

Board of Directors

28 November 2019

Paper title:	Corporate Risk Register	Agenda item 11
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Paula Reilly, Risk and Safety Manager	

Purpose of the report		
The purpose of this paper is to present the progress with the mitigation of the Trust's 'live' corporate risks and to inform the Board of any red risks across the organisation as at November 2019.	For approval	
	For discussion	X
	For information	

Executive summary		
There are currently 11 organisational red risks (other than those that appear on the CRR). Details regarding these can be seen at section 3 and appendix 2.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No' No	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Agrees the level of assurance is adequate for the CRR or identifies any further assurances required.

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X				X

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> • Most Corporate risks are linked to BAF risks, therefore this paper links closely with all BAF risks
Links to the Corporate Risk Register (CRR)	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> • All
Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • None

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Corporate Risk Register (CRR) and red rated risks

1.1 Process

The reporting cycle to Board has been refreshed and the CRR and red risks will now be presented bi-monthly to ensure that risks are being adequately managed and mitigated and note any current threats to the delivery of the Trust's strategic objectives. The Board will refer a risk to a committee for further assurance/scrutiny where required.

ASSURANCES

2. Corporate Risk Register content including changes since September 2019

All additions / removals relating to the CRR are approved by the Strategic Leadership Group; the following information summarises the content and changes made since the last report to Board.

2.1 New or escalated risks

2.1.1 New risks

There have been no new risks added to the corporate risk register since September 2019.

2.1.2 Escalated risks

There have been no risks escalated to the corporate risk register since September 2019.

2.2 Risks closed or de-escalated

There have been no risks closed or de-escalated from the corporate risk register since September 2019;

One risk that had been previously closed and reported on (2241), has been archived.

2.3 Risk score changes

There has been one score change since September 2019;

- Risk 2164; Sustained high number of serious incidents, has decreased from 12 to 9

2.4 Current risks on the CRR

There are ten live risks on the CRR;

- Risk 1821: Failure to forecast and mitigate in year pressures
- Risk 1825: Demands on the Trust's community services
- Risk 1826: Case for investment in mental health
- Risk 1831: Recruitment, retention and engagement of a diverse workforce
- Risk 2046: Failure to fully and correctly implement the requirements of the General Data Protection Regulation
- Risk 2102: service user harm through ligatures within inpatient and CMHT environments.
- Risk 2151: Supply and demand issues due to Brexit
- Risk 2164: Sustained high number of serious incidents
- Risk 2207: IT/Clinical systems affected by a cyber incident
- Risk 2266: Physical assault of inpatient ward staff by service users

The position for each of these risks is provided from the risk register system at appendix 1.

3. Red risks not on the CRR

3.1 Red risks closed, archived or downgraded since September 2019

Closed - Risk 2186 - Lack of wi-fi at the Dales suite at AGH meaning lack of access to the R4 clinical system or EPR. *There is no audit trail to confirm when or why this was closed.*

3.2 New red risks since September 2019

Risk 2321 - Drastic reduction of social care packages without involvement of health teams or against their advice. LD Clinical Liaison Team. *This was added on 24th September 2019.*

Risk 2324 - Reduced Psychology provision due to staff absences at a time when the team are managing highly complex clinical cases, LD Health Facilitation. *This was added on 1st October 2019.*

Risk 2328 - There are ongoing challenges around insufficient staff being available for shifts cover (mainly on the ATU & DAU) where there are high and enduring levels of specialising required. This means there are requirements above and beyond the

baseline numbers which already incorporate vacancies and significant levels of absence. *This was added on 15th October 2019*

Risk 2331 - Reduced capacity of the Intensive Support Team due to staff absence, high level of referrals, large number of hospital admissions requiring CTR and out of area liaison. *This was added to the LD Health Facilitation Risk Cluster on 18th October 2019.*

3.3 Current red risks (excluding new risks listed in 3.2)

- **Risk 2055:** Financial burden of the cost of specialising high numbers of patients on ATU & DAU. *This was first entered onto the system in December 2017.*
- **Risk 2197:** Ofsted have rated the Local Authority Children's Social Care services as inadequate. *This was first entered onto the system in December 2018.*
- **Risk 2208:** If we fail to deliver the improved connectivity requirements to meet the current and medium term needs there will be impact on use of clinical systems and IT systems affecting delivery of care and services within the organisation, ultimately impacting staff well-being, care delivery and reputation for the organisation. *This was input as a red risk in January 2019.*
- **Risk 2251:** Poor ventilation and high room temperature in the DN treatment room at Shipley HC. *This was first input as a red risk on 24th May 2019.*
- **Risk 2256:** Inability to post warnings of clinical trial participation from the R&D module that can be seen by other BDCFT clinical staff, and external organisations eg. BRI and AGH A&E Departments, GP etc. *This was first input as a red risk on 5th June 2019.*
- **Risk 2270:** Continued blocking of external web-sites from NIHR, CRN and other DH related research URLs, and 2 month wait for considerations to unblock them. Failure to access these sites and make reports may lead to not receiving essential documents, e.g. GCP Training Materials, or to financial penalties for non/late reporting. Such penalties will generate significant reputational damage to the Trust, leading to possible rejection of bids for funding at a later point. This would be a catastrophic impact on the development of research activity in BDCFT which is significantly dependent on the Trust's reputation to effectively deliver and manage research projects. *This was first input as a red risk on 21st June 2019.*
- **Risk 2310:** Vacant post for consultant at South and West OPMH team due to consultant taking up another role within the Trust. This will result in a shortage of consultant cover leading to Outpatient clinics having to be cancelled, lack of availability for urgent reviews and mental health act assessment. The shortage will lead to fellow medical colleagues having to provide cover and in turn lead to shortages in other areas of the team. *This was first added as a red risk on 30th August 2019*

The position for each of these risks is provided from the risk register system at appendix 2.

4. Financial Implications

There are no specific financial implications to highlight.

5. Risk Implications

There are no specific risk implications to highlight.

6. Monitoring and review

The Board will next receive a report in January 2020; ongoing monitoring of the risk registers will continue through SLT and local governance arrangements.

7. Recommendations

It is recommended that the Board

- Agrees the level of governance on the CRR; and
- Identifies any areas requiring further action.

