

ID	675
Manager	Screaton, Mrs Maura
Handler	Randall, Ms Kathy
Opened	11/06/2014
Consequence (current)	Major - 4
Likelihood (current)	Likely - 4
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	16
Description	If we fail to ensure good Infection prevention and control practices then the trust may fail to protect patients, staff and others from unnecessary harm from Hospital acquired infections such as MRSA, C. difficile & E coli Blood stream infection and fail to stay within ceiling trajectories for HCAs. This could lead to illness, financial penalties and loss of reputation (SSI)
Controls in place	<ul style="list-style-type: none"> Weekly in-patient ward meetings. 6 weekly in-patient critical care meetings with review of all cases via Root Cause Analysis (RCAs). Monthly reporting on hygiene code. Monthly Directorate balanced scorecard. Quarterly report to Cardiac Clinical Management Group. Monthly reporting and monitoring through Infection Prevention & Control Committee Avoidable Actions Scrutiny panels for all C-Diff and MRSA Microbiology clinical ward round in CCA twice a week ED Environmental rounds Infection Control Nurse ward rounds four times a week. Managing lab results and advising on isolation precautions/treatment Monitoring for trends pockets of increased infection and taking appropriate action The hospital has a closed ventilated air system. Throughout our clinical areas the enhanced ventilation is tailored to meet the requirements of our patients. SSI priority safety and quality focus for the Trust. Harm reviews for all deep and organ space infections Focus on essential IPC practices with increase in audits and improvement actions. ED led environment rounds. SSI stakeholder group. deep cleaning programme for theatres Peer review carried out by Mr Simon Kendall and recommendations being carried forward by IPC and SSI stakeholder groups Ventilation safety group in place. Water safety group continues. 12/4/23 SSI stakeholder group meeting bimonthly chaired by CN/MD. NICE guidance for prevention of SSI's in place Reduced footfall and movement within operating theatres Introduction of mini vac TNP for all patients at higher risk of infection. Daily MDT environment and clinical practise e.g. hand washing conduct on ward rounds. NHSE/ICB external supportive review 12/6 and 13/6/2023. Peer review of audit processes in theatre - actions being followed up through new governance structure 10/10/23 Recommendations and actions from NHSE in implementation phase - progress against actions reviewed at SSI stakeholder group. Updates on reviews due 13/2/24 UKHSA SSI team presented comparative data to SSI clinical group, actions being taken forward for review 27/3/24
Risk Assessors recommended actions to further reduce the risk	<p>Continued close monitoring and involvement of infection control team.</p> <p>Continue with RCA and scrutiny panel. RCA for MRSA bacteraemia and internal scrutiny panel. Update and review all infection control policies and procedures, including the over-arching policy DN15.</p> <p>DIPC has close oversight on all actions to gain assurance.</p> <p>Further external scrutiny requested e.g. external assessor and different approach to audits, external DIPC contacted to invite and review, theatre expert visit and opinion requested.</p> <p>Governance of SSI stepped up to allow greater assurance on actions and monitoring improvements.</p> <p>10/10/23 Focused work on decolonisation treatment pre and post operatively, cleaning and decontamination audit actions and focus on resourcing diabetic care pre operatively.</p> <p>11/12/23 Focus on environment L5 cleaning standards, theatre footfall and CC cleaning and decontamination in view of micro organism profiling. Complete</p> <p>8/1/25 Air sensors placed in theatres as part of ventilation study.</p> <p>Meeting held with UKHSA re further support / advice. Review of data underway due 13/2/24</p>
Assurance	<p>Mandatory IPC training for all staff. IPC policy, procedures and guidelines in place. IPCC committee meetings. Quality & Safety Management Group. CQC Outcome 8. Enhanced Surveillance scheme (MESS). Q&R Committee minutes. Audit high impact interventions as reported to the Commissioners. Recording all nosocomial infections in PIPR so that the Board has oversight. Review of all IPC National Guidance and ensure that we are compliant with these. The Trust has significant controls in place which are reported to the Board monthly and monitoring of all nosocomial infections has been added to Board reporting through PIPR.</p> <p>SSI Governance has been revised to allow greater assurance on actions and monitoring improvements via SSI dashboard. Visit to Liverpool heart and chest hospital 5.9.23 and learning shared with SSI subgroups. This has now formed part of the SSI workplan. NHSE peer review of IPC measures undertaken in June 2023 and recommendations agreed.</p>
Gaps in Assurance	Measures are taken to manage any new and emerging infection risks however due to the evolving nature of these it is difficult to provide complete assurance that all mitigations are in place and this is kept under constant review.
Levels of Assurance (182)	Limited
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	[Screaton, Maura Mrs 10/03/24 17:19:10] SSI clinical group met 27/2/23 UKHSA SSI team presented data and compared to other centres who take part in same surveillance programme. Discussion in respect to trends and comparative patient populations. This correlates with internal data trends. Discussion with STA leadership team on March 5th regarding focusing on 1 specific aspect that could have a material impact e.g. theatre footfall and theatre door opening. This is work that is underway however renewed focus - track audit data in 4 weeks 26/3/24.
Committee Responsible for the Risk	Infection Control Pre & Perioperative Committee, Quality & Risk Committee, The Board
Date last reviewed	10/03/2024
Review date	08/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence, 6. Achieve sustainability

ID	678
Manager	McEnroe, Harvey
Handler	Speed, Jane
Opened	11/06/2014
Consequence (current)	Major - 4
Likelihood (current)	Certain - 5
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	20
Description	IF the Trust fails to meet the constitutional reporting standards of RTT and cancer waiting targets THEN this could result in poor patient outcomes, poor patient experience, damage the Trust's reputation and reduce its income.
Controls in place	<ul style="list-style-type: none"> All patients being prioritised for access based on the national priority codes rather than waiting time alone to ensure patients are safely managed while waiting. Review of waiting time on a weekly basis including the weekly PTL, daily review of IHU waits and Trust capacity. Remedial action plans are in place for all divisions to reduce the number of patients waiting over 40 weeks. The theatre transformation plan is delivering performance and productivity improvements with trajectory to return to 5.5 theatre model by September 23. (achieved as per plan) Harm reviews are in place and take place at 35 and 52 weeks. <p>Action is now being taken to reduce patients above 40 week in line with national programme for recovery. These Patient Safety Initiatives (PSI) are focused on clearing +40 week waiting. these commenced on the 17/09 and will run for 3 months</p> <p>15.11.23 PSI lists now embedded within the divisions. Positive impacted on patients over 52 weeks and improvements in patients over 40 weeks. Dedicated operational support for cancer pathway.</p> <p>14.02.24 PSI lists continue albeit at a slower rate than Q4 2023/24.</p>
Risk Assessors recommended actions to further reduce the risk	<p>Trust productivity improvement programme (Flow programme) proposed to deliver following in support of achieving reduced waiting lists:</p> <ol style="list-style-type: none"> 1.Reduce length of stay and improve discharge profile. 2.Improved theatre utilisation. 3.Reduce DNAs. 4.Reduce overall waits, waiting list and longest waits. 5.Deliver capacity and demand analysis. 6.Support maintenance of diagnostic performance. 7.Deliver alternative models of care. 8.Improve cancer performance. 9.Improve day case utilisation. <p>Actions will be reviewed by the performance committee on a monthly basis.</p>
Assurance	<p>IHU review and sign off daily by the COO and reported to the weekly senior operational oversight meeting.</p> <p>CCA capacity and demand management overseen by STA Continuous Improvement programme reported weekly via CCA scrum and fortnightly into STA CI programme group. CCA utilisation rate reported through PIPR and is demonstrating improvement over the last three months (Jul 23)</p> <p>Recovery plan in place for Cancer waiting times with target trajectory which is monitored through the Trust Access meeting.</p> <p>Cath lab rota in place</p> <ul style="list-style-type: none"> - Review of all RTT P2 patients at weekly PTL meeting - Escalations at Access meeting weekly <p>Weekly PTL and Access meetings well established and oversee recovery plans.</p> <p>We are rebasing our activity plans and model in year to take in the impact of Industrial Action. This will allow us to identify where additional capacity (waiting list initiatives) is required to deliver safe care and achieve the required productivity and performance standards. The review will also align plans to the revised national productivity requirements that have moved from 109% to 103%.</p>
Gaps in Assurance	Do not have an organisational RTT recovery trajectory and do not have a service level recovery plan for elective care, including RTT, that brings us back to delivery of national standards. We are forming ideas about a 24 month programme of recovery overseen by Trust teams and delivered via an Elective Recovery Governance Framework. This is in line with the NHSE elective recovery planning.
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	<p>Speed, Jane 15/03/2024 11:28:43 No further industrial Action planned. PSI lists continue. Robust management of PTL. Access meetings continue.</p> <p>Walker, Wendy 14/03/2024 14:42:53 The Flow Programme continues at pace and the next step overall is to finalise the pathways are areas for focus and the metrics that guide and how these link in with PIPR at Committee level. These will be presented at March 2024 Performance Committee.</p> <p>Overall current performance has been affected by continued Industrial Action in March 2024.</p>
Committee Responsible for the Risk	Performance Committee, The Board
Date last reviewed	15/03/2024
Review date	15/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence

