

<b>Risk ID:</b> 2610	<b>Risk owner:</b> Robbins, Mark	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 01/09/2017	
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 31/03/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Robbins, Mark	

**Risk Title:** 2018/19 Cost Improvement Plans

**Risk description:**  
 There is a risk that the Trust doesn't fully identify plans to recurrently deliver the £3m savings target for 2018/19, and the result would be that this could contribute to the Trust being financially unsustainable in the future.

**Principle Trust Objective:**  
 Be a sustainable organisation

**Source of Risk:** Risk assessment

**Progress:**  
 [Robbins, Mark 03/09/18 09:34:37] The schemes identified remain unchanged with forecast delivery in 2018/19 standing at £2,803k. Non-recurrent savings within budget performance is currently ensuring the Trust remains on track to deliver its overall financial target, with the plan to formerly identify further schemes in the next few months to include within CIP performance reporting.

**Assessor's recommendations:**  
 There will be additional focus on non-recurrent opportunities and identifying potential already committed investments

Scoring				<b>Current:</b> High
<b>Current:</b>	L	C		
	Possible - 3	Major - 4	12	
<b>Target:</b>	Unlikely - 2	Major - 4	8	
<b>Last:</b>			12	<b>Change:</b> No Change

**Significant Hazards:**  
 Continued demand of Trust's services, with increasing cost pressures and restricted additional funding.

**Controls in place:**  
 Early in the Q2 the Trust started its CIP governance processes to begin identifying potential CIP ideas. CIP is embedded in CCS Business Usual processes and is reported to Clinical Operational Boards, Executive Programme Board and Strategic Change Board.  
 There will be an extensive review of contract income and cost to identify services that indicate they are not financially viable to continue to be delivered within current funding and expenditure structure  
 The finance team work closely with senior service colleagues to identify savings opportunities

<b>Risk ID: 2257</b>	<b>Risk owner: Robbins, Mark</b>	<b>Risk Committee: Board</b>
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 05/01/2016	
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 31/03/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Robbins, Mark	

**Risk Title:** Financial sustainability due to loss of contract income

<p><b>Risk description:</b>  There is a risk that the Trust becomes financially unsustainable through a combination of events such as:</p> <ul style="list-style-type: none"> <li>- Failure to secure contract extensions</li> <li>- Failure to secure new business opportunities</li> <li>- Loss of business through procurement</li> <li>- Decommissioning of services</li> <li>- Unable to mitigate amber and red rated risk schemes</li> <li>- The impact of the Public Health grant cuts without a corresponding change in contracted activity levels</li> <li>- Need to identify efficiencies and CIP's for 2018/19</li> </ul>	<p><b>Principle Trust Objective:</b>  Be a sustainable organisation, Provide outstanding care</p>
	<p><b>Source of Risk:</b> Risk assessment</p>

**Progress:**  
[Robbins, Mark 03/09/18 09:28:24] There are 2 service areas where current savings schemes are at risk of non-delivery in 2018/19. To ensure there is minimal or no impact on the recurrent financial performance of the Trust, mitigation plans will be developed where required. The first area is Acute Paeds transfer to NWA, which is now due to transfer on 1st April 2019, and therefore non-recurrent mitigation will be required for 2018/19, and the planes transfer will ensure recurrent delivery is achieved. The second area is Luton Adults service and the delay in identifying recurrent schemes. Non-recurrent budget savings are being identified to mitigate the shortfall in 2018/19 and work is on-going to identify sustainable recurrent savings measures. Both of these areas are being monitored within the CIP reports.

**Assessor's recommendations:**  
The Trust will ensure it continually reviews its business plans to possibly flex as required to additional opportunities not previously considered.  
This is informed by initial "Horizon Scanning" of opportunities, and initial evaluation and assessment of potential new business using agreed assessment criteria.  
The Trust will also need to review new risks to its income as they arrive, including mitigating the funding pressure on its Children's service in Luton, with continued discussions with the Luton Borough Council to agree a service specification which is affordable within the current suggested financial envelope.

Scoring				<b>Current:</b> Moderate
<b>Current:</b>	<b>L</b>	<b>C</b>		
	Unlikely - 2	Moderate - 3	<b>6</b>	<b>Change:</b> No Change
<b>Target:</b>	Unlikely - 2	Moderate - 3	<b>6</b>	
<b>Last:</b>			6	

**Significant Hazards:**

1. The finances of the NHS are under strain and each of the STP footprints that the Trust works within are financially challenged.
2. A high proportion of the Trust's income come from public health commissioners, and they have seen a 4% recurrent reduction in their national grant which they are passing onto providers
3. therefore the Trust needs to be careful that contract income is matched by changes to activity levels, otherwise the organization will potentially be asked to undertake the same work, for less money and the impact could well be reduced levels of quality care.

