

Risk ID: 3467	Risk owner: Winn, Matthew	Risk handler: Luter, Mr Bruce Andrew
----------------------	----------------------------------	---

Directorate: Children and Young Peoples Services	Date recorded: 11/04/2022
Specialty: CYPS Trustwide (Risk Register Only)	Anticipated completion date: 31/03/2023
Clinical Group: Trust Wide	Risk committee: Board

Risk Title: Cambridge and Peterborough Children and Maternity Collaborative

Principle Trust Objective: Collaborate with others	Source of Risk: Meetings
--	------------------------------------

Risk description:
There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit.

Progress update:
[Winn, Matthew 31/08/22 12:47:28] Review by CEO agrees with update from 31/08/22 09:11. risk focus and detail has been modified to be tighter about the phase of work currently being undertaken to gain consensus on the transformational approach and scope of the ABU. the risk likelihood has increased and will not change until agreement is achieved across all local authority and NHS partners

Risk Grading:			
	L	C	
Initial:			12
Current:	Likely - 4	Minor - 2	8
Target:	Rare - 1	Minor - 2	2

Risk level Current: High	Last Review Date: 31/08/2022
------------------------------------	--

Significant Hazards:

- Failure to agree how the Collaborative will operate.
- Lack of resource.
- Lack of delegation to stakeholder leads - leading to delays in decision-making.

Controls in place:

1. Executive Board, with terms of reference and cross organisational representation is in place to drive forward the system development of CYP services
2. 1:1 and group meeting are planned throughout September 2022 to gain collective agreement on the scope of service areas to be included in the accountable business unit
3. CCS Trust has an internal working group focused on responding to these developments and ensuring the Trust is capable of leading the ABU, when it is established in the future

Risk ID: 3468	Risk owner: Winn, Matthew	Risk handler: Luter, Mr Bruce Andrew
----------------------	----------------------------------	---

Directorate: Bedfordshire Community Health Services	Date recorded: 11/04/2022
Specialty: Unit Wide	Anticipated completion date: 31/03/2023
Clinical Group: Trust Wide	Risk committee: Board

Risk Title: Development of the Bedfordshire Care Alliance

Principle Trust Objective: Collaborate with others	Source of Risk: Meetings
--	------------------------------------

Risk description:
There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users.

Progress update:
[Winn, Matthew 31/08/22 12:54:55] Risk reviewed by CEO - scoring and updates are correct. Risk details, controls and causes of the risk have been updated.

Risk Grading:			
	L	C	
Initial:			12
Current:	Unlikely - 2	Major - 4	8
Target:	Rare - 1	Minor - 2	2

Risk level Current: High	Last Review Date: 31/08/2022
------------------------------------	--

Significant Hazards:
Changing priorities such as a surge in the Covid-19 pandemic or a particularly harsh winter may throw the BCA off track.
Delay in integrating services across stakeholders will hamper progress.

Controls in place:

1. Agreed work-plan, resource and leadership
2. Agreed ToR for the BCA committee of the ICB and it is now embedded in the structures of the ICB.
3. The BCA may need to develop data collection that demonstrate improvements made (21 Jun 22)

Risk ID: 3486	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark
----------------------	----------------------------------	------------------------------------

Directorate: Trustwide	Date recorded: 01/06/2022
Specialty: Not Applicable	Anticipated completion date: 31/12/2022
Clinical Group: Trust Wide	Risk committee: Board, Estates Committee

Risk Title: ICT Infrastructure

Principle Trust Objective: Provide outstanding care	Source of Risk: Review of incidents/complaints/patient experience
---	---

Risk description:
There is a risk that performance, stability and functionality of elements of the ICT Infrastructure service provided by SBS / Sopra Steria during transition and early operational phases, impacts our staff's ability to deliver quality services through the inability to access data, communicate with clients and colleagues and supportive administrative duties, leading to a negative view of the ICT service whilst it goes through a period of change leading to a lack of confidence in future ICT programmes of work as well as impacting on staff morale due to frustration of not being able to deliver the best for their patients.

