an overarching action plan which the CN and quality team will review on a monthly basis. The peer assessment tool has now been updated and will be rolled out. A review of the past CQC action plan has been completed, some further work (in addition to the should do's) has been identified which is now underway.</p> | <p>A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards)</p> <ul style="list-style-type: none"> - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. - Waiting lists and access to services (impact on the person and on the flexibility of the service) | <p>Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Staff feedback (including staff survey) Patient feedback Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient Stories to Board Internal audit programme (Quality elements) Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place IP&C Board Assurance Framework self assessment undertaken regularly and presented to Trust Board - will be monitored monthly by IPC Huddle and at each IPC Committee Safeguarding risks/ issues are reviewed at the Safeguarding huddle and via the Safeguarding Committee Review of waiting lists using a risk based approach Utilisation of the waiting well model Staff recruitment plans in place (approach has been updated in Jan 2022) Escalation plans in place for staffing levels All services use a clinical priority system to safety manage demand Robust governance process within each directorate Trust daily/weekly sit rep Weekly IMT service pressure escalations Staff wellbeing offer - Q and A's (monthly), signposting on intranet Financial support for staff wellbeing (mileage and a grant)</p> | | | | | | | | | | | |

| BAF Risk 3227 | | | | | | | | | | | | | |
|---|--------------------------|---|----------|---------|---------|--|----------------------|---------|---------|---------|---------|--------|---------|
| Number and complexity of safeguarding enquiries | | | | | | | | | | | | | |
| Strategic Priority | Provide Outstanding Care | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | Target | |
| | | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | | Feb/Mar |
| Review Date | 30 December 2022 | | | | | | | | | | | | |
| Executive Lead | Chief Nurse | | | | | | | | | | | | |
| Lead Committee | Board / QIS Comm | 12 | 16 | 16 | 20 | 16 | 16 | 16 | 16 | 16 | 16 | | 4 |
| | | N/A | → | → | ↑ | ↓ | → | → | → | → | → | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>Risk that the Trust will not be able to fulfil its statutory Safeguarding responsibilities</p> <p>This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm.</p> <p>Progress since last review: Risk reviewed and no change currently to rating</p> | | None identified | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | |
| What's going well inc future opportunities | | What are the current challenges inc future risks | | | | How are these challenges being managed | | | | | | | |
| <p>A review of the safeguarding team, will be undertaken with service director support. A Strategic Head of Safeguarding has been appointed to develop CCS Safeguarding responses to the ICS's and the national new guidance/ legislation. LPS Board is now up and running. Safeguarding adult level 3 training has met its 60% trajectory for 21-22.</p> | | <p>Increased demand (based on a local baseline) in safeguarding activities will result in a challenge to provide a timely and effective response.</p> <p>Due to staff vacancies (and sickness) there will be a reduction in staff competent to undertake safeguarding work.</p> | | | | <p>An increased demand of safeguarding needs to be managed by a system wide approach as this cannot be addressed in isolation. CCS are linked into all the safeguarding partnerships across our geographies.</p> <p>The internal safeguarding team has been reviewed and resource has been increased in order to provide extra support for adult safeguarding work.</p> <p>Safeguarding activity is monitored at local operational and central Trust wide levels, inclusive of MASH, MARAC, CPMA.</p> <p>Awareness and support for staff who may be subjected to vicarious trauma. Increase need for both line management and specialist psychological support.</p> <p>Increase capacity in Luton and Bedford via additional posts (short term and permanent).</p> <p>Recruitment and retention planning is in place.</p> <p>Caseload reviews are being undertaken and BAU plans are being utilised to support teams where staffing levels are challenging.</p> <p>BCP are in place and are reviewed regularly.</p> <p>Safeguarding huddle in place - Heads of Safeguarding, Medical Director, Chief Nurse and Deputy Chief Nurse meet weekly to discuss and prioritise.</p> <p>Mutual aid for staffing shortages across the Safeguarding Teams. Safeguarding supervision is in place to support staff with escalation and complex cases. A new escalation processes has been written and is being rolled out from the 1st September 2022.</p> | | | | | | | |

