Risk Description	Which ICS strategic goal does this impact?	What is the impact? What is the potential harm or hazard or delay?	Target risk score and date Consequence x likelihood		Current risk score Consequence x likelihood		Initial risk score & Date entered Consequence x likelihood		Risk Movement Risk movement since last update	Movement rationale Why has the risk score increased/ decreased/ not changed?	Controls taken What are we doing about the risk?	Further Controls needed What more do we need to be doing about the risk to mitigate its potential impact?	Assurances & Gaps in Assurance How will we know the mitigations are having an impact and where are we failing to gain that assurance?	Update Date last updated	Risk Owner(s)	Risk ID/Committee/ Ref no. Overseeing Committee	Board H&C/ Partnership	
The draft Operating Plan and Development Plan will not be delivered on time and subsequent system planning and programmes of work will be affected.	Create a system of opportunity	• Non compliance will result in reputation impact for the ICS • Inability to effectively plan for system delivery, therefore goals will not be met.	8 30/06/2021 4	2	8 4	2	16 24/03/2021 4	4	↔	Op plan submitted and Devel Plan in progress.	• First draft of Devel Plan submitted to SL and region for comment, with positive feedback. Second draft to be submitted to region by 30 June. • Work has been undertaken throughout April on the Op Plan. First draft was submitted 6 May. Final draft was submitted 28 May. • Feedback recieved on Op & Development Plan at ICS Stocktake 7th July	• Engagement events with system colleagues to ensure there is buy-in. • Gather feedback on current versions of plans, continue to refine and develop to ensure they meet the need of the system. • Further discussions underway with national team re financial plan for C&P	• Delivery of robust plans that set out the system plans objectives are delivered on time. • Plans are ratified by system partners, approved by region and support the operational running for 2021/22 and ICS delivery. • There is a risk to delivery of the development plan and operating plan due to capacity constraints	16.07.21	Louis Kamfer, DoF, Kit Connick, DoS&P	01 FPPG System Leaders		P
The work to establish an ICS and ICPs does not sufficiently address the North/ South/Regional balance in terms of equity of access to care and resources.	Address inequality	• Exacerbates existing health inequalities • Affects population health outcomes • Undermines aims of ICS	5 31/03/2022 5	1	15 5	3	20 24/03/2021 5	4	↔	No change to the situation	• Identification of health inequalities as a core strategic aim of the ICS. • Using data to inform decision making • We have established a system-wide Health Inequalities Board, to oversee delivery of our Health Inequalities Strategy.	• System governance in place to support effective decision making at Place level. • Clarity of strategic plan and operational plan to address health inequalities • Strategy details priority action areas that include increasing the use of the Health Inequality Impact Assessment, addressing inequalities in workforce distribution, needs-based commissioning and targeted action on hypertension and diabetes	• Population health outcome data • Patient feedback • We have identified "Early Adopter PCNs" with clinical leaders and introduced Eclipse data to identify the key health care inequalities e.g. reduce the hypertension control inequality gaps by 50% to reduce the number of heart attacks and strokes in deprived areas.	12.06.21	Fiona Head, CD & Managing Directors for ICPs	02 System Leaders		P
We do not ensure the patient views are fully considered and engaged in decision-making about system-level changes and service developments.	Give people more control over their health and wellbeing	• Reputation impact • Lack of diversity of views in decision-making • Lack of patient input into services that affect their care, health and wellbeing.	6 31/03/2022 3	2	12 3	4	15 01/04/2021 3	5	↔	No change to the situation	• Positive and proactive engagement to date with patient groups and Healthwatch. • Establishment of Patient Safety Partners in line with NHS England requirments. • Development of Patient Representatives for the System Quality Group •Development of Job Description for Patient Safety Partners •Developing Role and Training for Patient Representative on System Quality Group	• Engagement Strategy to be developed, and clear standards for patient engagement throughout any change processes • Invest in Comms & Engagement roles to lead on this work across the system • Invest in training for Patient Safety Partners and Patient representatives on System Quality Good	• Feedback from patient groups and Healthwatch • Services are developed that respond to and anticipate patient need • Develop audit tool for feedback from patient partners	02.06.21	Laura Halstead, Head of Comms/Carol Anderson, DoN	03 Comms & Engagement Group System Quality Group	H&C	P
