

Assurance Framework – 08 April 2009

Report relates to 47 Risks

Risk Description	Objective	Responsible Executive Director	Assurances	Current Risk Rating			Is the Board adequately informed about the current status of this risk?	Are there further actions required to improve Board assurance?	Risk Rating Shift
				L	C	Score			
Significant reduction in surplus and loss of income. A fall from an FRR of 4 to 3 and possibly further will reduce our access to capital and we will not be assessed as 'excellent' for use of resources.	All	David Smith	The finance report to the Board includes a surplus tracker which looks ahead to commitments affecting future surpluses. This is on a high level Trust-wide basis. Operations reports to the Board have also started to focus on financial pressures. During 2008/9, the Audit Committee requested an internal audit review of budgetary control which was discussed by the committee in February 2009.	5	4	20	Yes	No	Unchanged
Risks relating to changes in medical education - the service quality consequences of having less experienced junior doctors and the financial consequences of the solution of rostering additional consultants.	2, 3 and 5	Jag Ahluwalia	A report to the board on progress towards EU directive compliance and 24/7 working.	5	4	20	No	Yes	Unchanged
Activity demand exceeds capacity. The achievement of planned activity and associated income is dependent on ambitious reductions in length of stay and suitable additional capacity for periods of contingency. Capacity in excess of demand risks derailing ward refurbishment and decontamination plans.	All		Capacity modelling to be systematically undertaken, factoring in activity trends, seasonally unplanned events (ie Norovirus). Contingency plans being developed with a number of likely scenarios and responses to them. Monthly Executive Forum and Clinical Exec meetings. Monthly operations report to Board of Directors and sign-off. Report to Board of Directors where approval required.	5	4	20	No	Yes	Increased
Services provided within the community (PCT provider, GP practices, community hospitals and other provider Trusts) are not being delivered effectively, having a knock-on effect on us.	1, 2, 3 and 5	Karen Castille (Tom Bennett)	The Operations report to the Board provides information.	4	4	16	Yes	No	Unchanged
Contravention of Data Protection Act in relation to accidental loss, damage or destruction of identifiable information.	1, 2 and 4	Frances Cousins	Report to the Board in March 2008. Review by IS Programme Board reported directly to the Board in September 2008	4	4	16	Yes	No	Unchanged
The tendering by the PCT of specific clinical services may result in loss of business and increased overhead costs.	All	Stephen Graves	Regular reporting by the Director of Corporate Development	3	5	15	No	Yes	Unchanged
Lack of clarity over budgetary responsibility in the new divisional restructure.	All	David Smith	Monthly reporting to the Board on the Trust's overall financial position, but limited assurance on divisional performance. There is scope for the Finance, Operations and Performance Committee to undertake more detailed scrutiny of divisional performance in its revised Terms of Reference.	5	3	15	No	Yes	Unchanged
The Trust failing to progress its strategic developments due to the complexity of its rules, constraints, targets and outcomes. Failure to progress is increasingly due to financial limiting factors rather than complexity.	All	Stephen Graves	The Board of Directors has approved the Programme Management for this. This has been reviewed by an external Gateway Review Team. The Trust has appointed consultants (Deloitte) to ensure that all the opportunities are scoped against an agreed set of criteria with the control arrangement put in place by Monitor/DH. The Board were briefed on their assessment during October 2008 at the Board Away-Day and the issues discussed and debated. Further discussion at the February 2009 away day focussed on the financial obstacles to progress.	3	5	15	Yes	No	Decreased

