

Risk ID: 3165	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: 31/03/2022		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: Complexity of System Working			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Collaborate with others, Provide outstanding care	Source of Risk: Meetings	Risk level Current: High	Last Review Date: 01/03/2022		
Risk description: There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.	Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems				
Progress update: [Pisani, Anita 01/03/22 19:30:06] No change to scoring at target level. Continue to work collaboratively across the many systems in which the Trust operates and also actively leading on a number of system wide issues in the areas that the Trust operates. In addition, various people in the Trust are involved in developing the new arrangements for future ICS structures. Areas of particular focus are the development of the Children and Young Peoples Collaborative in Cambridgeshire and Peterborough ICB; Bedfordshire Care Alliance in BLMK ICB and Norfolk and Waveney Health and Wellbeing Board.	Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work Norfolk Alliance and agreement signed Bedfordshire and Luton Health and Social Care Cell - co-chair and regular meetings BLMK Performance and Delivery Group Princess of Wales Programme Board and Outline Business Case Representation on BLMK ICS Steering Group North Cambs development and Programme Board				

Risk ID: 3300	Risk owner: Winn, Matthew	Risk handler: Howard, Kate	Risk Grading:	
Directorate: Large Scale Vaccination	Date recorded: 15/12/2020			
Specialty: Not Applicable	Anticipated completion date: 31/05/2022			
Clinical Group: Not applicable	Risk committee: Board, Mass Vaccination Programme COB			
Risk Title: Mass Vaccination				
Principle Trust Objective: Collaborate with others, Provide outstanding care	Source of Risk: Risk assessment	Risk level Current: High	Last Review Date: 31/03/2022	
Risk description: Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. There is also a reputational risk to the organisation in relation to delivering the 'hub' model within the required national timeframes.		Significant Hazards: The vaccination- (Pfizer, Moderna and the Oxford vaccine) The hub environment- e.g. internet connection, IT equipment Workforce issues- not enough staff available to staff the vaccination hubs Controls in place: A number of controls are in place to support the mass vaccination programmes these include: - Training packages are identified for staff in differing types of roles (including vaccinator specific education) - day 1 information pack has been developed for all staff at the mass vaccination sites (which includes updates on key topics such as incident reporting and safeguarding) - Rotas have been developed for the mass vaccination sites so that gaps can be identified and planned for. Staffing meetings happen on a daily basis so that safety is maintained. - Recruitment is still underway, with a number of roles being advertised (including volunteers) - Governance process in place to ensure practices are safe and have been assessed and approved internally - Communication plan continues to update staff, alongside the daily site huddles and staff meetings - National communication messages are being utilised as needed (including using nationally developed booklets for vaccine specific details) -Emergency protocols are in place for anaphylaxis post vaccination, emergency equipment has been ordered and will be available as needed -Teams have been advised not to have high numbers of staff vaccinated on the same day due to any potential side effects -Consent flowchart has been developed for the mass vaccination site folders, phone numbers for safeguarding support have also been included -Safeguarding training/ updates will be available for staff working within the vaccination site - Quality assurance meetings are taking place with NHSE prior to sites opening - quality assurance processes are being undertaken and submitted regionally and the Trust has undertaken a local QIA and IPaC audit in relation to the programme - IPac audits are being completed monthly - The Mass Vaccination programme has a dedicated COB and is discussed in the Safeguarding and IPaC Committees - Mass Vaccination sites have their own quality dashboards so risks can be identified and monitored - The mass vaccination programme board is firmly established		
Progress update: [Howard, Kate 31/03/22 14:06:57] Requested a review of this risk with the MV clinical leads and the Director of Governance. Risk scores remain the same.				

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			
Clinical Group: Trust Wide	Risk committee: Board		Initial:	8
Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care			Current:	20
			Target:	8

Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Meetings	Risk level Current: Extreme	Last Review Date: 05/04/2022
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Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	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.
Progress update: [Pisani, Anita 05/04/22] No change to scoring at the current time as staff morale continues to be affected across services due to the longevity of the covid pandemic and increased pressures on services to manage demand. Risk has been rolled forward into 22/23 as morale continues to be a challenge and closure date updated to 30 September 2022 - discussed weekly at incident management team meeting. Sickness rates in some teams high, and transmissions levels high which is increasing short-term sickness absence and teams ability to deliver services. Some services continue to experience challenges in recruitment and retention. Pro-active recruitment plans in place in these teams and recruitment and retention premia in place or being put in place to try and improve the situation. Staff morale, resilience and tiredness remain an issue due to the longevity of the pandemic and operating in business continuity mode on a daily basis. Health and well being offers continue to be actively promoted and regular Q&A sessions in place. Service Directors identifying areas that are causing extra challenge to teams and changes/improvements being put in place where possible to reduce pressure on individuals and teams. circa 1800 patients surveyed during February 2022 with a 94.91% recommending our services. Majority of Quality Early Warning Trigger Tool scores 15 or below. National Staff Survey results 2021 published 30 March 2022 - Trusts scores remain high and staff morale feedback good - just 0.1 below highest score for community trusts. Improvement plans now being pulled together at both Trust wide and service level. Supporting our staff remains a major focus for all leads.	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