Appendix 1

Risk number:	1821		
Director Owning Risk:	Liz Romaniak		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	20	Residual Risk Rating:	15
First entered onto Risk Register:	03/08/2016		
Risk description:			
<p>If the Trust fails to accurately forecast and fully mitigate in-year pressures to deliver key business and finance milestones. Then it may not secure Provider Sustainability Funding that is linked to delivering an internal Trust surplus and may fail to achieve the composite control total agreed with NHSI and planned UoR metric and may ultimately face regulatory intervention.</p>			
Gaps in Controls:			
<p>— Recurrent Inpatient cost pressures continue and plans to successfully mitigate do not appear to be impacting / require further development. Medical locum cost pressures have continued to impact however functional medical model / junior medical rotation offers some prospect of relief.</p> <p>— These are largely relating to:</p> <ul style="list-style-type: none"> - CIP stretch and deliverability especially in relation to forward management of inpatient and medical cost pressures - Tender and resource envelope risks attached to Early Years and CDS - non recurrent costs to effect change 			

Open actions:	Most recent action update:
<p>15 EMT and FBIC to regularly review financial forecast and key assumptions. FBIC oversee the development and implementation of financial mitigation plans to ensure delivery of the planned position. (Ongoing scrutiny as risk level escalates - will move to monthly SLG review if ytd/forecast is off track) share risk and mitigation plan at each FBIC. This is underpinned by detailed Care Group risk and action logs. A key focus is developing a clear understanding of the recurrent and non recurrent position and ensuring progress to identify recurrent in-year substitute or new CIPs. Key elements relate to persistent underlying Inpatient and Medical Locum cost pressures.</p>	<p>MHPB approved allocation of MHIS funding to acute cost pressures over 19/20 and 20/21 however inpatient pressures continue to grow outside of acute adult (DAU, ATU and Bracken) are of concern. Trust has flagged concerns re slow/raised thresholds for local authority packages and is considering use of MH Act / DOLs and impact on DTOC/access to Better Care Fund. Systems meeting being arranged by COO and supported by Medical view to progress discussions. 2 day improvement day on ward rostering / management for first week November. All Trust teams asked to scope financial recovery actions by end October. Update to SLT end October and formal reporting back to Finance/Sustainability SLT. Elevated risk flagged to NHSI, FBIC and Board at Month 6.</p> <p>Date Entered: 30/10/2019 08:31 Entered By: Liz Romaniak</p>
<p>17 Project Brief for Care Closer to Home (previously referred to as bed reduction) CIP to be refined and developed to incorporate all current work streams e.g. shift system, bank optimization, e-roster optimization, criteria led discharge, recruitment and retention, functional model decision, end state bed model.</p>	<p>Care Closer to Home Project being re-framed by COO. Will incorporate Step Forward Centre and revised staffing offer. PIPA daily work ensuring focus on discharge. Timescales for next steps to be confirmed. October 19 secured agreement from CCGs for 20/21 investment of £1.25m from MHIS in acute pressures. Work being supported by consultant and Head of PT.</p>
	<p>Date Entered: 30/10/2019 08:33 Entered By: Liz Romaniak</p>

Risk number:	1825		
Director Owning Risk:	Liz Romaniak		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	16	Residual Risk Rating:	16
First entered onto Risk Register:	03/08/2016		
Risk description:			
<p>If current volatility in the care home sector and LA budget reductions continue to reduce care packages and support to individuals, then demands on the Trust's community services will become unsustainable with potential to impair quality, safety or performance and / or require additional Trust resourcing.</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> — Further LA budget cuts are planned which may exceed mitigations provided via the Improved BCF and/or CCG investment. — Activity (contact count) measures cannot identify the impact of LA budget cuts or Care Home sector volatility on our services <p>Community Nursing Teams are facing pressure from rising demand, social care pressures and rising expectations linked to New Models of Care (Complex Care commissions)</p> <p>Despite concerted effort by the Trust the LA continued to develop budget proposals internally and share only after proposals have been prepared for public consultation</p>			
Open actions:		Most recent action update:	
<p>2 Trust to re-visit demand and capacity to inform business planning and contract negotiations, initial discussion at EMT during October. Use ultimately to inform CCG resourcing strategy acknowledging priority areas for investment.</p> <p>Work to link to National Quality Board DN safer staff report & tools.</p> <p>Community safer staffing indicators reported regularly to Board (in addition to mandated acute indicators).</p>		<p>Agreed Care Closer to Home phase one investment funded by CCG (October 19) plus support for phase two investment in acute pathway from April 20 - new more therapeutic model to be confirmed, in development. OOA placements have continued to impact linked to occupancy, acuity and length of stay. Functional model/Care Closer to Home 2-staged investment plus further investment into community seen as essential to resolution. One year CCG CMH funding potentially available from NHSE - to be confirmed.</p> <p>CYP and CAMHS access issues recognised at system level and system wide review</p>	

	<p>commissioned from Centre for MH - draft report and findings Jan 20, full report Mar 21.</p> <p>Concern ongoing regarding LA care packages, especially linked to ATU where all clients awaiting placement / packages. Discussion underway regarding DOLS/DTOC - COO leading with council. Oversight via Sustainability Board and FBIC.</p> <p>Deferred IAPT/CAMHS investment via MHIS to prioritise CQC/Inpatient staffing risks. CAMHS placeholder for 20/21 linked to systems review.</p> <p>Date Entered : 20/11/2019 08:59 Entered By : Liz Romaniak</p>
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Risk number:	1826		
Director Owning Risk:	Liz Romaniak		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	9	Residual Risk Rating:	9
First entered onto Risk Register:	03/08/2016		
Risk description:			
<p>If the Trust (and WY STP) does not present a convincing case for investment in Mental Health that demonstrates whole systems benefits and is clearly referenced in the Bradford and Airedale MH Strategy (and WY STP). Then CCGs, NHSE (and DH) may not prioritise revenue and capital investment in these areas due to other competing funding pressures meaning that Mental Health investment and service developments cannot be progressed</p>			
Gaps in Controls:			
<p>— Whole Systems financial pressures/business rules may make investment unaffordable / If the Trust cannot agree or deliver control totals in the future it may not be able to bid for / benefit from national MH funding streams</p> <p>— No agreed strategy for services across West Yorkshire and related provider 'hosting' where services are at WY level.</p>			