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Too many opportunities creating a risk of over commitment. Too many initiatives and opportunities being pursued resulting in (a) Lack of clarity over areas of greatest priority/opportunity; (b) Poor choices being pursued, resulting in abortive activity and investment; (c) Unprofitable activity.	All	Stephen Graves, Tom Bennett	Investment Plan agreed by the Investment Board. Scheme of Delegation. Monthly financial report 2008/09 Integrated Business Plan, Investment Board overseas new investments and reports to the Board.	3	4	12	Yes	No	Unchanged
Infrastructure in relation to a suitable environment for patients.	1, 2 and 3	Richard Howe	Monthly reporting on infection control statistics (to Board, AEB and Directors) will identify whether this patient safety issue will improve as a result of K3. Other areas where functionality solutions are required rely on local identification of issues, and suitably worked-up bids to the Investment Board.	3	4	12	Yes	No	Unchanged
Failure to develop and adequately resource online communications having a negative impact on the Trust's ability to deliver (a) knowledge and organisation to staff (values, news, policies and procedures); (b) GP support and information; (c) business opportunities; (d) Patient and Public Information; (e) marketing; (f) careers information to staff and potential staff.	All	Ruth Murphy	New risk entry August 2008. Board assurance information limited. Bid turned down by Investment Board	3	4	12	No	Yes	Decreased
Lack of external capacity to enable the Trust to discharge patients into the community adding pressure to internal capacity and unacceptably high occupancy levels.	All	Juliet Walters	Monthly AEB and Board reporting on target and performance in relation to these issue with appropriate incentives has seen a dramatic drop in DTOC in 2007/8. The reporting and joint work will address the issues wider than DTOC.	3	4	12	Yes	No	Increased
Non-compliance with legislation, regulations and good practice guidelines.	All	Ann Alderton	Limited assurance at board level, but improved induction and mandatory training attendance levels will assure Board that key policies have been communicated.	3	4	12	No	Yes	Decreased
Inadequate workforce planning and data to support effective workforce planning (vacancy levels, recruitment, retention, succession planning, skill mix, re-skilling, reliance on key personnel)	2 and 5	Karen Castille	From December 2007, the Director of Operations has reported to the Board on capacity and activity. From April 2008, the Director of Nursing and Organisational Development has reported on nursing issues.	3	4	12	Yes	No	Unchanged
Imbalance of the ratio of staff to activity, in particular nursing staff.	2 and 5	Karen Castille	MAPS system. Quality report to the board and monthly report of Director of Nursing and OD.	4	3	12	Yes	No	Unchanged

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Not having the right culture, systems and processes to ensure patient safety is allocated the right priority (not just having the procedures, but following them). Failure to address this issue could result in a Corporate Manslaughter case against the Trust.	1, 2, 3 and 4	Jag Ahluwalia	Board approves Risk Management Strategy annually. Clinical and Corporate Governance Committee and relevant risk committees (e.g. Radiation) reporting to it. Regular monitoring and auditing of prescribing. Complaints data and other patient feedback. Directorate MOTs as part of the Patient Safety Initiative to be reported to CCGC in a systematic way. Report to the Board of Directors in January 2008 on the implementation of the Borland Enquiry and incorporating all of the outstanding actions into the Safety First Initiative. NHS Litigation Authority Maternity Review, Healthcare Commission review. IRMA review. Evidence of falling infection rates. There will be a quarterly report to the Board from the Patient Safety Executive.	3	4	12	Yes	No	Unchanged
Incomplete information on whether individual directorates/wards/clinics are treating patients safely	2, 3 and 4	Jag Ahluwalia	Consultant appraisals. Complaints data and other patient feedback. Safety First Initiative. Directorate MOTs. Incident data Risk assessments.	4	3	12	Yes	No	Unchanged
Medical devices and equipment do not meet the changing needs of the organisation.	1,2 and 3	Stephen Graves	Internal audit have reported on this giving no assurances. Follow-up reports have confirmed the implementation of recommendations to improve internal control.	4	3	12	Yes	No	Unchanged
A pandemic outbreak	1, 2, 3 and 5	Tom Bennett	Pandemic policy in place and reported to the Board in November 2008.	3	4	12	Yes	No	Unchanged
Lack of shared strategy and joint working with the Mental Health Trust at Board and operational level.	1, 2, 3 and 5	Juliet Walters		3	4	12	Yes	No	Unchanged
Revised GMC revalidation and relicensing process. Systems and processes need to be robust to enable outcomes to be measured and reported.	All	Jag Ahluwalia	This is not yet an issue for the Trust but one which is likely to materialise	4	3	12	No	Yes	Unchanged
Failure to ensure that systems for identifying and safeguarding vulnerable adults are in accordance with legislation and best practice guidance, resulting in patients being harmed and the Trust's reputation damaged. Fragmented resource across the Trust to oversee, manage and implement national policies, guidelines, procedures and training of staff. Lack of understanding of Mental Capacity Act 2005 policy and Codes of Practice. Lack of partnership working and shared information across the Trust, Cambridgeshire County Council, Social Services and Cambridgeshire Constabulary.	All	Juliet Walters	Internal assurances through reports to the Clinical and Corporate Governance Committee. External assurances include regional audit of the Mental Health Capacity Act being undertaken. Equality and diversity group reports any significant issues through to the Clinical and Corporate Governance Committee.	4	3	12	No	Yes	Unchanged