ID	742
Manager	Screaton, Mrs Maura
Handler	Screaton, Mrs Maura
Opened	30/01/2015
Consequence (current)	Major - 4
Likelihood (current)	Unlikely - 2
Risk level (current)	High Risk
Risk level (Target)	High Risk
Rating (current)	8
Description	If the Trust fails to meet safer staffing (nursing) of 85% fill rates THEN this may impact on quality of clinical care, capacity to treat and completion of other Trust duties.
Controls in place	<ul style="list-style-type: none"> • Three times daily site safety meetings using safe care to aid nurse deployment; nurse:patient ratios, patient acuity and skill mix reported for all inpatient areas. • Escalation process in place when staffing concerns are raised. Process in place for activity adjustment if required. • Monthly reports to CPAC on roster effectiveness and safe staffing metrics • Monthly Trust wide recruitment events <p>Comprehensive action plan to recruit and retain nursing staff</p> <ul style="list-style-type: none"> • Monitoring of quality and safety patient safety incident reports where staffing levels have an impact. • Monitoring of Friends and family tests. <p>4/2/22 Nursing Establishment setting policy approved at Q and R Safer nursing care tool training completed and data for establishment setting being collected. 8/2/23 Nurse to patient ratios and staffing red flags being monitored shift by shift with use of safe care and mitigation's, including staff redeployment, being put in when required to maintain safety. 10/10/23 Weekly look ahead staffing meetings in place that identify gaps and ensure plans are in place to mitigate. This oversight also now reviews and monitors red flag events to ensure red flag incidences are closed. Bi annual roster review meeting with wards and departments. Red flags reported weekly to EDs.</p>
Risk Assessors recommended actions to further reduce the risk	<p>Continue to monitor vacancies. Twice a year staffing review due.</p> <p>8/2/23 Outcome measures being regularly reviewed to identify any early warning signs of adverse effects of reduced fill rates.</p> <p>12/6/23 Deep dive into fill rates and identification of improvements. Unregistered vacancy rate much improved with slightly higher fill rates. 10/10/23 BDO audit on safe staffing processes and data quality completed and discussed at audit committee. Actions in place to address assurance gaps. This will be further monitored by workforce committee. Presented to workforce committee 25/1/24 Registered fill rates to be within target range by 1/3/24 Unregistered fill rates to be within range 1/4/24 Supervisory sister/charge nurse time to incrementally improve month on month with target of 90% to be achieved by 8/8/24</p>
Assurance	<ul style="list-style-type: none"> • Safer staffing Unify submission report with commentary on areas of non-compliance. • Minutes of clinical profession advisory group monthly • Monthly PIPR report – Safe domain • Vacancy and recruitment activity tracked monthly – PIPR • Joint Staff Council, changes to workforce minuted • Establishment reviews are aligned to NICE Guidance and NQB 2016 best practice standards and have been taken for review to Q&R • Nursing Establishment Escalation policy in place • Patient experience reports and surveys
Gaps in Assurance	
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	<p>[Screaton, Maura Mrs 10/03/24 17:26:43] Band 6 vacancies in CC reducing active plan in place re retention of staff and further recruitment of Band 6 nurses. On plan to close gap by July2024 Fill rates improved for February in ward areas. Supervisory sister/charge nurse time reduced in February. This was due to sickness n specific areas. Plans in place to improve with review by 31/3/24 Deep dive in progress re increased Bank and agency usage.</p>
Committee Responsible for the Risk	Quality & Risk Committee, The Board
Date last reviewed	10/03/2024
Review date	08/04/2024
Directorate	Chief Execs
Trust Objectives 2022-24	1. Deliver clinical excellence, 2. Grow pathways with partners, 3. Offer positive staff experience, 4. Share and educate, 6. Achieve sustainability

ID		858
Manager	Raynes, Andrew	
Handler	Page, Mr Simon	
Opened		01/02/2016
Consequence (current)	Major - 4	
Likelihood (current)	Likely - 4	
Risk level (current)	Extreme Risk	
Risk level (Target)	High Risk	
Rating (current)		16
Description	"If" the trusts EPR is not being actively developed and a pathway to migrate to a replacement system cannot be achieved in a timely manner, "Then" there a strategic risk to the organisation as the EPR may not support corporate objectives, impacting productivity, clinical safety, benefits realization, and overall ambitions for data as part of the digital strategy "Ultimately" leading to loss of competitive advantage for the organisation and potential patient safety issues	
Controls in place	<ul style="list-style-type: none"> a)Continue to utilise current EPR to support trusts strategy through clinical engagement and governance structures b)Assess EPR developments utilising a benefits methodology, to drive benefits from current system c)Identification of future options for EPR, assessment of capability of future state EPR to understand potential new benefits and any gaps within any new system d)Contract and relationship management of Dedalus, to maximise this relationship e)soft market analysis to understand cost of change and cost of ownership of any new system f)Engage with ICS and central teams to understand funding available to RPH to enable any transition to ether another Dedalus EPR or an EPR from another provider 	
Risk Assessors recommended actions to further reduce the risk	<ul style="list-style-type: none"> 1)Increased clinical engagement to deliver local optimization of the EPR where possible to avoid losing technological ground to mitigate risks, 2)Assess optimisations that do not require input from Dedalus or that can be delivered outside the core EPR 3)Deep dive into Orbis functionality to ensure it is fully ready for use in UK - especially in EPMA space (this looks furthest from being ready). 4)Look to drive competitive advantage through the partnership by shaping the anglicisation of Orbis in specialty areas 5)Further indepth report and risk list for remaining on Lorenzo till end of current contract. 	
Assurance	<ul style="list-style-type: none"> a)Clinical safety case and ongoing work of Digital Clinical safety meeting which reports to QRMG b)Digital governance structures and groups which give strategic oversight on EPR c)Contract meetings with Dedalus to escalate EPR concerns, risks and develop plans to mitigate/manage these risks d)Partnership agreement and first of type offer from Dedalus that they will cover much of the RPH costs for migration to Orbis e)Soft intelligence regarding frontline digitisation funding to give open options to organisation of EPR, agreement from central team to downgrade RPH from class 3 not applicable for funding to level 2 which would allow some funding (approx. £6m), this funding is not certain and would require ICS support f)Review of the Orbis evaluation by Gartner and HIC both suggested the methodology of assessment was sound and concurred with initial recommendations that Orbis looked like a system that would fit in the financial envelope and deliver a usable system. 	
Gaps in Assurance	Dedalus decision to stop development of Lorenzo Clinical, Anglicization gap for Orbis, is it ready for UK market	
Levels of Assurance (182)	Limited	
BAF risks - Does this risk have an action plan on Datix? (179)	Yes	
Progress notes	<p>[Page, Mr Simon 13/03/2024 16:17:55] No change</p> <p>[Page, Simon Mr 05/02/24 12:25:32] No change to risk. Corporately led timeline for EPR with a 12-15 month timeline for OBC/FBC business case development, and award. Target timeline March-May 2025</p>	
Committee Responsible for the Risk	Digital Strategic Board, Strategic Projects Committee, The Board	
Date last reviewed	13/03/2024	
Review date	05/04/2024	
Directorate	Digital	
Trust Objectives 2022-24	1. Deliver clinical excellence, 2. Grow pathways with partners, 3. Offer positive staff experience	