Open actions:	Most recent action update:
West Yorkshire MH Providers collaborating to develop more specialized services and implement a Single Operating Procedures as appropriate and to attract national capital investment and/or commissioner budgets/funding	<p>BDCFT capital design finalised through discussion with WY&H Partnership and included in a draft business case/options appraisal discussed at Committee in Common at start October 19. Capital cost of £0.3m included in BDCFT 2020/21 capital draft plan. Business case insufficiently robust in terms of financial and operational risk management (staffing levels and OOA bed placement risk). 2 preferred locations supported in principal to allow staff to be briefed, but business case pending final work and due for consideration Jan 2020. Capital works include minor exterior grounds refurb / seclusion suite. Trust currently following up potential for external capital, but do not expect positive outcome as likely need to be expended 19/20.</p> <p>Date Entered : 30/10/2019 08:22 Entered By : Liz Romaniak</p>

Risk number:	1831		
Director Owning Risk:	Sandra Knight		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	12	Residual Risk Rating:	12
First entered onto Risk Register:	26/09/2016		

Risk description:

If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care.

The Trust will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

Gaps in Controls:

- Lack of vision for an integrated workforce linked to local and WY STP
 Pressure on resources and financial constraints affecting the pace at which the vision/strategy and associated plan to shift the organisation from delivery of an agile work programme to a culture in which the Trust becomes a leading exponent of digital healthcare can be progressed
 Staff survey indicates that staff with protected characteristics feel more discriminated against with fewer opportunities for promotion and career progression than the remainder of the workforce.
 Lack of a comprehensive strategy to roll out cultural competence training across the organisation
 Current graduates not trained and in sufficient numbers to deliver holistic care, and not fully prepared for the work environment particularly in in-patient settings

Open actions:	Most recent action update:
1 Involvement in local and West Yorkshire STP Workforce Planning arrangements to support the development of an integrated vision and strategy for an integrated workforce	23.10.2019 - People Strategy approved at September FBIC. Ratification planned at October Board. WRES and DWES report and action plans agreed at September Board. Kings Fund researching factors driving improvement in some WRES metrics. Best Place to Work Campaign actions agreed. Date Entered : 23/10/2019 13:32 Entered By : Sarah Firth
4 Scrutiny of KPIs in the Board Integrated Performance Report to ensure achievement of expected levels of performance and bringing performance back on track where targets are not being met.	KPIs continue to be monitored at Board including a new dashboard slide by key services that enables scrutiny and triangulation of workforce performance alongside other KPIs Date Entered : 02/02/2018 17:47 Entered By : Sandra Knight
7 On-going development of partnership/links with and agreed actions with universities, further education colleges using the new student loan model and apprenticeship levy to enrol sufficient numbers of students with the right skills to ensure there is a pipeline of talented staff to recruit from.	The Trust has successfully recruited newly qualified nurses. Students in years one and two are encouraged to work on the staff bank. The Trust has joined the next phase of the Nurse Associate programme and is working with Bradford University in recruiting 2 new nurse apprentices with further plans for an April intake. Date Entered : 02/02/2018 17:58 Entered By : Sandra Knight
9 Implement the Workforce Race Equality Scheme action plan and Workforce Disability Equality Scheme action plans once approved by the Board	Data for WRES and WDES being used to develop action plans for Board approval in 2019 Date Entered : 11/06/2019 11:09 Entered By : Fiona Sherburn

<p>14 Ongoing support for managers to make best use of management information reports</p>	<p>BI training rolled out to all managers, ESR and E rostering training included in LM DP.</p> <p>Date Entered : 11/06/2019 11:11 Entered By : Fiona Sherburn</p>
<p>15 Comprehensive recruitment and retention action plan, focusing on preceptorship, recruitment and retention and streamlining recruitment processes.</p>	<p>Action plan in place, RPIW planned to improve R&S processes, TRAC has been implemented to help streamline R&S processes, annual plan to support recruitment of bank and substantive staff in place</p> <p>Date Entered : 11/06/2019 11:13 Entered By : Fiona Sherburn</p>
<p>16 Apprenticeship strategy in place to support growing our own staff.</p>	<p>refresh of apprenticeship targets and strategy in place with a goal to use at least £100k of the apprenticeship levy in 2019.</p> <p>Date Entered : 11/06/2019 11:14 Entered By : Fiona Sherburn</p>
<p>17 Sharing perspectives programme , being rolled out in 2018/19</p>	<p>Programme rolled out to targeted team and this particular programme is now embedded in core modules of the Leadership and Management Development Passport. Entered by S. Knight 30.01.2019 Date Entered : 30/01/2019 12:16</p> <p>Entered By : Debbie Daniel</p>
<p>18 Implement the WDES in 2019 once approved by the Board</p>	

Closed actions:

<p>2 Workforce and BME employment strategies and action plans continue to be monitored through the WTSG, Directors' Transformation Governance Meeting, FBIC and Board</p>
<p>3 Focus groups organised to discuss the staff survey results linked to BME staffs' perceptions of opportunities for career progression and promotion and experiences of discrimination</p>
<p>5 Continued growth in the staff bank and roll out of e-rostering to all inpatient areas, IHTT, First Response and District Nursing and follow on implementation of the safe care module</p>
<p>6 As a follow up to the deep dive workforce planning report at FBIC, map the projected number of vacancies linked to LTO and turnover by across areas to support planning to manage the gaps and enable skill mix change/transformation</p>

8	Launch the Centre for Excellence for Support Staff Development and engage/attract in as associates, West Yorkshire stakeholders across the health and social care sector in the health and social care and training provider sectors. Achieve the quality kite mark for our own in house training provision
10	Develop with the Leadership Academy for Yorkshire and the Humber a culture change programme that raises awareness and understanding across all teams of the behaviours that will support achievement of a diverse workforce that feels valued.
11	Develop a cultural competence train the trainer programme that will enable staff to work effectively with diverse teams
12	Ensure effective e-rostering reports that provide the information in support of ensuring that all rostered areas have the right numbers of staff and most cost effective, skilled workforce to deliver safe, quality care
13	Ensure the development of a digital strategy and action plan that will support transformation of ways of working and embed a culture that empowers patients and staff
19	Dedicated apprenticeship officer approved by SLG on a FTC to support the implementation of apprenticeship strategy.