Progress update:
[Robbins, Mark 31/08/22 09:58:06] There have been no material instances over the reporting period that have affected ICT performance, stability and functionality affecting our trusts services. We continue to monitor on a regular basis with the service provider and AD of Digital and BI

Risk Grading:			
	L	C	
Initial:			12
Current:	Possible - 3	Major - 4	12
Target:	Unlikely - 2	Major - 4	8

Risk level Current: High	Last Review Date: 31/08/2022
------------------------------------	--

Significant Hazards:
ICT is a core dependency to the majority of our services and ICT performance issues could cause disruption, anxiety, frustration for our staff and service users. The ability to implement Business Continuity is dependant on individual service capacity and awareness, and this needs to be assessed and understood within each service.

Controls in place:
Regular planning and rectification / improvement plan with the service provider and CCS Team, supported by monitored contractual KPI's. Staff can report performance issues on the Digital Desk which result in Priority rated requirements to be addressed and performance relating to speed and accuracy of resolution is reported to CCS management. A Q&A engagement session allows staff to raise and discuss issues directly with the SBS and CCS teams, and this engagement results in learning on both sides to improve performance. The ICT provider is also working closely with external providers including BT and Microsoft to understand more fully their workplan for upgrades and change work and plan for any potential impact

Risk ID: 3488	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark
----------------------	----------------------------------	------------------------------------

Directorate: Trustwide	Date recorded: 05/07/2022
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/03/2023
Clinical Group: Trust Wide	Risk committee: Board

Risk Title: Increase in cost inflation

Principle Trust Objective: Be a sustainable organisation	Source of Risk: Risk assessment
--	---

Risk description:
There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of world wide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10%. If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23, and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies.

Progress update:
[Robbins, Mark 31/08/22 10:02:37] The Trust will now be seeing the impact of the excess inflation to elements of its cost base and the finance team have begun a review of the materially impacted costs, and applying forecasts for modelling against the planning assumption used to set the budgets. This review will be used to update the Q2 financial position.

Risk Grading:

	L	C	
Initial:			12
Current:	Possible - 3	Major - 4	12
Target:	Unlikely - 2	Major - 4	8

Risk level Current: High	Last Review Date: 31/08/2022
------------------------------------	--

Significant Hazards:
The Trust could be required to not progress service improvements and developments to support mitigation to address the price increases

Controls in place:
The Trust will seek to identify discretionary expenditure and risk assess against other measures to mitigate the increase in cost pressure. This will include maximising planned and unplanned additional efficiencies, understanding the impact of the main cost drivers and maximising supply chain and procurement opportunities.

Risk ID: 3227	Risk owner: Howard, Kate	Risk handler: Shulver, Debbie	Risk Grading:		
Directorate: Trustwide	Date recorded: 03/08/2020			L	C
Specialty: Chief Nurse Directorate	Anticipated completion date: 01/11/2022		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board, Quality Improvement and Safety Committee, Strategic Safeguarding		Current:	Likely - 4	Major - 4 16
Risk Title: Number and complexity of safeguarding enquiries			Target:	Rare - 1	Major - 4 4
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: Extreme		Last Review Date: 24/08/2022

Risk description:

There is a risk services will not have the capacity to provide timely and effective response to children & adult safeguarding issues. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm.

Progress update:

[Howard, Kate 24/08/22 12:46:30] Risk reviewed and remains the same - there are issues across clinical teams in relation to staffing and sickness rates, with some services using their escalation or BCP plans. This has an impact on capacity within some services. Safeguarding cases across the geography are reported to be high with high levels of complexity and input required.

Significant Hazards:

Increased demand (based on a local baseline) in safeguarding activities will result in a challenge to provide a timely and effective response.

Due to staff vacancies (and sickness) there will be a reduction in staff competent to undertake safeguarding work.