ID	1021
Manager	Raynes, Andrew
Handler	Bardell, Chris
Opened	17/02/2016
Consequence (current)	Major - 4
Likelihood (current)	Likely - 4
Risk level (current)	High Risk
Risk level (Target)	High Risk
Rating (current)	16
Description	<p>"If" the trust is underprepared and lacks cyber resilience</p> <p>"Then" the risk of a major cyber event which causes data loss, loss of key systems and organisational level disruption is increased, resulting in longer recovery time from the event,</p> <p>"Ultimately" causing widespread disruption to all services, with the potential to last for a prolonged period, necessitating cancellations and delays to treatment, damaging the Trust reputation and risking loss of life.</p>
Controls in place	<p>The Trust has multiple layers of protection;</p> <ol style="list-style-type: none"> 1. Patching as per national best practice guidelines 2. A rolling plan to update servers and replace end user devices that are out of warranty 3. A plan to bring all software to fully supported versions, where not excluded by being part of a medical device. 4. Application of cyber security notifications from NHS England and the National Microsoft Defender for Endpoint tenant. These are discussed on receipt and actioned. All completed actions are reported back to the NHS England Cyber Responding Service or the NHS England ATP service. 5. Ongoing work to achieve Cyber Essentials level certification 6. Rolling Server replacement program 7. We regularly provide Cyber Security messages to staff via All Staff Briefs, NewsBites and also through Screensavers. 8. All staff on an annual basis undertake Information Governance mandatory training which incorporates Cyber Security. 9. Regular Simulation Phishing exercises are undertaken which is followed up with targeted training to inform staff and promote awareness. 10. Annual Penetration Testing which is undertaken by an external company and any recommendations which are picked up are mitigated. 11. We employ a Cyber Security Analyst which protects and monitors the organisation from Cyber attacks and mitigations against future attacks and ensures the organisation is aware of Cyber Security through campaigns, NewsBites, Simulated Phishing exercises. They also run vulnerabilities tests against the organisation and ensures remediation tasks are undertaken and implement security solutions.
Risk Assessors recommended actions to further reduce the risk	<ol style="list-style-type: none"> 1) Further work on the IT health dashboard to ensure all data is captured within this key assurance tool. 2) Commencement of formal apprenticeship for Cyber Analyst 3) Setting up quarterly meetings with NHS-E cyber lead for east of England, to improve knowledge of best practice. 4) Review role of MFA (multi-factor authentication) on-site and off-site in light of national guidance 5) Cloud/Air-gap back-ups to ensure these remain a safe restore point 6) Further work on the National Microsoft Defender to ensure all endpoints and servers are onboarded onto the platform for enhanced monitoring and protection. 7) Introduction of a Cyber Security & Security Additions roadmap 8) Cyber Awareness Comms Plan (NewsBites, The Brief, Screensavers & Simulated Phishing Exercises) 9) Retirement of legacy and/or out of support Operating Systems 10) Removal of legacy/out of support software 11) Taking advantage of national provided offerings from NHS England 12) Accreditations such as Cyber Essentials and Cyber Essentials +, ISO27001 and NIST2 13) Purchasing of a Internet of Medical Devices Software to help harden and protect medical devices which are on the IT network 14) Purchasing of a Privileged Access Management Software to secure allow third parties and vendors to access our network. 15) Purchasing of add-ons to our existing security tools/platforms 17) Purchasing of a Information Security Management System to collate all security data 18) Purchasing of a Vulnerability Management software to scan all devices for potential issues and recommend remediation tasks 19) Re-configuration of existing Cyber IT enabled software ensuring the latest security features are applied we are taking advantage of all features. 20) The introduction of Windows 11 21) Purchasing of a External Attack Surface monitoring software which can monitor external hosted websites used by RPH and/or include Royal Papworth within the URL. 22) Adopt EPRR National Guidance for best practices
Assurance	<ul style="list-style-type: none"> • DSP Toolkit and audit • Annual PEN testing of estate • IT Health dashboard with overview of estate • Business continuity planning in conjunction with EPRR • Ongoing work towards cyber essentials • AI based treat detection and isolation application, monitoring all traffic • EDR Soluton to detect and automatically act against certain detections • Quarterly cyber reports detailing patch compliance, OS compliance and treat detection rates • Monthly reporting to Information Governance Steering Group with Cyber oversight. • Security information and event management to collect all logs from endpoints and servers and to alert anomalies. • Vulnerability/Cyber alert information from NHS England • Passive (view only) device monitoring to the National Microsoft for Endpoint Tenant • Updates to existing policies and processes to align with new trends and best practices
Gaps in Assurance	Lack of senior cyber specialists within organisation due funding within Digital. An ongoing program of Cyber education and sharing between EOE trusts and NHS England to mitigate risk is currently in progress.
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	<p>[Bardell, Chris 19/03/2024 08:43:08]</p> <p>Due to the ongoing Cyber incident affecting the University and the increase of Ransomware and DOS attacks affecting Health and Care organisations the risk rating has been increased to 16 (Likelihood Current -- Likely 4)..</p>
Committee Responsible for the Risk	Digital Strategic Board, IG Steering Group, Performance Committee, The Board
Date last reviewed	05/03/2024
Review date	02/04/2024
Directorate	Digital
Trust Objectives 2022-24	1. Deliver clinical excellence, 6. Achieve sustainability

ID	1853
Manager	Monkhouse, Oonagh
Handler	Howard-Jones, Lorraine
Opened	27/04/2018
Consequence (current)	Catastrophic - 5
Likelihood (current)	Possible - 3
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	15
Description	<p>If turnover does not reduce and remain at or below target level then the Trust will lose key skills and reduce the levels of experience in the workforce, incur additional costs in the form of recruitment costs and temporary staffing spend, see a reduction in staff engagement and satisfaction and be unable to maintain safe staffing levels and achieve activity levels.</p>
Controls in place	<p>The Compassionate and Collective Leadership Programme is the vehicle for reducing turnover through improving staff engagement and building a positive and compassionate culture. The programme focuses on leadership, EDI, health and wellbeing and staff development. In July 21 we launched the Trust's revised values and behaviour framework. The Reciprocal Mentoring programme has been launched and commenced in June 22 and is a vehicle for addressing inequality and discrimination.</p> <p>We have significantly increased the H&WB support for staff in recognition and appreciation of the efforts of staff. In June 22 we introduced a Staff Support Scheme which provided subsidised travel and food for staff. We further increased these subsidises in October and paid a £100 payment to support in November 22 to help with increased cost of living. These subsidies are being continued in 23/24.</p> <p>We have continued to focus on communication and thanking staff for their contributions.</p> <p>The all staff sessions on the values and behaviours are designed to improve the working experience for all staff and through increasing staff engagement reduce turnover. The line management CCL Programme commenced in April 22 and there are now three cohorts working through the programme. All places on the 2023 programme have been filled and we are recruiting to the 2024 programme. The purpose of this programme is to develop the skills of line managers to lead in a compassionate way.</p> <p>We have established a Resourcing and Retention Improvement Programme to provide a structured and systematic approach to working collaboratively on a range of projects to improve retention.</p> <p>The 23-25 Workforce Strategy has been approved by the Trust Board</p>
Risk Assessors recommended actions to further reduce the risk	To improve career pathways and development plans for staff to reduce the instances of staff having to leave to develop their careers.
Assurance	<p>Turnover rates are reported to the Trust Board monthly via PIPR and there are regular spotlights exploring trends.</p> <p>The quarterly pulse survey and the annual staff survey include questions on the intention of staff to stay with the organisation. These results are reported to the Committee and Board.</p> <p>The key driver for turnover is staff engagement. The pulse survey and the national staff survey both track a number of metrics related to staff engagement. The results of these surveys are reported to the Board and Committee.</p> <p>Trust Workforce Strategy includes a set of metrics and goals for measuring impact of the plans to reduce turnover.</p>
Gaps in Assurance	We do not have good information and data from staff exit interviews. Improving this is in the 23/24 Workforce Action plan.
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	<p>[Monkhouse, Oonagh 13/03/2024 22:56:39] Risk reviewed. No changes in month.</p> <p>[Monkhouse, Oonagh 05/02/24 11:16:04] Risk reviewed. We have joined an NHSE improvement programme which provides 1 years funding for a role to support retention. This role will support our work on improving career progression and pathways. This work has commenced and will continue into the 24/25 Workforce Strategy WORKplan.</p>
Committee Responsible for the Risk	The Board, Workforce Committee
Date last reviewed	13/03/2024
Review date	13/04/2024
Directorate	Workforce
Trust Objectives 2022-24	1. Deliver clinical excellence, 3. Offer positive staff experience, 6. Achieve sustainability

