

Data extracted at 16:12:21 on 07/07/2021

In order of highest current risk ratings

Ref, Committee, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Risk Level
2451, , Bernard Hughes		4-5 (20)		4-5 (20)	0-0 (0)	NEW	1 - Local
2370, Q&SC, Phillipa Hubbard	Continuity of service delivery during the COVID-19 Pandemic	4-4 (16)	5-4 (20)	4-5 (20)	2-3 (6)	STATIC	4 - Directorate
2323, , Martin Brittain		4-4 (16)		4-4 (16)	1-1 (1)	NEW	2 - Service Manager Level
2383, , Claire Risdon		4-4 (16)	4-4 (16)	4-4 (16)	4-3 (12)	STATIC	3 - Care Group Level
2437, , Anna Kennedy		4-4 (16)		4-4 (16)	4-3 (12)	NEW	2 - Service Manager Level
2486, , Jaspreet Sohal		4-4 (16)		4-4 (16)	3-3 (9)	NEW	2 - Service Manager Level
2418, W&EC & FBIC, Patrick Scott		4-4 (16)	4-4 (16)	4-4 (16)	4-3 (12)	STATIC	4 - Directorate
2455, , Patrick Scott		5-3 (15)		5-3 (15)	5-2 (10)	NEW	3 - Care Group Level
2457, , Patrick Scott		5-3 (15)		5-3 (15)	5-1 (5)	NEW	3 - Care Group Level
2458, , Patrick Scott		5-3 (15)		5-3 (15)	5-2 (10)	NEW	3 - Care Group Level
2485, , Emma Burke		3-5 (15)		3-5 (15)	3-3 (9)	NEW	1 - Local
1821, FBIC, Claire Risdon		5-3 (15)	5-3 (15)	5-3 (15)	4-3 (12)	STATIC	4 - Directorate
1825, FBIC, Claire Risdon		4-4 (16)	4-4 (16)	5-3 (15)	3-3 (9)	BETTER	4 - Directorate
1826, FBIC, Claire Risdon		3-3 (9)	3-3 (9)	5-3 (15)	5-3 (15)	WORSE	4 - Directorate
2046, FBIC, Gaynor Toczec		4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)	WORSE	4 - Directorate
2102, QSC & FBIC, Patrick Scott		5-3 (15)	5-3 (15)	5-3 (15)	5-1 (5)	STATIC	4 - Directorate
2417, EMT, Phillipa Hubbard	Ability to meeting regulatory requirements	5-3 (15)	5-3 (15)	5-3 (15)	4-2 (8)	STATIC	4 - Directorate
2504, , Krystal Hemingway		3-5 (15)	0-0 (0)	3-5 (15)	3-4 (12)	WORSE	2 - Service Manager Level
2207, FBIC, Greg Soffe	Cybersecurity Risk: Whole of Trust	5-3 (15)	5-3 (15)	5-2 (10)	4-2 (8)	BETTER	4 - Directorate

Risk Level:	4 - Directorate		Risk Title:				Current Version	3
Risk Number:	1826	Risk Owner:	Claire Risdon		Date Entered:	03/08/2016	Responsible Committee:	FBIC
Impact x Likelihood:	Initial Risk Rating 3-3 (9)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-3 (15)	Related BAF Risks:	Risk 2300, Risk 2301, Risk 2303, Risk 2304			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
If the Trust (and WY STP) does not present a convincing case for investment in Mental Health that demonstrates whole systems benefits and that is clearly referenced in the Bradford and Airedale MH Strategy (and WY STP).				Then CCGs, the WY&H ICS and 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				
Existing Control Measures:								
<ul style="list-style-type: none"> -Trust and Commissioners agreed MH investment assumptions in 5 year STP and 2017/18 to 2019/20 contracts to progress. -A joint local MH Strategy provided a framework to secure commitment for these national priorities. -There is a West Yorkshire MH Work Programme to ensure parity of esteem for MH priorities and a MH SRO ensuring focus at WY level discussions. -WY Mental Health Providers now formally collaborating via Committee in Common and associated MoU to scope services best delivered at scale, standard operating procedures and business cases for capital investment and/or the management of commissioning budgets (CCG / NHSE) 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
5	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			30/06/2021	Claire Risdon	Provider Collaborative arrangements are expected to go live 1st July 2021. Work on revised business cases, financial due diligence and contracting is progressing with Trust Board consideration of provider collaboratives expected (Adult Secure; CAMHS; ATU) during Quarter 1 2021/22. Date Entered : 26/04/2021 10:00 Entered By : Claire Risdon		
Risk Owner's Last Review		Next Review	Overall Risk Update					
30/08/2020		30/06/2021	All providers experiencing deteriorating position on MH inpatient acuity, admissions and OOA placements. Considering joint OOA procurement, business case in development. Eating Disorders Lead Provider Collaborative (LPC) decision fasttracked to September FBIC and Board - work paused during covid nationally but rapidly re-engaged during August with decision required on business case during September - 'go live' date of 1.10.20 expected to be met nationally despite hiatus.					

Adult Secure LPC decision had been expected September but due to delays in the issue of lead provider allocations (not received at time of writing) business case not now expected until October 20. Key concerns relate to i) service line deficit in all 3 NHS providers and ii) absence of resource allocation, with expectation of resource reduction, which would exacerbate LPC financial risk - no short term gain share due to value of financial risk. Trust needs to ensure LPC focuses on other financial incentives via risk/gain share, including LOS incentives to optimise utilisation of commissioned bed occupancy to reduce OOA placements. Trust will need to review strategic implications as part of discussion, including service line loss versus stranded costs and opportunities to effect savings via LPC. SOP issued nationally suggests savings can only be reinvested in services which would make services loss making on an ongoing basis as 'sunk' costs could not be offset by 'gains' from reduced e.g. OOA costs.