Controls in place:

An increased demand of safeguarding needs to be managed by a system wide approach as this cannot be addressed in isolation. CCS are linked into all the safeguarding partnerships across our geographies.

The internal safeguarding team has been reviewed and resource has been increased in order to provide extra support for adult safeguarding work.

Safeguarding activity is monitored at local operational and central Trust wide levels, inclusive of MASH, MARAC, CPMA. Awareness and support for staff who may be subjected to vicarious trauma. Increase need for both line management and specialist psychological support.

Increase capacity in Luton and Bedford via additional posts (short term and permanent).

Recruitment and retention planning is in place.

Caseload reviews are being undertaken and BAU plans are being utilised to support teams where staffing levels are challenging.

BCP are in place and are reviewed regularly.

Safeguarding huddle in place - Heads of Safeguarding, Medical Director, Chief Nurse and Deputy Chief Nurse meet weekly to discuss and prioritise.

Mutual aid for staffing shortages across the Safeguarding Teams.

Risk ID: 3475	Risk owner: Hawkins, Rachel	Risk handler: Hawkins, Rachel
----------------------	------------------------------------	--------------------------------------

Directorate: Trustwide	Date recorded: 25/04/2022
Specialty: Transformation & Programme Management	Anticipated completion date: 31/03/2023
Clinical Group: Transformation & Programme Management Office	Risk committee: Board, Estates Committee, Executive Programme Board

Risk Title: Redevelopment of Princess of Wales, Ely

Principle Trust Objective: Collaborate with others	Source of Risk: Risk assessment
--	---

Risk description:
There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users.

Progress update:
[Hawkins, Rachel 24/08/22 08:40:49] Further conversations on the CDC to develop and enhance the business case further have taken place. more information to follow. No further information on the PoW redevelopment business case at this stage.

Risk Grading:			
	L	C	
Initial:			16
Current:	Possible - 3	Major - 4	12
Target:	Unlikely - 2	Minor - 2	4

Risk level Current: High	Last Review Date: 24/08/2022
------------------------------------	--

Significant Hazards:
The business case requires significant capital funds in order for the redevelopment works to take place. The estate and infrastructure requires upgrading to provide fit for purpose facilities for the future

Controls in place:
Existing infrastructure management arrangements for ICS partners. ICS estates group and PoW Project Board. CCS Executive Programme Board and PMO arrangements. Existing CCS policies and procedures

Risk ID: 3163	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:	
Directorate: Trustwide	Date recorded: 09/03/2020		L	C
Specialty: Not Applicable	Anticipated completion date: 30/09/2022	Initial:		8
Clinical Group: Trust Wide	Risk committee: Board	Current:	Possible - 3	Major - 4
Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care		Target:	Unlikely - 2	Major - 4

Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Meetings	Risk level Current: High	Last Review Date: 01/09/2022
---	------------------------------------	------------------------------------	--

Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	<p>Significant Hazards: Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Length of the Covid-19 pandemic and pace at which services/individuals are expected to respond. How the recovery will be planned and implemented alongside the large scale vaccination programme Expectations of service users/patients and increase in verbal abuse being experienced by some staff Controls in place: Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers. Quarterly staff friends and family surveys. Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Dashboard Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Live Life Well Activities - Health and Wellbeing Champions Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff JCNP Formal meeting structures Regular contact with Staff Side Chair Rolling out of staff vaccination programme Appointment of Head of Strategic Workforce Planning who will work with teams to develop a 3 - 5 year workforce plan. International recruitment plan in place for Luton Adult services and being explored for other services. SBS payroll escalation plan in place and being monitored. Numbers of payroll issues reducing.</p>
Progress update: [Pisani, Anita 01/09/22 15:54:50] Reviewed at Incident Management Team meeting 1.9.22 and agreed to reduce likelihood to 3, although recognising that some services iCaSH, Dentistry and Luton Adults still experiencing challenges that could impact on staff morale. Services continuing with their weekly/daily sit reps calls to support leaders in the delivery of services. Quality data reviewed and 97.73% FFT positive (c2600 responses). Majority of QWETT scores 15 or below. No other areas of escalation raised in discussions today. Focus remains on staff health and wellbeing and managing the impact of cost of living pressures. Promoting financial support fund and offer support to individuals directly impacted by increase in pension contributions to mitigate impact in September salary. Scoring reduced to 12.	