ID	1854
Manager	Monkhouse, Oonagh
Handler	Howard-Jones, Lorraine
Opened	27/04/2018
Consequence (current)	Major - 4
Likelihood (current)	Likely - 4
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	16
Description	<p>If the Trust is unable to attract and recruit staff to meet its workforce plan, as defined by the establishment review process, then it will be unable to ensure safe staffing levels, maintain levels of activity required by the recovery plan, achieve the levels of income required by the Financial Improvement Plan, contain pay spend within budgeted levels and staff engagement and retention will be negatively impacted.</p>
Controls in place	<p>There is good joint working between the Communications team and the Recruitment team to ensure that all possible opportunities to promote career opportunities within the Trust are maximised that bespoke campaigns are designed for specific areas as necessary. Our Values are reflected in our adverts and recruitment process. There is an ICS supply group which the Trust is an active participant in. We are utilising overseas recruitment for registered nursing staff and AHP roles. We have increased the resources in the Nurse Recruitment and Retention team to support the recruitment and retention of HSCWs.</p> <p>The Trust Board reviews, at each Board, vacancy rates via PIPR.</p> <p>The Workforce Committee oversee the implementation of the Compassionate and Collective Leadership Programme and the Resourcing and Retention Improvement Programme.</p> <p>We have a programme of open events and attending external recruitment events.</p> <p>The Resourcing and Retention Improvement Programme aims to provide a structured and systematic approach to working collaboratively on a range of projects to improve recruitment.</p> <p>We have measures in place to mitigate the impact of the health clearance backlog. We have procured a new electronic recruitment system which is in the process of being implemented.</p> <p>A 23/24 recruitment plan for Band 5 Registered Nurses has been agreed by the Executive Team.</p> <p>A Workforce Strategy has been approved by the Trust Board.</p>
Risk Assessors recommended actions to further reduce the risk	No additional recommendations noted
Assurance	<p>Work with ICS partners to utilise educational and recruitment supply routes to meet projected demand and promote the NHS as the place to have a fulfilling and rewarding career</p> <p>Trust Workforce Strategy 2023-25 has been approved by the Trust Board which includes a 23/24 action plan and metrics</p> <p>Internal Monitoring</p> <ul style="list-style-type: none"> DWOD reports to Board on a monthly basis. <p>The Workforce Committee has agreed regular reporting across:</p> <ul style="list-style-type: none"> Implementation of Compassionate and Collective Leadership Programme. Implementation of the Workforce Strategy Implementation of the Resourcing and Retention Programme Development of networks to support our staff: BAME, LGBTQ+, Disability and Difference, Women's networks. Annual monitoring of WRES and WDES data. Annual review of our Gender Pay Gap report. Workforce KPIs including vacancy rates are reported to Board through PIPR and reviewed monthly at Q&R and Performance Committees. <p>External Assurance Measures:</p> <ul style="list-style-type: none"> Monitoring of our staff recommender score through the National Staff Survey (annual) with quarterly feedback through the Pulse survey. The output of the NHS Staff Survey is reviewed at a divisional and departmental level.
Gaps in Assurance	No gaps noted at present
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	Yes
Progress notes	[Monkhouse, Oonagh 13/03/2024 22:50:29] Risk reviewed. Risk appetite reviewed and increased to high to reflect that the Trust has limited control over aspects of recruitment shortages.
Committee Responsible for the Risk	The Board, Workforce Committee
Date last reviewed	13/03/2024
Review date	10/04/2024
Directorate	Workforce
Trust Objectives 2022-24	1. Deliver clinical excellence, 3. Offer positive staff experience, 6. Achieve sustainability

ID	1929
Manager	Monkhouse, Oonagh
Handler	Howard-Jones, Lorraine
Opened	23/07/2018
Consequence (current)	Major - 4
Likelihood (current)	Likely - 4
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	16
Description	<p>If there is not good staff engagement then staff turnover, recruitment, sickness absence, staff morale and team working will be negatively impacted. The evidence also shows that poor staff engagement negatively impacts on patient outcomes and experience and on confidence in the organisation and its financial performance.</p> <p>Our recommender score as a place to work has decreased significantly in the 2022 National Staff Survey. We are just above the national average but in the bottom quartile for our peer group. Reported levels of burnout remain high. The Covid-19 pandemic followed by the cost of living pressures has had a negative impact on staff engagement.</p>
Controls in place	<p>The Compassionate and Collective Leadership Programme encompasses a number of workforce programmes to improve staff engagement and ensure a high care quality culture. In 2021 we launched revised values and a behaviour framework to support staff and leaders with role modelling the behaviour that engenders a compassionate and collective workplace culture. Workshops to embed this framework commenced Feb 22 and all staff are being encouraged to attend these. We have a number of support mechanisms in place to enable staff to work safely and to receive support for their health and wellbeing. We have implemented a Staff Support Scheme to support staff with the cost of transport and food. There is a monthly all staff briefing and weekly managers briefings to keep staff informed and provide the opportunity to recognise and appreciate the contribution of staff/teams. A weekly digital newsletter has been introduced which provides the opportunity to focus on particular items in more detail. The BME, LGBT, Womens and Disability Staff Networks provide the forum for proactively working with staff to improve engagement and inclusivity. The Reciprocal Mentoring Programme commenced in June 22 and a second cohort started in Sep 23. Good line management is an important aspect of building high staff engagement and the line managers development programme commenced in April 2022.</p> <p>One of the scrums within the STA Improvement Programme is focused on improving culture and staff engagement across the departments within the division.</p> <p>The Workforce Strategy has been approved by the Trust Board and describes the approach to improving staff engagement and metrics for tracking progress.</p> <p>The Trust Board held development sessions in Dec 23 and March 24 to consider and review their strategic approach and leadership of EDI and culture.</p>
Risk Assessors recommended actions to further reduce the risk	<p>Support teams who are experiencing difficulties to improve and support a strong sense of belonging for all team members.</p> <p>Improve the quality of appraisals across the hospital.</p>
Assurance	<ul style="list-style-type: none"> Monitoring of our staff recommender score through the National Staff Survey (annual) with quarterly feedback through the Pulse survey. The output of the NHS Staff Survey is reviewed at a divisional and departmental level. 61% response rate to the 2022 NHS Staff Survey Monthly monitoring of compliance of staff with a current IPR at a departmental level with Trust wide reporting in PIPR. Weekly managers briefings held which ensure focus on issues raised by our staff using a 'you said we did' approach. Monthly All Staff briefings. Implementation of Compassionate and Collective Leadership Programme. Development of networks to support our staff: BAME, LGBTQ+, Disability and Difference, Women's networks. Annual monitoring of WRES and WDES data. Annual review of our Gender Pay Gap report. Implementation of the Reciprocal Mentoring Programme We have a system benchmark report for 2022 and that shows that we are mid position compared to system partners Workforce Strategy approved by Trust Board
Gaps in Assurance	<p>We are below average against our peer group in all of the key themes in the NHS Staff survey 2022 and are the worst performer in seven (of nine) themes within our peer group.</p>
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	
Progress notes	<p>[Monkhouse, Oonagh 13/03/2024 23:37:27] Risk reviewed. Residual risk rating reduced to 16 - likelihood reduced to "likely" given the improvement in the staff survey results. There remains departments with scores significantly below the Trust average. The risk appetite has been increased to high to reflect the complex nature of this risk and that elements of the contributory factors are outside of the Trusts control for example pay, increase in cost of living.</p>
Committee Responsible for the Risk	The Board, Workforce Committee
Date last reviewed	13/03/2024
Review date	10/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence, 3. Offer positive staff experience, 6. Achieve sustainability

