

Appendix 3

1st line of defense - Management control and reporting																	2nd Line - Functional Oversight / Governance										3rd Line - Independent review / Assurance / Regulatory oversight				Assessment of Assurance
Assurance rating		Risk Register ID	Strategic Objective						Management Reviews and Approval	KPIs	Guidelines	Exception Reports	Working Groups / Work Streams	Management Reports	Programme Commissioning / Delivery Group	Audit	Divisional Board	Other	Performance Management Meetings	Board Sub Committee: Q&R, WFC, PC, SPC	Audit Committee	Board	ICS/ NHSE oversight	External Audit/Peer review	Internal Audit	External Reports/ Consultant / Organisation	Board Committee				
Inadequate	Adequate		1	2	3	4	5	6																							
Failure to protect patient from harm from hospital acquired infections	675	★					★	Daily MDT review of environment and clinical practice. Ward level & Critical Care reviews (W) Microbiology ward round CC (2/W)	National reported in PIPR: MRSA, Cdiff	National IPC NICE SSI Guidance	Hygiene code reports (monthly) Scrutiny Panel for Cdiff & MRSA SSI harm reviews	Quality & Safety Management Group	Enhanced surveillance scheme (MES5)	Infection Control Pre and Perioperative Committee (M); Ventilation Safety Group; SSI Stakeholder group and revised governance structure in place	Audit of High Impact reported to Commissioners interventions Root Cause Analysis	Balanced scorecard Division (M) Cardiac Clinical Management Group (Q)	ED Environment Rounds (W) Infection Control Nurse Rounds (Wx4) Recording all nosocomial infections in PIPR so that the Board has oversight		Q&R		✓	✓	SSI Stakeholder Group	Peer/NHSE reviews completed			Adequate				
Waiting list management	678	★						Weekly PTL and Access meetings well established and oversee recovery plans. IHU review and sign off daily by the COO and reported to the weekly senior operational oversight meeting.	National reported in PIPR; CCA utilisation rate reported in PIPR	National RTT & Cancer standards reported in PIPR	Escalations at Access meeting weekly	STA Continuous improvement Programme; Cancer Recovery Plan, Cardiology EP Recovery Plan		CCA capacity and demand management overseen by STA Continuous Improvement programme reported weekly via CCA scrum and fortnightly into STA CI programme group.				Performance		✓	✓					Inadequate					
Optimisation and Development of EPR System – Electronic Patient Record System	858	★	★	★				Contract and relationship management meetings in place with Dedalus. NEXUS EPR Replacement Project underway.				Digital Clinical safety meeting reports to QRMG	Clinical safety case reports to Digital Clinical Safety meeting.	Digital Strategic Board			Partnership agreement with Dedalus		SPC		✓	✓			Gartner & HIC reviews on finance and usability	Adequate					
Potential for major organisational disruption due to cyber breach	1021	★					★	Multilayer protection: Patching as per national best practice. Server updates and software to be fully supported versions. AI based threat detection	Quarterly cyber reports detail patch and OS compliance and threat detection rates			Cyber Essentials Programme Server update programme.	Dashboard (W) Cyber reports to PC (Q)	Digital Strategic Board	DSP Toolkit		BCP in conjunction with EPRR		Performance		✓	✓			Annual PEN testing	Inadequate					
Staff turnover in excess of our target level	1853	★			★		★	Compassionate and Collective Leadership Programme is the vehicle for reducing turnover through improving staff engagement and building a positive and compassionate culture.	Local reported in PIPR					Resourcing and Retention Improvement Programme provides a structured and systematic approach across a range of projects to improve retention.			Workforce Strategy includes KPIs & goals		Workforce		✓	✓			NHS Staff Survey & Pulse Surveys	Adequate					
Unable to recruit number of staff with the required skills and experience	1854	★			★		★	Working with ICS partners to use education and recruitment supply routes to meet projected demand and promote the NHS as the place to have a fulfilling and rewarding career.	Local reported in PIPR		Regular spotlight reports in PIPR exploring trends		DWOD report to Board (M) WFC reporting on CCL, Networks (2M) WRES/WDES (A) Gender Pay Gap (A)	Trust Workforce Strategy 2023-25 has been approved by the Trust Board and the 24/25 action plan approved		Annual and Quarterly review of staff survey feedback.		Workforce		✓	✓			Recommender Scores: NHS Staff Survey (A) & Pulse Survey (Q)	Adequate						