Risk ID: 3502	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita
----------------------	----------------------------------	------------------------------------

Directorate: Trustwide	Date recorded: 07/09/2022
Specialty: Unit Wide	Anticipated completion date: 28/04/2023
Clinical Group: Trust Wide	Risk committee: Board, Quality Improvement and Safety Committee

Risk Title: Risk of Industrial Action and impact on ability to deliver services

Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Risk assessment
---	---

Risk description:
There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients/service users not receiving the care that they need and potentially negatively impacting staff morale.

Progress update:
[Pisani, Anita 07/09/22 08:46:46] Early stages of possible industrial action. Statutory notice received from the RCN 6 September 2022 informing the Trust that they would be balloting their members from 15th September 2022. Should they vote for strike action it is anticipated that this will take place between end October 2022 and mid April 2023. No other unions formally balloting members at the current time.

Risk Grading:			
	L	C	
Initial:			12
Current:	Possible - 3	Major - 4	12
Target:	Unlikely - 2	Major - 4	8

Risk level Current: High	Last Review Date: 07/09/2022
------------------------------------	--

Significant Hazards:
Members of staff taking industrial action

Controls in place:
Good relationships with staff side representatives in place and we will look to our staff side chair to help co-ordinate sharing of information
Joint Consultative Negotiating Committee in place where plans in relation to Trade Unions balloting and taking industrial action will be discussed in detail
Plan is to develop a joint communications plan with our Trade Union colleagues once a clear position from Trade Unions is known
Services are going to be asked to review their business continuity plans should industrial action be taken
We will use our embedded and systematic EPRR systems and processes to manage the situation should it occur
Information in relation to Trade Union plans being shared with our leaders as this is know

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew
----------------------	----------------------------------	------------------------------------

Directorate: Trustwide	Date recorded: 11/03/2020
Specialty: Not Applicable	Anticipated completion date: 31/03/2023
Clinical Group: Trust Wide	Risk committee: Board

Risk Title: System planning

Principle Trust Objective: Be a sustainable organisation, Collaborate with others	Source of Risk: External assessment
---	---

Risk description:
As the NHS is performance managed and discharges accountability at Integrate Care Board (system) level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation

Progress update:
[Winn, Matthew 31/08/22 12:09:22] Risk scoring and mitigations reviewed and updated. Progress since the last review:
 1. full stakeholder review undertaken and in place for main statutory and commissioning relationships (see Board reporting in September 2022)
 2. Cambs/Pet ICS is rapidly developing the Accountable Business unit concept, which has a full focus on children and young people services - therefore the Trust is being fully utilised and involved.
 3. BLMK ICS is starting to report income and activity in their ICS reports, therefore accounting for the work of the Trust in this ICS.
 Therefore the scoring remains same and actions are adequate to control the risk.

Risk Grading:			
	L	C	
Initial:			12
Current:	Unlikely - 2	Major - 4	8
Target:	Unlikely - 2	Major - 4	8

Risk level Current: High	Last Review Date: 31/08/2022
------------------------------------	--

Significant Hazards:
 1. National Policy to move to "system by default"
 2. Provider financial health is more directly linked to the financial health of the "system"
 3. Cambs/Pet remain at SOF 4

Controls in place:
 1. The Trust's income and expenditure base is currently in the "host" C&P ICB
 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else
 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made
 4. Expenditure and workforce information being shared fully with BLMK system, to ensure this is showing on their system documents.