Risk number:	2046		
Director Owning Risk:	Gaynor Toczek		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	15	Residual Risk Rating:	10
First entered onto Risk Register:	20/06/2018		
Risk description:			
Organizational / individual practice not consistent with good information governance Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage			
Open actions:		Most recent action update:	
2 To establish the human resources required to fulfill the new statutory deadlines for GDPR		Continue to monitor progress in relation to demand on services, partially mitigated via apprentice scheme Date Entered : 23/08/2019 11:47 Entered By : Tim Rycroft	
Closed actions:			
3 GDPR Forward plan to be monitored at IGG bi-monthly			

Risk number:	2102		
Director Owning Risk:	Patrick Scott		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	15	Residual Risk Rating:	15
First entered onto Risk Register:	15/05/2018		
Risk description:			
Three-quarters of people who kill themselves while on a psychiatric ward do so by hanging or strangulationRisk of service user harm through ligature within inpatient or CMHT environment			
Gaps in Controls:			
<ul style="list-style-type: none"> — Ligature risks may still arise as they cannot be fully designed out. There is the requirement for acceptable risks to be locally managed within service areas. — This is now taking place but require standardised exception reporting template by December 2020 			
Open actions:		Most recent action update:	
1 Programme of Estates work to scope modification & upgrade of light fittings, smoke and heat detectors and associated infrastructure above ceiling level which may currently present ligature risk, and modification to improve anti ligature fittings across all inpatient areas		On site, works scheduled to be complete by end of financial year. Priority 1 works being undertaken. Date Entered : 07/12/2018 08:32 Entered By : John Wright	
6 Issues identified regarding the process of ligature assessment within the inpatient wards		Ward maps available. Awaiting final provision of BORIS to transfer ligature risk assessments Date Entered : 08/10/2019 08:56 Entered By : Simon Long	

<p>7 Programme of works underway to replace bedroom doors and windows in key bedrooms across all wards assessed as 'high risk' within new ligature risk assessment framework, and introduce other measures such as new anti-barricade mechanism and patient call alarms, following recent approval by the Trust Board.</p>	<p>work has commenced on this action with phase one updated expected by april 2020 which is the target date identified for this work</p> <p>Date Entered : 15/11/2019 11:13 Entered By : Patrick Scott</p>
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Closed actions:

<p>2 Actions from ligature assessments to be locally managed within inpatient & community mental health services to be discussed as part of local Quality & Safety meetings</p>
<p>3 Ligature risks identified in the four seasons café toilets. This is to be managed locally whilst works are complete to minimize ligature risks.</p>
<p>4 Review Clover ward inpatient bedroom windows due to ligature risk posed from internal sliding window mechanism.</p> <p>Local management of risk by clinical teams prior to any Estates rectification works</p>
<p>5 Review Clover ward inpatient bedroom windows due to ligature risk posed from internal sliding window mechanism.</p> <p>Estates to bring rectification plan regarding risk associated with windows to ligature risk minimisation group.</p>

Risk number:	2151		
Director Owning Risk:	Patrick Scott		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	12	Residual Risk Rating:	9
First entered onto Risk Register:	07/09/2018		

Risk description:

Sudden 'no deal' Brexit from the EU in March 2019. NHSE has identified risks as follows:

Workforce: 5% of NHS workforce (not including primary care) and 7% of social care workforce may be affected. However, UK government has committed to allow EU citizens already in the UK to settle here, which should offset majority of this.

Supply Chain: 83% of medical products are imported to the UK from (or through) other EU countries, including medical devices & clinical consumables. 45% of medicines used in the UK are imported from the EU. Tariffs, trade changes and customs delays could all affect supply.

Research and innovation: Risks to reduced collaboration with EU (including clinical trials), divergence on regulations, access to innovative treatments and income (including funding for clinical research staff)

Reciprocal Healthcare. Some UK residents who are currently living in EU may wish to return home with the majority of those assessed as being elderly, which may potentially cause increased load on UK healthcare in general. Also risk to more complicated cost recovery processes for EU nationals receiving treatment from UK facilities.

Operations: System readiness and access to services across borders

EPRR and pandemic planning: A risk to information sharing and systems across borders. Potential loss of shared intelligence and early warning systems from European Centre for Disease Prevention and Control (ECDC).

Procurement & competition: risk to disruption to new contracts

Data & IG: Risks to longer term alignment and implications for services across borders (EU regulation and GDPR collaboration).

Medicines & devices regulation: risks to disruption and delays in access to new products in the UK. At the request of UK government manufacturers have assured that they will hold at least 6 weeks supply to cover the period immediately after Brexit. Health organisations are not to stockpile drugs and medicines.

Public health: maintaining public health standards in UK legislation

Gaps in Controls:

- Awareness level of staff re potential Brexit issues
- BCPs cannot deliver products if they are not available

Open actions:

Most recent action update:

2 Monitor and respond to all NHSE letters and guidance

operational readiness has been stepped up at national and local level. all necessary

Open actions:	Most recent action update:
	<p>arrangements in place to respond to new guidance and sit-rep requirements.</p> <p>Subject matter expert group has been mobilized to provide oversight and effective engagement</p> <p>Date Entered : 11/10/2019 13:44 Entered By : Patrick Scott</p>
Closed actions:	
1	Communications Strategy
3	Draft a Brexit plan if/as required

Risk number:	2164		
Director Owning Risk:	Louise Hussain		
Risk Register Level:	5 - Corporate		
Current Risk Rating:	9	Residual Risk Rating:	6