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|---|---------------------------------|--|-----------------|----------------|----------------|--|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3486 | ICT Infrastructure | | | | | | | | | | | | |
| Strategic Priority | Provide Outstanding Care | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 5 January 2023 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Director of Finance & Resources | 12 | | | | | | 12 | 12 | 12 | 12 | | 8 |
| Lead Committee | Board / Infrastructure | | | | | | | N/A | → | → | → | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>There is a risk that the performance, stability and functionality of variability in performance with elements of the ICT Infrastructure service provided by SBS / Sopra Steria during the early adoption and transition phase, impacts our staff's ability to deliver quality services.</p> <p>Progress since last review: A new starter kit implementation plan has been agreed with the provider and there have been improvements in response times and allocations of IT kit to staff. There continues to no material disruption to services</p> | | | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | |
| What's going well inc future opportunities | | What are the current challenges inc future risks | | | | How are these challenges being managed | | | | | | | |
| <p>There have been no material instances over the reporting period that have affected ICT performance, stability and functionality affecting our trusts services. We continue to monitor on a regular basis with the service provider and AD of Digital and BI</p> | | <p>ICT is a core dependency to the majority of our services and ICT performance issues could cause disruption, anxiety, frustration for our staff and service users. The ability to implement Business Continuity is dependant on individual service capacity and awareness, and this needs to be assessed and understood within each service.</p> | | | | <p>Regular planning and rectification / improvement plan with the service provider and CCS Team, supported by monitored contractual KPI's. Staff can report performance issues on the Digital Desk which result in Priority rated requirements to be addressed and performance relating to speed and accuracy of resolution is reported to CCS management. A Q&A engagement session allows staff to raise and discuss issues directly with the SBS and CCS teams, and this engagement results in learning on both sides to improve performance. The ICT provider is also working closely with external providers including BT and Microsoft to understand more fully their workplan for upgrades and change work and plan for any potential impact</p> | | | | | | | |

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|---|--|--|-----------------|----------------|----------------|----------------|---|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3164 | There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. | | | | | | | | | | | | |
| Strategic Priority | Provide outstanding care | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 17th January 2023 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Director of Workforce / Deputy CEO | 12 | 16 | 16 | 20 | 20 | 20 | 20 | 16 | 16 | 16 | | 12 |
| Lead Committee | Board | | N/A | → | ↑ | → | → | → | ↓ | → | → | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| Should teams/services experience significant workforce challenges then they may be unable to maintain the delivery of high quality care. This could lead to the Trust being unable to meet its overall Trust objectives. Regularly reviewed at the Resilience Operational Huddle. Progress since the last review: Workforce challenges for all services reviewed and discussed in detail at January 2023 Clinical Operational Boards. Workforce challenges summarised in January 2023 integrated governance report. A number of actions in place to address these and some successes being seen. Due to challenges no change to scoring recommended at this stage. | | No gaps in control or assurance. | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | |
| What's going well inc future opportunities | | What are the current challenges inc future risks | | | | | How are these challenges being managed | | | | | | |
| Good communications taking place. Cost of living pressures being recognised and addressed where possible - mileage rate increase and also financial wellbeing offer. Vacancy rate within Luton Adult services has reduced by 7% since May 2022 and they have been successful in attracting 10 international recruits, with at least another 5 joining the service in March 23. | | Vacancies - hard to recruit to posts, Turnover, Staff Morale, Sickness levels, demands on services Impact of Covid pandemic and lockdown restrictions Expectations of service users/patients Response times in some services impacted due to backlog build up during covid. Recruitment and retention challenges continue for Dental Nurses in Cambridgeshire, however, an active plan has been developed and is being implemented, this identifies short, medium and longer term solutions. 0-19 recruitment and retention plan remains a focus and continues to be implemented. Recruitment challenges remain for Community Paediatricians; Speech and Language Therapist and Dieticians. Sickness rates remain high in a number of services and a review of the Trusts approach to sickness management is currently taking place to identify any further improvements in this area | | | | | Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting weekly incident Management Team Meetings Recruitment and Retention Premia reviewed and being implemented in areas of significant challenge Clinical prioritisation taking place | | | | | | |