**Controls in place:**

1. The Trust reviews the quality of the tenders it submits pre and post submission, continues to identify potential growth areas, and closely monitors commissioner intentions and relationships.
2. Engagement with relevant commissioners in relation to decommissioning linked to Public Health funding reductions is ongoing.
3. robust data management to ensure patients contacts and activity is sound and up to date
4. engagement with all commissioners about contract extensions
5. engagement with CCG and NHS England commissioners to ensure "best place" of CCS to continue to provide services beyond current 2 year contracts

<b>Risk ID:</b> 2636	<b>Risk owner:</b> Pisani, Anita	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 30/10/2017	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 01/02/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Pisani, Anita	

**Risk Title:** Reduction in Staff Morale could adversely affect the delivery of high quality care

**Risk description:**  
There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.

**Principle Trust Objective:**  
Be an excellent employer, Provide outstanding care

**Source of Risk:** Meetings

**Progress:**  
[Pisani, Anita 24/08/18 18:33:35] Services continue to work on the implementation of their local staff survey action plans. Trust wide plan continues to be implemented. Trust wide communications message to be circulated during September 2018 on the basis of 'You Said We Did' from last years feedback.  
Preparations underway for 2018 National Staff Survey. This will take place again Oct - Dec 18 with results due late Feb/early March 19. Local staff survey based on friends and family questions continues quarterly outside of the above quarter. Results/feedback shared with teams/services.  
Controls updated to include Guardian of Safe Working lead in place and GMC survey.  
Service redesign sessions to continue with Bedfordshire services and a joint senior management team session to be held with East London Foundation Trust on 19th September to take stock on our partnership working approach and any impact on staff morale. Positive feedback from both CQC inspectors and Deloitte in relation to staff morale and view of working within the Trust. No change to scoring at this stage.

**Assessor's recommendations:**  
- Ensure that improvement plans for improving the working environment are being delivered across all teams - assurance received from Service Directors that local actions/improvements are being delivered

Scoring				<b>Current:</b> Moderate
<b>Current:</b>	L	C		
	Unlikely - 2	Moderate - 3	6	
<b>Target:</b>	Unlikely - 2	Moderate - 3	6	
<b>Last:</b>			6	<b>Change:</b> No Change

**Significant Hazards:**  
N/A

**Controls in place:**

- Annual Staff Survey and delivery of improvement plan
- Quarterly staff friends and family surveys and delivery of improvement plan
- team level staff conversations with resulting action plan for improvements
- Appraisal levels
- 1:1s and team meetings
- Quality Early Warning Trigger Scores
- Clinical Operational Boards
- Freedom to Speak Up Guardian role in place
- Guardian of Safe Working role in place to support our junior doctors. Regular reports to Trust Board.
- GMC survey feedback
- Raising Matters of Concern process and log
- Bespoke leadership and team development put in place as and when required
- Deloitte external review of well-led - feedback

<b>Risk ID:</b> 1320	<b>Risk owner:</b> Sirett, Ms Julia	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 12/02/2014	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Sirett, Ms Julia	

**Risk Title:** Services fail to remain compliant with CQC standards

**Risk description:**  
There is a risk that Services fail to remain compliant with the CQC Fundamental Standards Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.

**Principle Trust Objective:**  
2014/16 no. 1 - Quality: Safe services

**Source of Risk:** External assessment

**Progress:**  
[Sirett, Julia Ms 24/08/18 17:39:44] Improvements to Controls updated to reflect recent CQC inspection - rated as Good, Deloitte assessment July 2018 and recognition of staff use of processes such as Whistleblowing.

**Assessor's recommendations:**  
Quality review programme pilots completed now business as usual Programme to include patients and experts from the other NHS organisations once established.  
Strengthen Patient engagement activity and governance arrangements.  
Services to review action plans following self assessments.

Scoring				<b>Current:</b> Moderate
<b>Current:</b>	L	C		
	Rare - 1	Major - 4	4	
<b>Target:</b>	Rare - 1	Major - 4	4	
<b>Last:</b>			8	<b>Change:</b> No Change

**Significant Hazards:**  
Teams fail to understand key actions needed to maintain CQC compliance with regulations - eg standards of recordkeeping, compliance with Trust policy, estates issues

**Controls in place:**  
Annual Comprehensive review of service compliance through self assessments against Key Lines of Enquiry  
Quality Early Warning Trigger Tool monthly returns.  
Quality Reports to operations boards and to the Board.  
Back to the floor visits.  
Quality Review visits. External Quality reviews ie Deloitte July 2018  
Quality strategy Updates to QIS Com and Board.  
Introduction of CCS Quality Way - launched June 2017.  
CQC assessment - rated 'Good' April 2018  
Monthly CQC liaison meeting  
Staff feedback  
Whistleblowing and raising concerns process  
Feedback from commissioners

<b>Risk ID:</b> 2776	<b>Risk owner:</b> Winn, Matthew	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 26/06/2018	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 01/03/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Winn, Matthew	

**Risk Title:** Uncertainty linked to the new NHS funding settlement and the drive for greater provider efficiencies.

**Risk description:**  
There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.

**Principle Trust Objective:**  
Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care

**Source of Risk:** External assessment

**Progress:**  
[Winn, Matthew 28/08/18 16:22:22] 1. MW has met with the NHS Improvement project team undertaking a review of the community Trusts, following on from the Kirkup review of Liverpool community Trust.  
2. MW met with CEO of NHS Improvement to better understand the strategic intent and action likely to follow later in the financial year.  
3. work on integrated care solutions continue with NHS England and NHS Improvement as part of the new NHS plan.

