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| 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: | Almost Certain - 5 | Major - 4 20 |
| Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care | | | Target: | Unlikely - 2 | Major - 4 8 |

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| Principle Trust Objective: Be an excellent employer, Provide outstanding care | Source of Risk: Meetings | Risk level Current: Extreme | Last Review Date: 21/06/2022 |
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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. | <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 SBS Payroll provider making significant errors at the current time which is having an impact on staff morale. Director of Finance involved in escalation meetings with them to resolve.</p> <p>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</p> |
| Progress update: [Pisani, Anita 21/06/22 18:26:42] No change to scoring at the current time as staff morale continues to be affected across services for a variety of reasons. Demand/capacity pressures; IT issues; Expectations from patients/service users; Sickness rates in some teams high, although transmission levels for covid have reduced. 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 and some teams continue to operate 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. Review of support services asks on clinical services taking place to ensure that requests are managed in a more structured way. circa 3000 patients surveyed during May 2022 with a 996.46% recommending our services. Majority of Quality Early Warning Trigger Tool scores 15 or below and none above 25. Supporting our staff remains a major focus for all leads and remains a regular agenda item at our Incident Management Team; Leadership Forum and Wider Execs. | |

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| 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: | Almost Certain - 5 | Major - 4 20 |
| Risk Title: Workforce challenges affecting ability of services to maintain high quality care | | | Target: | Unlikely - 2 | Major - 4 8 |

Principle Trust Objective:
Be an excellent employer, Collaborate with others, Provide outstanding care

Source of Risk:
Meetings

Risk level Current:
Extreme

Last Review Date:
21/06/2022

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.

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.

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

Progress update:
 [Pisani, Anita 21/06/22 18:39:02] 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. Covid transmissions rates reducing in majority of team. 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 regular incident management team focus on this area. Majority of Quality Early Warning Trigger Tool scores 15 or below and none above 25 in May 2022.

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| Risk ID: 3166 | Risk owner: Howard, Kate | Risk handler: Howard, Kate | Risk Grading: | |
| Directorate: Trustwide | Date recorded: 10/03/2020 | | | |
| Specialty: Not Applicable | Anticipated completion date: 30/12/2022 | | L | C |
| Clinical Group: Trust Wide | Risk committee: Board | | Initial: | 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 | | | Current: | 16 |
| | | | Target: | 8 |

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| Principle Trust Objective: Be an excellent employer, Provide outstanding care | Source of Risk: Risk assessment | Risk level Current: Extreme | Last Review Date: 17/06/2022 |
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| <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)</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. - Waiting lists and access to services (impact on the person and on the flexibility of the service) <p>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 17/06/22 14:44:00] Risk reviewed, score remains the same at this time. Expected closure date updated. Risk to be reviewed once the CQC self assessment process has been completed, the assessments are due out to all service on the 20th June - with the leads being given 3 weeks to complete. Once we have this indicator of the current position we can review our response and the level of risk involved. The staffing position remains challenging plus an increase of staff sickness linked in some cases to covid has also impacted on delivery.</p> | |

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| 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: 31/03/2023 |
| Clinical Group: Trust Wide | Risk committee: Board |

Risk Title: System planning

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| 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 21/06/22 Organisation and system financial balanced plans were submitted on 20th. The plans include currently mitigated risks for expected financial pressures including increasing inflation, recovery of activity performance and the additional costs for treating patients with COVID. The CCS plan includes a £4.8m (3.4%) efficiency target for 2022/23 and Cost Improvement Plans will be identified to deliver to the financial plan.

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

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| Risk level Current: High | Last Review Date: 21/06/2022 |
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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

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| Risk ID: 3475 | Risk owner: Hawkins, Rachel | Risk handler: Hawkins, Rachel |
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| 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, Executive Programme Board |

Risk Title: Redevelopment of Princess of Wales, Ely

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| Principle Trust Objective: Collaborate with others | Source of Risk: Risk assessment |
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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:
Robbins, Mark - 14/07/2022 09:08:20 No formal response to date to the expressions of interest submitted for funding to redevelop the POW hospital. POW is the preferred location for the Cambridgeshire Community Diagnostics Centre and a business case for funding is awaiting approval. To support the access to services, a planning application is to be submitted to construct a multi storey carpark, and in preparation for this a local engagement exercise was carried out in June.