Planning and Implementation of Population Health Management is not incorporated at all levels across the system.	Deliver world class services, standards and evidence-based practices	• Restricts pro-active approach to PHM at all levels diluting the ability of the system to target patients directly. • Undermines aims of the ICS. • Affects population health outcomes and does not address health inequalities.	8 01/01/2022 4	2	12 4	3	16 01/04/2021 4	4	↔	No change to the situation	• Analytics Community is in place across STP and meeting regularly prior to the Covid-19 pandemic, with plans to restart meetings in 2021 with ICP representation • PHM Strategy developed prior to pandemic, awaiting final sign-off due to operational pressures. Discussed and shared with ICPs and PCN Clinical Directors. Analytics Community will review. • Eclipse Vista and Eclipse Diabetes modules rolled out across the system. Abilty to identify in real-time where practices need additional support to care for patients • Programmes centred on hard to reach, hard to treat populations, e.g. dedicated SHCAs to perform physical health checks for people with severe mental illness • Integrated Performance Report includes Sentinel Indicators to ensure Health Inequalities is discussed at the highest levels • Intelligence reports generated	• Need to agree what we can standardise across the system and what is best handled at system, place, and neighborhood. • Review and adopt best practice from other systems. • PHM should be an integral element of the decision making process when commissioning activity is taking place. • When established, the SOAG (System Oversight and Assurance Group) could monitor Planning and implementation of PHM at all levels across the system. • Culturally, the ICS Aims, Vision and Values must generate an environment where PHM become the center of gravity for the system planning and there should be a link to the anticipatory care timetable and agenda.	• Review of commissioning submissions. • SOAG Oversight and monitoring • Significant culture shift regarding PHM data to inform decision-making	11.06.21	Sue Graham, DoP/Fiona Head, CD,	04 SOAG		P
Change in Governance models and the introduction of new leadership across the system could create a period of reduced knowledge and understanding.	Deliver world class services, standards and evidence-based practices	• Operating without due diligence. • Operating outside the constitutional and statutory requirements of the law • Reputational Risk • Negative impact on Patient Safety • Negative impact on Quality of Care	6 03/09/2021 3	2	12 4	3	16 01/04/2021 4	4	↔	No change to the situation	• Mapping current Governance Structure and information flows. • Understanding and planning for shadow period of new Governance structure prior to full implementation. • Comprehensive WP for new leadership to be delivered. • Risk escalated to regional colleagues • Interim ICS Governance Lead commence in July to support governance development work	• Engagement and a system wide approach to the mapping of current governance structures and the development of new structures will increase system wide knowledge and understanding, suitability and 'buy in' and encourage review of effectiveness and suitability • To ensure that the new governance, supporting structures and processes build on the existing levels of oversight and assurance	• Feedback from groups across the system, and the monitoring of any new governance structure for a shadow period will allow the system to 'test and adjust' to the new structure whilst oversight is maintained	16.07.21	System Leaders	05 System Leaders		P
The balanced distribution of access to health and care resources across the geographic bounds of Cambridgeshire and Peterborough is artificially restricted due to conflict across financial boundaries, in place infrastructure and alignment of geographical units across the system.	Address inequality	• An inability to understand and deliver a population health reflective care resource and estates infrastructure that is supported by an appropriately skilled workforce at the right capacity will lead to: • Increased patient pathways. • Increased health inequalities. • Increased negative population health outcomes. • Further financial deficit. • Inefficient use of existing resource	10 30/07/2021 5	2	15 5	3	20 01/04/2021 5	4	↔	No change to the situation	• Data informed decision making as a principal foundation for decision making, combined with a revised long term estates strategy and system wide review of infrastructure. • Ongoing work on the PHM strategy • System is standing up SOAG in July to ensure there is a system focus on performance and an equitable approach to delivery • Plan for place/locality agreed by SL in July • New ICP MDs to commence in July, with plan for ICPs rto stand up from 1 Sept	• Using the LTP requirements as a baseline, there is a further requirement to review the PHM for Cambridgeshire and Peterborough to identify and understand the gap analysis in the provision of care across our geographical boundaries and the current ICS structure for C+P	• Analysis of the data will provide a 'best picture' view and allow subsequent planning and informed decision making on any ICS structural change requirements.	16.07.21	System Leaders, Erin Lilley & Managing Directors for ICPs	06 System Leaders		P

Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to it's new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones.	Deliver world class services, standards and evidence-based practices	• Loss of system understanding and working practices. • Lack of trust and a diminishing of relationships. • Friction in working practices and a reluctance to collaborate.	6 01/04/2022 3 2	12 3 4	15 01/04/2021 3 5	↔	No change to the situation	• Delivery of the Communications and Stakeholder engagement plan • ICS Newsletter and website • Being reviewed 20/7/21	• Establishment of feedback loops (including survey) and forums to check understanding and a lead by example culture of respectful challenge to be implemented throughout. • The delivery of the leadership development programme. • Team building activities. • Ongoing OD support for development of system leadership behaviours	• Feedback from forums • Anecdotal evidence and survey results.	20.07.21	Laura Halstead, Head of Comms	07 Comms & Engagement Group System		P
Whilst conducting change management and moving towards a new planning and operational delivery model, it is possible that the ability and capacity to maintain a learning and adaptive culture will significantly reduce.	Deliver world class services, standards and evidence-based practices	• The ability to seize opportunity, understand potential efficiencies and collaborative opportunities could be missed. • If we lose sight of the opportunity to create a culture based on trust, respect and support for each other and the system we will significantly impact our ability to optimise working practices, relationships, efficiencies, and a baseline from which it is safe to respectfully challenge our operating model for the benefit of the population for which we have responsibility.	4 01/06/2022 4 1	12 4 3	16 01/04/2021 4 4	↔	No change to the situation	• Development of ICS Values and vision • Development of ICS principles and ways of working • Investment in OD for Senior Leaders and Clincal Leadership • Recruitment commenced for the Director of Workforce Transformation & Culture to aid the ledadership of system culture	• To maintain focus and investment in system leadership beheaviours and values • To develop a transformation and commissioning strategy that is aligned to our strategic aims • Development of a system-wide culture and talent strategy	• Feedback from forums • Anecdotal evidence and survey results • System delivery results and outputs • Staff retention and recruitment data	16.07.21	System Leaders	08 System Leaders		P
Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.	Create a system of opportunity	Stagnation and lack of agility in decision making.	6 01/04/2022 3 2	12 3 4	12 01/04/2021 3 4	↔	No change to the situation	• Development of ICS governance principles • Application of national guidance to local governance development • Establishment of a monthly Director of Corp Affairs meeting across the system to share learning and development • Agreeement in principle across all organisations to develop a 'System Day' wef April 2022 to align schedules and process decisions	• Joint development of TOR's (where appropriate) and empowered representation at all levels across the system • Leading by example, developing trust and being clear in our communications across boundaries ensuring mutual investment in decision making will forge trust and understanding across organisations. • Seek to align programmes of work via Anchor Institution framework and system strategy	• Speed of activity and decision making. • Increased collaboration and co-operation across the system. • Improved control of deficit. • Change in leadership at LA	16.07.21	System Leaders	09 System Leaders		P
Maintenance of clinically led and informed decision making will be lost if they are not at the core of system decision making.	Address inequality	• Undermines aims of the ICS. Prioritisation of patient care will be lost. • Population Health Management will not be achieved. • Reduced understanding of clinical need across the system could adversely effect the deficit. • Proactive identification of clinical requirements and the ability to plan and support with appropriate resources will be undermined.	5 01/04/2022 5 1	15 5 3	20 01/04/2021 5 4	↔	No change to the situation	• Agreement in the ICS documentation, process and governance that clinical leadership needs to be at the heart of the ICS • Development of ICS Clnical Strategy and Clinical & Professional Group • OD programme in development for Clinical Leadership - Proposal being finalised •Discussion on going with region about Regional support • Commitment that all our ICS priorities, workstreams and enabling functions will have a Clinical Lead, • JCG has re-started and considered the development issues • MD group has restarted. DON and Chief Pharmacist Group already in existence	• Update the clinical strategy • Relaunch the Clinical & Professional Leadership Group • Stronger inclusion of healthcare scientists and AHPs	• Leadership model in place. • Clinical Representation across the system appropriate and informed at all levels. • System Leaders review clinical representation. • Improved decision making, with patient care at the heart of all decisions •Join up of operational and financial and clinical decision making over transition to shadow structures.	01.06.21	Fiona Head, CD	10 Clinical & Professional Forum		P