ID		2829
Manager	Harrison, Sophie	
Handler	Harrison, Sophie	
Opened		23/02/2021
Consequence (current)	Major - 4	
Likelihood (current)	Unlikely - 2	
Risk level (current)	High Risk	
Risk level (Target)	High Risk	
Rating (current)		8
Description	IF the Trust does not achieve financial balance in the current year and beyond THEN the Trust (and ICS) will be subject to regulatory action which will impact on the Trust's ability to provide high quality, sustainable services to patients now and in the future.	
Controls in place	<ul style="list-style-type: none"> - Monthly reporting of cash, I&E and activity position through Performance Committee and Trust Board - Daily cash flow forecasting over rolling 12 month period - Part-block clinical income contracts with NHSE and key ICB partners - Activity recovery plans being implemented where necessary through operational and service teams. These plans are being monitored through Performance Committee - Cost investment controls through weekly vacancy control panel, monthly Investment Group and Performance Committee cycles - Long term financial modelling updates - CFCO involvement in ICB Finance forum - Trust working with specialised commissioning on future funding frameworks and strategy for NHSE - Potential for utilisation of non-recurrent financial recovery initiatives to support breakeven position in 2023/24 - National funding mechanism change in 2023/24 (non-recurrent) is providing additional support through the Trust's fixed income arrangements to mitigate the 23/24 position - EPR replacement programme ongoing with business case process expected to clarify the financial implications as well as possible mitigations - Papers outlining proposal for the development of private care to support longer term financial sustainability 	
Risk Assessors recommended actions to further reduce the risk	No further action at this stage	
Assurance	<ul style="list-style-type: none"> - Monthly reporting of cash, I&E and activity position through Performance Committee and Trust Board - Daily cash flow forecasting over rolling 12 month period - Part-block clinical income contracts with NHSE and key ICB partners - Activity recovery plans being implemented where necessary through operational and service teams. These plans are being monitored through Performance Committee - Cost investment controls through weekly vacancy control panel, monthly Investment Group and Performance Committee cycles - Long term financial modelling updates - CFCO involvement in ICB Finance forum - Trust working with specialised commissioning on future funding frameworks and strategy for NHSE - Potential for utilisation of non-recurrent financial recovery initiatives to support breakeven position in 2023/24 - National funding mechanism change in 2023/24 (non-recurrent) is providing additional support through the Trust's fixed income arrangements to mitigate the 23/24 position - EPR replacement programme ongoing with business case process expected to clarify the financial implications as well as possible mitigations - Papers outlining proposal for the development of private care to support longer term financial sustainability 	
Gaps in Assurance		
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)		
Progress notes	[Harrison, Sophie 08/03/24 11:23:50] Risk remains high overall to reflect the levels of uncertainty in the financial framework in the medium term. There is material uncertainty associated with the financial impact of the EPR replacement programme and the national picture over delegation of specialised commissioning. This is being balanced with the underlying surplus for 2023/24 under the current framework and the targeted breakeven position for 24/25. Given these factors, no change is proposed to the scoring of this risk at present and the residual consequence of any potential future deficit. This will continue to be assessed as the impact of EPR becomes clearer.	
Committee Responsible for the Risk	Performance Committee, The Board	
Date last reviewed		08/03/2024
Review date		04/04/2024
Directorate	Finance	
Trust Objectives 2022-24	6. Achieve sustainability	

ID	2901
Manager	McEnroe, Harvey
Handler	Walker, Wendy
Opened	06/05/2021
Consequence (current)	Moderate - 3
Likelihood (current)	Unlikely - 2
Risk level (current)	Moderate Risk
Risk level (Target)	Moderate Risk
Rating (current)	6
Description	<p>If there is mis-alignment of the objectives or priorities between the developing Integrated Care System (ICS) and the Trust's five year strategy, then delivery of the Trust strategic priorities could be compromised.</p> <p>Changes to specialist commissioning arrangements in the aftermath of the pandemic could adversely impact funding arrangements and undermine the sustainability of the Trust.</p>
Controls in place	<p>There is active engagement by Trust leaders at all levels in the ICS with Trust Executive leadership of a number of ICS decision making and strategy developing groups.</p> <p>There is also sharing of knowledge and capacity support where possible to optimise delivery against the system plan.</p> <p>The Trust's Chief Finance Officer is a key contributor to that national specialist provider group which will shape the future of specialist commissioning.</p>
Risk Assessors recommended actions to further reduce the risk	The impact on the Trust's Strategy will need to be regularly reviewed as the governance structure and performance delivery capability of the ICS, and clarity in relation to the future specialist commissioning arrangement emerge.
Assurance	We are well sighted on the developing picture through engagement at all levels in the ICS and through the specialist provider group. This has helped to partially mitigate the risk.
Gaps in Assurance	
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	
Progress notes	[Walker, Wendy 04/03/24 14:57:10] Reviewed. Noted that a light touch review of the ICB Joint Froward Plan has been undertaken by the ICB with stakeholders, no material changes. No changes required to current risk rating.
Committee Responsible for the Risk	Strategic Projects Committee, The Board
Date last reviewed	04/03/2024
Review date	01/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence, 2. Grow pathways with partners, 3. Offer positive staff experience, 4. Share and educate, 5. Research and innovate, 6. Achieve sustainability

ID		2904
Manager	Harrison, Sophie	
Handler	Harrison, Sophie	
Opened		11/05/2021
Consequence (current)	Major - 4	
Likelihood (current)	Possible - 3	
Risk level (current)	High Risk	
Risk level (Target)	High Risk	
Rating (current)		12
Description	IF the ICS does not achieve financial balance in the current year and beyond THEN the ICS and Trust will be subject to regulatory action which will impact on the Trust's ability to provide high quality, sustainable services to patients now and in the future.	
Controls in place	<ul style="list-style-type: none"> - System CFO meeting regularly to escalate system financial risks and develop plans to mitigate/manage these risks - Wider ICS governance structure includes senior oversight of ICS financial position - Long term ICS financial modelling being developed to understand the scale of future challenges - Modelling of national funding in 23/24 to support impact of Industrial Action, national reforecast exercise undertaken November 2023 on the back of additional funding provided by government (reduction of elective targets and additional targeted funding). Additional work undertaken in January in response to strike action. - ICS wide productivity workstreams set up to explore opportunities for productivity gains and closer working across corporate services. - National and ICB approval of strategic business cases to ensure collective agreement to material investment decisions that could impact the financial position (e.g. EPR, capital strategic projects incl new hospital programme builds). - ICB CFO engagement in regional specialised commissioning forum governing delegation approach. 	
Risk Assessors recommended actions to further reduce the risk	No further actions at this time	
Assurance	<p>System CFO meeting regularly to escalate system financial risks and develop plans to mitigate/manage these risks</p> <ul style="list-style-type: none"> - Wider ICS governance structure includes senior oversight of ICS financial position - Long term ICS financial modelling being developed to understand the scale of future challenges - Modelling of national funding in 23/24 to support impact of Industrial Action, national reforecast exercise undertaken November 2023 on the back of additional funding provided by government (reduction of elective targets and additional targeted funding). Additional work undertaken in January in response to strike action. - ICS wide productivity workstreams set up to explore opportunities for productivity gains and closer working across corporate services. 	
Gaps in Assurance	No gaps noted at present	
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)	No	
Progress notes	<p>[Harrison, Sophie 08/03/24 11:30:21] The forecast position for 23/24 across the system is a breakeven/small surplus, once system funding has been distributed across partners, including additional funding in 23/24 in support of industrial action costs.</p> <p>The risk remains high overall to reflect the 24/25 position and beyond. The current planning deficit for 24/25 is c£50m across the ICS. While this is lower than a number of other ICSs, the consequence of not reaching a breakeven position remains major, both in terms of potential restrictions that would be placed on spend and regulatory intervention. Work is ongoing to mitigate this planning deficit before the final position and therefore the risk on balance remains Possible.</p> <p>No change on balance.</p>	
Committee Responsible for the Risk	Performance Committee, The Board	
Date last reviewed		08/03/2024
Review date		04/04/2024
Directorate	Trust wide - All Directorates Involved	
Trust Objectives 2022-24	2. Grow pathways with partners, 6. Achieve sustainability	