First entered onto Risk Register:	17/10/2018
Risk description:	
<p>Sustained high number of serious incidents since April 2018 and increased demand from HM Coroner for statements regarding deaths have impacted on the workload of the SI team. The SI team is currently using root cause analysis methodology to investigate incidents which can impact on the quality of the investigation. In the next six months a new approach to investigations is expected to be launched which may require further changes to the function. Investigations are not completed in required timescales as set by the Serious Incident Framework. This may lead to a delay in liaising with families, staff and external agencies eg HM Coroner. The ability to complete quality reports and provide information in set timescales will affect the reputation of the organization.</p>	
Gaps in Controls:	
<p>— Staff require training to meet this</p>	
Open actions:	Most recent action update:
1 actions from RPIW to be introduced mid December	<p>Work in draft - required completion and ratification</p> <p>Date Entered : 05/11/2019 08:00 Entered By : Louise Hussain</p>
2 Staff to receive training to undertake human factors investigations	<p>contacted potential trainer. awaiting response</p> <p>Date Entered : 05/11/2019 08:02 Entered By : Louise Hussain</p>

Risk number:	2207
Director Owning Risk:	Greg Soffe
Risk Register Level:	5 - Corporate

Current Risk Rating:	15	Residual Risk Rating:	10
First entered onto Risk Register:	09/01/2019		
Risk description:			
IT / Clinical systems affected by a cyber incident, originated from within or from outside the organisation Critical impact on IT and clinical system access, impacting on clinical and administrative activities			
Gaps in Controls:			
<ul style="list-style-type: none"> — Large number of systems to monitor and extensive programme of work — Review of all systems time consuming and OpenVAS discovery continuing 			
Open actions:		Most recent action update:	
3 Working towards Cyber Essential Plus		<p>We have had the technical CORS meeting, and are awaiting the executive review meetings on the 20th November.</p> <p>Date Entered : 04/11/2019 08:43 Entered By : Greg Soffe</p>	
7 CE+ gap audit and analysis		<p>We have had the technical CORS meeting, and are awaiting the executive review meetings on the 20th November.</p> <p>Date Entered : 04/11/2019 08:49 Entered By : Greg Soffe</p>	
Closed actions:			
1 Vulnerability scanning of system continuing			
2 Mobile device management being introduced			
4 Recruitment of Cyber Security Team			
5 Implementing ELK log SIEM software to store and analyse system logs and events.			
6 Implement DDOS Defence on the corporate website.			
Risk number:	2266		
Director Owning Risk:	David Neil Gibson		

Risk Register Level:	5 - Corporate		
Current Risk Rating:	16	Residual Risk Rating:	8
First entered onto Risk Register:	20/06/2019		

Risk description:

Physical assault of inpatient ward staff by service users
 97% of physical assault incidents take place on inpatient wards. The data reporting history reports that the likelihood of such an incident is high for staff working on inpatient wards.
 Staff at risk are those who come into direct contact with patients on inpatient wards, not only inpatient clinical staff but also support staff such as housekeeping and estate maintenance staff.
 Risk of physical assault of staff member by service user
 97% of physical assault incidents take place on inpatient wards. The data reporting history reports that the likelihood of such an incident is high for staff working on inpatient wards.
 2 out of the 4 RIDDOR incidents in 2018-19 were related to physical assault by service user on staff member.
 Only 1% (12 out of 1254) of all reported incidents have a moderate or more severe impact to the staff member
 The wards with highest prevalence of incidents are DAU (28 incidents per year per bed) and ATU (18 incidents per year per bed), followed by Clover Ward (12 incidents per year per bed). There are approximately 3 incidents per year per bed on adult mental health wards.

Gaps in Controls:

- All staff not being 100% compliant with training
 Documented risk assessments to denote why teams have the required level of training
- Shifts not always fully staffed

Open actions:

Most recent action update:

2 Action in response to HSE - To ensure learning from improvement notice and new MAV risk assessments for ACMH site, adopt same approach for LMH site:
 Complete ward specific risk assessments for:
 1. Ashbrook, 2. Maplebeck, 3. Oakburn, 4. Clover
 5. Baildon, 6. Thornton, 7. Ilkley, 8. ATU, 9. DAU, 10. Step Forward, 11. LMH 136 suite
 12. LMH circulation areas internal
 13. LMH circulation areas external

Phased (risk-based) approach in place for MAV risk assessments (to staff) phase 1 - ACMH site COMPLETE
 phase 2 - LMH site
 phase 3 - community MH and community LD teams
 phase 4 - adult physical health teams
 phase 5 - 0-19 physical health teams

Date Entered : 18/10/2019 11:44
 Entered By : David Neil Gibson

<p>3 To ensure learning from improvement notice and new MAV risk assessments for ACMH site, adopt approach for risk assessments within community teams, working in partnership with Assistant GM's and nominated deputies: Complete team specific risk assessments for teams based on organisational structures.</p>	<p>Phased (risk-based) approach in place for MAV risk assessments (to staff) phase 1 - ACMH site COMPLETE phase 2 - LMH site phase 3 - community MH and community LD teams phase 4 - adult physical health teams phase 5 - 0-19 physical health teams Date Entered : 18/10/2019 11:41 Entered By : David Neil Gibson</p>
<p>4 Develop a Policy to document the process for violence & aggression risk assessments within high risk areas</p>	<p>Policy received virtual approval via HSG 23.10.19 following development & consultation. Forwarded on 24.10.19 to DD for ratification at the next 'Well Led' SLG (Nov-19) Date Entered : 04/11/2019 09:12 Entered By : David Neil Gibson</p>
<p>Closed actions:</p>	
<p>1 Full action plan in response to HSE inspection report to be developed and completed for ACMH by mid-October 2019.</p>	

Risk number:	2055		
Risk Owner:	Bev Knaggs		
Risk Register Level:	2 - Service Manager Level		
Current Risk Rating:	16	Residual Risk Rating:	12
First entered onto Risk Register:	28/12/2017		
Risk description:			
<p>Financial challenge of the high and increasing cost of Specialising high numbers of patients on ATU & DAU Patients maybe unnecessarily supervised/observed Cost pressures will create a challenge for the organisation Cost pressures become unsustainable May need to close to beds causing pressure in Community and Nursing homes</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> — Observations policy may require changing — Awaiting Prof council meeting on 8 Jan, following cancellation of last meeting in December — Fails to reduce observation levels — Patients not ready to go and won't be unless suitable places/funding are agreed — This doesn't change the high level of risk of the patients to themselves and others 			
Open actions:		Most recent action update:	
5 Further presentation to Director of N&O, and Medical Director to be scheduled in October to demonstrate ongoing service commitment and progress with developments		<p>Held a meeting with BrK, Cathy W, ABi, JE & JM to share challenges. BrK requested financial forecast to explore the way forward and review anticipated challenge, post skill mi redesign and recruitment. Work with Finance to compose underway</p> <p>Date Entered : 27/11/2018 09:20 Entered By : Bev Knaggs</p>	
6 Monitor occupancy and obs levels for further 2 months on both ATU & DAU and then agree to close the Risk		<p>Occupancy of both wards remains at 100%, and on ATU, 4/6 are DTOC. Ongoing meetings with CCG and LA are taking place. AGM is reviewing observation levels on both ATU & DAU and all difficult to place pts being regularly discussed.</p> <p>Date Entered : 02/09/2019 16:21 Entered By : Bev Knaggs</p>	