The stability of the ICS could be compromised due to changes in senior roles and positions e.g. Chair, System Leaders Group key roles in CCG.	Deliver world class services, standards and evidence-based practices	Historical operational and planning processes founded on sound decision making criteria could be rapidly undermined, compromising functions and outputs of the ICS.	6 01/04/2022 3 2	12 3 4	12 01/04/2021 3 4	↔	No change to the situation	• Development Plan sets out the revised timescales for leadership appointments • National guidance is near finalisation for Chair/AO appointments • Assurance and clarity given to CCG staff regarding changes and employment security • Leadership timescales and process for Chair/AO set by national process and guidance • Use of system HRD to support and guide the process for C&P, linking with national and regional teams	• Set out clear timescales and process or Chair/AO and other ICS roles - communication on this expected late July	• System appointments made • Staff morale/feedback	16.07.21	Chair/AO	11 System Leaders & Partnership Board		P
Without a detailed workforce analysis across the entire system, there is the potential that workforce plans will not meet the ambition or address the needs of the system.	Create a system of opportunity	• Compromised ability to deliver LTP and meet the population health needs of the system. • Access to health care compromised. • Morale of current workforce could reduce. • Increasing requirement to "load" in place workforce. • Workforce well being reduced. • Investment in workforce and people development reduced. • Negative impact on ICS culture.	8 01/04/2022 4 2	16 4 4	20 01/04/2021 4 5	↔	No change to the situation	• Gap analysis of workforce personnel and workforce skill set underway. Results will further inform a comprehensive people strategy that will support our health and care workforce at all stages from pre-recruitment to full time employment will be implemented. • System-wide People Plan in place focuses on four areas that will help to create a well-trained, healthy and effective workforce. • Proactive commitment and support from across the system to identify and address gaps.	• A single system-wide workforce vision that has been communicated and secures engagement with commitment to review and re-shape as the system matures • Establishment of cross-sector working for individuals and teams • Access to system leadership development and training for system leades and wider leadership team. • Active recruitment, underpinned by a sytem Talent Strategy • Strategic planning to reflect LTP requirments. • Proactive approach to developing the ICS as a great place to work underpinned by a multi faceted two way communications plan.	• Decrease in workforce gaps • Staff feedback • Systemwide training and development budget • Survey results. • Uptake in the use of support resources	12.06.21	Louise Mitchell, Workforce Lead	12 People Board		P
The inability of the system to capture and capitalise on the lessons learnt during the COVID 19 Pandemic could slow the transformation agenda and impact the ICS's ability to harness the opportunities and dispel the		• Undermines aims of the ICS. • Stifles transformation agenda and impacts ability to deliver ICS within national timescales. • Increased uncertainty of job security	8 30/12/2021	12	16 01/04/2021			• Director of System Delivery appointed on interim basis to co-ordinate work • Clincal and operational groups will maintain focus on Covid learning • Identifying key groups to take responsibility for	• Development of Operational Plan that will build on Covid learning and recovery	• Impact on patient care • Reduction in health inequalities					

threats that have been brought about under the new ways of working.	Give people more control over their health and wellbeing	and role. • Opportunities to address the deficit may be lost • Opportunities to establish streamlined activity and a reduction of duplication could be lost. • Has a negative effect on our aspiration to adopt a learning organisational culture. • Multi-disciplinary approach to care and the benefits to both the patient and clinicians could be compromised. • Waiting List timeframes remain unchanged or are slow to recover - directly effecting patient care and health outcomes.	4	2	4	3	4	4	↔	No change to the situation	and implement the 21/22 operating plan ensuring enough capacity is retained to deliver the recovery plan.			14.06.21	Graham Wilde, DoSD	13 SD&T Group		P
Without a regional way of working that is flexible and takes account of our local issues, the ability to influence change for the population of Cambridgeshire and Peterborough will be limited.	Deliver world class services, standards and evidence-based practices	• Inability to adapt guidance and approach to ways that beenfiot C&P population and strategic aims of our ICS	4 30/03/2022 2	2	6		8 01/04/2021 2	4	↔	No change to the situation	• Development Plan sets out the approach and timelines for C&P ICS • Regular and open dialogue with regional colleagues • Adaptation of national and regional guidance to system needs • Key risks for C&P were escalated to the region at ICS Stocktake on 7th July	• Clarity on regional/national expectations re guidance and processes • Ongoing pursuit of place-based development based on patient need, using data to drive changes • Additional investment sought tfrom region to support capacity issues in C&P ICS 15 July	• Impact on patient care • Reduction in health inequalities • Ongoing development and maturity of C&P ICS	17.07.21	System Leaders	14 System Leaders		P
