

Report to the Board of Directors: 10 May 2023

Agenda item	15
Title	Board Assurance Framework and Corporate Risk Register
Sponsoring executive director	Ian Walker, Director of Corporate Affairs Lorraine Szeremeta, Chief Nurse
Author(s)	Jumoke Okubadejo, Director of Clinical Quality; Elke Pieper, Head of Risk and Patient Outcomes; Ian Walker, Director of Corporate Affairs
Purpose	To receive the latest versions of the BAF and CRR.
Previously considered by	Risk Oversight Committee, 27 April 2023

Executive Summary

The Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) are refreshed on a monthly basis through discussion with the Executive Director leads for each risk and presented to the Risk Oversight Committee for review. The risks are assigned to Board assurance committees for oversight and they are also received by the Board four times a year (most recently in March 2023).

This paper provides the Board with the latest version of the BAF which contains 15 principal risks to the achievement of the Trust's strategic objectives. 11 of these risks are currently rated at 15 or above.

The paper also provides a summary of the current CRR risks, as reviewed by the Risk Oversight Committee on 27 April 2023.

Related Trust objectives	All objectives
Risk and Assurance	The report sets out the principal risks to achievement of the Trust's strategic objectives.
Related Assurance Framework Entries	All BAF entries.
Legal implications/Regulatory requirements	The BAF is a key document which informs the Annual Governance Statement.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to receive and approve the current versions of the Board Assurance Framework and the Corporate Risk Register.

Board of Directors

Board Assurance Framework and Corporate Risk Register

Ian Walker, Director of Corporate Affairs

Lorraine Szeremeta, Chief Nurse

1. Introduction

- 1.1 The Board Assurance Framework (BAF) provides a structure and process which enables the Board of Directors to focus on the principal risks which might compromise the achievement of the Trust's strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and the sources of assurance available to the Board regarding the effectiveness of the controls. The BAF is received by the Board four times a year (most recently in March 2023 - the February 2023 version).
- 1.2 The Board also receives a report four times a year on the Corporate Risk Register (CRR) to provide additional assurance that key operational risks are being effectively managed.
- 1.3 Board assurance committees review both the BAF and the CRR risks assigned to them at each meeting. The BAF and CRR are refreshed on a monthly basis in discussion with the lead Executive for each risk and then reviewed by the Risk Oversight Committee.

2. Board Assurance Framework

- 2.1 The April 2023 version of the BAF is attached at Appendix 1. It incorporates updates from monthly reviews undertaken since the last report to the Board in March 2023. These have been reviewed by the respective Board assurance committees.
- 2.2 There are currently 15 risks on the BAF, one more than the previous version received by the Board.
- 2.3 A detailed log of monthly amendments and updates to the BAF as reviewed by the Risk Oversight Committee is available to Board members on request. There have been a number of updates to controls and assurances and to actions to address gaps in controls and assurance over the past month.

2.4 As set out in the previous report, the BAF now includes medium-term trajectories for each of the BAF risks, indicating how the level of risk is expected to change over time in response to the implementation of actions within the Trust's control and/or anticipated external developments. This work, which is largely complete, is intended to support the Board in tracking risk profiles over time and assessing risk trajectories against the Trust's risk appetite.

2.5 In terms of key amendments to individual BAF risks during this two-month period, the following are highlighted:

- The addition of a new BAF risk on tackling the climate emergency and enhancing environmental sustainability. This is included as risk 015 on the BAF with a current risk rating of I4xL4=16.
- BAF 009: the risk has been updated to reflect the agreed work on the Cambridge Children's Hospital OBC and planned re-submission to the Joint Investment Committee in September 2023, with a corresponding amendment to the medium-term trajectory.

2.6 Of the 15 current BAF risks, 11 are 'Red' rated at 20, 16 or 15 as follows:

- Capacity and patient flow (20)
- Fire safety (20)
- Estates backlog maintenance and statutory compliance (20)
- Staffing availability (20)
- Effective prioritisation of patients in greatest clinical need (16)
- Equality, diversity and inclusion (16)
- Financial sustainability (16)
- Staff health and wellbeing (16)
- Prioritisation of IT resources (16)
- New hospitals development (16)
- Environmental sustainability and carbon reduction (16)

2.7 The Trust's risk scoring matrix is appended to the BAF for reference.

2.8 The table below summarises the mapping of the BAF risks to the Trust's strategic commitments (as appended to the BAF).

Table 1: Strategic commitments and associated BAF risks

Strategic objective	Associated BAF risks
A1	010
A2	001
A3	001, 002
A4	004, 008
A5	002, 004

B1	007
B2	007
B3	013
B4	008
B5	013
C1	010, 014
C2	012
C3	005, 006, 009
C4	015
C5	003

3. Corporate Risk Register

- 3.1 The risks on the CRR are reviewed on an ongoing basis by the Risk Oversight Committee and the relevant Board assurance committees.
- 3.2 The current CRR is summarised at Appendix 1. There are currently 44 risks on the CRR.

4. Recommendations

- 4.1 The Board of Directors is asked to receive and approve the current versions of the Board Assurance Framework and the Corporate Risk Register.

Appendix 1: Corporate Risk Register summary, April 2023

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-23	Mar-23	Apr-23
CR05a	Insufficient urgent and emergency capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05c	Insufficient outpatient capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05d	Insufficient diagnostic capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR05e	Insufficient surgery capacity to meet Patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR29	Imaging reporting backlog	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR42a	Compliance with Fire Safety Regulations – Trust-wide buildings	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x3=15 (Red)	Same	Same	Same
CR42b	Compliance with Fire Safety Regulations in A Block	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR42c	Fire safety systems in the ATC	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x2=10 (Amber)	Same	Same	Same
CR43a	Insufficient staffing on adult wards	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR04b	Medical device repairs and planned preventative maintenance	Safe	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4 x 2 = 8 (Amber)	Same	Same	Same
CR50	Staffing levels in e-Hospital department	Responsive	Director of Improvement and Transformation	Performance	5x5=25 (Red)	4x5=20 (Red)	3x2=6 (Yellow)	Same	Same	Same

Board of Directors: 10 May 2023

Board Assurance Framework and Corporate Risk Register

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CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-23	Mar-23	Apr-23
CR54	Attracting and retaining staff due to increasing cost of living	Safe	Director of Workforce	Workforce	4x5=20 (Red)	4x5=20 (Red)	4x4=16 (Red)	Same	Same	Same
CR58b	Meet statutory requirements or standards required for accreditation – Division B	Responsive	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR57	Industrial action	Well-led	Director of Workforce/ Chief Operating Officer	Performance	5x4=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR60	Demand and substantive staffing in Patient Advice and Liaison Service and Complaints Department	Responsive	Chief Nurse	Quality	4x5=20 (Red)	4x5=20 (Red)	4x3=12 (Amber)			NEW
CR04a	Replacement of unsupported/ aging/unsuitable medical equipment	Safe	Medical Director	Performance	5x4=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR07	Failure to reduce incidence of Healthcare Acquired Infections	Safe	Medical Director	Quality	5x5=25 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR41	Pathways for patients with mental health conditions	Responsive	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR46	Expiry of LMB Building Lease housing Histopathology services	Well-led	Director of Capital, Estates and Facilities Management	Performance	4x5=20 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR52	Potential short-term supply shortages	Safe	Chief Finance Officer/ Medical Director	Quality	5x4=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR05f	Insufficient capacity within maternity services	Safe	Chief Operating Officer	Quality	4x5=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR43b	Insufficient medical staffing across Maternity Services	Safe	Medical Director	Quality	4x5=20 (Red)	4x4=16 (Red)	2x3=6 (Yellow)	Same	Same	Revised Same
CR43c	Insufficient midwifery staffing across Maternity Services	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x4=16 (Red)	2x3=6 (Yellow)	Same	Same	Revised Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-23	Mar-23	Apr-23
CR45a	Failure to meet patients' equality and diversity needs	Well-led	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	3x2=6 (Yellow)	Same	Same	Same
CR05g	Use of designated contingency capacity	Safe	Chief Operating Officer	Performance	4x5=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	NEW	Same	Same
CR45b	Equality and diversity in the CUH workforce	Well-led	Director of Workforce	Workforce	4x4=16 (Red)	4x4=16 (Red)	4x3=12 (Amber)	NEW	Same	Same
CR59	Impact of climate change on delivery of services at CUH	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x5=20 (Red)	4x4=16 (Red)	3x2=6 (Yellow)		NEW	Same
CR03	Water quality	Safe	Director of Capital, Estates and Facilities Management	Quality	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR10	Capacity and resilience in the High Voltage Electrical infrastructure	Safe	Director of Capital, Estates and Facilities Management	Performance	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR42d	Fire Alarm – operation of fire system evacuation signal	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Reduced	Same	Same
CR38	Deteriorating Patients and Sepsis	Safe	Chief Nurse	Quality	5x4=20 (Red)	5x3=15 (Red)	5x1=5 (Yellow)	Same	Same	Same
CR24	Compliance with critical ventilation requirements	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR44	Meeting blood transfusion regulation	Safe	Medical Director	Quality	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR49	RAAC panel failure	Responsive	Chief Operating Officer	Performance	5x3=15 (Red)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Feb-23	Mar-23	Apr-23
CR17	Maintaining suitably skilled workforce	Well-led	Director of Workforce	Workforce	3x5=15 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR20	Expansion of the Cambridge Biomedical Campus impacting access to and from the Campus due to inadequate local transport	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR23b	Performance of FM contract in the Addenbrooke's Treatment Centre (ATC)	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR23c	Delivery of services under the PFI Project Agreement	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR58d	Meeting statutory requirements or standards required for accreditation – Division D	Responsive	Medical Director	Quality	4x5=20 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Reduced	Same	Same
CR58e	Meeting statutory requirements or standards required for accreditation – Division E	Responsive	Medical Director	Quality	4x5=20 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Under review	Reduced	Same
CR32	Cyber security protection	Safe	Director of Improvement and Transformation	Audit	5x3=15 (Red)	5x2=10 (Amber)	4x1=4 (Yellow)	Same	Same	Same
CR25	Compliance with the Accessible Information Standard	Safe	Chief Nurse	Quality	4x5=20 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR55	Radio pharmacy services provision	Safe	Medical Director	Quality	4x5=20 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Same	Reduced
CR56	Resource and capacity within the Occupational Health department	Safe	Director of Workforce	Performance	4x4=16 (Red)	3x3=9 (Amber)	2x3=6 (Yellow)	Reduced	Same	Same