Closed actions:	Most recent action update:
<p>3 Raise and discuss at QIA 12/7/18 to consider further options for cost pressure recovery</p>	<p>Raised and discussed on 12.7.18. Further discussed at Directors mtg 17.7.18 and proposed option for alternative recovery of funds. CEO suggests further workshop with staff to look at ideas for income generation or alternative cost reduction</p> <p>Date Entered : 17/07/2018 15:24 Entered By : Bev Knaggs</p>
<p>4 Improve partnership work with LA and CCG commissioners to discuss and review difficult to place patients, with ongoing increased specialising costs</p>	<p>Regular meetings now in place. Still have a challenge on ATU re DTOC but being reviewed separately and picked up through DLM and separate address with LA.</p> <p>Date Entered : 30/04/2019 19:31 Entered By : Bev Knaggs</p>
<p>1 Ongoing review of high usage wards - Thornton, ATU & DAU</p>	<p>This picked up in DLM call out meetings now and cost review carried out for LSS service , with increased funding. Will close action and continue to monitor through DLM</p> <p>Date Entered : 30/04/2019 19:30 Entered By : Bev Knaggs</p>
<p>2 Review at BUPM with Exec</p>	<p>no further action required</p> <p>Date Entered : 04/04/2019 09:32 Entered By : Bev Knaggs</p>

Risk number:	2197		
Risk Owner:	Dawn Lee		
Risk Register Level:	3 - Care Group Level		
Current Risk Rating:	16	Residual Risk Rating:	9
First entered onto Risk Register:	13/12/2018		
Risk description:			
Ofsted have rated the Local Authority Children's Social Care services as inadequate Children's Social Care provide services to reduce the risk and vulnerability of the Districts most At Risk children. Services that are inadequate may not be able to respond to the high level of risk posed to Children and this may impact on the quality of services that BDCFT can provide			
Gaps in Controls:			
— There is currently limited Communication from the LA in relation to plans to respond to inspection findings			
Open actions:		Most recent action update:	
1	attendance at LA quality improvement meetings to contribute to development of an action plan in response to inspection outcome	Community children's services and senior management remain actively involved in LA improvement meetings	Date Entered : 12/11/2019 09:53 Entered By : Dawn Lee
2	Work with key partners and stakeholders to mitigate inadequate services provided by LA Children's Services	Community children's services and senior management remain actively involved in :A meetings regarding improvement	Date Entered : 12/11/2019 09:54 Entered By : Dawn Lee

Risk number:	2208		
Risk Owner:	Delphine Fitouri		
Risk Register Level:	4 - Directorate		
Current Risk Rating:	16	Residual Risk Rating:	8
First entered onto Risk Register:	09/01/2019		
Risk description:			
<p>We fail to deliver the improved connectivity requirements to meet the current and medium term needs due to delay in contract sign off and delay in implementation. This includes all the resilient links required. Impact on use of clinical systems and IT systems affecting delivery of care and services within the organisation, ultimately impacting staff well-being, care delivery and reputation for the organisation. If fail-over circuit are not in place, the service will be discontinued while the optimum solution would reduce the risk of discontinuity of Internet and HSCN services provided to the organisation</p>			
Gaps in Controls:			
— Hybrid approach approved by Trust Board in December 2018. Contracts not yet in place			
Open actions:		Most recent action update:	
9	Monthly KPIs from supplier on service availability needed	<p>Red centric and Virgin Presentation completed for September 2019</p> <p>Date Entered : 27/09/2019 08:14 Entered By : Komruz Zaman</p>	
10	Work with suppliers to get agreed target date for completion of resilient links	<p>Notification received from Redcentric on 31/10 that BT have come back to complete the work by end of November rather than by end of October. Escalated internally with Account manager at Redcentric and to CIO at BDCFT.</p> <p>Date Entered : 01/11/2019 15:20 Entered By : Delphine Fitouri</p>	
Closed actions:		Most recent action update:	
6	Engagement with Virgin Media PM to fully mobilise the project	<p>Project fully mobilised and implementation started with VM Project Manager kick off call on 23/05/2019</p> <p>Date Entered : 19/06/2019 14:51 Entered By : Delphine Fitouri</p>	
7	Active contractual monitoring arrangement in place during the length of the project and embedded as part of BAU via set up of regular review meetings	<p>Monthly review meeting have been set up</p> <p>Date Entered : 17/08/2019 09:54 Entered By : Delphine Fitouri</p>	

<p>8 We engage with services impacted either as part of the survey visit or in preparation for any downtime.</p>	<p>Communications with sites, service managers, etc, on-going. Some upgrade now expected in September and resiliency links with one supplier not yet scheduled - target date amended to reflect</p> <p>Date Entered : 17/08/2019 09:56 Entered By : Delphine Fitouri</p>
<p>5 Sites details to both suppliers</p>	<p>Completed</p> <p>Date Entered : 20/05/2019 16:36 Entered By : Delphine Fitouri</p>

Risk number:	2251		
Risk Owner:	Linda Martin		
Risk Register Level:	1 - Local		
Current Risk Rating:	20	Residual Risk Rating:	0
First entered onto Risk Register:	24/05/2019		
Risk description:			
Poor ventilation, high room temperature in DN treatment room within Shipley HC Injury to staff - Fainting Injury to service user - Fainting Complaint Rushed care delivery			
Gaps in Controls:			
— Time delay			
Open actions:		Most recent action update:	
1 Landlord to look at air distribution around building Staff to take regular breaks and fluids service user offered cold drinks		No further update from landlord advised this will be a long process Date Entered : 13/10/2019 11:59 Entered By : Linda Martin	