Risk ID: 3166	Risk owner: Howard, Kate	Risk handler: Howard, Kate	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 30/12/2022		Initial:		4
Clinical Group: Trust Wide	Risk committee: Board		Current:	Likely - 4	Major - 4 16
Risk Title: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC			Target:	Unlikely - 2	Major - 4 8

Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Risk assessment	Risk level Current: Extreme	Last Review Date: 24/08/2022
---	---	---------------------------------------	--

<p>Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. The risks described are only related to certain KLOE's and elements within the KLOE's. During the pandemic services prioritised risk based on clinical need and national guidance.</p>	<p>Significant Hazards: A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) <ul style="list-style-type: none"> - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. - Waiting lists and access to services (impact on the person and on the flexibility of the service) Controls in place: Relaunch of 'Our Quality Improvement Way'. Rolling Peer Review Programme outcomes triangulated with service CQC self assessments. Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Staff feedback (including staff survey) Patient feedback Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient Stories to Board Internal audit programme (Quality elements) Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place IP&C Board Assurance Framework initial self assessment undertaken and presented to Trust Board - will be monitored monthly by IPC Huddle and at each IPC Committee Safeguarding risks/ issues are reviewed at the Safeguarding huddle and via the Safeguarding Committee Review of waiting lists using a risk based approach Utilisation of the waiting well model Staff recruitment plans in place (approach has been updated in Jan 2022) Escalation plans in place for staffing levels All services use a clinical priority system to safety manage demand Robust governance process within each directorate Trust daily/weekly sit rep Weekly IMT service pressure escalations Staff wellbeing offer - Q and A's (monthly), signposting on intranet Financial support for staff wellbeing (mileage and a grant)</p>
<p>Progress update: [Howard, Kate 24/08/22 12:57:36] Risk reviewed and remains the same at this time, staffing remains challenging in a number of clinical areas (a mix of sickness, vacancies and annual leave) this has had an impact on capacity, additionally the response to monkeypox has increased pressure on the iCaSH teams as has an increase in SEND activity across the 0-19 geography. Team are working hard to reduce waiting times and these are being closely monitored.</p>	

Risk ID: 3164	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide		Date recorded: 09/03/2020		L	C
Specialty: Not Applicable		Anticipated completion date: 30/09/2022	Initial:		12
Clinical Group: Trust Wide		Risk committee: Board	Current:	Possible - 3	Major - 4
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be an excellent employer, Collaborate with others, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 01/09/2022
Risk description: There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.	<p>Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services Numbers of Covid positive cases Length of Covid pandemic and lockdown restrictions Significant increase in demand for some service lines Expectations of service users/patients Response times in some services impacted due to backlog build up during covid.</p> <p>Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting weekly incident Management Team Meetings Recruitment and Retention Premia reviewed and being implemented in areas of significant challenge Clinical prioritisation taking place</p>				
<p>Progress update: [Pisani, Anita 01/09/22 16:00:21] Reviewed in detail at Incident Management team meeting on 1 September 2022. Recommend to reduce scoring to 12, as not seeing evidence of negative impacts on delivery of high quality care. Quality dashboard reviewed - 97.73% FFT positive feedback, only 5 complaints in July 22 and majority of QWETT scores less than 15. iCaSH continue to respond to Monkeypox however much more controlled but causing additional pressures. Dentistry services also continue to be challenged. 6 international recruits arriving in Luton Adults in early September and will hopefully be fully operational by Christmas. Fewer staff being covid positive and numbers of outbreaks in teams low. Scoring reduced to 12 as reduced likelihood to 3.</p>					