WY complex rehab project had not been expected to fully commit £11m STP capital funding, however L&YPFT host for project confirmed w/e 27.8.20 that now expect to fully deploy. BDCFT have the option of funding the scheme using BDCFT cash (and L&YPFT cdel slippage) to finance as a critical enabler. Decision now required as to business case approvals timing and route, e.g. October Board earliest?

(Scheme included within Board approved SOC, with option to remove from final SOC and bring forward as fast tracked scheme - this seems likeliest route if current assumed SOC timescales are to be achieved).

Risk retained at current level, but to be reviewed in light of adult secure business case in October 20

Risk Level:	3 - Care Group Level		Risk Title:				Current Version	2
Risk Number:	2383	Risk Owner:	Claire Risdon		Date Entered:	19/04/2020	Responsible Committee:	
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-3 (12)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
COVID19				Risk that our financial sustainability will be impacted if we are not able to deliver/restore financial control and meet Financial Improvement Trajectory, especially if incident extends beyond 31.7.20 COVID-19 cost recovery period.				
Existing Control Measures:								
Discrete cost codes established to ensure expenditure is monitored with monitoring of COVID 19 expenditure weekly through Silver command via Cell cost templates								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Processes established to service monthly NHSE/I COVID revenue and capital cost returns, including at Bronze cell and Silver cell for approvals of key expenditure items (revised SFIs/SOs) and overseen by SLT before sign off by FD and then CEO for central submissions.			31/08/2021	Claire Risdon	COVID funding (£4.4m) is contained within the financial settlements for Trusts in Half 1, with the exception of funding for the Community Vaccination Centres. Modelling of exit costs of COVID are being scoped through the Trusts Command Cells to inform the risk of ongoing costs and thus the efficiency requirement to mitigate ongoing costs. ICS overview of ongoing COVID costs into Half 2 are being collated to inform national funding for the NHS in Half 2 2021/22. Date Entered : 01/06/2021 10:56 Entered By : Claire Risdon		
2	Ensure recovery cells asked to consider financial implications of transitional period with modelling of scenarios financially impact assessed e.g. backlog of activity / reduced referrals on service			31/07/2021	Claire Risdon	CCG Contract negotiations are progressing for Half 1 2021/22, in readiness for draft plan submission on 6th May 2021 and final plan submission on 3rd June 2021. Date Entered : 26/04/2021 09:48 Entered By : Claire Risdon		
3	Ensure Trust response considers fast tracking transformation / strategic programmes to minimise			31/01/2021	Claire Risdon	4-week reset work programme in train, concluding w/c 5 October 20. Will then be aligned with financial plan		

	financial impacts to the Trust of recovery phases, including considering retaining Business Continuity arrangements that have had service, qualitative and/or financial improvement			assumptions and plan submission 22 October 20. Date Entered : 07/10/2020 14:06 Entered By : Liz Romaniak
4	Ensure preparedness to re-engage with national, regional and local planning and contracting	31/07/2021	Claire Risdon	The temporary funding regime for the NHS is rolled forward into Half 1 of 2021/22, with funding secured to break-even. NHS contracts continue to be suspended during this period, and national guidance on finance and contracting arrangements is expected in August 2021. Planning is underway within the Care Groups to target investment to deliver backlog and Long Term Plan priorities and will conclude in Q2. Additional non recurrent resources have been made available to support the Trust to target backlog/ sustainability with an associated process of approval for bids. Date Entered : 01/06/2021 10:52 Entered By : Claire Risdon

Risk Owner's Last Review	Next Review	Overall Risk Update
30/09/2020	31/07/2021	<p>Overall Opening risk re-rated from Major, Likely 16 to Major, Almost certain... and Overall residual risk re-rated from Major, Possible 16 to Major, Likely</p> <p>Reflects significant OOA and Inpatient staffing risk in terms of underlying recurrent financial risk - plan submission 5 Oct 20 included best assessment of those risks, so 20/21 risk of less concern than our forward ability to manage the growing funding gap for inpatient/OOA beds and staffing. Covid medium term impacts uncertain but initial modelling via reset 4-week work plan now drawing to a conclusion. FBIC oversight and Sustainability Board work plans will be critical.</p> <p>Action 1 Update - Covid cost recovery arrangements extended from 31.7.20 to 30.9.20. Temporary cost return arrangements continuing to operate until month 6 returns submitted. Will cease as an action from mid October (accounting end date).</p> <p>Action 2 Update - BCP reset work nearing the end of 4-week Care Group, tactical and strategic period to assess impacts on capacity and demand and next steps for service in the context of covid secure environments, sickness, second wave, e-consultations/productivity, workforce requirements, access/waiting times etc. Final WY allocations not yet confirmed, but indicative resource for Months 7-12 provided.</p> <p>Action 3 Update - 4-week reset work programme in train, concluding w/c 5 October 20. Will then be aligned with financial plan assumptions and plan submission 22 October 20</p> <p>Action 4 - Revised financial fixed allocations at ICS level issued for Month 7 to 12. Plan submissions for Q3 and 4 submitted 5.10.20 with delegated board approval to CEO CE DFCF and FBIC Chair (agreed submission on call 30.9.20). £1.5m funding gap (deficit) plus £1.06m annual leave (excluded from gap and requiring more work to derive an accurate forecast based on ESR actual leave taken and/or service returns).</p>