Risk number:	2256		
Risk Owner:	John Hiley		
Risk Register Level:	2 - Service Manager Level		
Current Risk Rating:	15	Residual Risk Rating:	0
First entered onto Risk Register:	05/06/2019		
Risk description:			
<p>Inability to post warnings of clinical trial participation from the R&D module that can be seen by other BDCFT clinical staff, and external organisations eg. BRI and AGH A&E Departments, GP etc. Participants on clinical trials, and especially clinical trials of investigational medicinal products (CTIMPs) ie. drug trials, may be undertaking novel or unusual treatments for their condition. It is essential that other clinical staff know about this, and are able to access information about these treatments, especially in cases of emergency or unexpected admissions, where knowledge of that treatment may affect the management of the reason for that admission.</p> <p>When designing/implementing SystemOne in R&D the ability to be able to both record research related information, and publish this to other parts of the system was highlighted as a significant advantage. This would allow clinicians, with appropriate access, to be able to see details of research projects that participants were involved in, and act accordingly.</p> <p>Not being able to see these details, potentially of the nature of a trial medication, and/or opportunity to unblind in emergency situations constitutes a serious risk to trial participants, in terms of care provided.</p> <p>It may also risk the integrity of the trial if participants receive an intervention that would later exclude them from the trial.</p> <p>In addition, it puts the Trust research team in breach of the relevant legislation and regulation, including the Medicines for Human Use Act (Clinical Trials Regulations), and ICH/GCP.</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> – Participants may not carry the card with them at all times. Participants may not recall that they are involved in research, eg. dementia patients or those experiencing psychosis. – They may not do this, or not include all relevant information. Sometimes participants elect NOT to inform their GP of research study participation, as is their right. 			
Open actions:		Most recent action update:	
1 Write and issue SOP regarding new alert procedure, ie. cards and GP contact. Ensure awareness of all R&D staff. Ensure retrospective application of SOP to all open CTIMS and high risk studies.			
2 Discuss with SystemOne admin the urgent need to make the R&D module work as specified.			
3 Ongoing discussions with IT. No tried and tested solution has yet been found.		Helpful discussions have led to reviewing the SystemOne provision for R&D, but we are still some way from being able to confidently report a solution.	

Open actions:	Most recent action update:
	<p>Date Entered : 03/10/2019 14:21 Entered By : John Hiley</p>
<p>4 Review of S1 module for R&D</p>	<p>Continuing problems begin to reveal themselves with regard to the functionality of the R&D Module not being as specified during the commissioning of S1. Temporary work-arounds are being looked at, but all are unsatisfactory in some way, and continue to have potential threats to participant safety. Especially for those on CTIMPs (drug trials).</p> <p>Date Entered : 10/10/2019 06:51 Entered By : John Hiley</p>

Risk number:	2270		
Risk Owner:	John Hiley		
Risk Register Level:	2 - Service Manager Level		
Current Risk Rating:	20	Residual Risk Rating:	6
First entered onto Risk Register:	21/06/2019		
Risk description:			
<p>Continued blocking of external web-sites from NIHR, CRN and other DH related research URLs, and 2 month wait for considerations to unblock them. R&D has a significant number of externally facing links, some project related, but many are related to DH research administration and governance such as CRN and NIHR. These often use a Google Hub as communication platforms, or links to sites for official reporting of research activity and funding.</p> <p>This, in turn, relates to project management for funding supplied to the Trust, sometimes for significant sums for programme grants, of several millions of pounds. Others for funding streams that we rely upon for continued support of the development of research activity, and capacity.</p> <p>Failure to access these sites and make reports may lead to not receiving essential documents, eg. GCP Training Materials, or to financial penalties for non/late reporting.</p> <p>Such penalties will generate significant reputational damage to the Trust, leading to possible rejection of bids for funding at a later point. This would be a catastrophic impact on the development of research activity in BDCFT which is significantly dependent on the Trust's reputation to effectively deliver and manage research projects.</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> — New sites are frequently added — Long response time to unblock requests due to need for IGG approval. — This is not taken into account by IT ServiceDesk 			
Open actions:		Most recent action update:	
2 New arrangements for R&D internet access made with IT. Separate server and 'quick response' unblocking service arranged.		<p>We have made significant progress with It re the use of separate server from other parts of the Trust, giving R&D greater access to sites outside of the Trust. We are currently evaluating the comprehensiveness of this solution.</p> <p>Date Entered : 03/10/2019 14:25 Entered By : John Hiley</p>	
Closed actions:		Most recent action update:	
1 IT asked to follow guidance suggested by Medical Director		<p>Cyber Team has been allocated to work closely with the R&D Team</p> <p>Date Entered : 08/11/2019 16:40 Entered By : Delphine Fitouri</p>	

Risk number:	2310		
Risk Owner:	Tracy Firth		
Risk Register Level:	1 - Local		
Current Risk Rating:	15	Residual Risk Rating:	12
First entered onto Risk Register:	30/08/2019		
Risk description:			
<p>Poor access to medical review due to staffing shortages Vacant post for consultant at South and West OPMH team due to consultant taking up another role with in the Trust. This will result in a shortage of consultant cover leading to Outpatient clinics having to be cancelled, lack of availability for urgent reviews and mental health act assessment. The shortage will lead to fellow medical colleagues having to provide cover and in turn lead to shortages in other areas of the team. Internal attempts to arrange cover have been unsuccessful.</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> – Attempts to source internal cover has not been successful – lack of permanent medical cover 			
Open actions:		Most recent action update:	
<p>2 Plan agreed as follows to provide medical cover</p> <p>1) Inpatient services to be monitored and supported by medical colleagues across the service</p> <p>2) Dr Pillai and Dr Rana to- will have to reduce number of routine MATS appointments and community work to make space for Dr Russell's sector more urgent work. The support of CMHT staff to be made available to offer increased screening assessments.</p> <p>3) Dr Russell to provide one day support to offer clinic reviews</p> <p>4) Locum to continue to be sourced</p>		<p>ongoing need to fill consultant post- new SHO and SPR providing increased medical cover- Dr Pillai no won leave but consultant cover provided by colleague's on a daily basis</p> <p>Date Entered : 23/10/2019 09:42 Entered By : Tracy Firth</p>	
<p>3 ongoing shortage of medical cover- MATs clinics reduced to free up Dr Pillai and Dr Rana for CMHT work. Colleagues from across the service supporting with service users on Bracken. Dr Russell providing one day a week clinic</p>		<p>New SHO and SPR in place providing more medical support to the team, however still huge waiting list of MATs referrals and need to offer clients under care coordination outpatient review. New consultant not yet in post or locum cover</p> <p>Date Entered : 23/10/2019 09:40 Entered By : Tracy Firth</p>	

