Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	**Risk Description**	**Responsible Executive Director**	**Assurances**	**Current L**	**C**	**Score**	**Is the Board adequately informed**	**Are there further actions required**	**Risk Rating Shift**
1	Pressure on public sector finances is likely to increase significantly from 2010 onwards, resulting in a significant reduction in funding for the NHS. The reduction in funding could be as high as £15 to £20 billion over 3 years from 2011, or 20% of the current forward estimates.	Chief Executive	Reporting arrangements on the Effectiveness Programme have been established and incorporated into Quality and Performance reports to the Board, reporting to Board and FOP Committee. The Finance, Operations and Performance committee provides assurance to the Board on the Trust's financial performance. Internal audit provides assurances on the Trust's processes for financial reporting and financial control and the Audit Committee commissions additional work from them where there are concerns about those processes. Monitoring against trajectory will show whether savings are being achieved.	5	5	25	Yes. Regular monthly reporting with phased budgets.	Yes. Incorporating Effectiveness Programme measures into the 2010/11 dashboard is in hand.	Increased
2	The MPET review puts at risk up to £15m per annum under SIFT and MADEL (most likely scenario is £7m)	Chief Executive	The Chief Executive's report to the Board will refer to the status of national negotiations and an MEE group has been established within the Trust to deal with the potential consequences	4	5	20	Yes	No	Unchanged
3	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. Demand in excess of capacity risks derailing ward refurbishment and decontamination plans.	Chief Nurse and Operating Officer	Monthly JCCE meeting and Divisional meetings discuss capacity. Report to Board of Directors where approval required. Information on bed occupancy and outliers is provided in the Nursing Quality metrics provided to the Board monthly. A capacity planning group meets monthly and its outputs are brought to the JCCE.	5	4	20	Yes	Yes. The Trust's ability to control this risk is affected by lack of capacity in the community	Unchanged

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current L	C	Score	Is the Board adequately informed	Are there further actions required	Risk Rating Shift
4	Systems risk around the LBC monitoring system. Changes in PbR need to be reflected in the monitoring system and are often complex in nature. The Trust has a bespoke system which is entirely supported in house and is vulnerable to increasing amounts of data	Director of Commissioning	Any issues are factored into the current and forecast financial position detailed in the finance paper to the Board	5	4	20	Yes	No	Unchanged
5	Information Technology provision sub-optimal as a result of ageing application suite and reduced investment in network and PC infrastructure	Director of Information Systems and Analysis	IT Programme Board has an approved capital and revenue budget agreed as part of the annual Business Planning process. The Director of Information Systems and Analysis will escalate to the Board when necessary. This programme has been allocated £150k of capital so far in 2010/11 out of a requirement of £3.3m. This lack of investment in red risks had led to an increase in the risk assessment of 20. A further request for funding will be made to the June JCCE	4	5	20	Yes	Yes, regarding capital	Increased
6	Contravention of Data Protection Act in relation to accidental loss, damage or destruction of identifiable information. There have been a number of SUIs in 2008 and 2009.	Director of Information Systems and Analysis	IGSG meets monthly and reports quarterly to the ISPB and annually to the board. Quarterly reports from IS&A to be instituted from January 2010.	4	4	16	Yes	No	Decreased
7	Risks relating to changes in medical careers - the service quality consequences of having less experienced junior doctors and the financial consequences of the solution of rostering additional consultants.	Medical Director	Regular reports to the board on progress towards EU directive compliance and 24/7 working in the report of the Chief Nurse and Operating Officer. Dr Arun Gupta, Director of Post Graduate Education reports to the Board on a quarterly basis	4	4	16	Yes	No	Decreased
8	Services provided within the community (PCT provider, GP practices, community services and other provider Trusts) are not being delivered effectively, having a knock-on effect on us.	Chief Nurse and Operating Officer	EP3 reports to the Board via FOPC	4	4	16	Yes	No	Unchanged
9	Medical devices and equipment do not meet the changing needs of the organisation and the budget isn't enough to refresh the equipment	Director of Estates and Facilities	The equipment review will be fed back to the Board of Directors through FOPC	4	4	16	Yes	Yes, regarding capital	Increased