Cambridge University Hospitals NHS Foundation Trust

Board Assurance Framework: April 2023

Board Assurance Framework overview – ranked by current risk rating

Risk ref.	Current risk score	Risk description	Lead Executive	Board monitoring committee
001	20	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to deliver timely and responsive urgent and emergency care services, sustainably restore services to pre-Covid levels and reduce waiting lists, while at the same time managing future Covid surges and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.	Chief Operating Officer (COO)	Performance and Quality
005	20	A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.	Director of Capital, Estates & Facilities Mgt	Performance
006	20	As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.	Director of Capital, Estates & Facilities Mgt	Board of Directors
007	20	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.	Director of Workforce	Workforce and Education
002	16	Due to the ongoing impact of delays resulting from the Covid-19 pandemic, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.	Chief Nurse and Medical Director	Quality
011	16	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.	Chief Finance Officer	Performance
008	16	There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.	Director of Workforce and Chief Nurse	Board of Directors, Workforce and Education, and Quality
013	16	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.	Director of Workforce	Workforce and Education
003	16	The Trust does not prioritise and deploy to best effect the limited resources available for IT investment to support staff to deliver improved patient care and experience.	Director of Improvement and Transformation	Audit
009	16	New hospitals proposals are not developed, approved and/or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.	Interim Director of Strategy and Major Projects	Addenbrooke's 3/ Board of Directors
015	16	As a result of a failure to deliver the CUH Green Plan, the Trust does not enhance environmental sustainability and reduce its direct carbon emissions by 10% by 2025 (as a key step towards the national commitment to halve carbon emissions before 2032 and deliver net zero carbon by 2045) nor develop and deliver a credible adaptation plan, which impacts on organisational reputation and regulatory compliance and increases the susceptibility of our services to the effects of climate change.	Director of Capital, Estates & Facilities Mgt	Board of Directors
004	12	The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.	Chief Nurse and Medical Director	Quality
010	12	The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.	Interim Director of Strategy and Major Projects and COO	Board of Directors
014	12	The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.	Interim Director of Strategy and Major Projects	Board of Directors
012	9	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.	Interim Director of Strategy and Major Projects	Board of Directors

BAF risk	001	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to deliver timely and responsive urgent and emergency care services, sustainably restore services to pre-Covid levels and reduce waiting lists, while at the same time managing future Covid surges and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.
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Current risk rating:
20

Strategic objective	A2, A3
Latest review date	April 2023

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	5	20
Current (Apr 23)	4	5	20

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 002	16	Effective prioritisation of patients
BAF 005/006	20	Estates backlog/fire safety compliance
BAF 007	20	Meeting workforce demand
CR43	20	Staffing on adult inpatient wards
CR05	20	Capacity
CR08	20	Winter pressures

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Operational strategy 22/23 agreed by ME and Board. CUH Winter Plan 22/23 agreed by ME and implemented. Winter 22/23 Taskforce established (supported by task & finish groups). Cohorting and configuration plan informed by modelling work and data-driven approach to optimise use of capacity in line with clinical need. Covid Infection Prevention and Control guidance in place and reviewed regularly, based on assessment of the balance of risk between Covid transmission and treatment capacity. Regional surge centre – use of Ward T2 (and P2/Q2 until September 2022) to provide additional capacity. 56-bed unit approved in November 2021 and under construction. Business case for 3 modular theatres approved in July 2022, planning permission granted in August 2022 and under construction. Pathway and other changes to create additional UEC capacity – use of EAU3 as discharge lounge, EAU4 as assessment area & G2 as frailty unit. Development of expanded virtual ward offering to create additional acute capacity. Use of independent sector and other off-site physical capacity, including surgical capacity at Ely.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Reporting to Management Executive (ME) via Winter Taskforce, Urgent and Emergency Care (UEC) Programme Board and Capacity Oversight Group. Reporting to Performance and Quality Committees and Board of Directors on implementation of Winter Plan and delivery of capacity and flow programmes/ objectives. Ongoing review of core emergency and elective care metrics. Virtual ward programme governed through Division C governance arrangements. System reporting to Health Gold, System Leaders and ICS Board. ICS and regional oversight through System Resilience Group and System Oversight and Assurance Group (SOAG).

12. Whole system focus on recovery and demand management via Cambridgeshire South Partnership; continue to evolve UEC model within CUH including ED front door.
13. Identification of 15 step down beds in the community for winter 22/23.
14. Ongoing programme of Executive meetings with specialties.
15. Ward at Royal Papworth for medically-fit patients opened in January 2023 (closed at end of March 2023).

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Gaps in control	Gaps in assurance
<p>C1. Implementation of Winter Plan and further development and delivery of individual workstreams via task and finish groups.</p> <p>C2. Use of additional on-site physical capacity: C2a: 56-bed unit – including decision on balance between use for additional capacity and decant space to support fire safety and other essential works. C2b: Use of 40-bed unit for elective surgical capacity. C2c: 3 currently closed neurosurgery theatres in A Block. C2d: ED Urgent Treatment Centre (UTC) expansion scheme.</p> <p>C3: System working to respond to growth in both elective and non-elective demand.</p>	

Actions to address gaps in controls and assurances	Due date
<p>C1. Management Executive lead for each task and finish group driving development and delivery of priorities, with reporting to Management Executive and Performance Committee.</p> <p>C2a: Construction in progress. Staffing plans in development. Agreement to be taken on balance of use between additional capacity and decant space. Opening scheduled for [July 2023] (delayed from previous date of November 2022).</p> <p>C2b: Theatre construction works and recruitment underway.</p> <p>C2c: Available following fire improvement works to A Block.</p> <p>C2d: Business case approved in October 2022 and works to proceed.</p> <p>C3. ICB Winter Plan developed with system partners and being implemented, overseen by Unplanned Care Board and South System Resilience Group. Focus on Virtual Wards; 2-hour urgent community response model; work with primary care; and community hub for winter 2022/23.</p>	<p>Ongoing</p> <p>[July 2023] – <i>awaiting revised date</i></p> <p>September 2023 October 2023 August 2024</p> <p>Ongoing</p>

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 001: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x5=20	
October 2023	4x4=16	Opening of 56-bed unit (U-Block) and elective orthopaedic facility (P2/Q2 and 3 theatres) backed by workforce model.
February 2025	4x3=12	Re-opening of 3 A Block theatres and additional ED UTC capacity backed by workforce model; initial progress on demand management through system pathway changes (link to BAF ref: 010).
September 2025	4x2=8	Significant system progress on demand management and pathway changes to increase out-of-hospital care.

BAF risk	002	Due to the ongoing impact of delays resulting from the Covid-19 pandemic, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.
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Current risk rating:
16

Strategic objective	A3, A5
Latest review date	April 2023

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Aug 20)	5	3	15	
Current (Apr 23)	4	4	16	

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Maximisation of capacity across theatres, outpatients and diagnostics – see BAF risk 001 - within constraints of responding to Covid-19 waves. 2. Review of balance between Covid/non-Covid and emergency/ elective activity, informed by data, ethical input and professional judgement. 3. All surgical specialties undertaking at least weekly clinical prioritisation reviews in line with national and Royal College guidance, feeding into decisions by Surgical Prioritisation Group. 4. Waiting list harm review process to minimise risk to patient safety. 5. Review of complaints and incidents and potential/actual harm at SIERP. 6. Messaging to patients and public on what to expect while waiting and who to contact with concerns, including letters to long-waiting patients.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Comparative data monitored by NHSE against other centres. 2. Review of harm review process by Management Executive in March/April 2021 and Quality Committee in May 2021, with external legal input. 3. Ongoing assurance role for Quality Committee on harm review process. 4. Outcomes data monitored through Board and Quality Committee. 5. Waiting lists monitored against trajectory. 6. Established monitoring of patient feedback and experience. 7. Robust oversight of delivery of actions through relevant taskforce boards. 8. Close monitoring of incident reporting (including no harm/near miss) overseen by SIERP, Patient Safety Group and through IPR to Board – including capturing learning to improve processes.

Gaps in control	Gaps in assurance
C1. Insufficient physical/staffing capacity to reduce waiting lists by increasing diagnostic/treatment volumes. C2. Patients not presenting to GPs during pandemic. C3. Maintaining effective contact with patients on waiting lists.	