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|---|---|---|-----------------|----------------|----------------|----------------|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|--|
| BAF Risk 3502 | Industrial action | | | | | | | | | | | | | |
| Strategic Priority | Provide outstanding care | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | | |
| Review Date | 17th January 2023 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target | |
| Executive Lead | Director of Workforce / Deputy CEO | 12 | | | | | | | 12 | 12 | 12 | | 8 | |
| Lead Committee | Board / COBs | | | | | | | | | → | → | | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | | |
| <p>There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients/service users not receiving the care that they need and potentially negatively impacting staff morale.</p> <p>Progress since the last review: RCN action took place in the Trust on the 15th and 20th December. A number of derogations were agreed which enabled the Trust to achieve minimum staffing numbers in our urgent/emergency services, which was achieved on both days apart from one service on the 15th Dec. The Trust isn't impacted directly by the RCN action planned for 18th and 19th January nor for the dates announced in February 2023. CSP has received a mandate to take strike action and action is due to take place in the Trust on 26th January 2023.</p> | | Adequate assurances in place | | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | | |
| What's going well inc future opportunities | What are the current challenges inc future risks | How are these challenges being managed | | | | | | | | | | | | |
| <p>Joint approach agreed with our Trade Union representatives in relation to messaging to staff and the importance of civility and good relationships maintained with RCN strike committee on both days of action. Debrief also took place with chair of strike committee to review our joint learning. Positive feedback received on how the Trust managed the 2 days.</p> | <p>CSP has received a mandate to take strike action and action is due to take place in the Trust on 26th January 2023. The potential impact on services and staff of proposed teachers strikes in February and March - to be reviewed at Resilience Huddle 19th Jan 23. As action is still proposed no change to scoring recommended at this stage.</p> | <p>Keep lines of communication open with all of our Trade Unions to ensure that we have as much notice as possible on any potential action being taken. Workforce Director and Deputy Workforce Director are leading on this. For potential CSP action, service leads reviewing patient lists for this day and currently reviewing the potential impact on service delivery and contact currently being made with CSP leads to assess and discuss next weeks action. Review of impact and decision on whether services need to be cancelled to take place at Resilience Huddle on 19th January 2023. Communications circulated to CSP members and also to GP Practices where we employ First Contact Practitioners.</p> | | | | | | | | | | | | |

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| BAF Risk 3163 | There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. | | | | | | | | | | | | | |
| Strategic Priority | Be an excellent employer | | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 17th January 2023 | | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Director of Workforce / Deputy CEO | | 8 | 16 | 16 | 20 | 20 | 20 | 20 | 16 | 16 | 16 | | 12 |
| Lead Committee | Board | | N/A | → | ↑ | → | → | → | → | ↓ | → | → | | |
| Context | | | | | | Gaps in Control or Assurance | | | | | | | | |
| <p>Staff morale continues to be affected across services for a variety of reasons. Demand/capacity pressures; Expectations from patients/service users; Sickness rates in some teams high, although transmission levels for covid have reduced. Some services continue to experience challenges in recruitment and retention. Pro-active recruitment plans in place in these teams and recruitment and retention premia in place or being put in place to try and improve the situation.</p> <p>Progress since the last review: As discussed at January 2023 Clinical Operational Boards, pressures and challenges continue across our services which are impacting on staff morale. Annual celebration and long service awards/events took place latter part of last year, mixture of face to face and virtual - positive feedback received from these interventions.</p> <p>Staff morale discussed at weekly resilience huddle and new actions agreed as and when identified. Number of personal resilience; bitesize training and development available for individuals to access. Coaching/mentoring also remains available and staff networks continue to be active and support our staff with their wellbeing. No change to scoring at this time due to pressures/challenges continuing.</p> | | | | | | No gaps in control or assurance. | | | | | | | | |
| Progress | | | | | | | | | | | | | | |
| What's going well inc future opportunities | | | What are the current challenges inc future risks | | | | | How are these challenges being managed | | | | | | |
| <p>Services continuing with their weekly/daily sit reps calls to support leaders in the delivery of services. . Focus remains on staff health and wellbeing and managing the impact of cost of living pressures. Promoting financial support fund. Success of international recruitment within some teams</p> | | | <p>Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Impact of the Covid-19 pandemic and pace at which services/individuals are expected to respond. Expectations of service users/patients and increase in verbal aggression being experienced by some staff</p> | | | | | <p>Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Dashboard Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Live Life Well Activities - Health and Wellbeing Champions Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff JCNP Formal meeting structures Regular contact with Staff Side Chair</p> | | | | | | |