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	**Risk Description**	**Responsible Executive Director**	**Assurances**	**Current L**	**C**	**Score**	**Is the Board adequately informed**	**Are there further actions required**	**Risk Rating Shift**
10	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; (d) pursuit of projects which are not compliant with the Trust's Terms of Authorisation and the NHS Act 2006	Chief Executive	The Strategic Scorecard, Monthly financial report Integrated Business Plan.	4	4	16	Yes	Yes regarding clear decision making on when to proceed and when not to proceed with an initiative	Increased
11	Failure to meet contractual targets, resulting in financial penalties - eg. failure to deliver the 18 week target could result in a maximum penalty potentially of £5m.	Director of Commissioning	Regular reports to the Board during contract negotiation. Monthly financial report, 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.	4	4	16	Yes	No	Increased
12	Non-compliance with DH single sex accommodation directive leading to poor provision of care (lack of respecting privacy and dignity); loss of Trust reputation and potentially CQC rating and financial penalties	Chief Nurse and Operating Officer	Monitoring against agreed action plan. Chief Nurse and Operating Officer reports to the Board of Directors via FOP	4	4	16	Yes	No	New
13	The Trust failing to progress its strategic developments . Failure to progress is increasingly due to financial limiting factors rather than complexity.	Director of Major Capital Development	The Board has been briefed on progress and the the financial obstacles to progress at away-days in October 2009 and February 2009. Schemes will be coming to the Board individually for approval in order of priority and depending on the availability of capital.	3	5	15	No	Yes, due to availability of capital	Unchanged
14	Activity is not fully captured and billed	Director of Commissioning	Regular reports to divisional meetings and the Board	5	3	15	Yes	No	New

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current L	C	Score	Is the Board adequately informed	Are there further actions required	Risk Rating Shift
15	Infrastructure in relation to business continuity as a consequence of being unable to use the physical estate (e.g. through fire, contamination etc.)	Director of Estates and Facilities	Fire and building risks are in the estates-held risk register and support generic risk assessments on the corporate risk register. All risk assessments which are greater than 16 (red risks) have been reported in the past to the Quality Committee and in the future to both Quality Committee and Audit Committee. The Trust commissioned an independent expert to undertake a self-assessment for fire safety on the Trust's sites and actions identified have been reported on the risk register	3	5	15	Yes	No	increased
16	The tendering by the PCT of specific clinical services may result in loss of business and increased overhead costs.	Chief Executive	Regular reporting by the Director of Corporate Development to the Board. This will also form part of the EP3 report to the Board	3	4	12	No	No	Decreased
17	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.	Chief Nurse and Operating Officer	Internal assurances through reports to the Quality Committee. External assurances include regional audit of the Mental Health Capacity Act. Equality and diversity group reports any significant issues through to the Board of Directors.	4	3	12	No	No	Unchanged
18	Revised GMC revalidation and relicensing process. Systems and processes need to be robust to enable outcomes to be measured and reported.	Medical Director	This is not yet an issue for the Trust but one which is likely to materialise	4	3	12	Yes	No	Unchanged
19	Unable to recruit to some key staff posts, in particular nurses.	Chief Nurse and Operating Officer	MAPS system. Quality report to the board and monthly report of Director of Nursing and OD. CASA visits	4	3	12	Yes	No	Unchanged

Appendix 2

Assurance Framework – June 18 2010
Report relates to 38 Risks

Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current L	Current C	Current Score	Is the Board adequately informed	Are there further actions required	Risk Rating Shift
20	Non-compliance with legislation, the NHS Constitution and other regulations and guidelines from regulatory authorities the Trust is answerable to. Unreasonable demands/changing standards as a result of new regulatory regimes	Trust Secretary	CQC standards compliance reported to the Board twice a year and a Board declaration is independently validated by Governors and NEDs and circulated to external agencies for comment. Monitor compliance framework information is reported quarterly (monthly reporting for priority objectives). NHSLA accreditation visits provide assurance on compliance with their standards on documentation. Level 2 accreditation achieved in November 2008 and the Trust is now working towards level 3. Some areas within the CQC standards are subject to CQC spot-check visits and internal audits.	3	4	12	No	No	Unchanged
21	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.	Medical Director	Board approves Risk Management Strategy annually. Quality 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 the Quality Committee in a systematic way. NHS Litigation Authority Maternity Review, Healthcare Commission review. IRMER review. Evidence of falling infection rates. There will be a quarterly report to the Board from the Patient Safety Executive. A project by Monitor and the Boston Consulting Group will review and report on how the Board deals with quality and safety	3	4	12	Yes	No	Unchanged
22	Infrastructure in relation to a suitable environment for patients.	Director of Estates and Facilities	Monthly reporting on infection control statistics (to Board, the Executive Forum and Directors) will identify whether this patient safety issue will improve as a result of efforts to improve the infrastructure. Other areas where functionality solutions are required rely on local identification of issues, and suitably worked-up bids to the Joint Clinical and Corporate Executive.	3	4	12	Yes	Yes until work to improve same sex compliance is complete	Unchanged