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Failure to ensure that child protection legislation and guidance is followed resulting in harm to vulnerable children, criticism of Trust staff and procedures, litigations, harm to the Trust's reputation etc. Insufficient resource across the Trust to oversee, manage and implement national policies, guidelines, procedures and training of staff. Lack of understanding of legal requirements and latest guidance. Failure to ensure proper practice is followed can lead to children being put at risk and significant adverse publicity for the organisation.		Brenda Hennessy	Reporting through the Children's Steering Group to Clinical and Corporate Governance. However, this is not considered sufficient to ensure the Board is aware of its responsibilities and the organisation's effectiveness. Independent assurance through a national audit by the Healthcare Commission - results awaited.	4	3	12	No	Yes	Unchanged
Financial and Business Risks relating to commissioning. The highest risk relates to failure to deliver the 18 week target, resulting in a maximum penalty potentially of £5m.	1, 3, 5	Craig Black	Regular reports to the Board during contract negotiation. Monthly financial report, 2008/09 Integrated Business Plan. Patient questionnaires and monitoring of the patient experience will identify perceived service quality issues and/or provide assurances to the board on positive aspects of service quality. Quarterly report to the Board on Patient Experience. Signed off agreed contract.	5	2	10	Yes	No	Increased
Infrastructure in relation to IT.	All	Frances Cousins	IT Programme Board has an approved capital and revenue budget agreed as part of the annual Business Planning process. IT Programme Board minutes report to Clinical and Corporate Governance Committee (CCGC). CCGC will escalate to the Board when necessary.	3	3	9	Yes	No	Unchanged
Infrastructure regarding the Business Continuity Plan	All	Stephen Graves	To be completed following finalisation of the internal audit report	3	3	9	Yes	No	Unchanged
Equal pay claims		4 Karen Castille	Equality and Diversity Committee has been established	3	3	9	Yes	No	Unchanged
Infrastructure in relation to IT applications.	All	Frances Cousins	IT Programme Board has an approved capital and revenue budget agreed as part of the annual Business Planning process. IT Programme Board minutes report to Clinical and Corporate Governance Committee (CCGC). CCGC will escalate to the Board when necessary.	3	3	9	Yes	No	Unchanged
Dilution in the quality of nurse training as a result of changes in the education providers	2 and 5	Karen Castille	Monthly report from the Director of Nursing and Organisational Development to the Board	3	3	9	Yes	No	Unchanged
Market Intelligence - insufficient knowledge of the competition and inadequate marketing.	All	Stephen Graves	The Trust is reliant on the knowledge of clinical colleagues who know what the competitive field is like in their speciality. The interface between them and the marketing team is key. Meanwhile, financial reporting would flag up negative trends. This is not currently an issue for the Trust.	3	3	9	Yes	No	Unchanged