ID	2985
Manager	Harrison, Sophie
Handler	Goodier, Mr Chris
Opened	18/08/2021
Consequence (current)	Catastrophic - 5
Likelihood (current)	Unlikely - 2
Risk level (current)	High Risk
Risk level (Target)	High Risk
Rating (current)	10
Description	IF the Trust is reliant on key suppliers to deliver commissioner requested services THEN the Trust has a higher likelihood of being exposed to financial and service delivery risks.
Controls in place	<p>Contracts are entered into the Atamis Contract register and a classification is entered based on the Government Commercial Function tiering tool.</p> <p>Additionally, a risk score is assigned to each contract to indicate the level of risk to the Trust based on criticality of supply, ease of change and size of supply market. This determines the level of contract management that the lead stakeholder will need to apply.</p> <p>Contracts are managed at department level with spot checks to be carried out by Procurement to ensure that contract management is taking place.</p>
Risk Assessors recommended actions to further reduce the risk	<p>A supplier audit will allow the Trust to monitor the suppliers financial stability and service delivery standards so that the Trust can identify or examine risks before they become a problem.</p> <p>Supplier audits to be carried out by Trust contract managers on Gold contracts every 6 months and annually on silver contracts. Review dates to be added to the Atamis contract register and reminders sent out to all contract owners prior to review date. This audit shall include a review of the annual financial statements of the suppliers to monitor financial stability with assistance from the Trust finance business partners.</p> <p>For each new procurement cycle the Trust will need to carry out a strategic review of the services being delivered to determine the most appropriate strategy to apply to reduce the level of risk to the Trust.</p>
Assurance	The Chief Finance and Commercial Officer is in dialogue with suppliers to resolve issues surrounding the commercial elements of proposed contracts. One contract is currently in escalation and both parties continue to work towards a solution.
Gaps in Assurance	The assurance is based on the continued desire of both parties to come to a resolution that will benefit the Trust its suppliers
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	
Progress notes	[Goodier, Chris Mr 05/03/24 16:43:51] Supplier Audits have been added to all Gold Contracts. Silvers are in progress along with a review of classifications for a number of Digital and Estates contract in conjunction with the contract manager
Committee Responsible for the Risk	Performance Committee, The Board
Date last reviewed	05/03/2024
Review date	01/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence

ID		3009
Manager	Harrison, Sophie	
Handler	Goodier, Mr Chris	
Opened		23/09/2021
Consequence (current)	Major - 4	
Likelihood (current)	Possible - 3	
Risk level (current)	High Risk	
Risk level (Target)	High Risk	
Rating (current)		12
Description	IF there are challenges in the supply of consumables or services THEN this could result in a failure to provide continuity of services, resulting in the inability to operate on patients.	
Controls in place	<p>Contracts are entered into the Atamis Contract register and a classification is entered based on the Government Commercial Function tiering tool.</p> <p>Additionally, a risk score is assigned to each contract to indicate the level of risk to the Trust based on criticality of supply, ease of change and size of supply market. This determines the level of contract management that the lead stakeholder will need to apply.</p> <p>For each new procurement cycle the Trust carries out a market review of the goods/services being delivered to determine the most appropriate strategy to apply to reduce the level of risk to the Trust. This may include splitting the contract in to multiple parts so that there is not a reliance on a single provider.</p>	
Risk Assessors recommended actions to further reduce the risk	<p>An assessment to be completed in conjunction with clinical engineering and department leads to understand and document the relationship between equipment and consumables so that those that are locked together are documented.</p> <p>The new Supply Chain Manager will be tasked with monitoring all Important Customer Notices issued by NHS Supply Chain and reviewing these against the Trusts product portfolio to ensure mitigating steps can be taken prior to any impact on the Trust.</p> <p>Spot checks of department Business Continuity Plans to be carried out by Procurement for all Gold and Silver contracts with results recorded in the Atamis Contract Register to ensure steps are being taken to understand risks and put in place preventative measures.</p>	
Assurance	<p>Procurement contract database.</p> <p>Management of suppliers through regular contract meetings.</p> <p>Tender processes that consider resilience.</p>	
Gaps in Assurance	No gaps noted at present	
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)	No	
Progress notes	[Goodier, Chris Mr 05/03/24 16:52:00] The review of equipment and product lock in has been put on hold whilst the procurement team work through a number of tenders and end of year purchasing queries. This will be revisited with the new Supply Chain Manager once in post.	
Committee Responsible for the Risk	Performance Committee, The Board	
Date last reviewed		05/03/2024
Review date		01/04/2024
Directorate	Trust wide - All Directorates Involved	
Trust Objectives 2022-24	1. Deliver clinical excellence	

