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|---|--|------------------------------|
| <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

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|---|--|
| <b>Risk description:</b><br>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. | <b>Principle Trust Objective:</b><br>Be a sustainable organisation |
|   | <b>Source of Risk:</b> Risk assessment                             |

**Progress:**  
 [Robbins, Mark 19/02/19 12:07:11] There have been no adverse movements in planned delivery and this risk will be closed by 31 March 2019. A new risk to in relation to 19/20 CIP will be added in March 2019.

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

| Scoring         |              |           |    | <b>Current:</b><br>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><br>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 including any budget savings which will be assessed and allocated to CIP recurrently or non-recurrently as appropriate to mitigate shortfall in deliver.

Monthly review of all discretionary expenditure will take place to reduce or delay where possible without any adverse impact on service quality

|   |                                  |  |  |                 |                 |   |
|---|----------------------------------|--|--|-----------------|-----------------|---|
| <b>Risk ID:</b> 2257  | <b>Risk owner:</b> Robbins, Mark | <b>Risk Committee:</b> Board                   | <b>Scoring</b>   |                 |                 | <b>Current:</b><br>Moderate   |
| <b>Directorate:</b> Trustwide   | <b>Date recorded:</b> 05/01/2016 | <b>Anticipated completion date:</b> 31/03/2019 | <b>Current:</b>  | <b>L</b>        | <b>C</b>        |   |
| <b>Specialty:</b> Finance and Resources Directorate   | <b>Handler:</b> Robbins, Mark    |  |  | Unlikely<br>- 2 | Moderate<br>- 3 | 6   |
| <b>Clinical Group:</b> Trust Wide   |                                  |  | <b>Target:</b>   | Unlikely<br>- 2 | Moderate<br>- 3 | 6   |
| <b>Risk Title:</b> Financial sustainability due to loss of contract income  |                                  |  | <b>Last:</b>   |                 |                 | 6   |
| <b>Risk description:</b><br>There is a risk that the Trust becomes financially unsustainable through a combination of events such as:<br>- Failure to secure contract extensions<br>- Failure to secure new business opportunities<br>- Loss of business through procurement<br>- Decommissioning of services<br>- Unable to mitigate amber and red rated risk schemes<br>- The impact of the Public Health grant cuts without a corresponding change in contracted activity levels<br>- Need to identify efficiencies and CIP's for 2018/19 and 2019/20  |                                  |  | <b>Principle Trust Objective:</b><br>Be a sustainable organisation, Provide outstanding care |                 |                 | <b>Significant Hazards:</b><br>1. The finances of the NHS are under strain and each of the STP footprints that the Trust works within are financially challenged.<br>2. A high proportion of the Trust's income come from public health commissioners, and they have seen a 4% recurrent reductio |
| <b>Progress:</b><br>[Robbins, Mark 15/02/19 14:01:50] The Trust has submitted an initial financial plan which results in a deficit position of £600k for 2019/20. This position is wholly related to the lack of assurance from DH that the impact of Agenda for Change pay deal will be fully funded, with currently a shortfall of £934k relating to Local Authority commissioned services.<br>The risk remains at the current rating as there is high expectation that funding will be made available. In addition, as this is outside the Trust's control, it shouldn't be reviewed as a indication of the Trust's financial sustainability.  |                                  |  | <b>Source of Risk:</b> Risk assessment   |                 |                 |   |
| <b>Assessor's recommendations:</b><br>The Trust will ensure it continually reviews its business plans to possibly flex as required to additional opportunities not previously considered.<br>This is informed by initial "Horizon Scanning" of opportunities, and initial evaluation and assessment of potential new business using agreed assessment criteria.<br>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. |                                  |  |  |                 |                 |   |

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| <b>Risk ID: 2940</b>                                | <b>Risk owner: Gingell, James</b>              | <b>Risk Committee: Board</b> |
| <b>Directorate:</b> Trustwide                       | <b>Date recorded:</b> 21/02/2019               |                              |
| <b>Specialty:</b> Finance and Resources Directorate | <b>Anticipated completion date:</b> 01/04/2019 |                              |
| <b>Clinical Group:</b> Trust Wide                   | <b>Handler:</b> Gingell, James                 |                              |

**Risk Title:** HSCN Procurement Delay

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| <p><b>Risk description:</b><br/>There is a risk that the Trust may be unable to procure and deploy HSCN connectivity leading to delays in the delivery of key new accommodations projects and the Trust being unable to support the POP closures of 10 Trust sites required by 01/08/2019 as directed by NHS Digital.</p> | <p><b>Principle Trust Objective:</b><br/>Be a sustainable organisation</p> |
|   | <p><b>Source of Risk:</b> Risk assessment</p>                              |

**Progress:**  
[Gidi, Taff 05/03/19 13:55:36] Risk description revised in consultation with Director of Finance to describe the risk clearly.