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew
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Directorate: Trustwide	Date recorded: 11/03/2020
Specialty: Not Applicable	Anticipated completion date: 31/03/2022
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
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Risk description:
As the NHS is performance managed and discharges accountability at 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:
[Robbins, Mark 01/03/22 18:30:13] 22/23 C&P resource allocations and financial modelling will be finalised in March 22 and the financial modelling to date will provide the Trust with an appropriate level of funding.

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: 01/03/2022
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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 has the one of the largest financial deficit in the NHS

Controls in place:

1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint
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

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: 31/05/2022		Initial:		4
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
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
Principle Trust Objective: Be an excellent employer, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 31/03/2022
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	<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)</p> <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. <p>new hazard identified - Covid19 pandemic requiring new ways of working</p> <p>Controls in place: Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual 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) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) 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 and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group 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 with daily Situation reporting of staffing, incidents, risks and PPE situation. new control - 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 new control - Safeguarding risks/ issues are reviewed at the Safeguarding huddle and via the Safeguarding Committee new control - 10 recommendations IPaC and testing (published in Nov 2020) has been reviewed via a gap analysis - any actions will be monitored via the IPaC Committee Internal governance log and thematic reviews (e.g. pressure ulcers) continue to be circulated</p>				
Progress update: [Howard, Kate 31/03/22 14:09:58] Risk reviewed and remains the same - a meeting has been planned with the 4 service directors in April to fully review the risk and next steps.					

Risk ID: 3426	Risk owner: Hawkins, Rachel	Risk handler: Downey, Jo (Inactive User)	Risk Grading:		
Directorate: Trustwide	Date recorded: 05/10/2021			L	C
Specialty: Secretariat (Resilience & IG)	Anticipated completion date: 01/04/2022		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board, Executive Team Meeting		Current:	Likely - 4	Moderate - 3
Risk Title: Winter surge			Target:	Likely - 4	Minor - 2
Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Collaborate with others. Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High	Last Review Date: 03/02/2022	
Risk description: If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery.		Significant Hazards: Reduced commissioned care delivery Impact on staff emotional health and wellbeing Adverse weather resulting in poor road conditions, travel limitations, School closures resulting in staff shortages as staff may have caring responsibilities EU Exit concerns;lack of fuel, impact on logistics and delivery of key supplies Increased demand at acute hospitals will have a direct impact on Trust Service delivery Increased demand in social and domicillary care will have a direct impact on Trust Service delivery Potential closure of E&D departments due to demand pressures or maintenance works			
Progress update: [Hawkins, Rachel 03/02/22 09:20:57] Covid pressures in staff sickness/absence continue and are being managed through BCPs.		Controls in place: Heightened awareness by the Wider Executive team and Trust Board Locally managed planning by all Services Trust Winter assurance doc to be presented to Trust Board in November 2021 Enhanced collaboration with stakeholders across the region i.e. C&P winter surge meetings Business Continuity lessons learnt from 2020/2021, walkthrough of potential concerns in 2021-2022, and a follow up business continuity exercise considered by all Trust Services by Oct 2021. Trust pro-active planning for potential Emergency Dept closures at acute hospitals			

Risk ID: 3164	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:																	
Directorate: Trustwide	Date recorded: 09/03/2020	<table border="1"> <tr> <td></td> <td>L</td> <td>C</td> <td></td> </tr> <tr> <td>Initial:</td> <td></td> <td></td> <td>12</td> </tr> <tr> <td>Current:</td> <td>Almost Certain - 5</td> <td>Major - 4</td> <td>20</td> </tr> <tr> <td>Target:</td> <td>Unlikely - 2</td> <td>Major - 4</td> <td>8</td> </tr> </table>				L	C		Initial:			12	Current:	Almost Certain - 5	Major - 4	20	Target:	Unlikely - 2	Major - 4	8
	L	C																		
Initial:			12																	
Current:	Almost Certain - 5	Major - 4	20																	
Target:	Unlikely - 2	Major - 4	8																	
Specialty: Not Applicable	Anticipated completion date: 31/03/2022																			
Clinical Group: Trust Wide	Risk committee: Board																			
Risk Title: Workforce challenges affecting ability of services to maintain high quality care																				
Principle Trust Objective: Be an excellent employer, Collaborate with others, Provide outstanding care	Source of Risk: Meetings	Risk level Current: Extreme	Last Review Date: 05/04/2022																	
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</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</p>																			
Progress update: [Pisani, Anita 05/04/22] No change to scoring at the current time and risk rolled forward into 22/23 as workforce challenges remain across teams. Sickness absence levels remain high, although in some teams are gradually improving. Covid transmissions rates though are currently high and impacted on staff availability. Turnover remains above 13% and some services continue to experience challenges in recruitment and retention. Pro-active recruitment plans in place in these teams and recruitment and retention premia in place or being put in place to try and improve the situation. Staff morale, resilience and tiredness remain an issue due to the longevity of the pandemic and operating in business continuity mode on a daily basis. Health and well being offers continue to be actively promoted and regular Q&A sessions in place and weekly incident management team focus on this area. Service Directors identifying areas that are causing extra challenge to teams and changes/improvements being put in place where possible to reduce pressure on individuals and teams. Majority of Quality Early Warning Trigger Tool scores 15 or below.																				