Risk ID: 3337	Risk owner: Morris, Christopher	Risk handler: Morris, Christopher	Risk Grading:		
Directorate: Luton Community	Date recorded: 03/03/2021			L	C
Specialty: Adult Services (Luton)	Anticipated completion date: 31/01/2023		Initial:		16
Clinical Group: Unit Wide	Risk committee: Adult's Clinical Operational Board		Current:	Almost Certain - 5	Major - 4 20
Risk Title: Clinical staffing capacity			Target:	Unlikely - 2	Major - 4 8
Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Provide outstanding care	Source of Risk: Review of incidents/complaints/patient experience	Risk level Current: Extreme	Last Review Date: 15/09/2022		
Risk description: There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being.		Significant Hazards: The inability to recruit staff through a regular pipeline meaning that the desired / required staffing levels are not achieved leading to further pressure on retaining staff. Significant levels of staff absence as a result of staff sickness and isolation due to covid 19.			
Progress update: [Morris, Christopher 15/09/22 09:41:09] Staffing position remains high risk specifically with in District nursing. Newly appointed team lead commended in role in the last week and is undertaking induction. Short term sickness together with lack of resilience in terms of capacity continues to service challenges and pressure which is still being supported via SITREP process. 3 further RGN's due to commence in post which will be a big plus once induction periods are completed. International recruitment progressing well which again will create significant additional capacity towards the back end of this calendar year on the basis that the plans fully come to fruition.		Controls in place: > Development of a rag status to support decision making in the event that there is insufficient capacity to see all patients. This approach is being supported by the medical director and Deputy chief nurse. > Daily system calls to update and alert partners of OPEL status and potential increases in acute service due to patients not being seen. > Introduction of a second operational SITREP discussion on a daily basis. > Requirement for all services to protect capacity to allow for daily dynamic risk assessment of patient need where provision has been delayed.) Introduction of local staff tracking template to plot and support planning in relation to the staff isolation periods. > Introduction of a contractual arrangement with an agency to find staff to be recruited into the service permanently (finders arrangement) > review and update of both newly qualified and wider nursing adverts > Commencing of a social media approach to recruitment supported by the Luton Communication partner > Making arrangements with the universities to scope out best way to engage with potential new recruits (nurse training cohort) in conjunction with Trust			

Risk ID: 3250	Risk owner: Howard, Kate	Risk handler: Shulver, Debbie
----------------------	---------------------------------	--------------------------------------

Directorate: Trustwide	Date recorded: 04/09/2020
Specialty: Safeguarding	Anticipated completion date: 02/11/2022
Clinical Group: Trust Wide	Risk committee: Adult's Clinical Operational Board, Children's and Young People Clinical

Risk Title: Emotional impact of work force when exposed to high risk safeguarding incident

Principle Trust Objective: Be an excellent employer	Source of Risk: Risk assessment
---	---

Risk description:
There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological well being. This could result in increase in sickness, vacancy & retention rates.

Progress update:
[Howard, Kate 24/08/22 12:39:05] Risk reviewed and remains unchanged at this time - services are reporting a consistently high level of safeguarding issues and complexity, staff are still supporting children and their families with safeguarding issues which are traumatic and which required on-going engagement and support. Mitigations are in place and are well utilised by staff and safeguarding professionals.

Risk Grading:

	L	C	
Initial:			12
Current:	Likely - 4	Major - 4	16
Target:	Unlikely - 2	Major - 4	8

Risk level Current: Extreme	Last Review Date: 24/08/2022
---------------------------------------	--

Significant Hazards:
increase in staff exposure to high risk safeguarding incidents both from services users & colleagues experiencing domestic abuse/violence alongside unintended consequences of decision made with respect to practice change as a result of Covid 19 pandemic management plan.

Controls in place:
Individual risk assessments & reasonable adjustments completed for all staff which are under continued review via 1:1 management
Access to health & wellbeing service support inclusive of access to counselling provisions & occupational health
Specialist safeguarding supervision in place
Limited access to additional specialist psychological support
Incident management process places emphasis on learning & not blaming or fault finding, always considerate of professional support at both practice level and required emotional impact support.
Increase in adult safeguarding team to support adult safeguarding concerns.