Risk Level:	2 - Service Manager Level		Risk Title:				Current Version	1
Risk Number:	2437	Risk Owner:	Anna Kennedy		Date Entered:	30/10/2020	Responsible Committee:	
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-3 (12)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
potential risk to health and well being of staff due to current pressures , also increased risk of complaints from service users				increased staffing pressures in district nursing as a result the current pandemic increased levels of staffing having self isolate or absent from work with covid or symptoms of covid , there are increased demands with the requirement to undertake flu vaccinations to housebound patients in a timely manor to reduce the risk of flu to service users				
Existing Control Measures:								
-Managing demand and capacity via staff supporting other teams - Re-scheduling visits as required								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	teams utilisng the daily report out to support each other and share resource, where localities are reporting red teams will activate bcp and undertake essential visits only . A patient letter has been produced to support staff with conversations regarding the need to reschedule visits and support with self care models of working . we continue to utilise bank where available and a staff recruitment program me is on going with a rolling band 5 staff vacancy			30/07/2021	Anna Kennedy			
2	monitor capacity and demand across the service ensuring staff are able to work safely			31/07/2021	Anna Kennedy	current plans remain in place , some improvements in staffing with staff coming back from shielding , recruitment continues with new staff joining us from September, a new recruitment campaign for community staff nurses is in place Date Entered : 06/04/2021 09:29 Entered By : Anna Kennedy		

3	a redeployment document has been produced to support the process that was employed during the first wave of lock down where services were redeployed to teams such as district nursing	30/07/2021	Anna Kennedy	no change to current systems in place ,there has been some improvement in staffing as shelters are returning to work Date Entered : 06/04/2021 09:26 Entered By : Anna Kennedy										
4	daily monitoring of capacity and demand across the service continues we now have a redeployment sop in circulation to support decision making if we are unable to maintain the service on current staffing levels recruitment continues on a rolling programmed we have recruited band 5 staff we still have vacancies out standing but recruitment will continue. we are also trailing recruitment of nursing associates to support the recruitment deficits we have now made our temporary logistical workers in dn teams permeant due to the vital work they do in feeing up clinical work in the teams , we are recruiting a further three for Bradford ensuring logistical supports across the pcns funding will need to come out clinical budgets and has also been added as a cost pressure	30/07/2021	Anna Kennedy											
<table border="1"> <thead> <tr> <th data-bbox="67 808 438 870">Risk Owner's Last Review</th> <th data-bbox="438 808 644 870">Next Review</th> <th colspan="3" data-bbox="644 808 2043 870">Overall Risk Update</th> </tr> </thead> <tbody> <tr> <td data-bbox="67 870 438 927">/ /</td> <td data-bbox="438 870 644 927">31/07/2021</td> <td colspan="3" data-bbox="644 870 2043 927"></td> </tr> </tbody> </table>					Risk Owner's Last Review	Next Review	Overall Risk Update			/ /	31/07/2021			
Risk Owner's Last Review	Next Review	Overall Risk Update												
/ /	31/07/2021													

Risk Level:	4 - Directorate		Risk Title:				Current Version	3
Risk Number:	1821	Risk Owner:	Claire Risdon		Date Entered:	03/08/2016	Responsible Committee:	FBIC
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 4-3 (12)	Related BAF Risks:	Risk 2303, Risk 2304			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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 financial improvement trajectory funding that is linked to delivering an internal Trust deficit, and may fail to achieve the composite control total / financial improvement trajectory set by NHSE/I and planned UoR metric and may ultimately face regulatory intervention.				
Existing Control Measures:								
<ul style="list-style-type: none"> - Monthly financial forecasts reviewed and key assumptions agreed by respective DDs - Reviewed at SLT and Sustainability Group - Trust financial mitigation plan and associated actions progressed and overseen via FBIC and underpinned by detailed risk log action planning - Sustainability Funding Criteria outlined and clarified by NHS Improvement 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
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.			31/07/2021	Claire Risdon	Monthly Finance Reports provided to Trust Board highlighting key risks and mitigations. Out of Area trajectories are being developed to identify the ongoing risk and actions that can be taken to further mitigate the cost pressure. Funding has been secured in the Half 1 settlement to fully mitigate the financial risk, focus now required for plans into Half 2. Date Entered : 01/06/2021 11:12 Entered By : Claire Risdon		
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.			31/07/2021	Claire Risdon	The Sustainability agenda for the Trust has been stood down during the pandemic, consistent with national finance and contracting and associated funding arrangements. Work has commenced to re-instate the Strategic Programmes for the Trust with the associated financial benefits from the Programmes. A workshop		

event is planned for 23rd June to re-energise the Sustainability Programme, with estimated efficiency requirement for Half 2 of c£3.6m and recurrent c£7m to £10m. FBIC will closely monitor the progress on the Sustainability programme during Half 1 alongside the development of the Trusts operational plan for Half 2.