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: 30/09/2022		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: 01/04/2022

<p>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.</p>	<p>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.</p> <p>Controls in place: <ul style="list-style-type: none"> > 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 </p>
<p>Progress update: [Morris, Christopher 01/04/22 13:43:45] Risk mitigation / action plan for D/N service in place with focus on caseload review to ensure capacity remains utilised appropriately. Short listing and interviewing of staff continues but remains challenging. Vacancies together with current sickness levels means this risk level remains as 20.</p>	

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: 31/05/2022		Initial:		12
Clinical Group: Trust Wide	Risk committee: Quality Improvement and Safety Committee, Strategic Safeguarding Group		Current:	Likely - 4	Major - 4 16
Risk Title: Number and complexity of safeguarding enquiries			Target:	Rare - 1	Major - 4 4
Principle Trust Objective: Collaborate with others, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: Extreme		Last Review Date: 31/03/2022
Risk description: There is a risk services will not have the capacity to provide timely and effective response to children & adult safeguarding enquiries during the pandemic. 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.		Significant Hazards: Peak demand in safeguarding activities will result in a challenge to provide timely and effective assessments & interventions to mitigate harm to children & adults at risk Alongside reduction in staff competent to undertake this work due to significant number of staff vacancies			
Progress update: [Howard, Kate 18/03/22 14:24:31] Risk reviewed and remains the same at this time.		Controls in place: Safeguarding surge needs to be managed by systems wide approach this cannot be addressed in isolation Request immediate assurance that the anticipated surge in safeguarding enquiries is a key focus of the existing systems wide Covid 19 pandemic Incident Management process inclusive of commissioners & other health providers The internal safeguarding team has been reviewed and resource has been increased in order to provide extra support for adult safeguarding work. Inform strategic health and safeguarding partnership decision making process and implementation of agreed safeguarding processes Develop and implement mechanism for early alert to emerging demand and capacity issues to facilitate timely and effective response Step up frequency of analysis safeguarding activity monitoring at local operational and central Trust wide levels, inclusive of MASH, MARAC, CPMA (inclusive of NAI) Adult safeguarding concerns raised by CCS professionals & Adult safeguarding enquiries inclusive of Provider Lead and Section 42 enquiries Consider the need to capture HCP & Specialist Children's Services & Luton Adult's safeguarding activities inclusive of reports & participation in meetings as safeguarding partnership agreements. Consider the need to step back to essential service provision for specific Children & Adult Services Trust wide as part of strategised response to manage safeguarding enquiries and timely effective interventions, as part of our safeguarding partnership systems responsibility. Develop mechanism for efficient and responsive communication system; to ensure that all professionals are made aware of their service and individual responsibilities to participate in safeguarding enquiries as integral to clinical responsibilities and timely communication of any change to existing internal or external safeguarding processes. Enhance ease of access to specialist safeguarding professional expertise for advice guidance, supervision to support case management and escalation as required, this may will require redeployment of professional to support MASH/MARAC operational processes Awareness and support for staff who may be subjected to vicarious trauma. Increase need for both line management and specialist psychological support Service Director meetings to explore Trust wide options. Demand & capacity work to inform increases in funding. Commissioning conversations (Beds & Luton) to explore funding options. New control: 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 were staffing levels are challenging.			

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: 30/09/2022		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: 21/03/2022
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.			
Progress update: [Ballantyne-Hough, Ellen Ms 21/03/22 16:26:34] Risk reviewed at iCaSH Leadership Development session 21st March 2022. Anticipated closure date extended until end Sept 2022. No change to risk rating or risk, waiting lists remain.		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			

Risk ID: 3250	Risk owner: Howard, Kate	Risk handler: Shulver, Debbie
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Directorate: Trustwide	Date recorded: 04/09/2020
Specialty: Safeguarding	Anticipated completion date: 29/04/2022
Clinical Group: Trust Wide	Risk committee: Adult's Clinical Operational Board, Children's and Young People Clinical Operational Board, Strategic Safeguarding Group

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
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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 & retention rates.

Progress update:
[Howard, Kate 31/03/22] Risk reviewed - no changes at this time.

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: 31/03/2022
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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