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Clinical priorities and investment priorities are not aligned.	1, 2, 3 and 5	Jag Ahluwalia	The Investment Board assesses individual projects and reviews the balance between clinical and investment priorities on a case by case basis. There is a new proforma for preparing and submitting investment proposals for the Investment Board. Clinical strategies presented to the Board in January 2009.	3	3	9	Yes	No	Unchanged
Non-compliance with Mandatory Training standards due to non-attendance of staff and incomplete recording of attendance	All	Karen Castille	Monitored and reported to the Board as part of the Healthcare Commission compliance reports. NHSLA reported on it in November 2008 and were satisfied with Trust arrangements.	3	3	9	Yes	No	Decreased
Growth in the FOI and daily press enquiries and risk to reputation in managing the increasing volume of enquiries from media, MPs, commercial organisations etc. Failure to use information gathered in response to FOIs etc to influence the Trust's strategy.	All	Ann Alderton	Regular reporting of numbers and types of enquiries to the Trust Secretary, FOI User Group and Information Systems Programme Board. Number of enquiries reported to the Board quarterly for information.	3	3	9	No	Yes	Decreased
A culture which shifts too quickly from boom to bust makes it difficult for staff to adjust, makes planning difficult, and create a credibility issue for the finance department.	All	David Smith	Internal audit, external audit.	3	3	9	No	Yes	Unchanged
Damage to the reputation of the Trust due to incidents or issues generating adverse publicity.	All	Gareth Goodier	Communications Strategy (2008)	2	4	8	Yes	No	Unchanged
The effective use of the choose and book system across the whole health economy resulting in the Trust losing out to competition in patient choice.	All	Stephen Graves	The Trust represented on the Choose & Book Project Board. This meets quarterly with additional monitoring through monthly Operations meetings. Choose and Book performance is represented quarterly to the Board.	2	4	8	Yes	No	Decreased
The estates infrastructure does not meet the needs of the organisation.	1,2 and 3	Richard Howe	The Board of Directors sees the Capital programme assessment and the estates infrastructure backlog is in the annual plan. There is an annual report on Estates next scheduled for May 2009. ERIC reports to the DoH annually on 730 reporting lines relating to estates.	2	4	8	Yes	No	Unchanged
Bureaucracy, process and periods of low productivity are hampering the pace of change.	1, 3 and 5	Stephen Graves	Quarterly report from Director of Corporation on strategic developments & non-regulated income will highlight any evidence of this.	2	4	8	Yes	No	Unchanged
Innovation at a faster pace than commissioners/GPs creating a service for which there is no demand.	1, 3 and 5	Stephen Graves/Craig Black	Reporting to the board through the minutes of the Investment Board provides it with assurances that this risk is being managed. Director of Corporate Development reports to the Board on strategic initiatives and non-regulated income quarterly.	2	4	8	Yes	No	Unchanged
Unreasonable demands/changing standards as a result of new regulatory regimes.	1, 2, 3 and 5	Ann Alderton	The Board of Directors is kept informed through the relevant Director reports which are affected by such change. The Board receives regular performance reports against targets, with exceptions highlighted.	2	4	8	Yes	No	Unchanged

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Being ill-equipped to manage a major incident.	1, 2, 3 and 5	Tom Bennett	Report of exercise Halogen has been presented to the Board in January 2008. The management of Norovirus outbreak in December 2008 and January 2009 has provided additional learning about the adequacy of current arrangements.	2	4	8	Yes	No	Unchanged
Significant loss of income because we are not identifying new sources of income.	1, 2, 3 and 5	Stephen Graves	Quarterly report from Director of Corporate Development on strategic developments & non-regulated income. Monthly financial report, 2008/09 Integrated Business Plan, Investment Board minutes.	2	3	6	Yes	No	Unchanged
Not complying with Section 11 of the Health and Social Care Act to engage with patients and public over service change, levels of patient satisfaction etc.	1, 2 and 3	N/A	Survey results, SDU clinical governance meetings, focus group reports. Quarterly Patient Experience reports to the Board	3	2	6	Yes	No	Unchanged
Infrastructure in relation to business continuity as a consequence of being unable to use the physical estate (e.g. through fire, contamination etc.)	All	Richard Howe	Through the Risk Register to Clinical and Corporate Governance for all risk assessments which are greater than 16 (red risks).	2	3	6	Yes	No	Unchanged
Not dealing with complaints comprehensively	1, 2 and 3	Brenda Hennessy	Quarterly reports on Patient Experience to the Trust Board. Monthly returns on response rates, evidence of actions taken following complaints and concerns to improve service.	2	3	6	Yes	No	Unchanged
High staff turnover		4 Karen Castille	Director of Nursing and OD reports monthly to the Board. Annual staff survey is reported to the Board of Directors. Operations report highlights areas of staffing difficulties. Exit meetings & questionnaires identify reasons for retention problems. There is a health, safety and welfare committee which reports to Management Staff Forum on which Executive Directors sit. Annual staff survey results to the Board	3	2	6	Yes	No	Decreased
Failure to maintain effective channels of communication	All	Ruth Murphy	Director of Communications reports annually to the Board. Communications KPIs have been incorporated into the 2008/9 performance indicators.	2	2	4	Yes	No	Unchanged