Date Entered : 01/06/2021 11:09
Entered By : Claire Risdon

Risk Owner's Last Review	Next Review	Overall Risk Update
31/08/2020	31/07/2021	<p>Board updates from previous report: Overall risk update National financial arrangements relating to the ongoing COVID 19 pandemic confirmed as extended to 30 Sept 20. Revised block funding arrangements will operate from 1 October 2020 to 31 March 2021. ICS level allocations will be determined nationally (separate from phase 3 plan submissions, so not directly informed by these - a risk especially for MH, where demand is expected to increase). Information had been expected end Aug 20, received w/c 14 Sept. Deteriorated run rates driven by MH acute / PICU inpatient occupancy, IPC, acuity and OOAs - mirrored regionally and nationally. Health inequalities in Bradford likely exacerbating this and flagged via ICS cost pressure submission 12.8.20 and first plan submission 1.9.20. Phase 3 actions will need to focus on alternatives to admission at scale, risk assessment of community caseload/contacts, community-based support. Risk score increased to 4 x 5 = 20 due to sustained underlying position for MH inpatients & OOAs). Key issues for capacity relate to i) ability to predict increase in demand by service and ii) funding envelopes determined nationally and iii) ability to source additional workforce / alternative delivery models to respond to expected demand. Need to consider how to best use resources on community based pathways that will reduce admissions, readmissions and support reduced LOS (reducing OOAs, inpatient occupancy and staffing costs).</p> <p>Key risks to delivery of planned CIPs related to increased demand for OOA placements and high occupancy levels. Work to refresh strategic programmes now needs to identify financial milestones for recovery and impact on underlying position - nationally expectation is that acuity and demand for MH will increase. Need to ensure clear lobby for resource via MH Partnership Board given low reference costs/staffing, rising demand due to COVID, Bradford health inequalities as well as pursuing robust roster management, recruitment to Care Closer to Home business case/models and invest to save costs to provide alternatives to admission</p> <p>BMDC AFC £852.5k funding agreed for 2020/21 (NR, pending national confirmation of public health grant funding for 21/22).</p>

Risk Level:	4 - Directorate		Risk Title:				Current Version	3
Risk Number:	2418	Risk Owner:	Patrick Scott		Date Entered:	15/09/2020	Responsible Committee:	W&EC & FBIC
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-3 (12)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Potential that 0-19 contract is under resourced due to financial settlement, which may impact on quality of services				Potential that staff are unable to fulfil the full requirements of the contract due to financial shortfall i.e. £800K of £1m reduction committed by LA non-recurrently (80%). Although discussions are underway with regards to extending this to March 2022, with shortfall addressed through budget slippage, there remains a risk that this is not supported by BDCFT. Potential that new model implemented in September fails to address system early help agenda, which recurrent additional funding would be predicated upon.				
Existing Control Measures:								
-Regular financial reports -detailed information on performance and standards received by the care group on a regular basis								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Review of strategic programs highlighted the gap in resources. Commissioners approached to discuss the shortfall in funding. Services are being provided in accordance with the service specification.			30/06/2021	Patrick Scott	positive work continues with LA colleagues and through system governance groups relating to future of childrens services. recognition of the significant gaps in Health Visiting within existing model, seeking to build a case for strengthening resource Date Entered : 17/03/2021 15:27 Entered By : Patrick Scott		
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		30/06/2021						

Risk Level:	2 - Service Manager Level		Risk Title:				Current Version	2
Risk Number:	2504	Risk Owner:	Krystal Hemingway	Date Entered:	03/01/2021	Responsible Committee:		
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-4 (12)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Existing waiting lists for assessment, diagnosis, treatment and review in OPMHS Memory Assessment Services exacerbated by limits on face to face assessments due to impact of covid and COVID restrictions				Risk of acute presentations due to deterioration whilst awaiting diagnosis and treatment, increased carer stress as a result of acute presentations and deterioration in mental health, risk of admission to hospital or 24 hour care.				
Existing Control Measures:								
Provision of remote assessment to portions of waiting list via telephone and video-link as suitable and appropriate. Domestic assessments in full PPE where no other option feasible								
Monthly monitoring of the waiting list at OP QUOPs and by email reporting to General Mgr								
Outsourcing of some work to a Private Provider								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Additional locum consultant and assistant psychology provision based at OP Airewarfe CMHT to provide additional assessment and diagnostic capacity for period of 6 months			31/08/2021	Mulky Kamath	Airewarfe OPMH services has been employed for 6 months till the end of August. However, this risk remains across the other sectors of Bradford, this still remains a level 3 Date Entered : 06/07/2021 15:46 Entered By : Greg Sawiuk		
2	Sub-contracting of 100 in-clinic assessments to research provider (MAC) at Ashcroft Surgery (Eccleshill)			01/11/2021	Bev Knaggs	Some good progress being made. 29 seen in May and 21 outcomed. Considering additional purchase of same Date Entered : 28/06/2021 15:20 Entered By : Bev Knaggs		
3	Identification of 4/5 OPMH clinical hubs to deliver Memory Services and other OPMH clinics at WBG, Canalside, Woodroyd & Ashcroft. Installation of bespoke AV / IT kit to enable COVID-safe assessments in clinic.			02/08/2021	Bev Knaggs	Planned installation at WBG on 26 July with a view to clinics restarting end of July. F2F can commence same time at Canalside. Pending success of IT test		