Actions to address gaps in controls and assurances	Due date
C1. See BAF risks 001 and 007.	See 001 and 007
C2. Emphasising national/local messaging via website/social media on importance of continuing to access NHS services.	Ongoing
C3. Implementation of validation letter and survey; writing to long-waiting patients; information on CUH website and to GPs.	Ongoing

Risk score	Apr 22	May 22	Jun22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 002: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
March 2024	4x3=12	Ability to manage and prioritise will remain compromised until elective waiting list reduces significantly, which will be facilitated by a cumulative increase in capacity from opening of 56-bed unit (U-Block), elective orthopaedic facility (P2/Q2 and 3 theatres), re-opening of 3 A Block theatres and additional ED UTC capacity.
September 2025	4x2=8	Further progress in reducing elective waiting lists through significant productivity improvement, new models of care (including new workforce models) and new ways of working.

BAF risk	003	There is a risk that the Trust does not invest in, prioritise and deploy IT resources effectively to support achievement of the Trust's strategic priorities.
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Current risk rating:
16

Strategic objective	C5
Latest review date	April 2023

Lead Executive	Director of Improvement and Transformation
Board monitoring committee	Audit

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Apr 23)	4	4	16

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 011	16	Financial sustainability
CR50	16	eHospital team staffing

Key controls <i>What are we already doing to manage the risk?</i>
<p>Investment</p> <ol style="list-style-type: none"> Commodity IT services through Telefonica Tech. 6-12 monthly cycle for deploying additional infrastructure and new Epic versions/EPR work programme. Workforce to ensure the application, data and infrastructure environments are reliable secure, sustainable and resilient, and compliant with regulatory requirements through delivering a robust infrastructure and application lifecycle management <p>Prioritisation</p> <ol style="list-style-type: none"> Digital Strategy approved by Board of Directors; prioritisation through divisions/Digital Prioritisation Board to ensure alignment with strategy (under development) with cases for change supported by robust benefit cases. <p>Deployment</p> <ol style="list-style-type: none"> Telefonica Tech transformation programme. Implementation plan for Digital Strategy in development. Digital Board to monitor delivery against the strategy (under development).

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<p>Investment</p> <ol style="list-style-type: none"> Review of monthly performance reports and annual review of Telefonica Tech service by eHospital SMT Board and Digital Board; Internal Audit programme reviewed by Audit Committee. Regular reports to Performance Committee. Implementation programmes including operational support to undertake upgrade work. Epic upgrade completed in November 2022 and planned move to Epic Hyperdrive in late 2023. Monthly review at eHospital SMT. Regular reports to Performance Committee and Digital Board. <p>Prioritisation</p> <ol style="list-style-type: none"> Regular reports to Digital Board, Management Executive and Performance Committee. <p>Deployment</p> <ol style="list-style-type: none"> Transformation Benefits plans reviewed by eHospital SMT Board and Digital Board. Internal audit of transformation programme benefits realisation. Reports to Performance Committee on Digital Strategy implementation. New Digital Board to monitor delivery against the strategy with oversight of benefits realisation (in development).

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>Investment C1. Sufficient staffing to enable/align with digital aspirations.</p> <p>Prioritisation C2. Robust Trust-wide prioritisation process for digital change requirements aiming to maximise the benefits derived from the Trust's digital resources. C3. Establishment of methodology for the definition of benefits of IT investments.</p> <p>Deployment C4. New Digital Board to be put in place. C5. Implementation plan for Digital Strategy. C6. Establishment of IT investment benefits tracking approach.</p>		<p>Investment C1a. Proposals to be considered as part of 23/24 business planning. C1b. Recruitment and retention plan to be revised and implemented (complete recruitment by September 2023).</p> <p>Prioritisation C2. New prioritisation process for Epic change requests, Telefonica Tech bespoke requests and non-Epic software deployment; strengthened Digital Board; benchmarking of prioritisation process with Johns Hopkins. C3. Develop, agree and embed benefits definition methodology as part of business case process.</p> <p>Deployment C4. Implementation of new Digital Board assuring Digital Strategy implementation plan. C5. Development of Digital Strategy implementation plan. C6. Develop, agree and embed benefits tracking approach.</p>	<p>May 2023</p> <p>March 2024</p> <p>May 2023</p> <p>May 2023</p> <p>June 2023</p> <p>June 2023</p> <p>May 2023</p>

Risk score	Apr 22	May 22	Jun22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	16	16	16	16	16								
<i>Risk redefined</i>						16	16	16	16	16	16	16	16

BAF 003: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
September 2023	4x3=12	Successful implementation of new IT prioritisation and benefits process and associated governance.
June 2024	4x2=8	Funding of additional staffing and successful implementation of recruitment and retention plan.

BAF risk	004	The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.
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Current risk rating:
12

Strategic objective	A5
Latest review date	April 2023

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Nov 22)	4	3	12
Current (Apr 23)	4	3	12

Change since last month
Risk refreshed in Nov 22

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR 44	12	Blood transfusion regulations
CR 07	16	Infection prevention and control
CR 38	15	Deteriorating patients and Sepsis

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Regular monitoring of quality metrics through CUH governance structure, recognising impact on quality through other BAF risks (including capacity and staffing). CUH Ward Accreditation programme being rolled out to provide ward to board reporting – linked to improvement programme, including ward-led improvement huddles. Implementation of NHS Patient Safety Strategy and updating of CUH Safety Strategy in line with new national Patient Safety Incident Response Framework (PSIRF). Introduction and embedding of Patient Safety Specialist and Patient Safety Partners. Delivery of PSIRF implementation training programme across the Trust, including Just Culture programme. Ongoing investment in leadership training for clinical leaders using Institute for Healthcare Improvement (IHI) methodology. Implementation of a digital patient consent process. Ongoing evolution of Learning from Deaths process. Active participation in quality improvement initiatives at Cambridgeshire and Peterborough Integrated Care Board (ICB) level.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Reporting to Patient Experience, Clinical Effectiveness and Patient Safety Groups, including on Ward Accreditation outcomes. Divisional quality meetings and monthly Performance Review meetings. Reporting to Quality Committee and Board of Directors via Integrated Performance Report (IPR). Oversight through ICB System Quality Meetings. Outcome of CQC inspections and review of CQC outlier reports. CQC peer review programme and Matron Quality Rounds. Findings of reviews commissioned by the Trust. Clinical Fridays and Executive visits. Clinical audit programme. Ongoing feedback from patients and staff.

Gaps in control	Gaps in assurance
<ol style="list-style-type: none"> PSIRF policy and plan requires Board approval. Lack of bandwidth across a range of staff groups to 	

Actions to address gaps in controls and assurances	Due date
C1. Policy and plan under development for review by Management Executive, Quality Committee and Board of	September 2023

focus on quality improvement programmes. C3. Development and implementation of CUH Patient Engagement Strategy.		Directors. C2. Ongoing recruitment programme to seek to fill vacancies to establishment. C3a. Patient Engagement Strategy drafted and approved by Board. C3b. Identification of resourcing requirements for implementation of Strategy.	Ongoing June 2023 June 2023
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Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	12	12	12	12	12	12	12						
	<i>Risk reformulated in November 2022 to reflect strategy refresh</i>							12	12	12	12	12	12

BAF 004: Risk trajectory


	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x3=12	
March 2024	4x2=8	PSIRF implemented; Patient Engagement Strategy approved, resourced and being implemented; reduced Trust-wide staffing pressures facilitating participation in quality improvement programmes (at both Trust and system levels).

BAF risk	005	A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.
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Current risk rating:
20

Strategic objective	C3
Latest review date	April 2023

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total	Change since last month 
Initial (Sep 17)	5	4	20	
Current (Apr 23)	5	4	20	

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 006	20	Fire safety compliance
CR 03	15	Water quality
CR 07a/07b	12	Infection control
CR 10	15	Electrical infrastructure resilience
CR 23b	12	FM contract performance in the ATC
CR 24	12	Ventilation requirements
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	20	Non-compliance with fire safety regulation in A block
CR42c	20	Failure of fire safety systems in the ATC
CR42d	15	Fire Alarm risks – operation of fire system evacuation signal

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Policies, procedures and protocols in place to support management of building and engineering maintenance and direct future life safety infrastructure systems and compliance works. 2. Skilled maintenance and engineering staff including specialist and local contractors. 3. Appropriate technical appointments and training in line with Health Technical Memoranda (HTM), with specialist sub-groups of the Capital, Estates and Facilities Management (CEFM) Health and Safety Group that monitors compliance. 4. 2019 condition survey provides the platform for annual desktop refresh of backlog maintenance risk and investment requirement. 5. Capital allocation via the Capital Advisory Board. 6. Divisional risk register and entries onto the Corporate Risk Register (CRR).

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Compliance reporting to CEFM Health and Safety Group. 2. Appointments maintained, contracts in place. 3. 2019 asset survey in line with national methodology. 4. Annual updates on risks and investment requirements to CAB. 5. Backlog maintenance a component of the core capital programme. 6. CEFM board /Director review risks for potential escalation to CRR. 7. QSI reports of failures/incidents. 8. Infection Prevention and Control reports. 9. Training records.

