

<b>Risk ID:</b> 2963	<b>Risk owner:</b> Robbins, Mark	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 03/04/2019	
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 31/03/2020	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Robbins, Mark	

**Risk Title:** 2019/20 Cost Improvement Plans

<b>Risk description:</b> There is a risk that the Trust doesn't fully plans to deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future.	<b>Principle Trust Objective:</b> Be a sustainable organisation
	<b>Source of Risk:</b> Risk assessment

**Progress:**  
 [Robbins, Mark 26/04/19 16:46:55] The first report for 2019/20 will be made to Exec Programme Board on 7th May

**Assessor's recommendations:**  
 There will also need to be additional focus on non-recurrent opportunities to mitigate any in-year shortfall in delivery. In addition there will be frequent and targeted reviews of all discretionary spend plans, and decisions where it is safe to either defer or reduce plans accordingly.

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 the Trust's services, with increasing cost pressures due to volume and prices, impacted by restricted additional funding.

**Controls in place:**  
 During 2018/19, the Trust began its Governance processes to quantify the impact of existing schemes delivery into 19/20 and identifying new efficiency ideas. This process is embedded in Trust business usual processes and reported through the Clinical Operational Boards, Executive Programme Board, Strategic Change Board and the main Board. Schemes continue to be identified and developed through to delivery stage throughout the year, and finance team continue to work closely with service leads to identify and agree service line cost adjustments where it is evident there are budget saving opportunities and / or costs are above the current contracted income received for the service.

<b>Risk ID:</b> 2971	<b>Risk owner:</b> Pisani, Anita	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 29/03/2020	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Pisani, Anita	

**Risk Title:** Complexity of System Working

<b>Risk description:</b> There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care.	<b>Principle Trust Objective:</b> Collaborate with other organisations, Provide outstanding care
	<b>Source of Risk:</b> Meetings

**Progress:**  
 [Pisani, Anita 30/04/19 08:24:28] Joint Partnership Board has taken place with East London NHS Foundation Trust in April - no areas of escalation. Away day scheduled for 2nd May 2019 with all operational and support leads across Bedfordshire Community Health Services. Focus will be on agreeing joint plans for 19/20 to ensure the successful delivery of services within this locality. Trust is aiming to agree Service Development Improvement Plan for Bedfordshire services with Commissioners - early May 2019. Discussions with Commissioners continue in relation to Outcomes for 19/20 with a further joint meeting taking place in late May 2019.  
 Agenda for the next Joint Transformation Board with Commissioners in relation to our joint working across Cambridgeshire and Peterborough Children Services agreed. Next meeting due to take place Friday 3rd May 2019. Staff briefings across Cambridgeshire and Peterborough have taken place within our 0-19 services and transformation plan in place for delivery of agreed new model of care.  
 Refreshed Luton Provider Alliance meeting taken place - late April 2019. Now chaired by Trust CEO and Luton and Dunstable CEO. Main focus of first meeting was on ensuring alignment on the delivery of the Enhanced Models of Care across Luton. Agreed that this will become the focal point for Provider joint problem solving and troubleshooting. Business case for 19/20 activity presented to Commissioner for agreement.  
 Deputy CEO and Chief Nurse attended BLMK wide CYP Summit - 25 April 2019. Excellent opportunity to share learning across the system and to agree joint improvement actions at both place and system level.  
 Chief Executive and Executive team members continue with active involvement as appropriate within Cambridgeshire and Peterborough Sustainability and Transformation Programme and Bedfordshire, Luton and Milton Keynes Integrated Care System.

**Assessor's recommendations:**  
 - Link to the actions for Norfolk specified in risk 2968 - Decision Making in Integrated Systems/Sustainability and Transformation Partnerships

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

**Significant Hazards:**  
 Complexity of system working  
 Maturity of working relationships  
 Ability for all system partners to collaborate  
 Competition

**Controls in place:**  
 Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors  
 Board to Board with CPFT as required  
 Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough  
 Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services  
 Joint Partnership Board with East London Foundation NHS Trust - Executive led  
 Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services  
 Joint Away Days taking place within Bedfordshire Community Health Services  
 Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives  
 Programme Director in place for delivery of Enhanced Models of Care across Luton system  
 Luton Transformation Board  
 CEO and Chair member of Cambridgeshire and Peterborough STP Board  
 CEO and Chair attend BLMK wide Executive meetings

<b>Risk ID:</b> 2968	<b>Risk owner:</b> Winn, Matthew	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 29/11/2019	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Winn, Matthew	

**Risk Title:** Decision making in Integrated care systems/Sustainability transformation partnerships

**Risk description:**  
There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates and is either a small partner in the system or not a member of the STP/ICS Board

**Principle Trust Objective:**  
Be a sustainable organisation, Collaborate with other organisations

**Source of Risk:** External assessment

**Progress:**  
[Winn, Matthew 26/04/19 10:49:44] 26.04.19  
No change to the scoring  
1. two new controls added (No's 4 and 5)  
2. no changes to the recommendations, actions and oversight. all actions in place and actively being pursued.