Date Entered : 28/06/2021 15:22
Entered By : Bev Knaggs

Risk Owner's Last Review

Next Review

Overall Risk Update

/ /

16/07/2021

Risk Level:	3 - Care Group Level		Risk Title:				Current Version	1
Risk Number:	2455	Risk Owner:	Patrick Scott		Date Entered:	11/01/2021	Responsible Committee:	
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Low referrals and access during the incident.				Risk of adverse service user outcomes and experience.				
Existing Control Measures:								
<ul style="list-style-type: none"> - Reintroduction of weekly exec level performance reporting through Silver Command - Ongoing engagement with VCS to understand impact of the pandemic and service changes. - Learning week and report submitted to Board - GIRFT group established for acute and crisis pathways 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Review use of telephone and video conferencing to increase ability to deliver care and stay in touch via face to face contact.			30/06/2021	Patrick Scott	monitoring approach and levels of digital activity through QUOPS and SLT. Specific focus as part of 'Reset' work Date Entered : 22/04/2021 12:13 Entered By : Patrick Scott		
2	Review case studies of Service User experience and conduct a follow up learning week to gain enhanced understanding of our response to the pandemic and shape future service provision.			30/06/2021	Patrick Scott	planned for 7th June. Date Entered : 22/04/2021 12:14 Entered By : Patrick Scott		
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		30/06/2021						

Risk Level:	3 - Care Group Level		Risk Title:				Current Version	1
Risk Number:	2458	Risk Owner:	Patrick Scott	Date Entered:	11/01/2021	Responsible Committee:		
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Trust failures to safeguard the workforce from covid-19 e.g. inadequate or defective PPE.				Risk of staff harm should staff be infected as a result of trust failures.				
Existing Control Measures:								
<ul style="list-style-type: none"> -Monitoring of PPE compliance -Adherence to PHE recommended PPE guidance -Adequate stock levels and operational dashboard application -7-day receipt of PPE push stock deliveries including mutual aid -IPC review of any novel PPE (e.g. scrubs) -Work place risk assessments -Compliance with RIDDOR requirements -Reviews at Gold Command of ad hoc lapses in PPE compliance or adequacy to gain live learning and immediately issue targeted guidance and implement control enhancements and/or escalate issues at place, ICS or national level 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
3	Continued review of PPE compliance and adequacy for live learning and immediate response / Comprehensive internal communications campaign as required.			30/04/2021	Samantha Moorehouse	3/7/21 PPE audits being undertaken by community/inpatient PPE champions PPE guidance reviewed and updated in line with low/medium/high risk areas FFP3 fit testing programme in place to fit test all staff members to a second mask to prevent issues if supply problems. Date Entered : 03/07/2021 17:00 Entered By : Samantha Moorehouse		
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		30/06/2021						

Risk Level:	4 - Directorate		Risk Title:				Current Version	4
Risk Number:	2046	Risk Owner:	Gaynor Toczek	Date Entered:	20/06/2018	Responsible Committee:	FBIC	
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)	Related BAF Risks:	Risk 2294			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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				
Existing Control Measures:								
<ul style="list-style-type: none"> -GDPR action plan implemented during first half of 2018 -Information Governance Group meets regularly. SIRO and Caldicott attend. -Data Protection Officer (DPO) appointed -Maintain high levels of IG awareness and training 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
4	Ensure DPIA process embedded within the organisation			28/02/2022	Gaynor Toczek	DPIA process hosted on MS Team to facilitate review. Exploring Information Sharing Gateway with other local organisations to improve the data sharing arrangements Date Entered : 21/05/2021 16:56 Entered By : Delphine Fitouri		
Risk Owner's Last Review		Next Review	Overall Risk Update					
21/05/2021		17/11/2021	Increase focus on getting DPIA and information sharing processes embedded within the organisation					

Risk Level:	1 - Local		Risk Title:				Current Version	1
Risk Number:	2485	Risk Owner:	Emma Burke	Date Entered:	10/03/2021	Responsible Committee:		
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-3 (9)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Reduced staffing levels within the core paediatric service due to vacancies				Patients not seen / risk of breaching 18 week wait target Increased pressure on staff as lengths of waiting lists increase Reduced support available for less experienced staff Reduced staff available to cover new commissioned sessions Unknown impact of not seeing patients. Staff will leave and find other jobs				
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Options appraisal completed and discussed with Karen. \Sent to James Cooke Enquiries made re: locums since before Christmas Band 6 post advertised several times. Band 5 vacancy gone to advert New commissioning to go on hold as no staff to fill / back fill Meeting with Paediatric Team Managers, James Cooke and Karen Baguley re options and current situation. Update referral criteria - there's a need to address the Universal Offer before we say we aren't accepting some referrals			31/03/2021	Emma Burke	Currently have 1 locum - 9 hours a week Another locum to start full time 15th March? B6 recruitment - B6 started 8th March and have others starting in April - to cover commissioned sessions and some core sessions. Recent promotion for a band 5 SLT which means that needs recruiting to. Issues around recruiting band5's if reduced band 6's to support and won't start working till Aug 21 Karen and James to meet re current situation and discuss a plan . Team managers , Karen and James to reconvene. 15th March Date Entered : 10/03/2021 12:32 Entered By : Emma Burke		
2	Action plan - saved to TEAMS page Develop terms of reference for band 5/6 development posts - Karen, Louise, Ruth. Action: Explore additional needs of HR/staff bank - Emma to list.			31/05/2021	Emma Burke	Team managers due to meet 6th May re progress Staff engagement activity on 21st April - to have action plan regarding workstreams around admin, staff development. - links with the waiting list meetings and suggestions.		

