

## Appendix Bi)

## Risk Management

## Deep Dive Review: Integrated Strategic Risk Register and Board Assurance Framework

The purpose of this 'deep dive proforma' is to provide the Finance, Service Improvement and Development Committee with a structured approach to providing a deep dive review of each of the risks on the Integrated Strategic Risk Register and the Board Assurance Framework.

Risk ref: 001	<b>Failure to deliver change / transformation</b>
Identified in	<b>S03 Strategic Objective: Services shaped around patients' needs</b> <b>S03:3.1 Failure to deliver change / transformation</b>
Risk Analysis	
Underlying causes	<p>Identified that the risk is not the failure to deliver change / transformation, but that it is one of <b>failure to deliver services</b>.</p> <p>The review identified that:</p> <ul style="list-style-type: none"> <li>• There was a history of failing to recognise and implement change through sub-optimal planning which has not benefited from a systematic approach.</li> <li>• This has led to clinical services being unclear on future plans which has impaired their ability to modernise.</li> <li>• A failure to manage resistance to change through unclear and uncoordinated engagement.</li> <li>• The ability to drive change requires strong leadership and fully skilled staff who embrace change and work to the required medical standards in each speciality.</li> <li>• Clinical teams need to embrace benchmarking data (e.g. GIRFT) to inform service change.</li> <li>• Clinical areas need to maximise opportunities to modernise and bring in the latest technology and research development to ensure opportunities for improved performance are not lost.</li> <li>• There is a need to ensure that benefits are translated to patients.</li> <li>• The desire to drive change locally is inconsistent and this requires robust communication and project management.</li> <li>• There is a need to build accountability to ensure implementation of the business change activity from the Trust wide perspective through to local delivery.</li> </ul> <p>The revised description of the risk should also be supported by combining with <b>S03.3.2, which was Failure to maintain effective partnerships</b>, but was focussed on communication and relationship building which forms part of the managing change to mitigate the risk to failure to service delivery.</p>
Underlying Impacts	<p>The focus of the risk is managing the impacts for :</p> <ul style="list-style-type: none"> <li>• Sustaining services for continuity of patient care, improving performance standards and ensuring that patients are at the centre</li> </ul>

	<p>of care.</p> <ul style="list-style-type: none"> <li>There is a need to ensure that there is a plan for changing demand of services and to reflect the wider socio-demographics of a rural population, with an increasing demand from an ageing population.</li> </ul>			
<b>Risk Management</b>				
Risk scores	Probability 4	Severity 4	Rating 16 Red – Very High Risk	Target – proposed to be 12
Changes to scores	The likelihood and the severity of the score remain the same as the previous risk; the focus of the risk is service delivery, the accountability for change and the forecasting and planning for this.			
Key Controls	There is a need to ensure that there is an understanding of the dependencies of other Strategic Risks to the failure to deliver services, which will include the People Strategy, Workforce Planning, Recruitment and Retention, Information Technology, Finance and Estates.			
Mitigation action	<p>Reviewing the mitigation actions identified that whilst there are key compliance and clinical governance arrangements in place but there are significant areas that require development, to be able to respond to change.</p> <p>There are various activities that are in development, this in itself provides risk with current gaps in information such as the Service Review Programme, which will provide further details of where improvements in service delivery can be made with supporting action plans going forward.</p> <p>There was identification that there are opportunities to further develop the sharing of analysis and information across local areas to improve insight to improve local decision making.</p> <p>There is a need to ensure that further support and information is provided to triumvirates through engagement for operational improvement.</p> <p>Need to provide further support for integrating performance, governance and interdependencies.</p>			
<b>Risk Assurance</b>				
First line	There are existing governance arrangements in place, but there is a need to strengthen the performance reviewing locally to highlight and escalate the issues, required actions and controls to minimise the risk of service failure.			
Second line	<p>There are reports and the provision of assurance to the Trust Board Committees.</p> <p>There are internal governance escalations through CEC and CMB. These need to be strengthened to provide more assurance for the management and local accountability for performance and ability to minimise the risk of service failure.</p>			
Third line	<p>There are existing areas of external governance for the issues of service failure to be reported through which are managed.</p> <p>There is a need to provide more evidence of improving performance for services which is dependent on other risks.</p>			
Gaps in control	There are impacts through not having a holistic review of services (what we don't know, we don't know).			

	However, this work has started and forms part of the mitigation actions. There is a need to improve and integrate information to provide an integrated picture at service level on performance which will strengthen information for managing ways forward and strengthen planning.
Gaps in assurance	There is a need to strengthen local governance and accountability for improving performance and prevent the failure of services.
Completion dates for actions	Completion of Clinical Redesign by milestones for the 2021 Programme highlighted in the 2021 Strategy in October 2017.
Responsible Executive	Medical Director
Deep-dive review by	Medical Director, Deputy Chief Executive, Head of 2021 Programme
Date of review	18 August 2017