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current			Is the Board adequately informed	Are there further actions required	Risk Rating Shift
				L	C	Score			
23	Lack of external capacity to enable the Trust to discharge patients into the community adding pressure to internal capacity and unacceptably high occupancy levels.	Chief Nurse and Operating Officer	Monthly Executive Forum, Joint Clinical and Corporate Executive and Board reporting on target and performance in relation to these issue with appropriate incentives. This is part of the EP3 project	3	4	12	Yes	No	Unchanged
24	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.	Director of Patient Experience and Public Engagement	Director of Patient Experience and Public Engagement reports twice a year to the Board	4	3	12	Yes	No	Unchanged
25	Preparing for a pandemic and dealing with the consequences on performance and finance	Chief Nurse and Operating Officer	Self-assessment of Pandemic preparations were reviewed by FOPC in September 2009 and a public Board statement issued. Report of Exercise Halogen presented to the Board in January 2008	2	5	10	Yes	No	Decreased
26	Incomplete information on whether individual directorates/wards/clinics are treating patients safely	Medical Director	Consultant appraisals. Complaints data and other patient feedback. Safety First Initiative. Directorate MOTs. Incident data Risk assessments. Much of this will be co-ordinated by the Patient Safety Executive which will report its conclusions through the Quality and Risk Committee.	3	3	9	Yes	No	Decreased
27	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. This includes IT for effective document management for corporate documents (policies, procedures, guidelines and patient information)	Director of Communications	Board will be appraised of the status of this risk through the Business Planning process.	3	3	9	No	Yes regarding capital	Unchanged

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current L	C	Score	Is the Board adequately informed	Are there further actions required	Risk Rating Shift
28	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.	Trust Secretary	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	Yes	No	Unchanged
29	Non-compliance with Mandatory Training standards due to non-attendance of staff and incomplete recording of attendance	Chief Nurse and Operating Officer	Monitored and reported to the Board as part of the CQC compliance reports. NHSLA reported on it in November 2008 and were satisfied with Trust arrangements.	3	3	9	Yes	No	Unchanged
30	Equal pay claims	Chief Nurse and Operating Officer	Equality and Diversity Steering Group has been established with a reporting line to the Board	3	3	9	Yes	No	Unchanged
31	Clinical priorities and investment priorities are not aligned.	Medical Director	Divisional priorities will be considered by the Joint Clinical and Corporate Executive, taking a Trust-wide view.	3	3	9	Yes	No	Unchanged
32	Hinchingbrooke franchise: the bid process will take executive and senior clinicians' focus away from CUH core business	Director of Finance	Regular reporting to the Board and the Board sub-committee made up of Chair and CEO, 3 Executive Directors, 2 NEDs plus one future NED	3	3	9	Yes	No	Decreased
33	Unreasonable demands/changing standards as a result of new regulatory regimes.	Trust Secretary	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	No	Yes due to the complexity and competing demands of the regulatory regime	Unchanged
34	The estates infrastructure does not meet the needs of the organisation.	Director of Estates and Facilities	The Board of Directors sees the Capital programme assessment and the estates infrastructure backlog is in the annual plan. This forms part of the regulatory framework for CQC assessment. ERIC reports to the DoH annually on 730 reporting lines relating to estates.	2	4	8	Yes	No	Unchanged
35	Being ill-equipped to manage a major incident.	Chief Nurse and Operating Officer	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. Aspects are also covered in the Pandemic Flu preparedness self-assessment and declaration	2	3	6	Yes	No	Decreased

Assurance Framework – June 18 2010 Report relates to 38 Risks									
Risk ranking	Risk Description	Responsible Executive Director	Assurances	Current L	C	Score	Is the Board adequately informed	Are there further actions required	Risk Rating Shift
36	Failure to generate new income and deliver new income streams	Director of Finance	The agreed proposals will be brought to the Board for approval as part of the business plannning process. 6 monthly reports on developments in the annual plan to the Board by the Director of Finance.	2	3	6	Yes	No	New