**Assessor's recommendations:**  
1. Determine the role the Trust will undertake in the North and South Alliances in Cambridgeshire/Peterborough, if they are to become decision making fora (Mark Robbins)  
2. Enhance our presence with Executive attendance at each Norfolk Children's Trust Board (Matthew Winn)  
3. Continue to support the development of a executive children's Trust Board in Cambridgeshire/Peterborough (Matthew Winn and John Peberdy)  
4. Develop good relationships with the new regional executives to ensure decision making at a regional basis happens in an transparent and equitable way. (All executives)

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:**  
As local Sustainability and Transformation Partnerships/Integrated Care system are being asked to make decisions for local populations, organisations with the largest income streams for that footprint may want to determine the future of service delivery for the local population. As the Trust operates across multiple geographies, our impact may be reduced, especially in Norfolk and Suffolk, where we do not sit on any of the ICS/STP boards and executives. The impact may well be felt in our children's portfolio in Norfolk and Cambridgeshire/Peterborough - totalling c.60M on income. the other income the Trust receives are unlikely to be affected by the risk description.

**Controls in place:**  
1. maintain full participation in the Cambridgeshire/Peterborough STP at CEO and exec level  
2. maintain full participation in the Bedfordshire/Luton and Milton Keynes ICS at CEO and exec level  
3. Continue with full participation in the Children's Board in Norfolk as this will become the decision making group, reporting into the Norfolk STP executive  
4. Trust accepted an initiation to be a full member of the Norfolk Council Health and well being Board  
5. Active engagement by CEO with the Anne Radmore, new regional director

<b>Risk ID:</b> 2966	<b>Risk owner:</b> Robbins, Mark	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 31/03/2021	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Robbins, Mark	

**Risk Title:** Future financial viability of Public Health funded contracts

**Risk description:**  
 There is a risk that if that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected. There is also the risk to the trusts financial viability and therefore increasingly difficult to fund its clinical and support functions. The trust will also need to consider its approach to future procurements of Public Health funded services.

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

**Source of Risk:** Risk assessment

**Progress:**

**Assessor's recommendations:**  
 The financial performance of the Public Health funded contracts needs to be closely monitored by the Executive Team and early identification of any adverse impacts to be understood and escalated through commissioner discussions. As the cycle of potential grant reductions is likely to continue in 2021, this arrangement should be aligned.

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

**Significant Hazards:**  
 Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system.

**Controls in place:**  
 The Trust historically has collaborated closely with LA Commissioners to manage the impact to services as a result of the reductions to the Public Health grants. This work will continue and the Trust will ensure the commissioners understand the full impact of any reductions before they are implemented. Cost of service delivery is part of the contract monitoring process as this will be used to identify cost pressures and adverse performance.

<b>Risk ID:</b> 2965	<b>Risk owner:</b> Robbins, Mark	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 03/04/2019	
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 30/06/2020	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Robbins, Mark	

**Risk Title:** Increase in NHS Employers pension contributions 2020/21

**Risk description:**  
 The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health.

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

**Source of Risk:** Risk assessment

**Progress:**

**Assessor's recommendations:**  
 If policy is indicating that funding would not be increased to cover the additional cost, the Trust will need to ensure this cost is fully recognized in the cost envelopes for future bids and is therefore embedded in the decision to proceed.

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:**  
 An additional unfunded cost could result in the financial viability of existing and potential future Local Authority funded services, which would have an overall adverse impact on the future financial viability of the Trust

**Controls in place:**  
 The Trust will continue to closely monitor funding policy and make representation and escalation as required.

<b>Risk ID:</b> 2967	<b>Risk owner:</b> Curtis, Ms Julia	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2020	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Curtis, Ms Julia	

**Risk Title:** Patients and service users do not receive outstanding care

<b>Risk description:</b> There is a risk that patients and service users do not receive outstanding care.	<b>Principle Trust Objective:</b> Provide outstanding care
	<b>Source of Risk:</b> Risk assessment

**Progress:**

**Assessor's recommendations:**  
 Peer review programme to be enhanced during 2019/20 to include patients and service users on the visits to services.

Scoring				<b>Current:</b> 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> No Change

**Significant Hazards:**

1. 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.
2. This will also negatively impact on compliance with regulatory standards
3. Staff absence at work due for a variety of reasons including sickness
4. Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to
5. Staff lack of understanding of what constitutes delivery of outstanding care and their role within that.