7. Access negotiated with local managers for ongoing servicing, maintenance and repairs.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Not all policies monitored in line with their effectiveness statements, although regular Authoring Engineer (AE) audits.</p> <p>C2. Some assets are not maintained in line with best practice. Recruitment challenges for skilled staff. Not sufficient staff funded to undertake the maintenance and remedial works.</p> <p>C3. Capital allocation does not meet all the high risks, and allocation is on a year-by-year basis, not multi-year. Allocation for prioritised risk issues, with in-year re-prioritisation.</p> <p>C4. Operational capacity often prioritised.</p>	<p>A1. Continue to improve reporting.</p>	<p>C1. Systematic programme over multiple years to test efficiency to be put in place. Ask AEs to specifically test elements of policy.</p> <p>C2. Business planning submissions to reference need and compounding risk associated with underinvestment in infrastructure and systems.</p> <p>C3. Continue to review scope for multi-year allocations.</p> <p>C4. Capacity Oversight Group to agree planned capacity release. Unplanned capacity release will remain a challenge.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 005: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	5x4=20	
April 2023	5x4=20	Multi-year capital allocation, with project infrastructure and operational capacity in place for 2023/24. Initial single year capital allocation agreed at CAB in March 2023.
April 2023	5x4 = 20	Adequate revenue budget allocated to maintain, repair and replace the infrastructure and systems. Budget setting submission quantifies the requirement for additional resources to undertake maintenance services that are currently unfunded.
April 2024	5x4=20	6 facet survey undertaken to re-baseline position. Work in progress to secure the survey.

BAF risk	006	As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.
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Current risk rating:
20

Strategic objective	C3
Latest review date	April 2023

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Dec 17)	5	4	20
Current (Apr 23)	5	4	20

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 005	20	Life safety critical infrastructure systems
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	20	Non-compliance with fire safety regulation in A block
CR42c	20	Failure of fire safety systems in the ATC
CR42d	15	Fire Alarm risks – operation of fire system evacuation key switches

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Fire Policy in place. 2. Mandatory fire safety training in place for all staff. 3. Multi-year Fire Safety remedial programme approved and being delivered. 4. Ring-fenced multi-year funds to support fire safety – average of £6m deployed in 2021/22 and 2022/23. 5. Discreet remedial and improvement capital programmes of work - including the £10m A-Block programme of works, 6. Future decant capacity plan, with capacity available from mid-2023 for dedicated fire and maintenance decant work. 7. Capital projects developed with appropriately appointed fire safety professionals where appropriate. 8. Ongoing fire safety risk assessment programme. 9. Pro-active and reactive management of fire safety risk.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Newly appointed Authorising Engineer undertook baseline audit in January 2023. Audit returned 16 satisfactory elements, 10 medium priority recommendations and 0 high priority recommendations. 2. Mandatory training reported as part of wider mandatory training in IPR. 3. Ongoing reporting to Cambridgeshire Fire and Rescue Service (CFRS) and quarterly to Board of Directors. 4. Visibility of ring-fenced funds being deployed at Capital Advisory Board (CAB). 5. Agreed corporate strategy to utilise the equivalent of one ward for fire safety works throughout the year. 6. Building control sign-off, Head of Fire Safety oversight. 7. Fire safety team audits and walkrounds, and incident investigation. 8. Visits and advice from NHS England estates and fire safety team.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Some procedural documents beyond review date.		C1. Newly appointed AE has undertaken baseline audit and report received. Review recommendations and build into annual programme of works.	C1. May 2023
C2. Average mandatory fire training compliance figures below Trust standard.		C2. Review take up of face-to-face training at corporate induction from February 2023 through Executive performance review meetings.	C2. June 2023
C3. Fire Safety Risk Assessments beyond review date.		C3. Trajectory reported to Board of Directors in April 2023 with September 2023 target date for 100% compliance.	C3. September 2023
C4. Outstanding Stage 1 and Stage 2 fire compliance works.		C4. Ongoing programme with agreed timelines, tracking and reporting to CFRS and Board of Directors.	C4. End 2027

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 006: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	5x4=20	Multi-year capital programme in delivery, ring-fenced funds across multiple years secured. Decant capacity under construction.
[June 2023] – <i>revised date to be confirmed</i>	4x4=16	Decant capacity operational and Stage 2 works can commence. Stage 1 works continue and fire alarm works near completion.
October 2023	4x4=16	Completion of building works reduces fire risks in A Block.
End 2027	4x3=12	Continuation of programme of fire safety works, Stage 2 works at or nearing completion.

BAF risk	007	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.
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Current risk rating:

20

Strategic objective	B1, B2
Latest review date	April 2023

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	4	16
Current (Apr 23)	4	5	20

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
CR43	20	Insufficient staffing on adult inpatient wards
CR54	20	Cost of living

Key controls
<i>What are we already doing to manage the risk?</i>
<p>Recruitment</p> <ol style="list-style-type: none"> Multi-source recruitment pipeline for nursing and medical recruitment, including apprenticeships, local, national and international supply. Comprehensive calendar of recruitment - CUH and part of wider system. Daily review and programme of redeployment of staff to maintain safety. Identification of staffing requirements and review of staffing ratios and ways of working in response to capacity pressures. Use of Bank enhancements and agency with governance and scrutiny. Board approval in November 2021 to commence recruitment for 56-bed unit and in July 2022 for recruitment for 40-bed unit. Changes to recruitment plan to attract candidates to roles traditionally recruited locally, in context of relatively high local employment levels. Investment at scale in new registered nursing supply route: Graduate Nurse Apprenticeships. Outline plan for the Trust to become an anchor institution for learning. Collaboration on international recruitment of nurses and midwives with east of England partners. Development of new roles such as Nursing Associate role (first recruitment wave completed). Accommodation Officer providing support, advice and guidance on housing issues. <p>Retention</p> <ol style="list-style-type: none"> Data analysis to identify reasons for attrition to develop response plan.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Daily site safety meetings to evaluate staff levels and mitigate against shortfalls. Weekly pay review meetings to consider bank fill rates vs enhanced payments. Monthly nursing/midwifery safe staffing report to Board of Directors, including tracking of progress against nursing pipeline through safe staffing Board report from Chief Nurse. Monthly data in Integrated Performance Report on turnover, vacancies, bank/agency fill rates/etc. reviewed by Performance Committee and Board. Staff Survey (annual and quarterly FFT) recommender scores. Quarterly reporting to Board by Guardian of Safe Working for junior doctors. Workforce and Education Committee oversight (quarterly). Data analysis in place to track areas of concern and impact of interventions on retention.

2. Development of retention plan focusing on five workforce priorities.
3. Benchmarking with regional and national trusts to review recruitment and retention premium (RRP) payments and put in place where required.
4. Enhanced wellbeing and good work programme, supported by ACT.
5. Partnership working on real living wage, transport and accommodation.

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Gaps in control	Gaps in assurance
<p>C1. Increasing competition for international recruits due to increase in international demand.</p> <p>C2a. Very limited hospital-provided accommodation impacting on numbers of new international recruits we can start.</p> <p>C2b. Shortage of affordable accommodation in Cambridge impacting on employee attraction and retention.</p> <p>C3. Continued high levels of staff unavailability due to levels of sickness absence.</p> <p>C4. Workforce plans for 40/56 bed units identified and recruitment commenced but not complete.</p> <p>C5. National shortage of training places in specific professions.</p> <p>C6. Relatively high vacancy rates for admin and clerical roles.</p>	

Actions to address gaps in controls and assurances	Due date
<p>C1a. Broaden pipeline to reduce dependency on any one recruitment stream. Work with wider group of international agencies to increase pipeline of “ready now” nurses.</p> <p>C2a. Working with partners on sourcing affordable, accessible accommodation including conversion of on-site space.</p> <p>C2b. Raising issue of scope for funded high cost of living allowance for Cambridge.</p> <p>C3. Review of nursing rosters.</p> <p>C4a. Strong pipelines in place and targeted campaigns continue (6 month lead time).</p> <p>C4b. Working with system partners.</p> <p>C5a. Introduction of AHP apprenticeship roles.</p> <p>C5b. Work regionally and nationally to identify options to increase training places within C&P system, including apprenticeships across nursing, admin and AHPs.</p> <p>C6. Centralisation of admin recruitment process launched in November 2022 with further work to develop; and flexible working drive – 6-month review to Management Executive.</p>	<p>C1 – March 2024 aim to achieve overall 7.5% vacancy rate</p> <p>C2a. Ongoing</p> <p>C2b. Ongoing</p> <p>C3. May 2023</p> <p>C4. Ongoing</p> <p>C5. Ongoing</p> <p>C6. May 2023</p>

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 007: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x5=20	
March 2024	4x4=16	Achievement of overall 7.5% vacancy rate by March 2024 taking account of staffing additional capacity.
September 2024	4x3=12	Maintain overall 7.5% vacancy rate and secure positive position on retention and work availability through work on accommodation, cost of living, etc.

BAF risk	008	There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.
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Current risk rating:
16

Strategic objective	B4
Latest review date	April 2023

Lead Executive	Director of Workforce and Chief Nurse
Board monitoring committee	Board of Directors, Workforce and Education Committee, Quality Committee

Risk rating	Impact	Likelihood	Total
Initial (Jan 23)	4	4	16
Current (Apr 23)	4	4	16

Change since last month
n/a

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR45	12	Failure to meet patients' equality and diversity needs
CR tbc	16	Failure to achieve greater workforce equality and diversity

Key controls <i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Explicit inclusion of health inequalities and inclusion in the CUH strategic commitments agreed by the Board in July 2022. Non-Executive Director appointment with equality, diversity and inclusion (EDI) skills and experience. Establishment of an EDI Strategy Group, chaired by the Chief Executive, to develop an overarching EDI Strategy and Plan for CUH. Work programmes in place on both staff and patient EDI. Health Inequalities Operations Group established. Interim Director of EDI appointed and in post from March 2023.