Utilise 'all staff' time out session on the 21th April - aim to focus on staff morale. , update staff on progress, understand issues & priorities, support from master coach (Carla Smith). .
James, Emma, Shirley & Marnie to establish a waiting list task and finish group.

Waiting list task an finish group met 3 times - To get KPO involvement, waiting list initiatives - waiting list revalidation, , trial additional admin support, , new dashboard and report to run monthly re W/L figures, comms to staff and SU's.

Date Entered : 28/04/2021 17:25
Entered By : Emma Burke

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	10/03/2022	

Risk Level:	2 - Service Manager Level		Risk Title:				Current Version	1
Risk Number:	2486	Risk Owner:	Jaspreet Sohal	Date Entered:	11/03/2021	Responsible Committee:		
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
<p>Increased requirement for pharmacy staffing across the system due to Covid-19 vaccination clinics and two members of the team of 7 pharmacists leaving</p> <p>One senior pharmacist 8A leaving, unable to replace</p>				<p>Reduced visits to wards leading to reduced oversight of medicines management on the wards-risk of poor compliance with CQC standards</p> <p>Reduced capacity to answer medication queries in a timely fashion leading to delays in optimisation of medicines and potential for poor outcomes for patients</p> <p>Lack of pharmacy staff to discuss medicines with patients leading to patients having less opportunities to discuss their medicines with an expert</p> <p>Reduced capacity of Chief Pharmacist to attend local and regional meetings-risk of national alerts, guidance not being acted on a timely manner which could lead to patient safety issues. Lack of input around medication related issues at all internal meetings such as QUOPs and external system meetings which may affect patient care.</p>				
Existing Control Measures:								
Pharmacists and Technicians from BTHFT and ANHSFT being asked to support								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Deputy Chief Pharmacist (8C) being hired.			31/07/2021	Jaspreet Sohal			
2	2xB6 pharmacists being hired. Starting imminently.			31/03/2021	Jaspreet Sohal			
3	1 x 8A pharmacist leaving. To replace immediately. JD and PS ready.			31/07/2021	Jaspreet Sohal			
4	1 B7 pharmacist leaving. To replace immediately. JD and PS ready.			31/07/2021	Jaspreet Sohal			
Risk Owner's Last Review		Next Review	Overall Risk Update					

//

30/05/2021

Risk Level:	4 - Directorate		Risk Title:				Current Version	3
Risk Number:	1825	Risk Owner:	Claire Risdon		Date Entered:	03/08/2016	Responsible Committee:	FBIC
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 5-3 (15)	Target Risk Rating 3-3 (9)	Related BAF Risks:	Risk 2293			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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.				
Existing Control Measures:								
<p>-The Trust negotiated changes to Bradford Community Nursing Services Specifications to clarify and re-direct Community Nursing / Practice Nursing responsibilities to ensure community nurses are focused on appropriate activities. Accountable care out of hospital programmes now looking at more joined up responses.</p> <p>-The Trust reports on activity including contacts per community team and a demand and capacity report for community nursing. Community safer staffing metrics reported to board</p>								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
2	Trust to re-visit demand and capacity to inform business planning, covid recovery and longer term (post covid)contract negotiations. Use ultimately to inform CCG/system resourcing strategy acknowledging priority areas for investment.			30/06/2021	Claire Risdon	Planning process (nationally) has been delayed due to ongoing negotiations between DHSC and HMT. This, in turn, has delayed finalization of any contract negotiations. Planning guidance expected to be published on 25 March and workforce, capacity and operational plans will be submitted in draft (May) and final (June). Date Entered : 25/03/2021 09:42 Entered By : Mike Woodhead		
Risk Owner's Last Review		Next Review	Overall Risk Update					
18/09/2020		30/06/2021	Social Care Funding during covid supported packages of care for long standing ATU inpatients. Positive systems collaboration including via District Silver and Gold Command to mitigate impacts from the pandemic to minimise impacts on system level capacity. Where Staff redeployed from stepped down service in first phase to support BCPs, reset planning now setting out return to covid secure environments and assess impacts on reduced capacity and/or productivity from use of video consultations etc Phase 3 plan submissions in train during September, with work to understand implications of system level allocations					

received w/c 14.9.20 to inform options to expand capacity/address backlog and re-set issues. Elevated risk score to 4 x 5 = 20 to reflect impacts from reduction in referrals, stepping down of some lower priority services, reduced inpatient bed occupancy in the first phase and anticipated knock on impacts through rising activity, acuity and especially for MH.

Demand on inpatient beds, acuity and OOA placements already significant.

Demand and capacity work due to complete within 4 weeks as part of Trust re-set cell work and linked to BCP refresh

Risk Level:	4 - Directorate		Risk Title:	Ability to meeting regulatory requirements		Current Version	2
Risk Number:	2417	Risk Owner:	Phillipa Hubbard	Date Entered:	15/09/2020	Responsible Committee:	EMT
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 4-2 (8)	Related BAF Risks:			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Potential for adverse publicity on the back of findings from CQC investigations				Risk of financial penalty or breach of license			
Existing Control Measures:							
<ul style="list-style-type: none"> -Regular EMT meetings to prepare submission of evidence to CQC. -Legal representatives reviewing submissions -Action plan to address any shortfalls identified -Regular meetings with CQC to address their concerns 							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Review of serious incidents has taken place. Regular meetings with CQC and further submission developed as required. Implementation of findings from serious incidents is being audited.			12/08/2021	Phillipa Hubbard	Thematic review to be presented to board in July 2021 review of Serious incident panel and mortality and duty of candour meeting Date Entered : 30/06/2021 11:54 Entered By : Phillipa Hubbard	
Risk Owner's Last Review		Next Review	Overall Risk Update				
03/11/2020		12/08/2021	Risk reviewed and actions updated.				