Closed actions:	Most recent action update:
1 Team leader to liaise with service lead re cover Team leader to liaise with Dr Russell re cover over next few weeks	ongoing concerns re medical cover- Dr Pillai no won leave but other consultant's providing daily cover on a rota basis. New SHO and SPR in place which is freeing up availability within the team but new permanent consultant needs to be in post Date Entered : 23/10/2019 09:39 Entered By : Tracy Firth

Risk number:	2321		
Risk Owner:	Russell Fairhurst		
Risk Register Level:	1 - Local		
Current Risk Rating:	16	Residual Risk Rating:	16
First entered onto Risk Register:	24/09/2019		
Risk description:			
Drastic reduction of social care packages without involvement of health teams or against their advice. Risk of serious health issues as a consequence of inadequate care or support with potential of hospital admission			
Gaps in Controls:			
— Risk is being created by actions of partner organization so improvement does not currently fall under the direct control of BDCFT			
Open actions:		Most recent action update:	
1 Safeguarding alerts to be submitted for each individual case where staff feel service user is being placed at risk. Health workers to negotiate with social worker care managers and their team lead in hope of amending the care package. BDCFT senior managers to be notified of any escalation of risk.			

Risk number:	2324		
Risk Owner:	Russell Fairhurst		
Risk Register Level:	1 - Local		
Current Risk Rating:	16	Residual Risk Rating:	12
First entered onto Risk Register:	01/10/2019		
Risk description:			
Reduced Psychology provision due to staff absences at a time when the team are managing highly complex clinical cases Risk of increased self injurious behavior and or aggression towards other. Risk to property and possible custodial sentence or admission to hospital			
Open actions:		Most recent action update:	
1 Consultant Psychologist RB to prioritize cases with available staff. RB to review cases again with EVG when she returns from short term sick leave in the next few days			

Risk number:	2328		
Risk Owner:	Bev Knaggs		
Risk Register Level:	2 - Service Manager Level		
Current Risk Rating:	16	Residual Risk Rating:	15
First entered onto Risk Register:	15/10/2019		
Risk description:			
<ul style="list-style-type: none"> - Poor quality care on SIS wards - Patient safety may be compromised - Staff sickness may increase <p>There are ongoing challenges around insufficient staff being available for shifts cover (mainly on the ATU 7 DAU) where there are high and enduring levels of specialising required. This means there are requirements above and beyond the baseline numbers which already incorporate vacancies and significant levels of absence</p>			
Gaps in Controls:			
<ul style="list-style-type: none"> — Sometimes the cover provided is insufficient or staff being loaned are inexperienced — It is after the event and doesn't bring a solution though it does maintain awareness at a Senior level — We cannot dictate nor control somebodies illness or recovery — It only shows what the level of acuity is like — Sometimes new starters don't turn up, others leave as soon as their preceptorship is complete — doesn't always find a solution but alerts others to the shortfalls and pressures — PharmacyTech and Band 4 TNA have both failed to bring the success we anticipated — Doesn't always get a person in the shift — Proves costly and shifts are still not always filled 			
Open actions:		Most recent action update:	
2	Review number of patients and try to minimise levels of observations to keep demand down		
4	Continue the work with LA & CCG to try and reduce the number of patients on some wards		
5	summary of concerns to be raised and		

Open actions:	Most recent action update:
shared at Safer Staffing meeting	
Closed actions:	Most recent action update:
<p>1 Meet with GM and Acute Service Mgr to discuss staffing challenges</p>	<p>Meeting took place between Service Mgrs. BK walked and talked through some concerns. CD to meet with Retinue to discuss some agency issues. BK to summarise bullet points and share. BK shared update with KB on 21.10.19 and with KH and SL at Call out on 22.10.19. Bk to provide summary for PH - Safer Staffing Agenda and to copy SL for Safer Staffing paper review</p> <p>Date Entered : 22/10/2019 14:04 Entered By : Bev Knaggs</p>
<p>3 Attend Value Workstream and see if others can bring new ideas in relation to skillmixing</p>	<p>Good attendance tho no one from LA or CCG. Separate meeting with CCG taking place. Additional meeting with LA Safeguarding team re whistleblowing concerns now taken place. Separate investigations also going ahead re concerns. Ideas from Value Workstream are longer term ideas and will progressed through KPO in coming months</p> <p>Date Entered : 14/11/2019 07:09 Entered By : Bev Knaggs</p>

Risk number:	2331		
Risk Owner:	Louisa Rees		
Risk Register Level:	1 - Local		
Current Risk Rating:	16	Residual Risk Rating:	12
First entered onto Risk Register:	18/10/2019		
Risk description:			
Reduced capacity of the Intensive Support Team due to staff absence, high level of referrals, large number of hospital admissions requiring CTR and out of area liaison. Reduced capacity to take complex cases requiring intensive intervention. Risk of behaviour escalation causing harm to self and others or admission to hospital.			
Gaps in Controls:			
<ul style="list-style-type: none"> — Likely to increase waiting list for HFT Team. — Timescale of recruitment. 			
Open actions:		Most recent action update:	
<p>1 No new referrals will be accepted but consultation will be offered to the wider team. Review of current cases held with IST and liaise with Health Facilitation Team (HFT) regarding possible transfers. Review of current input and reduction if clinically appropriate. Band 5 Nurse post currently out to advert. Bank hours for cover are currently being offered.</p>			

Paula Reilly
Risk and Safety Manager
15th November 2019