**Assessor's recommendations:**  
Continue to monitor procurement progress very closely to get procurement back on track. Considering alternative interim connectivity solution for Unit 7 and Whiting Road.

| Scoring         |                 |                 |   | <b>Current:</b><br>High    |
|-----------------|-----------------|-----------------|---|----------------------------|
| <b>Current:</b> | <b>L</b>        | <b>C</b>        |   |                            |
|                 | Possible<br>- 3 | Moderate<br>- 3 | 9 |                            |
| <b>Target:</b>  | Unlikely<br>- 2 | Moderate<br>- 3 | 6 |                            |
| <b>Last:</b>    |                 |                 |   | <b>Change:</b><br>New risk |

**Significant Hazards:**  
Risk that two new accommodation projects (Unit 7, ST Ives and Whiting Road, Norwich) will be delayed and not have HSCN connectivity when required. Risk that Trust will be unable to support the POP closures of 10 CCS Trust sites required by 01/08/2019 as

**Controls in place:**  
Multiple levels of escalation via CCS. Escalations via NHS Shared Business Services from a procurement perspective.

|                                   |  |                              |
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| <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> 15/03/2019 |                              |
| <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

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|---|---|
| <b>Risk description:</b><br>There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. | <b>Principle Trust Objective:</b><br>Be an excellent employer, Provide outstanding care |
|   | <b>Source of Risk:</b> Meetings   |

**Progress:**  
[Pisani, Anita 05/03/19 20:24:45] National Staff Survey Results now received. Final response rate was 60% which was above average for Community Trusts of 53%. Trust achieved the best scores when compared to its peers in 8 of the 10 themes measured in the national staff survey. Joint 6th nationally for all NHS organisations for overall staff engagement. Out of the 32 key findings the Trust was rated best for 20 of them. Results shared at Leadership Forum 4th March 2019 and will be presented to the Trust Board 13 March 2019. Good feedback but room for improvement in some areas so improvement plans at both Trust and Service level will be pulled together during March and April 19. Directorate/Service level reports now being run and shared with services for them to pull local plans together. Risk at target and therefore to remain at this level for the current time. Review at the Board whether to close this risk and open a new one for 19/20.

**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><br>Moderate |
|-----------------|-----------------|-----------------|---|-----------------------------|
| <b>Current:</b> | <b>L</b>        | <b>C</b>        |   |                             |
|                 | Unlikely<br>- 2 | Moderate<br>- 3 | 6 |                             |
| <b>Target:</b>  | Unlikely<br>- 2 | Moderate<br>- 3 | 6 |                             |
| <b>Last:</b>    |                 |                 | 6 | <b>Change:</b><br>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> Curtis, 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> Curtis, 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:**  
Provide outstanding care

**Source of Risk:** External assessment

**Progress:**  
[Curtis, Julia Ms 19/02/19 09:01:10] Risk reviewed. No change to score. Final Service level KLOE Self assessments support overall Trust rating of Outstanding. Provider Information request completed.

**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 plan

| Scoring         |          |           |   | <b>Current:</b><br>Moderate |
|-----------------|----------|-----------|---|-----------------------------|
| <b>Current:</b> | <b>L</b> | <b>C</b>  |   |                             |
|                 | Rare - 1 | Major - 4 | 4 |                             |
| <b>Target:</b>  | Rare - 1 | Major - 4 | 4 |                             |
| <b>Last:</b>    |          |           | 4 | <b>Change:</b><br>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

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| <b>Risk ID:</b> 2897              | <b>Risk owner:</b> Thomas, Gill                | <b>Risk Committee:</b> Board |
| <b>Directorate:</b> Trustwide     | <b>Date recorded:</b> 12/12/2018               |                              |
| <b>Specialty:</b> Not Applicable  | <b>Anticipated completion date:</b> 30/06/2019 |                              |
| <b>Clinical Group:</b> Trust Wide | <b>Handler:</b> Thomas, Gill                   |                              |

**Risk Title:** The UK leaves the EU with no agreed deal or with a limited deal

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| <b>Risk description:</b><br>There is a risk that the UK leaves the EU with no agreed deal or with a limited deal resulting in disruption to and delays in imports, fuel shortages, travel disruption and food shortage | <b>Principle Trust Objective:</b><br>Provide outstanding care |
|  | <b>Source of Risk:</b> Risk assessment                        |