Assurances on controls <i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Oversight by Executive-led Equality, Diversity and Dignity Steering Group. Reporting to Quality Committee, Workforce and Education Committee, and Board of Directors. Patient and staff survey results with breakdowns by protected characteristics.

Gaps in control	Gaps in assurance
C1. Comprehensive assessment of EDI work across CUH. C2. Overarching EDI Strategy and Plan to be agreed. C3. Implementation of EDI Strategy and Plan.	

Actions to address gaps in controls and assurances	Due date
C1. Interim EDI Director to undertake EDI baseline assessment. C2. Strategy Group to develop draft for Board approval. C3. Interim EDI Director to work with partners internally and externally on implementation on first phase of EDI Plan.	June 2023 September 2023 March 2024

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	Risk reframed in January 2023									16	16	16	16

BAF 008: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
March 2024	4x3=12	EDI Strategy and Plan approved by Board and first phase of Plan implemented.
March 2026	4x2=8	Subsequent phases of EDI Strategy and Plan implemented and KPIs being achieved on a consistent basis.

BAF risk	009	New hospitals proposals are not developed, approved and/or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.
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Current risk rating:

16

Strategic objective	C3
Latest review date	April 2023

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's 3/ Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	4	12
Current (Apr 23)	4	4	16

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR05a-g	16-20	Insufficient capacity for patient needs
CR20	8	Access to/from the campus due to inadequate local transport
BAF 001	20	Capacity and patient flow
BAF 005	20	Estates backlog
BAF 006	20	Fire safety
BAF 010	12	Effective ICS working
BAF 012	9	Impact of Trust and industry/research partners

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Joint Strategic Board (JSB) and underpinning governance including Joint Delivery Board (JDB) and workstreams in place for Cambridge Children's Hospital (CCH) and for Cambridge Cancer Research Hospital (CCRH). 2. Regular reporting to ME and Addenbrooke's 3 Board committee in place. 3. Monthly progress meetings with NHSE/I (regional & national) and DHSC and regular engagement with New Hospitals Programme (NHP). 4. CCRH/CCH Outline Business Cases (OBCs) approved by CUH Board in October/December 2022 respectively and submitted to national bodies. CCRH OBC recommended for approval by Joint Investment Committee in early March 2023. 5. CCRH part of the first wave of the Government's NHP. No further funding available for CCH but agreement secured with NHSE/DHSC in March 2023 to a funded work programme leading to CCH OBC re-submission and review in September 2023. 6. All projects and their business cases underpinned by core objectives such as being an active partner within our ICS and region; transforming

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Monthly reporting on progress to JDBs and six weekly to JSBs. Progress reported and areas for escalation raised and resolved. 2. Addenbrooke's 3 programme work plan actively monitored in working group meeting and progress reported at Addenbrooke's 3 Board committee. 3. Addenbrooke's 3 Board committee overseeing progress and providing input to the overarching Addenbrooke's 3 programme and strategy. 4. Performance Committee review/sign off and Board sign off of business cases ahead of submission to regulators and proactive engagement with commissioners to determine final content and approval process. 5. The PBC options describe the phases of development of the CUH campus over the next 10-15 years. 6. Aspects of the business cases are shared with NHSE and DHSC on a regular basis for comment and input, to increase familiarity with our plans ahead of formal sign off.

models of care; digital enablement; accelerating research benefits locally, regionally and nationally.

7. Fundraising campaigns in place for CCH and CCRH. Cornerstone gift secured for CCH. Work underway on commercial strategies.
8. Patient and public engagement plans in place for both CCRH and CCH.
9. Addenbrooke's 3 Programme Business Case (PBC) submitted in May 2021.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Impact of high rates of inflation on development costs for new hospitals.</p> <p>C2. Within CCH and CCRH, while a preferred form of legal relationship has been indicated by the CUH Board, the determination of risk premia and cost allocation are subject to negotiation with the University of Cambridge.</p> <p>C3. Further assurance required to ensure the governance arrangements and capabilities for CCH/CCRH are fit for purpose moving into FBC and construction. Construction Director role arrangements confirmed for CCRH. CCH and cross programme roles to be determined.</p> <p>C4. While the CCH OBC has been submitted, confirmation of capital funding sources and allocation of the programme budget for 2023/24 are subject to approval from NHSE.</p> <p>C5. There is no allocated funding before at least 2025 for any further Addenbrooke's 3 projects, resulting in an impact on the ability of CUH to address ED physical capacity constraints (see BAF risk 001) and critical infrastructure issues (see BAF risk 005). This also limits opportunities to make significant changes to models of care enabled through the A3 projects.</p>		<p>C1. Ongoing discussions with NHP team on funding issues.</p> <p>C2. Negotiations with University of Cambridge underway to determine allocation of cost and risk, which will receive Board review ahead of FBC submission.</p> <p>C3. New Programme Director role to be reviewed by Executive and Programme leads ahead of recruitment process; new Construction Director role to be appointed for CCH subject to OBC approval arrangements being confirmed by NHSE; new governance arrangements to be established to ensure provisions are robust for overall programme workstreams, as set out in OBC management case.</p> <p>C4. Work programme agreed with NHSE and DHSC to enable re-submission and review of CCH OBC by Joint Investment Committee.</p> <p>C5. PBC for Addenbrooke's 3 describes phased plans for CUH campus for short (next 18 months), medium (2021–2025) and longer term (2025+). Work to identify potential estates redevelopment/upgrade opportunities arising from delivery of CCRH and CCH.</p>	<p>Ongoing</p> <p>October 2023</p> <p>September 2023</p> <p>September 2023</p> <p>Ongoing</p>

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	12	12	12	12	12	12	16	16	16	16	16	16	16

BAF 009: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
April 2023	4x3=12	CCRH OBC approved nationally, allowing move to procurement phase and finalisation of FBC.
September 2023	4x3=12	CCH OBC approved nationally, allowing move to procurement phase and finalisation of FBC.
April 2024	4x3=12	CCRH FBC approved nationally and construction commenced. [CCH timeline to be confirmed.]
March 2027	4x2=8	CCRH completed. [CCH timeline to be confirmed.]

BAF risk	010	The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.
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Current risk rating:
12

Strategic objective	A1
Latest review date	April 2023

Lead Executive	Interim Director of Strategy and Major Projects and Chief Operating Officer
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	<i>Risk reframed in Oct 20</i>		
Current (Apr 23)	4	3	12

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Setting Integrated Care as a major priority in the Trust's refreshed Strategy. Participating in ICS/Integrated Care Board (ICB) working groups and processes. Hosting Cambridgeshire South Care Partnership (CSCP); agreeing 'Framework for Integrated Care' as a vision and roadmap; co-chairing the CSCP Joint Strategic Board to set direction; investing in a skilled team at CUH to undertake work with partners including CUH clinical lead; investing in patient engagement through Healthwatch. Leading urgent and emergency care (UEC) and discharge transformation programmes; developing pathway transformation between primary and secondary care; developing integrated teams in primary care.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular communication with ICS/ICB Executive to shape programmes of work and escalate issues. Regular updates to Management Executive from the Cambridgeshire South Care Partnership Joint Strategic Board and bimonthly reporting to the Board of Directors. Feedback and intelligence from Executive Team participation in, and leadership of some, system-wide groups.

Gaps in control	Gaps in assurance
C1. Arrangements not yet confirmed regarding the devolution of resource and accountability from the ICB to the Cambridgeshire South Care Partnership. C2. Not all providers are investing sufficiently to design and implement integrated models of care.	

Actions to address gaps in controls and assurances	Due date
C1. Executive engagement with ICB/other providers to achieve clear and ambitious devolution of contracts and resource.	September 2023
C2. Use Cambridgeshire South Care Partnership board to identify shared transformation priorities and pilot new approaches. Develop a repeatable process to identify, grow and spread these.	December 2023

<p>C3. Tight financial positions at CUH and at the ICB lead to short-term, ad-hoc, at-risk funding for work that requires sustained support.</p> <p>C4. Clinical transformation in CUH and with partners is crowded out by workforce requirements associated with sustaining core services.</p> <p>C5. Fragilities in sections of primary care constrain progress on collaborative work through the Cambridgeshire South Care Partnership.</p>		<p>C3. Develop a methodology to quantify shared risk / reward / benefits for collaborative projects and evolve CUH's investment approach to support this.</p> <p>C4. Develop a proposal for allocating capacity across providers (including additional backfill) to support clinical engagement in pathway redesign.</p> <p>C5. Partnership exploring options for increasing resilience in primary care.</p>	<p>March 2024</p> <p>March 2024</p> <p>July 2023</p>
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Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF 010: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x3=12	
September 2025	4x2=8	Significant progress in delivering year 1 and 2 system objectives including significant productivity improvements and embedding of new models of care (including new workforce models) and new ways of working.