Risk ID: 3482	Risk owner: Ballantyne-Hough,	Risk handler: Ballantyne-Hough, Ms Ellen	Risk Grading:		
Directorate: Ambulatory Care	Date recorded: 27/05/2022			L	C
Specialty: iCASH Corporate (Risk register use only)	Anticipated completion date: 30/12/2022		Initial:		15
Clinical Group: Unit Wide	Risk committee: Ambulatory Care Operational Board		Current:	Almost Certain - 5	Moderate - 3 15
Risk Title: Impact of Monkeypox virus on iCaSH service delivery			Target:	Unlikely - 2	Moderate - 3 6
Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Collaborate with others. Provide outstanding care		Source of Risk: Meetings	Risk level Current: Extreme		Last Review Date: 23/08/2022
Risk description: There is a risk that the current outbreak of Monkeypox virus will impact on iCaSH service delivery	Significant Hazards: <ul style="list-style-type: none"> *Mixed communications and lack of definitive guidance from UKHSA. *Capacity reduced due to different ways of working *Increased time taken with patients due to triage and MPV assessment processes *Staff wellbeing affected due to: different ways of working, frequent changes, lack of definitive guidance, increased anxieties *Classification of virus requires enhanced PPE and decontamination *Challenges to accessing MPV testing; different in different areas *Likelihood of need for SRH services to provide MPV testing *Possibility of need for SRH to offer vaccination to high risk population groups *IPaC guidance for HCID category 3 pathogen is restricting clinical delivery *Room cleaning requirements mean currently rooms will need to be quarantined, which will impact clinic capacity, *Staff are not fit tested for FFP3 masks *Patient concerns and anxiety *Vaccination programme: Mobilisation and delivery 				
Progress update: [Ballantyne-Hough, Ellen Ms 25/07/22 14:52:42] Risk reviewed at iCaSH Service Development session. Anticipated closure date extended until end Sept 2022. Impact to service provision continues, no reduction to risk rating.	Controls in place: <ul style="list-style-type: none"> *At least daily outbreak leadership calls *Involvement in CCG local testing pathway planning *IPaC support *BASHH guidance and communication *UKHSA guidance *PPE *Fit testing for FFP3 *Online access to STI testing to support remote consultations *Development of HSV postal patient self-testing *Vaccination eligibility criteria *Support from LSV team for vaccination roll out 				

Risk ID: 3324	Risk owner: Ballantyne-Hough,	Risk handler: Ballantyne-Hough, Ms Ellen	Risk Grading:		
Directorate: Ambulatory Care	Date recorded: 29/01/2021			L	C
Specialty: iCASH Corporate (Risk register use only)	Anticipated completion date: 30/12/2022		Initial:		15
Clinical Group: Unit Wide	Risk committee: Ambulatory Care Operational Board		Current:	Almost Certain - 5	Moderate - 3 15
Risk Title: Risk of significantly extended waiting times for access to LARC			Target:	Unlikely - 2	Moderate - 3 6
Principle Trust Objective: Be a sustainable organisation, Provide outstanding care	Source of Risk: Meetings	Risk level Current: Extreme	Last Review Date: 23/08/2022		
Risk description: There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities.		Significant Hazards: LARC is required as a usual method of contraception, no reduction in the demand for this method. Routine LARC has been paused in across iCaSH as a result of working to essential services, as well as to support redeployment into the Large Scale Vaccination programme. Controls in place: LARC waiting lists maintained. Emergency LARC provision continued. Vulnerability assessments undertaken and urgent LARC prioritised. LARC removal for clinical indications and pregnancy planning continue. Redeployment period ended 31st March 2021. Commissioner agreement and support of essential services in lockdown 1, redeployment and waiting list initiatives. QIA completed to reflect service delivery and status of LARC waiting lists. Comms for patients on waiting lists to advise of delays. Website updated to advise of generalised delays in access due to COVID-19. Staff information shared to support teams. Recovery of service and LARC provision recommenced across iCaSH, individual clinics working as per staff capacity versus patient demand			
Progress update: [Ballantyne-Hough, Ellen Ms 23/08/22 19:48:18] Risk reviewed at iOPB. Waiting lists continue in some localities. Improvement/reduction in waiting lists in other areas. Beds = 219 (12 weeks, then 2 weeks) Cambs = 9 (2 weeks then 4 weeks) Norwich = 199 (6 weeks, then 1 week) MK = 56 (4 weeks, then 4 weeks) P'Boro = 379 (7 weeks, then 9 weeks) Ipswich = 347 (10 weeks, then 1 week) Bury St Eds = 258 (16 weeks, then 1 - 4 weeks) Lowestoft = 9 (1 week, then 4 weeks)					