Risk Level:	4 - Directorate		Risk Title:	Cybersecurity Risk: Whole of Trust			Current Version	3
Risk Number:	2207	Risk Owner:	Greg Soffe		Date Entered:	09/01/2019	Responsible Committee:	FBIC
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-2 (10)	Target Risk Rating 4-2 (8)	Related BAF Risks:	Risk 2294			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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				
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
8	Maintain and renew Cyber Essential plus accreditation yearly			30/09/2021	Greg Soffe	CE+ application has been sent to NHSD for the 2021 period. Date Entered : 01/07/2021 12:27 Entered By : Greg Soffe		
9	Review gap analyst of Cyber Essential accreditation areas of improvement			31/08/2021	Greg Soffe	We have just completed the CE+ gap re-audit and have gone green in all areas except one that is beyond our control (Java versioning) we are awaiting the final report so that it can be reviewed and we can close this action. Date Entered : 04/02/2021 10:35 Entered By : Greg Soffe		
10	Internal audit review (arrange and scope of the audit in progress)			30/06/2021	Greg Soffe	Internal audit has been postponed due to the covid response. Although we have decided to pursue a NIST 800-53 accreditation path. Date Entered : 04/02/2021 10:32 Entered By : Greg Soffe		
Risk Owner's Last Review		Next Review	Overall Risk Update					
01/07/2021		29/09/2021	CE+ actions updated					

Risk Level:	4 - Directorate		Risk Title:	Continuity of service delivery during the COVID-19 Pandemic		Current Version	4
Risk Number:	2370	Risk Owner:	Phillipa Hubbard	Date Entered:	20/03/2020	Responsible Committee:	Q&SC
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-5 (20)	Target Risk Rating 2-3 (6)	Related BAF Risks:	Risk 2372, 2293		
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Covid-19 sustained pandemic				inability to sustain service delivery through the waves of the pandemic which will include safe working staffing levels as a result of increased demand on services			
Existing Control Measures:							
<p>Policies are being adjusted and regularly reviewed The Infection Prevention and Control Clinical Policy has been reviewed and adjusted. HR policies reviewed and adjusted. Clinical Policies are being reviewed Establishment of Ethics Group being considered at Board on March 26 2020 Cross working with other NHS bodies, VCS, Social Care and Local Authority. Bronze, Silver and Gold command positions identified. Business Continuity Plans have been reviewed and updated. PPE Equipment is available to staff who are nursing a patient with Covid-19. Details of how to access are on the trust connect pages</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
4	Daily review of staff availability/skill mix in wards and teams. Daily assessment of need to close non essential services to redeploy staff if required to clinical areas.			15/07/2021	Phillipa Hubbard	continue to manage daily staffing and skill mix, due to acuity increased staffing levels required on the wards as part of a safer staffing review taking into account acuity, cohorting building on model roster work. continue to monitor use of bank and agency and vacancies and review of recruitment Date Entered : 30/06/2021 11:40 Entered By : Phillipa Hubbard	
7	Increased sickness levels due to staff resilience, health and wellbeing due to a sustained pandemic and ability to manage current service demand, sickness and absence, track and trace and school absence			22/07/2021	Phillipa Hubbard	Covid staff sickness levels remain relatively low but due to increasing rates within the community with staff needing to isolate due to exposure. continue to monitor staffing levels daily, reported within incident command structures, children services continue to manage risks and recruit to vacant posts	

Date Entered : 30/06/2021 10:41
Entered By : Phillipa Hubbard

Risk Owner's Last Review	Next Review	Overall Risk Update
07/05/2020	15/07/2021	GS created new version and updated risk wording & score as per LR email.

Risk Level:	3 - Care Group Level		Risk Title:				Current Version	1
Risk Number:	2457	Risk Owner:	Patrick Scott		Date Entered:	11/01/2021	Responsible Committee:	
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Relaxation of lockdown restrictions before sufficient immunity has been established within the population.				Potential for there to be a further increase in the incidences of COVID-19 infections in the community. This may result in a further spike of clinical activity.				
Existing Control Measures:								
<ul style="list-style-type: none"> - Continue to provide telephone and video conferencing contacts - Continue to monitor and amend business continuity plans as required -Continue to maintain swabbing of all new admissions and prior to discharge to care home facilities - Monitoring of physical health signs and symptoms, telephone triage prior to community visits - Ensure that all buildings are covid secure - Continuous messaging related to infection prevention measures 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Provide leadership to deliver the mass vaccination programme within our communities.			31/05/2021	Phillipa Hubbard			
2	Comprehensive external and internal communications campaign designed and delivered with place partners, following national guidance and requirements.			31/05/2021	Paul Hogg			
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		31/05/2021						