BAF risk	011	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.
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Current risk rating:
16

Strategic objective	All
Latest review date	April 2023

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance Committee

Risk rating	Impact	Likelihood	Total
Initial (Dec 20)	<i>Risk reframed in Dec 20</i>		
Current (Apr 23)	4	4	16

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity to restore services
BAF 003	12	Deployment of IT resources
BAF 010	12	Effective ICS working

Key controls
<i>What are we already doing to manage the risk?</i>
<p>Financial planning and strategy</p> <ol style="list-style-type: none"> 1. Development of financial plan for the 2022/23 financial year, underpinned by credible assumptions and realistic productivity and efficiency assumptions. Approved by Board in June 2022. 2. Financial input into development of system financial plans for Integrated Care Board (ICB) and oversight through Financial Planning and Performance Group (FPPG) within the ICB governance. Break even 2022/23 financial plan for ICB approved by Integrated Care Partnership (ICP) governing body and supported by regulators. 3. Oversight of the development of plans for the Cambridgeshire South Partnership. 4. Improvement and Transformation team oversight of Trust's improvement and transformation programme. Regular review of schemes and scheme identification against targets through divisional performance meetings. 5. Active engagement/involvement in national work to inform development and design of NHS funding regime, directly and through others. <p>Financial control</p> <ol style="list-style-type: none"> 6. Controls in place via Investment Committee to ensure appropriate governance and financial control on expenditure decisions (including Covid-related investments), including mechanism to ensure cases are appropriately prioritised through investment decision process/framework.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Oversight of financial plan delivery through Management Executive, Performance Committee and Board of Directors. 2. Updates on ICB system plans and financial performance to Performance Committee and Board. 3. Oversight of Cambridgeshire South Partnership planning through Performance Committee, Audit Committee and Board of Directors. 4. Monitoring of improvement programme through Divisional Performance Meetings, Improving Together Steering Group, Performance Committee and Board of Directors. 5. Updates on NHS financial regime provided to Management Executive, Performance Committee and Board of Directors. 6. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee. Investment decisions reported to Management Executive on a monthly basis. 7. Monthly financial performance reporting through divisional performance meetings, Management Executive, Performance Committee and Board. 8. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee.

7. Regular reviews of the Trust's financial performance through monthly internal and external financial reporting cycle, including regular assessments of the Trust's underlying financial position and use of forecasting tools to identify financial risks and mitigations.
8. Effective design and implementation of key financial controls to ensure expenditure is reasonable, justifiable and represents value for money. Key controls - financial system controls, vacancy control procedures, segregation of duties, and procurement/contract management processes.

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Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Macroeconomic environment, including supply constraints, inflation and pressure on public sector finances, as well as prevalence of Covid, may lead to additional financial pressure above funded levels or reduction in funding available to Trust. Ability to control these largely outside Trust's direct control.		C1. Ongoing monitoring of risks and impact on the Trust and ICB financial plan.	Ongoing
C2. Draft financial plan for 2023/24 does not deliver in-year breakeven position.		C2. Discussed by Board in April 2023. Ongoing engagement with ICB and NHSE to review and assure 2023/24 financial plan.	May 2023
C3. Lack of a long-term financial strategy and plan to secure a sustainable financial future for the Trust as part of the ICB.		C3. Agreement of financial strategy and long-term plan through Management Executive, Performance Committee and Board.	May 2023
C4. Limited control over the financial and operational performance of other organisations in the ICB which may impact the Trust's financial performance.		C4. Ongoing monitoring of risks through FPPG, with reporting to Performance Committee.	Ongoing

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 011: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
May 2023	4x3=12	Delivery of a 2022/23 financial position in line with plan. Development and agreement of a financially-sustainable plan and budget for the 2023/24 financial year.
November 2023	4x3=12	Delivery of the 2023/24 financial plan as at month 6, and a clear and agreed longer-term financial plan (2-3 years) which delivers a financially-sustainable financial performance for the Trust and the ICB.
April 2026	4x2=8	Consistent delivery of Trust and ICB sustainable financial plans over 3-4 years.

BAF risk	012	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.
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Current risk rating:
9

Strategic objective	C2
Latest review date	April 2023

Lead Executive	Interim Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	3	9
Current (Apr 23)	3	3	9

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	16	New hospitals development proposals

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> CBC Strategy Group is undertaking public consultation on a vision for 2050, setting out how the Campus can bring together the right set of research, education, healthcare delivery and industry partners; and what opportunities and requirements this generates for transport and other infrastructure, people and skills. CUH taking a leading role in community engagement with issues raised being actively addressed. The Group is also supporting development of the Campus expansion proposals, including Campus improvements and work on masterplanning. CUH masterplanning work to be aligned. CUH is a founding member of CBC Ltd spanning key current occupants of the CBC. This will drive forward implementation of the Vision. Specific work on how CBC can support ICS, in particular elective recovery and diagnostics; and wider priorities inc. economic growth/levelling up. Research and innovation recognised as priority within CUH Strategy with visibility at Board and Management Executive, quarterly reporting on specific deliverables and a new Innovation Committee to drive delivery. Innovation Landing Zone model being adopted to support partnering opportunities with external organisations which could benefit patients. Digital strategy for CUH includes opportunities to enhance and maximise the wider benefits of this key resource for research. Ongoing work within BRC and across wider research and innovation programme to build diversity in the research leadership community (e.g. through BRC programme senior roles).

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular updates to Board of Directors on CUHP, CBC and life sciences, most recently in April 2021. Board Committee established for Addenbrooke’s 3 programme to increase Non-Executive scrutiny, including of how we are working with and contributing to our campus and other partners. Significant discussion on CUHP and CUH masterplan took place in March 2022. Strategy refresh considering partnerships as a major plank, including how we build capacity and capability internally to work as effective partners. Involving partners in key CUH governance groups, particularly on major projects. Executives participating in CBC Ltd working group on Campus development proposals and appropriate ICS and regional NHS groups. Regular engagement with Government and other national bodies to assess how Cambridge is perceived. Cambridge Life Sciences Council now established, with first meeting in May 2022, chaired by David Prior. External input and expertise from NHS, academic and industry partners to provide independent advice and challenge. BRC to maintain model of internal assurance on direction/impact and external review of research programme to provide independent challenge.

7. Ongoing objective to develop world-class research infrastructure at the Cambridge Biomedical Research Centre and Clinical Research Facility. This is recognised through the positive Research Excellence Framework (REF) outcome for University of Cambridge.
8. Supporting engagement between the Eastern Genomics Laboratory Hub and Illumina to address capacity challenges, broaden joint research projects and embed genomics fully within new hospital builds.
9. Broadening partnerships with industry and the University, including extending work with the Institute for Manufacturing (IfM) to RPH, CPFT, AZ, GSK, primary care and other NHS trusts across the East of England. Discussions to begin on broadening IfM type partnership to other areas of the University of Cambridge. BRC and BioResource taking explicit steps to collaborate with research partners across UK to achieve impact for populations beyond our local geography.
10. Work ongoing with other trusts across the East of England on the specialist provider collaborative, focused on improving access to specialist care within the region, including exploring opportunities to collaborate on research and innovation.

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Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. National work to promote Cambridge's distinct contribution. C2. Buy-in and commitment from all partners to make the most of our collective opportunities, working through differences in priorities as they arise.		C1a. Involving Campus partners in regional/national media. C1b. Implementation of Cambridge offer. C2a. Further work on a clear 'manifesto' for Cambridge Life Sciences being undertaken, drawing in thought leaders from across the Campus. C2b. Further work with University of Cambridge to extend partnerships to new areas.	Ongoing Ongoing Ongoing Ongoing

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	9	9	9	9	9	9	9	9	9	9	9	9	9

BAF 012: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	3x3=9	
Ongoing	3x3=9	Given the dynamic nature of the sector, it seems unlikely that it is possible to mitigate the risk to a lower level over the medium term.

BAF risk	013	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.
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Current risk rating:
16

Strategic objective	B3, B5
Latest review date	April 2023

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Apr 21)	4	4	16
Current (Apr 23)	4	4	16

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 007	20	Meeting workforce demand
CR54	20	Cost of living

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Staff Wellbeing Strategy in development. 2. Occupational Health offer with a range of services in place including health pre-employment support, health surveillance programme and management referral pathways. 3. Staff psychological wellbeing and support offer, collaborating with system partners (inc. CPFT), and complemented by Chaplaincy offer. 4. Covid-19 health risk assessment (Version 7) process in place, comprehensive Covid-19 in-house test and trace system and on-site vaccination programme. Range of measures to maintain a Covid secure environment under regular review. 5. Annual flu vaccination and Covid-19 booster vaccination programmes – After Action Review completed in April 2023 and action plan developed. 6. Established equality, diversity and inclusion networks and events promoting health and wellbeing. 7. Public health offer (lifestyle health checks, support and advice – smoking cessation, weight management). 8. 24/7 employee assistance programme (Health Assured) offering practical advice, counselling and support. 9. Developed a model of ‘Good Work’ with six priority areas including a programme of support for staff wellbeing, cost of living assistance and staff amenities. Food and transport cost support measures, including car parking subsidy, free Park and Ride bus travel and subsidised hot food offer, continued and funded for 2023/24.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Management Executive oversight on key programmes of work via taskforce reporting and reporting on specific issues. 2. Reporting to Workforce and Education Committee. 3. Reporting to Health and Safety and Infection Prevention and Control Committees; and Covid-19 Secure Taskforce. 4. Safe Effective Quality Occupational Health Services (SEQOHS) independent accreditation. 5. National and local staff survey evidence on staff health and wellbeing and collation of learning from staff stories. 6. Reporting to Regional People Board via the Regional Health Safety and Wellbeing Group. 7. Chief Executive-led working group on ‘Good Work’ reporting to Management Executive. Update provided to Management Executive and Board of Directors in November 2022, with endorsement of 2023/24 programme. 8. Wellbeing Team in place – three Wellbeing Facilitators Trust-wide.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Inadequate provision of staff rest spaces and other amenities.		C1. Management Executive has received and reviewed costed options, and Capital Advisory Board has allocated funding for initial schemes to be progressed. Initial schemes implemented and further ones being developed and implemented.	Ongoing
C2. Further work required on measures to support staff with cost of living pressures.		C2. Development of further plans through 'Good Work' Group, including agreement of 2023/24 programme.	Ongoing

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 013: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
March 2023	4x4=16	Avoid further increase in risk through range of interventions including psychological support, staff recognition and cost of living support.
March 2024	4x3=12	Reduced sickness absence; improved staff engagement and wellbeing scores as measured through national staff survey.
March 2026	4x2=8	Improvement in staff engagement and wellbeing (measured as above) sustained over a further two-year period.