Low levels of Staff Engagement	1929	★		★			★	Divisional and departmental review of staff recommender scores (A&Q)	Staff survey participation rate (A) Recommender scores (A)				Pulse Survey						Workforce		✓	✓			NHS Staff Survey	Adequate					
Achieving financial balance	2829						★	Daily cash flow forecasts; Vacancy Control Panels (W)	National reported in PIPR			Investment Group (M)	Monthly reports of cash, I&E and activity to PC & Board	Activity recovery plans implemented; Long term financial modelling in place			Block clinical income contracts with NHSE/CCG CFO involved in STP Finance Forum through FPPG		Performance		✓	✓	Trust working with specialised commissioning on future funding frameworks and strategy for NHSE			Adequate					
Achieving financial balance at ICS level	2904		★				★	ICS governance structure includes senior oversight of ICS financial position				Long term ICS financial modelling being developed to understand the scale of future challenges		National and system reviews of the position expected in Q1 23/24				Performance		✓	✓	System CFO meeting regularly to escalate system financial risks and develop plans to mitigate/manage these risks.				Adequate					
Key Supplier Risk	2985	★						Contract and relationship management of key suppliers and contracts by service and Procurement teams. Horizon scanning to plan tenders with sufficient lead time to allow for commercial discussions to progress. Engage with market early in the tender process to understand possible range of commercial offerings.			Six monthly reminders added to the Contract register for Gold and Silver contracts to address BCP and adequate contract management practices in place with directorate leads.		Identification of key supplier relationships – Supplier positioning within the Kraljic Matrix.				The CFO is in dialogue with suppliers to resolve issues surrounding the commercial elements of proposed contracts.		Performance		✓	✓				Adequate					
Continuity of supply of services failure	3009	★						Procurement contract database. Management of suppliers through regular contract meetings. Tender processes that consider resilience.				Service and support contracts assessed as part of the Gold, Silver, Bronze risk assignment and Procurement is working with Divisional leads to to manage any continuity issues should they arise. Focus is now shifting to a similar work on key consumables/product listings.						Performance		✓	✓				Adequate						
NHS Commissioning Reforms	3074			★		★	★	Executive lead for the delivery of the C&P Cardiovascular Strategy.				Regional Provider Collaborative (CEO Chair); Specialist Provider Collaborative; EoE Provider Collaborative with E&N Herts; IPF Shared care pathway with Colchester.	National activity flows and designations: Mitigated by using lobbying and influence at the national level, DH and through our role in the Federation of Specialist Hospitals (Chair of Finance Directors group)					Performance		✓	✓	We have leadership roles in C&P ICS: Diagnostics, Shared Care CVD Strategy			Adequate						
Activity recovery and productivity	3223	★					★	Activity reporting monthly via the Patient Access meeting.				Monitoring and recovery programmes of work in place.		STA CI programme and the weekly Access Governance					Performance		✓	✓				Inadequate					
Industrial Relations - Industrial Action	3261	★			★		★	Guidance for managers has been developed				Industrial Action Taskforce (IATF) chaired by the COO	Business Continuity Plans are in place	IATF ensures clear understanding of the impact of action in each area and the actions that are being taken to maintain services, and support decisions in relation to the reduction of services or redeployment of staff.					Workforce		✓	✓				Adequate					
CT Reporting Backlog – Patient Issues	3433	★			★			CT Backlog Operational Group – monthly meeting						Weekly reporting of backlog into Access Governance		Escalation into STA Division		Radiology Business Unit	Performance		✓	✓				Inadequate					
Risk to delivery of strategic partnership working	3449	★			★			Memberships: CUH RPH Strategic Boards; Cambridge University Health Partners; Cambridge Biomedical Campus Ltd.				CUH RPH Strategic Boards						SPC		✓	✓					Adequate					
Trust's ability to recover from a digital incident	3536	★			★		★					IG Steering Group		Digital Steering Board					Performance		✓	✓				Inadequate					
Failure to embed sustainability into the culture and operations of the Trust	3649						★							Sustainability Board					Performance		✓	✓				Adequate					