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|--|--------------------------------------|--|--|-----------------|----------------|----------------|---|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| BAF Risk 3167 | System planning | | | | | | | | | | | | | |
| Strategic Priority | Be a Sustainable Organisation | | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 9 January 2023 | | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | CEO | | 12 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 8 |
| Lead Committee | Board | | | N/A | → | → | → | → | → | → | → | → | | |
| Context | | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>As the NHS is performance managed and discharges accountability at Integrate Care Board (system) level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. Risk scoring and mitigations reviewed and updated.</p> <p>Progress since the last review:</p> <p>1. Cambridgeshire and Peterborough system remains on track to deliver the financial system requirements. therefore the risk of missing investment and transformation monies has not materialised</p> <p>2. risk scoring remains unchanged as the impact of the risk materialising is great but likelihood is more unlikely than at the last review in November 2022</p> | | | <p>Total CIP's to be finalised by the end of Sept 2022</p> | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | | |
| What's going well inc future opportunities | | | What are the current challenges inc future risks | | | | How are these challenges being managed | | | | | | | |
| Balanced plan set for 22/23; financial opportunities have been identified, current risks are known. | | | <p>1. National Policy to move to "system by default"</p> <p>2. Provider financial health is more directly linked to the financial health of the "system"</p> <p>3. Cambs/Pet remain at SOF 4</p> | | | | <p>1. The Trust's income and expenditure base is currently in the "host" C&P ICB</p> <p>2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else</p> <p>3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made</p> <p>4. Expenditure and workforce information being shared fully with BLMK system, to ensure this is showing on their system documents.</p> | | | | | | | |

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| BAF Risk 3488 | Increase in cost inflation | | | | | | | | | | | | |
| Strategic Priority | Be a Sustainable Organisation | Risk Score 2021/2022 | | | | | Risk Score 2022/2023 | | | | | | |
| Review Date | 5 January 2023 | Initial | Aug/Sept | Oct/Nov | Dec/Jan | Feb/Mar | Apr/May | Jun/Jul | Aug/Sep | Oct/Nov | Dec/Jan | Feb/Mar | Target |
| Executive Lead | Director of Finance & Resources | 12 | | | | | | 12 | 12 | 12 | 12 | | 8 |
| Lead Committee | Board | | | | | | | N/A | → | → | → | | |
| Context | | Gaps in Control or Assurance | | | | | | | | | | | |
| <p>There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of world wide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10% If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23, and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies.</p> <p>Progress since the last review: The impact of cost inflation is included in the Trust's forecast position reported to the Board and included in the 23/24 financial planning assumptions. There has been a 45% increase in the cost of energy which is at the forecast levels</p> | | <p>Due to the impact in costs impacting in a different way, we don't have a complete understanding of potential full impact, this will take a few months.</p> | | | | | | | | | | | |
| Progress | | | | | | | | | | | | | |
| What's going well inc future opportunities | What are the current challenges inc future risks | How are these challenges being managed | | | | | | | | | | | |
| Finance team are working closely with services to review and understand cost base and identifying opportunities. The Trust will seek to identify discretionary expenditure and risk assess against other measures to mitigate the increase in cost pressure. This will include maximising planned and unplanned additional efficiencies, understanding the impact of the main cost drivers and maximising supply chain and procurement opportunities. | The Trust could be required to not progress service improvements and developments to support mitigation to address the price increases | The Trust will now be seeing the impact of the excess inflation to elements of its cost base and the finance team have begun a review of the materially impacted costs, and applying forecasts for modelling against the planning assumption used to set the budgets. . | | | | | | | | | | | |