**Progress:**  
[Thomas, Gill 19/02/19 15:06:11] (a) Monthly review at Trust board  
(b) All local contracts have been risk assessed and where appropriate contacts being made with suppliers for assurance  
(c) Business continuity exercise cascaded to all teams  
(d) Table top exercises planned for high risk areas  
(e) Participation in system wide planning  
(f) Frequency of internal task and finish group increased to fortnightly

**Assessor's recommendations:**  
Implement above controls

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

**Significant Hazards:**  
Failure by the government to agree customs arrangements after 29 March, 2019

**Controls in place:**  
(a) Medicines – continuity of supply being secured by central government by asking suppliers who import medicines from EU to stockpile 6 weeks supply  
(b) Vaccines – continuity of supply being secured by PHE  
(c) Supply of medical devices and clinical consumables – central government ensuring increase in national stock levels  
(d) Supply of non clinical goods, consumables and services – central government liaising with all national providers  
(e) Internal task and finish group established to identify areas of risk with a focus on local suppliers of non clinical goods, consumables and services and where necessary put in place contingency arrangements  
(f) Communication plans with staff and patients have been implemented  
(g) Contingency plan being developed for prioritisation of access to fuel in a time of shortage  
(h) Working across the system to coordinate an assessment of the impact and put in place contingency arrangements

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| <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> 28/02/2020 |                              |
| <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 18/02/19 18:03:13] 18.02.19  
1. Anticipated closure date moved to 28.02.20, as this is more realistic given the joint infrastructure of NHS England and Improvement will not be fully operational until the Autumn of 2019.  
2. Scoring remains unchanged  
3. Controls and assessors recommendations are all valid and remain live and appropriate to mitigate the risk.

**Assessor's recommendations:**  
1. follow up from the meeting of Chairs of community providers 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 - to be clear in the new NHS Plan.)  
3. Continue to implement plans to improve efficiency and effectiveness in line with NHS Improvement Carter team recommendations (Mark Robbins to lead - many being assured through the strategic change Board)  
4. further development of the new models of care in regional children services and older people services in Luton (Anita Pisani to lead)

| Scoring         |                   |                |    | Current: High               |
|-----------------|-------------------|----------------|----|-----------------------------|
| <b>Current:</b> | L<br>Possible - 3 | C<br>Major - 4 | 12 |                             |
| <b>Target:</b>  | Unlikely - 2      | Major - 4      | 8  |                             |
| <b>Last:</b>    |                   |                | 12 | <b>Change:</b><br>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

**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.  
8. membership approaches on influences via NHS Providers and NHS Confederation - executive and non-executive levels.

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|-----------------------------------|--|------------------------------|
| <b>Risk ID:</b> 2748              | <b>Risk owner:</b> Pisani, Anita               | <b>Risk Committee:</b> Board |
| <b>Directorate:</b> Trustwide     | <b>Date recorded:</b> 05/04/2018               |                              |
| <b>Specialty:</b> Not Applicable  | <b>Anticipated completion date:</b> 30/03/2019 |                              |
| <b>Clinical Group:</b> Trust Wide | <b>Handler:</b> Pisani, Anita                  |                              |

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

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|--|---|
| <b>Risk description:</b><br>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><br>Be an excellent employer, Provide outstanding care |
|  | <b>Source of Risk:</b> Meetings   |

**Progress:**  
[Pisani, Anita 05/03/19 20:29:39] Agreement has been reached to appoint additional capacity to support all services in pulling together their 3-5 year strategic workforce plan. Advert is currently out for this role. Self-assessments continue to report good or outstanding across the five CQC domains for all services, however, a number of teams are reporting workforce challenges. Risk mitigations or plans either in place or being developed for our challenged areas. QWETT scores continue to be reviewed and discussed within clinical operational boards as do the local challenges. Patients Friends and Family scores remain high at 95.58% Trust wide and numbers of complaints have not increased significantly. Overall mandatory training compliance at 94%. Score to remain the same this month.

**Assessor's recommendations:**

- 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. Executive have agreed to appoint to a new post which focusses on Workforce Planning and Supply.
- Work with Higher Education Institutes on developing appropriate educational options for different career paths
- Develop 3-5 strategic workforce plans at service level during 19-20

| Scoring         |                 |                 |   | <b>Current:</b><br>High     |
|-----------------|-----------------|-----------------|---|-----------------------------|
| <b>Current:</b> | <b>L</b>        | <b>C</b>        |   |                             |
|                 | Possible<br>- 3 | Moderate<br>- 3 | 9 |                             |
| <b>Target:</b>  | Unlikely<br>- 2 | Moderate<br>- 3 | 6 |                             |
| <b>Last:</b>    |                 |                 | 6 | <b>Change:</b><br>Increased |

**Significant Hazards:**  
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**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.