**Controls in place:**

Refreshed focus on 'Our Quality Way' during April - September 2019

Peer Review Programme

Annual service self assessments

Quality Early Warding Trigger Tool monthly completion by all teams

Quality reports to Clinical Operational Boards and Board

Back to the floor programme

Ongoing annual CQC Inspection cycle which now included staff focus groups and Inspector attendance at key meetings ie Board

Staff feedback (including staff survey)

Whistleblowing and raising Concerns processes well embedded

<b>Risk ID:</b> 2969	<b>Risk owner:</b> Pisani, Anita	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 16/03/2020	
<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 30/04/19 08:47:41] Current scoring is based on feedback from 2018 National Staff Survey where the Trust received positive feedback from over 60% of our workforce. The Trust was top 10 in all 10 themes nationally and top performer within 3. In relation to overall staff engagement, the Trust was top 6th nationally for all NHS Providers and top when compared to other Community Trusts. The Trust was also top for the morale theme when compared to other Community Trusts. Continues to be of course room for improvement. Detailed analysis taking place Trust, Service and Team level for discussion at local leadership team meetings. Results also shared and discussed at Trust Wide Leadership Forum. Anticipated that all improvement plans will be in place by June 2019. Bi-annual workforce review conversations have taken place with all Services. Action plans to address workforce challenges agreed. Separate report outlining these is being presented to the Trust Board on 8th May 2019. Quarter 1 staff friends and family survey currently taking place and comments will be reviewed and improvement actions put in place where appropriate.

**Assessor's recommendations:**  
- Ensure that updated Trust-wide and local staff survey improvement plans are developed and implemented throughout the year

Scoring				Current: High
Current:	L	C		
	Unlikely - 2	Major - 4	8	
Target:	Unlikely - 2	Major - 4	8	
Last:			8	Change: No Change

**Significant Hazards:**  
Demands on the service  
Insufficient staff  
Turnover  
Vacancies  
Sickness levels

**Controls in place:**  
Annual staff survey and delivery of improvement plans  
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  
Quality Early Warning Trigger Tool  
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  
Back to the Floor feedback, discussions and resulting actions  
Live Life Well Activities  
Staff Side Chair in post - confidential helpline in place  
Corporate Induction and local induction systems and processes  
Bi-annual workforce reviews

<b>Risk ID: 2776</b>	<b>Risk owner: Winn, Matthew</b>	<b>Risk Committee: Board, Executive Team</b>
<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.

<b>Risk description:</b> 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.	<b>Principle Trust Objective:</b> Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care
	<b>Source of Risk:</b> External assessment

**Progress:**  
[Winn, Matthew 26/04/19 10:41:52] 26.04.19  
No change to the scoring  
1. Points 11 and 12 added to the controls in place  
2. point 5 added to assessor recommendations  
3. MW has now been appointed part time national director with community health care responsibilities, which will ensure the policy about community health care is informed and the trust is fully aware of any developments  
4. the community network has secured national funding to develop joint work with community providers and Primary care networks to ensure the partnership and relationships are at the forefront of PCN development - not just a focus on structures and governance

**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 - May and June 2019)  
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 - mainly 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)  
5. Engagement with the new East of England strategy director (Simon Wood) to ensure service development stays at the front of initiatives

Scoring				Current: High
Current:	L	C		
	Possible - 3	Major - 4	12	
Target:	Unlikely - 2	Major - 4	8	
Last:			12	Change: 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. 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 - next session is in June 2019
  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 long term plan has ensured community health services have been prioritised
  6. Private conversations/influencing with NHS leaders at NHS Improvement and NHS England and the new regional leaders
  7. Working with the other 22 Community NHS Trusts and Community Interest Companies who would be impacted by the risk issues.
  8. membership approaches on influences via NHS Providers and NHS Confederation - executive and non-executive levels.
  9. continue to deliver on quality and financial performance issues
  10. develop integrated approaches with other NHS organisations and Primary care to ensure an integrated approach is actually delivered without the need to resort to organisational form changes
  11. Ensure the Trust is providing alternatives and solutions for the creation of Primary Care Networks, as they get established
  12. Chief Executive has been appointed national Director (part time) for community services strategy and development



<b>Risk ID:</b> 2970	<b>Risk owner:</b> Pisani, Anita	<b>Risk Committee:</b> Board
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 04/04/2019	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2020	
<b>Clinical Group:</b> Trust Wide	<b>Handler:</b> Pisani, Anita	

**Risk Title:** Workforce challenges affecting ability of services to maintain high quality care

**Risk description:**  
There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges.

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

**Source of Risk:** Meetings

**Progress:**  
[Pisani, Anita 30/04/19 09:00:35] Bi-annual workforce review conversations held across all Service areas. Action plans agreed to address areas of challenges. Report being presented to Trust Board 8th May 2019. A number of services are currently experiencing workforce challenges therefore no change to scoring at the current time. Additional funding has been agreed with Commissioners to support service pressures within Community Paediatrics in Luton for 19/20 whilst system transformation discussions take place.

**Assessor's recommendations:**  
- 3-5 year strategic workforce plans for all services to be developed during 19/20

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:**  
Vacancies - hard to recruit to posts  
Turnover  
Staff Morale  
Sickness levels  
Demands on services

**Controls in place:**  
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  
Quality Early Warning Trigger Tool  
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