BAF risk	014	The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.
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Current risk rating:
12

Strategic objective	C1
Latest review date	April 2023

Lead Executive	Interim Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Oct 22)	4	3	12
Current (Apr 23)	4	3	12

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability
BAF 012	9	Impact of Trust and industry/research partners

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Setting Specialised Services as a major priority in the Trust's refreshed Strategy. Working with other trusts in the region through the East of England Specialised Provider Collaborative (East of England SPC), including quarterly CEO meetings. Engaging with key stakeholders (NHS England Specialised Commissioning, ICBs, providers, networks) to prioritise opportunities for specialised services. Influencing NHS England on specialised commissioning developments by participating in / leading Shelford Group forums on specialised services.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular EoE SPC meetings to continue to progress agenda. Regular updates to Management Executive and Board of Directors. Feedback and intelligence from Executive Team participation in, and leadership of some, national and regional groups.

Gaps in control	Gaps in assurance
<p>C1. ICBs and regional commissioning teams do not engage with providers on changes to specialised services (e.g. lack of representation in key governance forums).</p> <p>C2. EoE SPC partners do not co-invest/commit to changes to services and/or funding is short term and ad hoc, making it difficult to sustain the collaborative's work over time.</p>	

Actions to address gaps in controls and assurances	Due date
<p>C1. Continue engaging with ICB leads and NHS England regional team to secure participation in governance forums, both now and after full delegation of specialised commissioning in April 2024.</p> <p>C2. Obtain support from CEOs to co-resource the collaborative and expand over time; continue investment from CUH; develop business plan to define the objectives and resourcing approach across members.</p>	<p>Ongoing</p> <p>September 2023</p>

<p>C3. There is a lack of clear governance meaning that key decisions relating to the collaborative (e.g. prioritisation of resourcing) are not made.</p> <p>C4. Clinical transformation in CUH and with partners is crowded out by urgent pressures to sustain current services.</p>		<p>C3. Establish clearer governance through developing a business plan, to be agreed by CEOs.</p> <p>C4. Progress identified transformation initiatives in neuro, paediatrics and dentistry to begin to deliver impact for patients, ensuring alignment with wider Trust priorities.</p>	<p>September 2023</p> <p>March 2024</p>
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Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
							12	12	12	12	12	12	12

BAF 014: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x3=12	
April 2025	4x2=8	Development of revised national commissioning framework; transfer of commissioning activities into ICBs; collaboratives established and delivering on key priorities.

BAF risk	015	As a result of a failure to deliver the CUH Green Plan, the Trust does not enhance environmental sustainability and reduce its direct carbon emissions by 10% by 2025 (as a key step towards the national commitment to halve carbon emissions before 2032 and deliver net zero carbon by 2045) nor develop and deliver a credible adaptation plan, which impacts on organisational reputation and regulatory compliance and increases the susceptibility of our services to the effects of climate change.
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Current risk rating:
16

Strategic objective	C4
Latest review date	April 2023

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Mar 23)	4	4	16	
Current (Apr 23)	4	4	16	
				New

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 005	20	Life safety critical infrastructure systems
BAF 009	16	New hospitals development proposals
CR 59	16	Impact of climate change on delivery of services at CUH
CR 20	12	Transport access to the CBC

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Commitment to tackle climate emergency and enhance environmental sustainability within CUH Strategy. 2. Board approved Green Plan in place until 2024. 3. Environmental sustainability policies and procedures in place. 4. Board appointed executive lead for climate change response, NED Champion and appropriately qualified and experienced Environmental Sustainability and Energy Management Team. 5. Suite of training resources. 6. Engagement programme 7. Environmental sustainability credentials of new hospital builds (CCRH and CCH) and ongoing improvements to the estate, buildings and infrastructure via all backlog maintenance work to critical infrastructure and new and major refurbishment capital schemes.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Corporate Strategy - reporting three times a year to Board of Directors on progress in delivering strategic commitment on climate change. 2. Delivery of implementation plan associated with Our Action 50 Green Plan and early preparation commenced on the Green Plan 2025 and beyond. 3. Governance, reporting and monitoring structure in place 4. Reporting to Management Executive twice a year on progress and to Board of Directors annually. 5. Uptake and utilisation data on available training resources feeding into the balanced score card reporting. 6. Evidence of ongoing awareness campaign and evaluation 7. BREEAM assessments and NHS Net Zero Building Standard, environmental sustainability credentials of new hospital builds. Potential internal audit for Q3/4 2023/24.

Gaps in control	Gaps in assurance
C1. Governance, reporting and monitoring plan 50% complete in delivery.	

Actions to address gaps in controls and assurances	Due date
C1. Governance, reporting and monitoring structure fully implemented and functioning.	October 2023

C2. Additional training resources in preparation.		C2. E-learning package for environmental sustainability.	May 2023
C3. Preparation of Green Plan for 2025 and beyond.		C3. Programme underway.	November 2023
C4. Corporate policies (such as procurement, workforce and investment) are not aligned to environmental sustainability ambitions.		C4. Ongoing work to align corporate policies.	Phase 1 scoped and delivered March 2024
C5. Delivery of building enhancements/retrofitting and delivery of sustainability measures as standard in refurbishments and new schemes.		C5. Ensure detailed sustainability input to all refurbishments and new schemes.	Ongoing

Risk score	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
	<i>New risk added in March 2023</i>											16	16

BAF 015: Risk trajectory – to follow



	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Apr 23)	4x4=16	
September 2023	4x4=16	Outcome of decarbonisation funding bid to progress detailed design of a decarbonisation scheme.
December 2025	4x4=16	Achievement of CUH aim to reduce direct carbon emissions by 10%.
End 2027	4x4=16	CCRH and CCH schemes in place with environmental sustainability measures incorporated.
2032	4x3=12	CUH achievement of national commitment to halve carbon emissions.

Annex 1: Trust risk scoring matrix and grading

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	Extreme
8 – 12	High
4 – 6	Medium
1 – 3	Low

Annex 2: Trust strategic commitments, July 2022

	A	B	C
	 Improving patient care	 Supporting our staff	 Building for the future
1	Integrated care: We will work with NHS, other public sector and voluntary sector organisations to improve the health of our local population	Resourcing: We will invest to ensure that we are well staffed to deliver safe and high quality care	Specialised services: We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home
2	Emergency care: When patients come to the hospital in an emergency we will treat them, and help them to return home, quickly	Ambition: We will invest in education, learning, development and new ways of working	Research and life sciences: We will conduct world-leading research that improves care and drives economic growth
3	Planned care: When patients need planned care we will see them as quickly and efficiently as possible	Good work: We will strive to ensure that working at CUH will positively impact our health, safety and well-being	New hospitals and the estate: We will maintain a safe estate and invest in new facilities to improve care for patients locally, regionally, and nationally
4	Health inequalities: We will tackle disparity in health outcomes, access to care and experience between patient groups	Inclusion: We will seek to drive out inequality, recognising that we are stronger when we value difference and inclusion	Climate change: We will tackle the climate emergency and enhance environmental sustainability
5	Quality, safety and improvement: We will continuously improve the quality, safety and experience of all our services	Relationships: We will foster compassionate and enabling working relationships	Digital: We will use technology and data to improve care

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	DATE OF MEETING:	3 May 2023	
CHAIR:	Adrian Chamberlain	LEAD EXECUTIVE DIRECTOR:	Chief Operating Officer, Chief Finance Officer	
RECEIVING BOARD / COMMITTEE:	Board of Directors, 10 May 2023			
AGENDA ITEM	DETAILS OF ISSUE	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5	<p>Workforce quarterly report</p> <ol style="list-style-type: none"> 1. The Committee was updated on the overall workforce position with focus on planning to reduce vacancy rates, latest sickness levels, assumptions in the 2023/24 budget on agency and bank costs compared to permanent staff and the return to pre-Covid workforce performance. 2. The vacancy rate for nurses was currently 8% compared to 5% pre-Covid. Also looking at that staff group turnover had increased to 12.2% from 9% pre-Covid. Sickness absence and agency usage had also increased markedly since 2019/20. 3. It was noted that there were staff shortages across all staff groups and the factors influencing this were discussed. 4. It was acknowledged that returning to pre-Covid levels of turnover, vacancy rates, agency and bank spend would take some time and would be continuously monitored within the 	For information		n/a