The ability to deliver strategic commissioning (and delegated commissioning) at a system level and to hold contracting arrangements at Place will be limited by the workforce skill set and capacity available, combined with the transfer of appropriate budgets.	Create a system of opportunity	• Undermines the aims and objectives of the ICS. • Induces conflict over ensuring best use of financial resources. • Overburdens the workforce • Has the potential to negatively impact workforce well being. • Could impact volume, quality and provision of care. • Responsibility but no additional resource or 'lever' to implement appropriate data informed commissioning of these services. • There is a finite number of specialists in these areas, access may be limited.	8 01/04/2022 4	2	12		16 01/04/2021 4	4	↔	No change to the situation	• Lead Director identified for this workstream • Engagement with NHSE/I has commenced • Risks identified and escalated • A series of workshops has commenced to consider options for future commissioning, whch the CCG leads are fully engaged in	• Lack of clarity from NHSE • There is potential for a shadow year (22/23) to support transition • A decision on implementation is expected late June 21.	• Impact on commisisoning and health inequalities • Ongoing development and maturity of C&P ICS • Ability to set out a strategy for commissioning in C&P system	01.06.21	Jane Webster, DoC	15 System Leaders		P
If we are unable to secure additional engagement resources within the desired timeframe, the ability to draw the wider ICS system together, deliver a cohesive and well communicated and understood plan will be directly affected.	Deliver world class services, standards and evidence-based practices	• Delay in the delivery of the enagement programme. • Negative inpact on the ability of the system to deliver change management and support it's people • Could impact on staff morale and wellbeing • Additional 'ask' of already stretched workforce	4 01/04/2022 4	1	12		16 01/04/2021 4	4	↔	No change to the situation	• Utilising CCG Comms and Engagement resource plus support from the wider comms cell. • Recruitment of additional Comms and engagement workforce • Recruitment underway closing 26/7/21 and interviews 3/8/21.	• Commence recruitment process for roles • Maintain ICS communications and engagement via existing resourced • Commence work on Engagement Strategy, working with system partners	• Agreement to recruit received.	20.07.21	Laura Halstead, Head of Comms	16 Comms & Engagment Group		P
The alignment of emerging national guidance direction with the local narrative could affect current direction of travel and impact timelines.	Deliver world class services, standards and evidence-based practices	• Delays associated with a required change to 'in place' plans	6 01/04/2022 3	2	9		12 01/04/2021 3	4	↔	No change to the situation	• In our Development Plan narrative we are clear that there is guidance and information coming from NHSE/I that we will need to adapt to our ICS programme of work • Engaging in all national and regional development programmes e.g. Test Site, Governance & Policy workstream • Reviewed 20/7/21 and no change	• Guidance is reviewed regularly for potential impacts. • Iteration of the Development Plan and activity to reflect the guidance and how it impacts on C&P ICS	• Unable to predict timing of guidance, so having to adapt as needed and be flexible	20.07.21	Laura Halstead, Head of Comms	17 Comms & Engagment Group		P
Failure to deliver the LTP financial trajectory signed off by System Leaders in Jan '20 due to: - non delivery of the financial savings through transformation - a worsening financial underlying position the incidence of covid - a lack of pace to implement the transformation schemes in 21/22, and - a latent demand impact on budgets when Covid funding ends in September	Address inequality	• Significant adverse impact on projected underlying system financial position. • Credibility of system - reputational risk. • Deterioration in relationship with Regulatorns. • Possibility of increased NHSE ovesight, introduction of special measures and a loss of control over the system delivery.	9 31/03/2022 3	3	16		16 07/05/2021 4	4	↔	No change to the situation	• FPPG-led review of underlying system financial position (May 21) and changes linked to covid pandemic. • Delivery of H1 financial plan and development of a 12-month and longer-term financial projection. • Refresh of transformation priorities and development of operational delivery plan. • Continued focus on engagement with Regulators and other key stakeholders, including NHSE attendance at FPPG.	• Development of strategic refresh of system transformation priorities and mapping of delivery timeframe with full operational implementation plan (co-designed with Operational and Clinical Leadership). • Understanding of the financial funding framework for H2 21/22 and beyond and the potential impact on current system financial projections. • Seek clarity on covid funding and any potential longer-term investment	• FPPG will continue to monitor system financial performance through to System Leaders. • System Delivery Group will oversee delivery of transformation.	14.06.21	Louis Kamfer, DoF	18 FPPG		P