ID	3040
Manager	Screaton, Mrs Maura
Handler	Randall, Ms Kathy
Opened	29/09/2021
Consequence (current)	Catastrophic - 5
Likelihood (current)	Unlikely - 2
Risk level (current)	High Risk
Risk level (Target)	High Risk
Rating (current)	10
Description	If the measures (POU Filters and bottled water) that the Trust has put in place to control the spread of M.Abscessus in patients identified as clinically vulnerable to M.Abscessus are not effective THEN patients may come to harm and ultimately may have an adverse effect on Trust performance and reputation.
Controls in place	Water treatments as recommended by the Water Safety Group. Point of Use filters on water supplies in ALL clinical areas. Identified at risk patients receive bottled drinking water. Newly diagnosed/identified patients have a timeline performed and presented to SIERP to identify level of harm and required duty of candour. Patients given advice on admission on the risk M.Abscessus. External visit from Duke University Hospital provided opportunity of peer review. Regular water and environmental sampling is in place. Website contains information for patients, staff and public on M.Abscessus. Executive oversight (quarterly) group in place-- multi agency and multi professional attendance from UKHSA, NHSE, CQC all invited. CQC kept updated. M Abscessus steering group meetings held monthly with an executive lead. Review/check and challenge meeting with NHSE principal engineer 4/11/21 - no obvious gaps in practice identified 8/12/21 Core group dedicated meeting to review current situation and identify management of actions going forward. 12/12/22 - Water safety group continue to meet regularly and adjust water safety treatments as required. Point of use filters remain in place in all areas. March 2023- Water safety plan agreed and in place. August- Monthly IPC audits in place. 08/08/23-New M.Abscessus Risk Assessment -Water sources and Potential NTM contamination of taps and water systems risk assessment and audit report (Oct 2022 audit completed) (finalised - signed off by water safety Group in January 2023. Reviewed at M.Abscessus steering group 11/08/2023.
Risk Assessors recommended actions to further reduce the risk	Despite the controls that are in place we continue to have a background incidence of M.Abscessus. There is continually evolving information and evidence that the Trust must consider and respond to using the control mechanisms that are in place. 9/12/21 Regular updating external stakeholders on position 8/3/22 media queries addressed with factual information. Regulators and BoD being updated 12/12/22 Recent inquest findings communicated with media staff and BoD 08/08/23-New M.Abscessus Risk Assessment -Water sources and Potential NTM contamination of taps and water systems risk assessment and audit report (Oct 2022 audit completed) (finalised - signed off by water safety Group in January 2023. Due to go to M.Abscessus steering group 11/08/2023. To follow recommendations of this completed assessment and risk assessment. 10/10/23 NHSE supporting Trust and risk around delays in obtaining more timely relatedness testing results.All measures remain in place in respect to protecting vulnerable patients. Review of water safety plan and measures. 11/12/23 Meeting held with UKHSA who are unable to support with ongoing routine relatedness testing. Awaiting specification of protocols to allow alternative provider to be sourced. UKHSA will support ad hoc until alternative is in place. 10/3/24 Alternative provider sourced and process being finalised
Assurance	Monitoring of cases of M.Abscessus has seen a return to a baseline level Water Safety Group, M.Abscessus Steering Group with oversight from Executive Directors and reporting into Q&R and Board. Open dialogue with UKHSA, as well as national and international subject matter experts. Governance and oversight structure in place with external stakeholder panel which includes ICB, NHSE and CQC with clear reporting lines
Gaps in Assurance	Laboratory testing and analysis takes times (to grow the species and perform relatedness testing). Relatedness testing is not a routine test for M.Abscessus. The changing nature of this mycobacterium causes challenges in identification, consequences for patient and management of infection.
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	
Progress notes	[Screaton, Maura Mrs 10/03/24 17:07:29] No new cases identified in month. Sequencing proforma shared by UKHSA and alternative provider sourced and being finalised. M abscessus exec group meeting held february 16th and meeting advised to maintain risk on BAF until sequencing action and estates action in respect to expansion vessel are addressed. Timeline for estates action currently unknown as dependent on 3rd party.
Committee Responsible for the Risk	Infection Control Pre & Perioperative Committee, Quality & Risk Committee, The Board, Water Quality Group
Date last reviewed	10/03/2024
Review date	08/04/2024
Directorate	Trust wide - All Directorates Involved
Trust Objectives 2022-24	1. Deliver clinical excellence, 4. Share and educate, 5. Research and innovate, 6. Achieve sustainability

ID		3074
Manager	Harrison, Sophie	
Handler	Harrison, Sophie	
Opened		16/11/2021
Consequence (current)	Major - 4	
Likelihood (current)	Possible - 3	
Risk level (current)	High Risk	
Risk level (Target)	High Risk	
Rating (current)		12
Description	IF the Trust fails to engage with the national reforms on commissioning THEN delivery of its strategy and future financial sustainability could be adversely effected through strategic shifts away from the Trust and changes in patient flows, resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.	
Controls in place	<p>The local ICS system: Mitigated by the leadership roles that are being undertaken in the local ICS and delivery of the C&P Cardiovascular Strategy. ICB CFO is a member of the regional governance group of ICB CFOs that are overseeing the delegation. RPH is working with its partners at CUH in a collaborative approach to the risk through 24/25.</p> <p>(Linked risks: BAF 2904 Achieving financial balance at ICS level; CRR 2854 IF RPH does not engage in the ICS THEN we will not utilise our expertise to influence local strategy for cardiology)</p> <p>Regional activity and flows to RPH: Mitigated by close working with specialised service commissioners and our role in Regional Provider Collaborative (Chaired by RPH CEO).</p> <p>National activity flows and designations: Mitigated by using lobbying and influence at the national levels, DH and through our role in the Federation of Specialist Hospitals, as well as our relationships at strategic NHSE level. Devolution of specialised funding to a number of ICBs is happening from 1/4/24 however this is impacting different ICBs in different ways. NHSE in East of England have confirmed 24/25 arrangements will operate as per 23/24, with more material allocation shifts expected from 25/26.</p>	
Risk Assessors recommended actions to further reduce the risk	Our response to national and local system reforms will require ongoing review and response as the new ICS structures emerge. In the absence of any detail around ICB specialised strategies and the mixed approach to delegation nationally, the likelihood of the risk remains above target levels but there are no further actions the for the Trust at this stage. This will be reviewed in Q1 24/25 and the risk reassessed by 30 June 2024.	
Assurance	<p>The local ICS system: Mitigated by the leadership roles that are being undertaken in the local ICS and delivery of the C&P Cardiovascular Strategy.</p> <p>(Linked risks: BAF 2904 Achieving financial balance at ICS level; CRR 2854 IF RPH does not engage in the ICS THEN we will not utilise our expertise to influence local strategy for cardiology)</p> <p>Regional activity and flows to RPH: Mitigated by close working with specialised service commissioners and our role in Regional Provider Collaborative (Chaired by RPH CEO).</p> <p>National activity flows and designations: Mitigated by using lobbying and influence at the national levels, DH and through our role in the Federation of Specialist Hospitals, as well as our relationships at strategic NHSE level. Devolution of specialised funding to a number of ICBs is happening from 1/4/24 however this is impacting different ICBs in different ways. NHSE in East of England have confirmed 24/25 arrangements will operate as per 23/24, with more material allocation shifts expected from 25/26.</p>	
Gaps in Assurance	Gaps in assurance currently rest outside of the Trust's direct control (e.g. strategy for specialised commissioning, national clarity on allocation delegation, differing arrangements by region etc).	
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)	No	
Progress notes	[Harrison, Sophie 08/03/24 11:36:06] Specialised Commissioning in the East has confirmed continuation of existing arrangements for 24/25 i.e. with a specialised hub hosted by BLMK ICB, with wider implications from changes in funding flows expected from 2025/26 (from 1 April 25). In the absence of any detail around ICB specialised strategies and the mixed approach to delegation nationally, the likelihood of the risk remains above target levels but there are no further actions the for the Trust at this stage. This will be reviewed in Q1 24/25. On balance the risk remains high and above target levels, and this will continue to be reviewed.	
Committee Responsible for the Risk	Performance Committee, The Board	
Date last reviewed		08/03/2024
Review date		04/04/2024
Directorate	Trust wide - All Directorates Involved	
Trust Objectives 2022-24	2. Grow pathways with partners, 4. Share and educate, 6. Achieve sustainability	

ID		3223
Manager	McEnroe, Harvey	
Handler	Speed, Jane	
Opened		22/07/2022
Consequence (current)	Major - 4	
Likelihood (current)	Likely - 4	
Risk level (current)	Extreme Risk	
Risk level (Target)	High Risk	
Rating (current)		16
Description	If the trust does not recover it's activity throughput and productivity to optimal levels then there is a risk that patients will wait extended periods for treatment, there will be a reputational impact and the financial stability of the trust and ICS could be adversely impacted.	
Controls in place	<p>An operational improvement plan (incorporated in to Flow Programme) has been developed to a deliver the following outcomes;</p> <ul style="list-style-type: none"> Reduce length of stay and improve discharge profile. Improve theatre utilisation Reduce DNAs Assess capacity and demand Deliver alternative models of care. Increase day case utilisation. Ensure delivery of 23/24 operational plan. <p>The programme will monitor progress against these objectives and report to the Performance Committee on a monthly basis. Activity delivered is monitored on a weekly basis against plan and 19/20 levels. Remedial action is identified proactively and escalated via the trust access meeting.</p> <p>STA CI programme focused on in day productivity (reporting via Performance Committee). Clinical Admin processes being reviewed re booking of theatre lists and closing down 2 weeks in advance with no cancellation 72 hours prior.</p> <p>PSI lists now embedded within the divisions. Dedicated operational support for cancer pathway.</p>	
Risk Assessors recommended actions to further reduce the risk	Reviewed by Execs and agreed that assurance can be moved up to adequate. This is because the systems and processes that we have in place should mitigate the risk, but that efforts are impacted by continued industrial action. The systems and governance that are in place are through the Flow Programme, weekly PTL, 642 and Access meetings. Industrial action and system bed pressures will affect ability to recover activity and the impact of IA is planned through the IA Group. IA is expected to continue in to Q4 2024 and beyond. System bed pressures are managed daily.	
Assurance	Activity reports in month via the Patient Access meeting and via the Performance Committee. Performance is on plan for M4 except for IP elective activity where we are seeing the impact of industrial action (IA). In response we are looking at mitigations and to reset activity targets for the year in line with the update provided in BAF678.	
Gaps in Assurance	Workforce engagement and establishment levels as well as impact of IA	
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)		
Progress notes	[Walker, Wendy 04/03/24 15:12:28] Reviewed. 5 consecutive days of industrial action by junior doctors took place in February and reduced CCA bed capacity negatively affected ability to recover activity/productivity .	
Committee Responsible for the Risk	Performance Committee, The Board	
Date last reviewed		04/03/2024
Review date		01/04/2024
Directorate	Trust wide - All Directorates Involved	
Trust Objectives 2022-24	1. Deliver clinical excellence, 6. Achieve sustainability	