	<p>workforce plan. It was hoped that the vacancy rate could return to 5% over the next two years.</p> <ol style="list-style-type: none"> 5. The increase in the number of higher banded substantive posts was noted. This was in part due to the number of specialist posts required for major projects. 6. The average age of the Trust's workforce is lower than that of some other trusts, with many younger staff taking up training opportunities at CUH and then moving to other trusts for a variety of reasons, some of which we could not influence, e.g. housing costs. 7. It was noted that bank spend had doubled over the past two years much of which was due to enhancements. There are now opportunities to look at reducing enhancements that could reduce this spend significantly. 			
<p>6 6.1</p>	<p>Operational Performance</p> <ol style="list-style-type: none"> 1. The committee was updated on the current position. 2. Ambulance handover times continued to be better than regional and national averages in March and into April with 62% of handovers within 15 minutes. 3. Reporting to NHSE on the 4-hr standard in ED had recommenced from 1 May and results would be published with effect from 1 June. 4. In April 4-hr performance had been 68%, which was higher than trajectory of 61.8%. 4-hr performance is forecast to achieve 82% by year end which would be ahead of the national target of 76%. 5. Performance in elective care had been significantly affected by industrial action during March. 6. The number of patients waiting 78 week had reduced by 56% in March. The target of clearing 78 week waits by April 2023 had been missed and has now been pushed back to end of Q1. 52 week waits had seen a small increase in March for the first time in seven months. 	<p>For information</p>	<p>BAF 001, 007, 011, 002</p>	<p>n/a</p>

6.2	<p>7. Cancer patients waiting over 62 days for treatment stood at 6.3% compared to 9.1% across the region. This was a slight increase on the previous month but was the second lowest proportion of patients waiting across the region. The largest number of waits were for skin cancer treatment and this remains a concern that is being focused on.</p> <p>8. The 2023/24 activity plan had been submitted at the end of March. Subsequently NHSE had requested that all trusts re-profile their forecasts to take account of the effect industrial action by junior doctors in April. This will be reflected in later reports to the committee.</p> <p>9. The integrated report was received and noted.</p>			
7	<p>2023/24 Budget status update and finance reports</p> <p>1. The Committee was updated on the position of the financial plan for 2023/24.</p> <p>2. The Trust's draft plan had been submitted with a £20m deficit forecast. NHS England (NHSE) had expected all plans to achieve a breakeven position. Following discussions with NHSE and commissioners it had had been possible to move to a breakeven position in part through the use of non-recurrent funds. Inflation remains a risk to the plan.</p> <p>3. It was noted that whilst the use of non-recurrent funding would allow the submission of a breakeven plan for 2023/24 the underlying deficit position would have to be addressed through productivity improvements.</p> <p>4. Performance Committee would monitor delivery of the plan on a monthly basis.</p> <p>5. The Performance Committee agreed the budget plan was credible and supported its submission to NHSE by the national deadline of 4 May 2023. As this date preceded the next Board meeting, with the agreement of the Trust Chair, the Director of Corporate Affairs would contact all Board members following this meeting to update them on the position together with the</p>	For information		

	<p>reports presented at this meeting. The financial plan and budget finance reports would then be presented to the Board.</p> <p>6. Financial position Month 12 – the budget for 2022/23 had delivered on plan as forecast.</p> <p>7. Capital update Month 12 – the capital budget for 2022/23 had been £66.5m. Actual spend had been £67m but technical adjustments, including asset disposals meant that the Trust did not breach its CDEL (Capital Departmental Expenditure Limit) limit for the year.</p> <p>8. The Capital Advisory Board (CAB) had approved a capital budget for 2023/24 that included a similar level for slippage as had been the case in the previous year, at £8.4m. This would be closely monitored throughout the year by CAB.</p> <p>9. Performance Committee approved the capital plan for 2023/24.</p>			
8	<p>Capital Project Delivery reporting</p> <p>The Committee received and noted an update from the Director of Capital, Estates and Facilities Management.</p> <p>1. Most schemes were running according to expected timelines.</p> <p>2. <u>U-block</u> – It was not yet possible to give a definitive date for completion of the scheme but it was expected to be in Q4. It should be possible to provide a more definitive date to the next meeting.</p> <p>3. Regular fortnightly meetings were being held between the Trust and ISG to monitor progress. ISG would be entering into contract with the new electrical and mechanical subcontractors within the next two weeks.</p> <p>4. The Committee was updated on the progress of the Movement Hub which was currently on track to be opened in September 2023.</p>			
9	<p>Board Assurance Framework and Corporate Risk Register</p> <p>1. The committee received and noted the current version of the Board Assurance Framework and Corporate Risk Register.</p>	For information	All	n/a

	2. Risk 001 would be adjusted to take into account the delay in the opening of the U block.			
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CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	DATE OF MEETING:	03 May 2023	
CHAIR:	Sharon Peacock	LEAD EXECUTIVE DIRECTOR:	Chief Nurse / Medical Director	
RECEIVING BOARD / COMMITTEE:	Board of Directors, 10 May 2023			
AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5. <u>5.1</u>	<p>Lead Executives' Report and Patient Safety and Experience Overview</p> <p><u>Lead Executives' Report</u></p> <ol style="list-style-type: none"> 1. The Chief Nurse and Medical Director presented the report to the committee. 2. The committee noted that capacity and waiting times in the Emergency Department remained a concern. However, during April 2023 the Trust had seen an improvement in performance against the four hour emergency care standard, achieving 68% against a planned level of 61.8%. 3. The improved vacancy position in midwifery was noted; improving the Obstetric Consultant rota remained a focus. 4. The Patient Advice and Liaison Service (PALS) continued to receive a high volume of new cases. The backlog had been reduced over the past few weeks with 200 cases closed. Work continued to form an improvement plan for the service. 5. The committee noted that the Trust had ventilation systems in place (PurAirs) to assist with the extraction of Nitrous Oxide (Entonox/ Gas and Air). The Trust sought assurance that levels were 	Information/ Assurance		N

<p>5.2</p>	<p>continuing to be managed safely, the PurAir scavenger system was checked, staff exposure testing was conducted with repeat testing planned and extractor fans have been placed to supply adequate ventilation in delivery unit rooms.</p> <p>6. The committee also discussed elective care, industrial action and Hospital Standard Mortality Ratio (HSMR) data.</p> <p><u>Patient Safety and Experience Overview</u></p> <ol style="list-style-type: none"> 1. The report covered the period up until the end of March 2023. 2. Normal variance in the amount of patient safety incidents had been reported, however moderate harm incidents remained high with investigations ongoing. 3. Falls and Hospital Acquired Pressure Ulcers (HAPUs) continued to increase, thematic reviews had taken place to identify contributors to the increase and action plans were now in place to help reduce the numbers. 4. The committee noted the improvements made with aspects of the Sepsis Six Bundle. 			
<p>6.</p>	<p>Quality Account</p> <ol style="list-style-type: none"> 1. The committee noted the Quality Account. 	<p>Information/ Assurance</p>		<p>N</p>
<p>7. 7.1</p>	<p>Maternity</p> <p><u>Maternity Update</u></p> <ol style="list-style-type: none"> 1. Vacancies within midwifery continued to improve with a 1.95% vacancy rate on the 31 January 2023. Sickness absence rates remain above the 5% threshold, with sickness management monitoring in place. 2. The three year delivery plan for maternity and neonatal services, also known as the single delivery plan was published in March 2023. The plan sets out clear responsibilities for Trusts, ICBs and NHS England for the next three years. 	<p>Information/ Assurance</p>		<p>N</p>

<p>7.2</p>	<p>3. The Maternity Quality Improvement Plan combines all maternity workstreams (e.g. Ockenden, Kirkup and maternity self-assessment) into an overarching plan. Total progress was at 54% completion (165 out of 305 actions).</p> <p>4. The committee also discussed postpartum haemorrhage rates.</p> <p><u>CQC National Maternity Survey 2022</u></p> <p>1. 408 service users were invited to take part and 232 completed the survey.</p> <p>2. Overall scores were broadly in-line with other trusts.</p> <p>3. Improvements had been shown in scores relating to 'having a partner or someone close involved in care/labour' and 'if a partner/someone close was able to stay as much as desired'. It was acknowledged that the dip in these scores over the previous year was due to Covid-19 restrictions.</p> <p>4. Declines had been seen in scores in relation to access to midwives, informed choice and infant feeding information.</p> <p>5. The committee acknowledged that the improved staffing ratio should improve the access to midwife concerns.</p> <p>6. Work to improve postnatal and infant feeding support was ongoing, the co-production of postnatal videos was underway.</p> <p>7. A Rosie communication guide was also in production.</p>			
<p>8.</p>	<p>Infection Control Board Assurance Framework</p> <p>1. Staffing changes to the Infection Control Team over the past year were highlighted.</p> <p>2. Work with the operations team to ensure Outpatients was back to pre-pandemic levels had been completed.</p> <p>3. The increase in flu cases in December 2022 were noted.</p> <p>4. The Infection Control Team continue to work with Medirest and Estates on cleaning of ward areas.</p>	<p>Information/ Assurance</p>		<p>N</p>

9.	<p>Clinical Audit</p> <ol style="list-style-type: none"> 1. National clinical audit activity resumed in 2022/23 to pre-Covid levels, 100% of the 57 National Audits had been completed. 2. The linking of Epic to National Audit data is still required, due to the Epic team staffing levels this request remains outstanding. 	Information/ Assurance		N
10.	<p>Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</p> <ol style="list-style-type: none"> 1. The committee received and discussed the current version of the Board Assurance Framework and Corporate Risk Register. The quality impact of emergency care waiting times and elective waiting lists remained significant risks. 	Information/ Assurance		N