Risk Grading:

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

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| Risk level Current: High | Last Review Date: 14/07/2022 |
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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

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

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| Principle Trust Objective: Collaborate with others | Source of Risk: Meetings |
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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:
Luter, Mr Bruce Andrew - 21/06/2022 14:58:44 The BCA has a clear work-plan for 22-23 (21 Jun 22)

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

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| Risk level Current: High | Last Review Date: 21/06/2022 |
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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:
Agreed work-plan, resource and leadership
Agreed ToR for the BCA committee of the ICB.
ICB to work as partners in the BCA committee of the ICB.

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

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| Principle Trust Objective: Collaborate with others | Source of Risk: Meetings |
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Risk description:
There is a risk that if we fail a gateway evaluation (MCP process) then the "Collaborative" will be unable to provide adequate assurance in time to enable the Integrated Care Board (ICB) to delegate to the "Collaborative". This could lead to the potential harm of the Trust's reputation and the "Collaborative" may be unable to deliver its vision.

Progress update:
Luter, Mr Bruce Andrew - 21/06/2022 14:57:02 The Collaborative has a shared sense of purpose which will increase the likelihood of successfully working through the MCP assurance process. There is now a clear timeline for gateway submissions and the Collaborative will contribute to the design of gateway content (21 Jun 22).

| Risk Grading: | | | |
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| | L | C | |
| Initial: | | | 12 |
| Current: | Unlikely - 2 | Moderate - 3 | 6 |
| Target: | Rare - 1 | Minor - 2 | 2 |

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| Risk level Current: Moderate | Last Review Date: 21/06/2022 |
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Significant Hazards:
Lack of resource.
Lack of delegation to stakeholder leads - leading to delays in decision-making.
Failure to agree how the Collaborative will operate.

Controls in place:
Stakeholder awareness and a workshop being planned to align thinking and vision.
A project plan will be drawn up once detail of the MCP is known.
Appointment by CCS of a new Exec Dir for CYP will create additional capability.

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| 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: 08/07/2022 | |
| 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: [McMahon, Michael 08/07/22 13:09:36] Staffing position remains High Risk, increased sickness has also impacted staffing this week- (Note some increased Covid incidence) Daily review via SitRep and support from across services continues. | | 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 | | | |

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| 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: 29/07/2022 |
| 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

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| 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:
Shulver, Debbie - 14/06/2022 13:54:26 Risk reviewed and remains unchanged.

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

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| Risk level Current: Extreme | Last Review Date: 14/06/2022 |
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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

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| 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: 29/07/2022 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Board, 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: Provide outstanding care | Source of Risk: Risk assessment | Risk level Current: Extreme | Last Review Date: 14/06/2022 | | |
| 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. | 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. | | | | |
| Progress update: Shulver, Debbie - 14/06/2022 14:51:49 Risk reviewed and no change required. | 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. | | | | |

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| 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: 30/012/2022 | | 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: 08/07/2022 |
| 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 08/07/2022 Wait times as of June COB reporting: Beds 227; 12 week wait (initial call to pre-assess); procedure within 2 weeks. Cambs 307; 20 week wait (initial call to pre-assess); procedure within 3 weeks. Norwich 374: 8 week wait (initial call to pre-assess); procedure within 1 weeks. King's Lynn and GY 0; procedures within 2 weeks MK 35; 4 week wait (initial call to pre-assess); procedure within 2 weeks. P'Boro 269 4 week wait (initial call to pre-assess); procedure within 2 weeks. Ipswich 223: 10 week wait (initial call to pre-assess); procedure within 4 weeks. Bury St Eds 331; 18 week wait (initial call to pre-assess); procedure within 4 weeks. Lowestoft 68; 4 week wait (initial call to pre-assess); procedure within 2 weeks. | | | | | |

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

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| Principle Trust Objective: Provide outstanding care | Source of Risk: Review of incidents/complaints/patient experience |
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Risk description:
In April 2022, CCS started a new contract arrangement with SBS / Sopra Steria to provide a new cloud based IT infrastructure across the entire CCS service portfolio. This contract replaces a number of previous contract with different suppliers which had supported CCS with a hardware dependant solution which wasn't able to support the new / emerging requirements and obligations of CCS, including ensuring a stable and cyber compliant environment was being provided. The new service is vastly different to the service being provided and how are staff use, with the focus being Digital Desk and Cloud based platform supporting the main interface. There have been some stability and functionality issues that have disrupted service provision and the impact of external network changes that have caused operational issues.

Progress update:

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

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| Risk level Current: High | Last Review Date: 01/06/2022 |
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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

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

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

| 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: 05/07/2022 |
|------------------------------------|--|

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.