Risk Level:	4 - Directorate		Risk Title:				Current Version	4
Risk Number:	2102	Risk Owner:	Patrick Scott	Date Entered:	15/05/2018	Responsible Committee:	QSC & FBIC	
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)	Related BAF Risks:	Risk 2295			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Risks associated with bedroom doors and windows within inpatient settings that had been identified as high risk, utilising the trust ligature risk assessment framework.				Risk of service user harm through ligature.				
Existing Control Measures:								
<ul style="list-style-type: none"> -Ligature Risk Assessments conducted at a minimum every 12 months or immediately following any adaptations to service environment -Design of inpatient environments (with the exception of DAU) in line with HBN03 -Action outcomes from ligature risk assessments are reviewed at Ops service Quality & Safety meetings and reported monthly by exception to LERs Group 								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
6	Issues identified regarding the process of ligature assessment within the inpatient wards			30/06/2021	Simon Long	Decision taken at LERS group to discontinue work on BORIS. Product owners have confirmed they are unable to provide a product that meets our requirements. We have commenced work to look at alternative platforms through our Trust Innovation Lab. Date Entered : 17/03/2021 15:17 Entered By : Patrick Scott		
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.			31/07/2021	Patrick Scott	all planned estates work for phase one has been completed. phase one review has taken place and a business case for phase 2 has been presented to and agreed by the Trust Board. this work will see the introduction of alarmed doors and sash windows in all remaining bedrooms on the 'high risk' wards and the completion of a further review to consider effectiveness of introduced measures and consideration of the potential to introduce in remaining non high risk wards Date Entered : 02/11/2020 14:53 Entered By : Patrick Scott		

Risk Owner's Last Review	Next Review	Overall Risk Update
19/11/2020	30/06/2021	New version of risk created. CMHT aspect removed from the CRR risk. PS to discuss at LERs group if a care group level risk is required to cover this aspect.

Risk Level:	2 - Service Manager Level		Risk Title:				Current Version	1
Risk Number:	2323	Risk Owner:	Martin Brittain	Date Entered:	27/09/2019	Responsible Committee:		
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 1-1 (1)	Related BAF Risks:				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Cyber Security Risk: SharePoint servers: 172.16.11.153 (thor.bdct.local), 172.16.11.155 (frey.bdct.local) & 172.16.11.154 (loki.bdct.local) have active database vulnerabilities and are not going to be fixed.				SharePoint servers: 172.16.11.153 (thor.bdct.local), 172.16.11.155 (frey.bdct.local) & 172.16.11.154 (loki.bdct.local) have active database vulnerabilities. There is a vendor patch available to fix these problems but nobody is willing to risk the stability of the data stored on SharePoint to perform these patches.				
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Monitor platform stability and respond/escalate accordingly.			30/09/2022	Martin Brittain			
2	Monitor and progress resolution			12/07/2021	Greg Soffe	We are still waiting direction to disable these servers from Dev. it is not far away now though. Date Entered : 05/07/2021 13:06 Entered By : Greg Soffe		
Risk Owner's Last Review		Next Review	Overall Risk Update					
05/07/2021		04/08/2021	Updated Actions					

Risk Level:	1 - Local	Risk Title:				Current Version	1
Risk Number:	2451	Risk Owner:	Bernard Hughes	Date Entered:	30/12/2020	Responsible Committee:	
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-5 (20)	Target Risk Rating 0-0 (0)	Related BAF Risks:			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<p>In community settings almost all psychological therapy services are stretched in terms of their capacity and safe governance. Rates of referral and demand far outweigh resource and capacity.</p>				<p>In mental health multidisciplinary services psychological therapists work directly with service users and their families and also offer psychological consultation, training and supervision to MDT colleagues seeking to support all provision to be psychologically informed and skilled. It is those services that are the focus of this paper. In community settings almost all services are stretched in terms of their capacity and safe governance.</p>			
Existing Control Measures:							
<p>Different approaches to managing referrals exist in different services areas, largely dictated by the balance (or imbalance) of capacity and demand. - CMHpS - Psychological services embedded in CMHT. Significant work done to reduce waiting times such that in Nov 2019 only 5% of those referred were waiting more than 18weeks (referral - first therapy). Removal of WL initiatives & Covid 19 (inc. finding new ways of working online) resulted in decline in this situation such that almost all locality teams for all services provided (assessment/formulation, group/skills work and 1-1 therapy) now exceed 18 week target, with many now waiting a year to begin active work.</p>							
<p>Significant waits for all interventions offered (primarily to those with interpersonal difficulties). Staff are working to capacity and waiting lists continue to grow especially with the disruption Covid19 has caused to both group and individual interventions.</p>							
<p>Attempted to get more therapists via band/agency</p>							
<p>Business case for more therapists July 2020</p>							
<p>Increase ration of provision of brief (5 session) therapy model in CMHTs</p>							
<p>VCS support for waiting list</p>							
<p>DBT waiting list only accepting critical new referrals. Waiting list otherwise closed to new referrals.</p>							
<p>5 session DBT Taster offered to all people waiting for DBT therapy. People will then be discharged/signposted if not appropriate.</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	

1	DBT Away Day - Discussed RAG rating and triage of those waiting with red being the higher risk people to deal with for full programme DBT as a priority	31/03/2021	Emma Van Der Gucht	Met with Raj Gohri regarding reporting of therapy referrals waiting to be able to implement the RAG rating system for all referrals open to IPTS for DBT. Date Entered : 24/02/2021 16:06 Entered By : Victoria Illingworth
2	Emma van der Gucht is considering other waiting list initiatives for other therapy waiting lists with modality leads	31/05/2021	Emma Van Der Gucht	See actions above. No additional funding for therapy identified as yet. Therapists continue to offer brief interventions when possible. VCS are providing some support for people waiting for therapy over next 6-8months. Date Entered : 19/04/2021 16:10 Entered By : Emma Van Der Gucht
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		30/03/2021		