The closedown of the CGG and transition of its functions to the ICS could lead to the potential risk of destabilising and loss of key members of its leadership team. In turn this could result in a loss of focus on business as usual and the safe delivery of the CCG's statutory functions	Deliver world class services, standards and evidence-based practices	• Potential to develop local solutions which will not align to national guidance. • Lack of clarity of decision-making. Potential breach of Standing Orders and Standing Instructions • Loss of delivery and accountability at an Executive Level • Loss of subject matter experts • Loss of organisational memory. • Inabilty to discharge its duties effectively	6 31/03/2022 3	2	16		20 07/05/2021 4	5	↑	Increasing	• The CCG's Transition Board is now established and meeting monthly. Task and Finish Groups are being established to cover all functions of the CCG. • A Governance Transition Plan is being developed by the Governance Task and Finish Group. This will also ensure maintenance of strong governance and decision-making throughout the transition. • Guidance is awaited on from NHSE/I on next steps aligned to the reading of the Bill. • ICS Development Plan to oversee activity • Regular staff briefings and a range of support mechanisms are in place to support people through the transition	• Meetings now in place. Sync Matrix Reporting approach. • Terms of Reference prepared, first meetings have taken place. • Monthly reports to and oversight from the Transition Board. • Support from regional colleagues in place • To understand the highest areas of risk to delivery of the CCG if key roles are vacated and cannot be replaced • To develop an interim plan to manage these gaps for the duration of the CCG's life	• Lack of clear guidance from NHSE on transitional arrangements • Process for transferring assets to a new organisation not clear at this stage – staff, contracts, other agreements, ICT licenses etc. • Inability to fully control or mitigate the risk due to the national drivers for this work	06.07.21	Sharon Fox, DoG	19 CCG CAF	H&C	

The impact of Key Leadership changes across all contributory elements of the ICS and wider system e.g. ICS chair / ICS AO / CEO of Councils etc have the potential to destabilise relationships across all levels of the system and could adversely affect the historic understanding, and ways of working.	Deliver world class services, standards and evidence-based practices	• De-stabilisation of an adolecsent system • Delay in progression and potential impact on budget • Historical operational and planning processes founded on sound decision making criteria could be rapidly undermined, compromising functions and outputs of the ICS • Potential to undermine the agreed direction of travel and agreed ICS Aims and vision. • Impact on staff morale - potential for further change.	9 31/10/2021 3 3	12 3 4	16 14/06/2021 4 4	↔	No change to the situation	• MOU Development - including all parties in the development to 'build in' understanding and mutual investment in the system design. • System Level agreement on Vision Aims and Values of the ICS • Development Plan sets out timescales for VSM appointments • National Guidance expected for AO/Chair Apts Appointment to key roles and stabilsation of system leadership • Ongoing investment in OD work for senior leaders	• Identifying opportunities for further relationship building activity with the system partners. • Maintaining a strong identity as the Cambridgeshire and Peterborough ICS, living by our objectives Aims and Vision. • Appointment to key system roles at the earliest opportunity	• Clarity around system leadership • Ongoing delivery of objectives and performance • Staff and regional feedback	16.07.21	Chair/AO	20 System Leaders & Partnership Board	H&C	P
The totality of work output requirements across ICS transition, Reset and Restoration and the Mass Vaccs Programme place significant workload on the system. Output requirements are greater than current workforce capacity.	Deliver world class services, standards and evidence-based practices	• Failure to meet outputs and delivery particularly on operating plan and development plan • Potential impact on Patient Safety • Impact on staff well being and health • Impact on system capacity and ability to flex	9 31/03/2022 3 3	16 4 4	20 14/06/2021 4 5	↔	No change to the situation	• Clarity of focus and action in order to get system performance back on track • Development Plan in place to ensure focus on areas for delivery • Stand up system groups to support delivery • Clear leadership, controls and accountability in place • Addiitonal resource sought from region to support further capacity	• Appointment to system leadership roles • Stand up SOAG for perf and oversight • Hold to account for delivery and performance • Continnue to focus on must do's and areas that will support system delivery against Ops and Development plan	• System performance targets indicate delivery is on track • Staff feedback and morale • Progress against the Ops and Development Plan	16.07.21	AO	21 System Leaders & Partnership Board	H&C	P