ID	3261
Manager	Monkhouse, Oonagh
Handler	Howard-Jones, Lorraine
Opened	09/09/2022
Consequence (current)	Major - 4
Likelihood (current)	Certain - 5
Risk level (current)	Extreme Risk
Risk level (Target)	High Risk
Rating (current)	20
Description	If industrial action being taken by staff leads to a reduction in workforce availability there could be a consequent reduction in our ability to provide services and an increase in the waiting time for patients.
Controls in place	We are liaising with Trade Union representatives to ensure effective lines of communication and exchange of information. We have updated our protocols for managing industrial action and departments have updated their Business Continuity Plans. The Trust established an Industrial Action Task Force to ensure that the organisation has a clear understanding of the impact of this action in each area and the actions needed to minimise the impact on services. Activity recovery plans have been developed and a Patient Safety Initiative scheme has been implemented to incentivise staff to work additional hours to undertake additional activity out of normal hours of service.
Risk Assessors recommended actions to further reduce the risk	None identified at this stage.
Assurance	Guidance for managers has been developed. An Industrial Action Taskforce chaired by the COO is established to ensure that the organisation has a clear understanding of the impact of this 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. Business Continuity Plans are in place. Elective Recovery Programme including a Patient Safety Initiative is in place and reporting to the Performance Committee
Gaps in Assurance	
Levels of Assurance (182)	Adequate
BAF risks - Does this risk have an action plan on Datix? (179)	
Progress notes	[Monkhouse, Oonagh 13/03/2024 22:30:43] Further strike action by Junior Doctors in February 2024 was managed in line with our well established protocols. Activity was reduced during the strike period
Committee Responsible for the Risk	Performance Committee, The Board
Date last reviewed	13/03/2024
Review date	10/04/2024
Directorate	Workforce
Trust Objectives 2022-24	1. Deliver clinical excellence, 3. Offer positive staff experience, 6. Achieve sustainability

ID		3433
Manager	Smith, Dr Ian	
Handler	Speed, Jane	
Opened		08/11/2023
Consequence (current)	Major - 4	
Likelihood (current)	Likely - 4	
Risk level (current)	Extreme Risk	
Risk level (Target)	Moderate Risk	
Rating (current)		16
Description	If the CT reporting backlog does not improve back to the 4 week reporting KPI, then patient pathways will continue to be delayed whilst awaiting results ultimately resulting in potential patient harm	
Controls in place	<p>PACS Board re-initiated (first meeting 9/11/23)</p> <p>CT Backlog Operational Group initiated. Terms of Reference currently being written, meetings held weekly</p> <p>Attempts underway to formally document patient prioritisation across all divisions and specialties to ensure all patient reports are treated equitably</p> <p>Prioritisation given to reports for inpatients, clinically unwell patients and those on active cancer & RTT pathways</p> <p>Weekly reporting of backlog into CDC and Trust Access</p> <p>Escalation into STA Division</p> <p>Locum shifts offered to medical staff to undertake additional reporting</p> <p>Confirmation of stats numbers by consultant are accurate to ensure monitoring, tracking and ensure all are meeting their job planned reporting quota</p> <p>From 20/1/24 Insourcing Company providing 4 radiologists to report on CTs until 31st March 2024 to clear the backlog to within KPI.</p> <p>Reviewing reporting capacity against demand.</p>	
Risk Assessors recommended actions to further reduce the risk	Full clinical engagement with any remedial plans for actioning the backlog as well as PACS Board and CT Backlog Operational Group.	
Assurance	<p>ED oversight and monthly reports to the Performance Committee</p> <p>Weekly reporting of backlog into CDC and Trust Access</p> <p>Escalation into STA Division</p>	
Gaps in Assurance		
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)		
Progress notes	<p>[Rodriquez, Helen Mrs 11/03/24 15:20:17] Highest number of patients waiting in mid-January was 1100. Number as of 11/3/24 - 592. With 306 of the 592 within the national 4-week turnaround time, and 286 breaching. A focused piece of work continuing on the longest waiting reports. Email circulation also included from today as evidence</p>	
Committee Responsible for the Risk	Performance Committee, Radiology Business Unit Meeting, STA Divisional meeting, The Board	
Date last reviewed		11/03/2024
Review date		09/04/2024
Directorate	Radiology	
Trust Objectives 2022-24	1. Deliver clinical excellence, 3. Offer positive staff experience	

ID		3449
Manager	Harrison, Sophie	
Handler	Morrish, Katie	
Opened		21/12/2023
Consequence (current)	Major - 4	
Likelihood (current)	Possible - 3	
Risk level (current)	High Risk	
Risk level (Target)	High Risk	
Rating (current)		12
Description	<p>If there is a loss of momentum and drive to deliver the strategic partnership work from CUH teams and executive due to other priorities and competing demands, then the programme of delivery will be delayed leading to reputational loss for both parties.</p> <p>Ultimately this will impact on progression of strategic partnership working on the campus at a time where there is increased focus on leveraging the relationships between the two organisations.</p>	
Controls in place	This will be monitored via the Joint Strategic Board and the Exec led sub groups. Open discussions required at beginning of refreshed programme on scope, deliverability and timescales to minimise the potential impact of this risk.	
Risk Assessors recommended actions to further reduce the risk	<p>The Head of Strategic Projects meets every fortnight with the CUH Assistant Director of Major Projects to review progress across both organisations regarding the six clinical pathways identified for collaboration.</p> <p>This remains a recurrent meeting to enable opportunities for informal discussions, escalations, and updates in order to facilitate and support clinical teams across both organisations to progress work.</p>	
Assurance	<p>Minutes of Joint CUH RPH Strategic Boards</p> <p>Minutes, action logs, escalations from Joint Clinical Pathways Group feeding into Joint CUH RPH Strategic Board.</p> <p>Escalations from divisional performance review meetings</p>	
Gaps in Assurance		
Levels of Assurance (182)	Adequate	
BAF risks - Does this risk have an action plan on Datix? (179)		
Progress notes	<p>[Morrish, Katie 11/03/24 13:36:25] The joint OD and workforce group chaired by the 2 OD executive directors met on 11 March to review progress and agree next steps in relation to agreed priorities for collaborative working.</p> <p>Both subgroups - clinical pathways and OD and workforce have been requested to prepare a joint paper for the Joint Strategic Board meetings which outlines progress, recommendations and risks to delivery.</p>	
Committee Responsible for the Risk	Strategic Projects Committee, The Board	
Date last reviewed		11/03/2024
Review date		08/04/2024
Directorate	Trust wide - All Directorates Involved	
Trust Objectives 2022-24	1. Deliver clinical excellence, 2. Grow pathways with partners	