

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: 03/09/2021		
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 03/09/21] 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	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 Health Cell Princess of Wales Programme Board and Outline Business Case				

Risk ID: 3260	Risk owner: Howard, Kate	Risk handler: Howard, Kate	Risk Grading:		
Directorate: Trustwide	Date recorded: 14/10/2020				
Specialty: Not Applicable	Anticipated completion date: 30/11/2021				
Clinical Group: Trust Wide	Risk committee: Board				
Risk Title: Impact of covid19 on community service care delivery					
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment		Risk level Current: High	Last Review Date: 03/09/2021
Risk description: There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a further wave of Covid 19.		Significant Hazards: The significant hazards are: <ul style="list-style-type: none"> - Staff morale and fatigue due to the on-going impact of covid19 on life (work and home life). - Impact of changes in practice required to meet new service delivery models ie technology based assessments and home based working - Reduced contacts with families/children/ adults at risk or identified as vulnerable - Staffing reductions due to current requirements for self isolation/ shielding - Service users already delayed in receiving healthcare condition deteriorating and requiring more complex treatment or care - Increased anger from service users unable to access services directed at staff. 			
Progress update: [Howard, Kate 03/09/21 13:00:23] The risk has been reviewed and the score remains the same.		Controls in place: Children & Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available practitioners will visit following risk assessment if required 3182 - safeguarding SOPs developed re face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports Risk 3227 - This is mitigated by capacity reviews, prioritisation of workloads, increased capacity within adult safeguarding and changes made to the MASH models. Luton Adult services Further controls under review re wound care and caseload prioritisation measures All underpinning service risks have been reviewed as part of this process including those identified as a result of the QIAs. Each of these has mitigating actions and controls identified and are reviewed at the Incident Management Team weekly. Lateral flowing testing now in place to support service delivery, which has been extended to all staff across CCS. A robust well being plan is in place to support staff morale and maintain wellbeing.			

Risk Grading:			
	L	C	
Initial:			16
Current:	Possible - 3	Major - 4	12
Target:	Unlikely - 2	Major - 4	8

Risk ID: 3300	Risk owner: Winn, Matthew	Risk handler: Howard, Kate	Risk Grading:			
Directorate: Trustwide	Date recorded: 15/12/2020			L	C	
Specialty: Not Applicable	Anticipated completion date: 31/12/2021		Initial:			12
Clinical Group: Not applicable	Risk committee: Board, Mass Vaccination Programme COB		Current:	Possible - 3	Major - 4	12
Risk Title: Mass Vaccination			Target:	Unlikely - 2	Major - 4	8
Principle Trust Objective: Collaborate with others, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 03/09/2021	
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.		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				
Progress update: [Howard, Kate 03/09/21 12:58:04] Closure date reviewed, risk reviewed and score remains the same.		Controls in place: A number of controls are in place to support the mass vaccination programmes these include: <ul style="list-style-type: none"> - 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 				

Risk ID: 3323	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:		
Directorate: Large Scale Vaccination	Date recorded: 27/01/2021			L	C
Specialty: Large Scale Vaccination	Anticipated completion date: 31/12/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board, Mass Vaccination Programme COB		Current:	Possible - 3	Major - 4
Risk Title: Organisational Reputational Risk for Co-Vid Mass Vaccination Centre Lead Provider Contract			Target:	Unlikely - 2	Major - 4
					8
Principle Trust Objective: Collaborate with others, Provide outstanding care	Source of Risk: Risk assessment	Risk level Current: High	Last Review Date: 05/08/2021		
Risk description: Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme.	Significant Hazards: The reputation of the organisation is at risk if the programme is not delivered according to national, regional and local expectations or requirements. Hazards include: - inadequate programme leadership or governance and/or insufficient programme resourcing is not sufficient to deliver a high quality programme -poor risk identification and/or management/escalation -Executive Committee and Board not sufficiently sighted on major risks and/or receiving assurance on mitigation -vaccine supply is not forthcoming (risk x refers) -insufficient workforce to fill rosters across multiple sites (risk x refers) -equipment supply is not forthcoming or sufficient to safely open sites -flow is not well-managed and or/not co-vid secure -capacity for delivery and/or vaccine supply does not allow pace through the cohorts in line with other parts of the region or country				
Progress update: [Hawkins, Rachel 05/08/21 17:19:06] senior leadership strengthened through appointment of a dedicated Mass Vaccination Executive.	Controls in place: -leadership team directly accountable to CEO -weekly formal programme reporting to Executive Committee with regular informal briefings throughout the week - programme risks being signed off and the highest risks reported weekly to Executive Committee -bi monthly Mass Vaccination Clinical Operational Board set up from March 2021 -leadership team participating in national, regional and local programme governance -collaborative and effective partnerships established with all key partner organisations -strong communications support to ensure clear messaging and management of expectations - new senior programme manager and logistics manager in place				

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: 31/03/2022			
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:	Likely - 4	Major - 4 16
		Target:	Unlikely - 2	Major - 4 8

Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Meetings	Risk level Current: Extreme	Last Review Date: 03/09/2021
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<p>Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.</p>	<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.</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 JCNF Formal meeting structures; Regular contact with Staff Side Chair Rolling out of staff vaccination programme</p>
<p>Progress update: [Pisani, Anita 03/09/21] No change in scoring at the current time as previous comments still stand. Support to staff being constantly reviewed and additional actions/mitigations put in place. All previous support/conversations/actions continue.</p>	

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:		
Directorate: Trustwide	Date recorded: 11/03/2020			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: System planning			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be a sustainable organisation, Collaborate with others	Source of Risk: External assessment		Risk level Current: High	Last Review Date: 01/07/2021	
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			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		
Progress update: [Robbins, Mark 02/09/21 12:30:33] No change to the risk. Engagement continues across each ICS to continue the development of Governance Structures and plans for H2			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: 31/12/2021		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: 03/09/2021	
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 03/09/21 13:03:13] Closure date reviewed, risk reviewed and remains the same.					

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: 31/03/2022		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Likely - 4	Major - 4 16
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: 03/09/2021	
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			
Progress update: [Pisani, Anita 03/09/21] No change to scoring at the current time as teams across the Trust are still experiencing a number of workforce challenges. Increased sickness; service users being unkind in some services; demand and expectations on services from service users. Longevity of the pandemic and stepping back up services having an impact. Challenges kept under constant review and actions/mitigations put in place.		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			