Lack of a system-wide Estates Strategy that truly reflects the needs of the ICS, informed by a clear health and care strategy based on population needs to enable care to be delivered in the right place	Create a system of opportunity	• Insufficient estate to support development of Place based care and continuation of care delivered from acute settings when not essential. • Unclear governance route for major infrastructure business cases • Lack of full systemwide engagement in cases.	6 15/12/2021 3 2	12 3 4	12 15/06/2021 3 4	↔	New risk	• Seeking presence at ICP/Place for System Estates representatives • Extend engagement in developments with estate impact. • Inputting into future governance arrangements to support robust decision-making	• Ensure that estate is seen as a key enabler to service change at the outset • Ensure a System Estates representative is involved to support the system meetings. • Monthly estate update to System leaders shared with ICPs.	• There is an Estate Strategy for the System that reflects the Health and Care Strategy agreed by all partners with clear priorites. • Developments that come forward can be cross referenced back to this Strategy.	15.06.21	Alison Manton	22 System Estates Group	H&C	
Mechanical Failure of the Main Building Structure (RAAC Panels) at Hinchingbrooke Hospital	Risks escalated from organisation-specific BAFs	• Closure of main hospital building, in whole or part • Loss of life due to being struck by falling concrete or reduced capacity to deliver services • Major physical injury affecting staff, patients, visitors and contractors. • Cancelled procedures • Reduced income • Prosecution • Litigation costs • Issue of notices by the HSE • Regulator input • Adverse publicity • Loss of confidence that the Trust can provide a safe environment for the delivery of care	5 15/12/2021 5 1	20 5 4	15 24/06/2021 5 3	↔	New risk	•Risk assessment •100% survey of all RAAC panels within the hospital to be completed and renewed every year. •prop management procedures in process •identify financial implications and action accordingly. •Project team, external support i.e. Structural Engineers, emergency planning support, operations support, comms support, and support to address this potential risk.	•Risk monitored by the Estates and Facilities team and gaining significant coverage at NHSI, NHSE, and regional estates level. •Communications strategy in place best buy hospital group participation •Action cards within BCP for roof collapse •Emergency planning with EPPR lead - table top exercise with all public stakeholders •Board reporting on a monthly basis •New roof coverings in 2020 (excluding theatres which has an alternative solution)	• No materialisaton of the risk Services continue to operate • Risk is not entirely within our control and is dependent on external factors	24.06.21	Caroline Walker, CEO, NWAFT	23 System Leaders & NWAFT		P
The system T4 General Adolescent unit Mental health unit (GAU) at CPFT has closed temporarily pending significant repair. This removes 12 regional GAU beds in addition to wider regional beds being closed to admissions due to CQC restrictions. There is a risk of the number of vulnerable young people with mental health problems will not be able access appropriate inpatient services	Risks escalated from organisation-specific BAFs	• There is a significant risk of an increased number of adolescents being detained to Acute Paediatrics for longer periods of time or adolescents not requiring detaining remain in community with increased packages of care. This could have significant impact on the young person's treatment and recovery due to not being treated in an appropriate environment. • Additionally there is increased risk to Paediatric wards as numbers of young people with mental health problems increase.	4 30/07/2021 4 1	16 4 4	20 24/06/2021 4 5	↔	New risk	• Risk matrix across T4 GAU and Eating Disorder units, to enable the most at risk across both units remain in an inpatient bed, and the remaining on leave with daily input, day patients or discharged to local community services. The ED unit now has a mixed ward. • MH staff redeployed to Paediatric wards to support MH patients where possible • Increased staff to community services to support admission avoidance • A risk register of all high risk of admission children reviewed daily and escalated to partners when appropriate • Weekly system meetings with NHSE&I • Bed-finding processes in place. • Building work underway to ensure repairs complete within shortest possible timeframe	• Working with NCM collaborative and region to raise concerns and look for alternative solutions • Review through weekly region CAMHS sit rep group	• Number of MH CYP in Acute Paediatrics • Managed CYP on Home treatment pathway • There is potentially a wider risk regarding the acuity and number of children requiring help, which will be monitored and reflected in the BAF as needed	24.06.21	Tracy Dowling, CEO, CPFT	24 System Leaders & CPFT		P