Risk ID: 3317	Risk owner: Hall, Glenda	Risk handler: Hayes, Melanie
----------------------	---------------------------------	-------------------------------------

Directorate: Bedfordshire Community Health Services	Date recorded: 14/01/2021
Specialty: 0-19 Locality Services (Beds)	Anticipated completion date: 31/03/2023
Clinical Group: Unit Wide	Risk committee: Children's and Young People Clinical Operational Board

Risk Title: Targeted 0-19 Service Provision in Bedfordshire.

Principle Trust Objective: Provide outstanding care	Source of Risk: Risk assessment
---	---

Risk description:
There is a risk that safeguarding concerns are not identified early during the antenatal period within the Bedfordshire 0-19 service, potentially leading to safeguarding concerns not being identified.

Progress update:
[Hall, Glenda Ms 06/09/22 17:09:30] Risk rating remains unchanged.
No change to staff capacity.
1x HV recruited and awaiting clearance.
Service offer same as previous update.

Risk Grading:			
	L	C	
Initial:			16
Current:	Likely - 4	Major - 4	16
Target:	Rare - 1	Major - 4	4

Risk level Current: Extreme	Last Review Date: 06/09/2022
---------------------------------------	--

Significant Hazards:
High staff vacancies within Health visitor roles (8.3 WTE vacancies).

Controls in place:

1. All referrals into the service are triaged. Those with previous known risk factors or agreed risk factors (e.g teenage parent, substance misuse) are offered targeted provision.
2. Families identified as vulnerable offered face to face home contact
3. Website regularly updated with current offer
4. Parentline and ChatHealth available as universal offer
5. New birth Contact remains universal and takes place in service users home.
6. Universal 9-12 month developmental reviews delivered face to face in clinic setting . UPP assessments delivered in the home.
7. Escalation framework in place to support prioritisation.
8. Support offers across the local health and social care system are advertised.
9. Health hub available for universal support needs.

Risk ID: 3419	Risk owner: Trynka-Watson, Miss	Risk handler: Ballantyne-Hough, Ms Ellen
----------------------	--	---

Directorate: Ambulatory Care	Date recorded: 27/09/2021
Specialty: iCASH Corporate (Risk register use only)	Anticipated completion date: 30/09/2022
Clinical Group: Unit Wide	Risk committee: Ambulatory Care Operational Board, iCaSH Operational Performance Board

Risk Title: There is a risk that the timelines for delivering some of the iCaSH Service Developments may slip

Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Provide outstanding care	Source of Risk: Risk assessment
--	---

Risk description:
There is a risk that some of the service developments may be delayed because staff have limited capacity to complete their role and undertake service development work. If developments are delayed then the service user experience won't improve and we will be unable to reduce some of the pressure points. Also the commissioners will question lack of progress and change, potentially impacting on the re-tendering process.

Progress update:
[Ballantyne-Hough, Ellen Ms 23/08/22 19:50:26] Risk reviewed at iOPB, no change to service capacity.

Risk Grading:			
	L	C	
Initial:			12
Current:	Almost Certain - 5	Moderate - 3	15
Target:	Unlikely - 2	Moderate - 3	6

Risk level Current: Extreme	Last Review Date: 23/08/2022
---------------------------------------	--

Significant Hazards:
Lack of staffing capacity

Controls in place:
Developing pilot projects in locations, rather than trying to evoke the same change everywhere at the same time. Next steps of focus have been identified by the service. Clear operational leads in place for each project. Developed project charters, milestones and plans for each project. SRD support and transition support aligned where required. Non-recurrent underspend being offered for backfill for front line posts to release staff. Business change manager in post to support specific projects.