**Assessor's recommendations:**  
1. Chairs of community providers to meet with Dido Harding to discuss how NHS community services are provided (Nicola Scrivings to lead)  
2. Continue to be part of policy development through NHS Providers, to ensure integrated care is prioritised in the national funding allocations process (Matthew Winn to lead)  
3. Continue to prove efficiency and effectiveness in line with NHS Improvement Carter team recommendations (Mark Robbins to lead)

Scoring				<b>Current:</b> Extreme
<b>Current:</b>	L	C		
	Likely - 4	Major - 4	16	
<b>Target:</b>	Unlikely - 2	Major - 4	8	
<b>Last:</b>			16	<b>Change:</b> No Change

**Significant Hazards:**  
The agreement on the NHS five year funding settlement is coupled with assumptions that the provider and commissioner structure needs to change and become more cost efficient. Therefore NHS Improvement will be introducing a new director role of provider re-configuration. As the Trust is relatively small compared to other NHS organisations, it is susceptible to a national re-configuration mind set and policy, irrespective of our current productivity and efficiency levels.  
Any major re-organisation could impact on the whole income base of the Trust (£130m).

**Controls in place:**  
1. Executive and non-executive director influencing the leadership of NHS England and NHS Improvement  
2. The Trust is a member of the Community Network - lobbying to focus the policy on integration, not organisational form issues  
3. Board strategy development sessions in the year will discuss options available to the organisation  
4. Continue to develop collaborative and integrated solutions for children services in Cambridgeshire/Peterborough and in Norfolk and for adult services in Luton.  
5. Involvement in the development of the new NHS plan  
6. Private conversations/influencing with NHS leaders at NHS Improvement  
7. Working with the other 22 Community NHS Trusts who would be impacted by the risk issues.

<b>Risk ID: 2748</b>	<b>Risk owner: Pisani, Anita</b>	<b>Risk Committee: Board</b>
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 05/04/2018	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 30/11/2018	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Pisani, Anita	

**Risk Title:** Workforce Challenges affecting ability to maintain high quality care

<b>Risk description:</b> Due to the increase number of services facing workforce challenges there is a risk that the Trust is unable to maintain high quality care across the organisation.	<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care
	<b>Source of Risk:</b> Meetings

**Progress:**  
 [Pisani, Anita 24/08/18 18:43:17] No change in scoring this month due to Trust breaching 18 weeks and 6 week diagnostic breached. Focused pieces of work taking place in both of these areas to mitigate and reduce waiting times.  
 Workforce planning conversations taking place at service level to inform November 2018 bi-annual workforce review currently taking place.  
 QWETT scores continued to be reviewed and discussed within clinical operational boards so that pressures are understood and appropriate actions identified.

**Assessor's recommendations:**

- Complete workforce planning conversations at service level to be reported to the Board in November 2018.
- Further work to be undertaken with teams on developing new roles and embracing new learning opportunities to enable individuals to progress to registrant roles. This continues as work in progress.
- Work with Higher Education Institutes on developing appropriate educational options for different career paths

Scoring				<b>Current:</b> High
<b>Current:</b>	L	C		
	Likely - 4	Moderate - 3	12	
<b>Target:</b>	Unlikely - 2	Moderate - 3	6	
<b>Last:</b>			12	<b>Change:</b> No Change

**Significant Hazards:**

**Controls in place:**

- Monthly workforce information sent to all Service Directors identifying turnover; sickness; stability index.
- Bi-annual workforce reviews with all service areas that identify particular workforce issues/challenges and mitigating actions
- Quality dashboard
- Quality Early Warning Trigger Tool feedback
- Raising Matters of concern process and log
- Staff side chair identified as confidential link for bullying/harassment
- Live Life Well action plan
- Workforce Race Equality Action Plan
- Staff conversations
- Bespoke recruitment campaigns where identified
- Local Recruitment and Retention Premia in place
- Staff Survey results and local action plans
- Care Quality Commission inspection March/April 2018 - Overall Good in all 5 key lines of inquiry.
- clinical prioritisation taking place in areas where patients are waiting longer than they should be - this is happening for both Community Paediatrics and Audiology in Luton.