

Data extracted at 14:38:24 on 03/08/2021

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
2437, , Anna Kennedy	staffing pressures community nursing	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
2517, , Laura Frost	Staffing Issues Bracken Ward	4-4 (16)		4-4 (16)	0-0 (0)	NEW	1 - Local
2455, , Patrick Scott		5-3 (15)		5-3 (15)	5-2 (10)	NEW	3 - Care Group Level
2457, , Patrick Scott	COVID-19 infections in the community	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
2046, FBIC, Gaynor Toczek		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	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	STATIC	3 - Care Group Level
1825, FBIC, Claire Risdon	Capacity and Demand	4-4 (16)	4-4 (16)	5-3 (15)	3-3 (9)	BETTER	4 - Directorate
2509, , James Cooke	Community nursing services exceeding capacity	3-4 (12)	3-4 (12)	3-5 (15)	3-5 (15)	WORSE	3 - Care Group Level
2460, , Claire Risdon	Financial Performance	5-3 (15)		4-3 (12)	2-3 (6)	NEW	3 - Care Group Level
1821, FBIC, Claire Risdon	Financial Performance	5-3 (15)	5-3 (15)	4-3 (12)	4-3 (12)	BETTER	4 - Directorate
2207, FBIC, Greg Soffe	Cybersecurity Risk: Whole of Trust	5-3 (15)	5-3 (15)	5-2 (10)	4-2 (8)	BETTER	4 - Directorate
2383, , Claire Risdon	Financial Performance	4-4 (16)	4-4 (16)	3-3 (9)	4-3 (12)	BETTER	3 - Care Group Level

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>	Community nursing services exceeding capacity		<b>Current Version</b>	2
<b>Risk Number:</b>	2509	<b>Risk Owner:</b>	James Cooke	<b>Date Entered:</b>	23/06/2021	<b>Responsible Committee:</b>	
<b>Impact x Likelihood:</b>	Initial Risk Rating 3-4 (12)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-5 (15)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Demand within community nursing services exceeding capacity.				<p>Community nursing demand has exceeded capacity for a significant period of time. There has been a lack of investment in community services despite a growing elderly population, and measurable increases in the complexity of people served.</p> <p>Recruitment and retention of qualified nurses remains a challenge for community services which leaves gaps in teams and exacerbates the associated challenges. Retention been impacted by neighboring Trusts offering new pay arrangements &amp; PCN recruitment.</p> <p>COVID-19 has impacted on staff morale and resilience as the workforce are fatigued.</p> <p>Increased pre-reg student placements impacts on service capacity.</p> <p>Support for COVID vaccination centers - impacting on fatigue and reduced capacity.</p> <p>Transformation programmes such as PCN alignment has impacted on travel implications with wider geographical coverage required from individual teams.</p> <p>Short term impact of increased COVID related 'isolations'</p> <p>Potential impact on service quality e.g. increased pressure ulcers, medication errors.</p>			
<b>Existing Control Measures:</b>							
<p>Workforce Developmental (talent management programmes):</p> <ul style="list-style-type: none"> <li>- ACP apprentices</li> <li>- DN SP apprentices</li> <li>- Nursing Associate apprentices</li> <li>- Nursing apprentices</li> </ul> <p>Logistical support worker roles embedded.</p>							

Lean initiatives developed e.g. MESI doppler purchase, revised wound care templates.  
 BDCFT Strategic Adults Programme - to support bids for transforming community services monies.  
 Daily lean management.

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
1	Develop bespoke recruitment campaign through working with Just-R	31/08/2021	Mark Lyles	
2	Establish Trust Strategic Programme to support service transformation & bid for transforming community services monies	08/08/2021	James Cooke	
3	Complete a workforce plan for community nursing services	31/03/2022	James Cooke	
4	Develop nursing associate role within district nursing service	30/11/2021	Carla Smith	
5	Address estates issues impacting on travel & capacity within community services via safer workspaces group	30/09/2021	James Cooke	
6	Establish a bespoke temporary HR provision to assist in growing the bank & increase support around long term sickness management.	31/10/2021	James Cooke	Approval given to appoint associated personnel.  Date Entered : 28/07/2021 12:14 Entered By : James Cooke
7	Establish reporting process to monitor impact of short staffing on quality. Monitoring changes in the number of pressure ulcers with omissions in care & medication errors, and triangulating incidence with teams with depleted staffing numbers.	31/08/2021	Rebecca Jowett	Pressure ulcer teams exploring adding staffing shortfalls to investigation reports. Existing reporting allows triangulation between capacity and demand and pressure ulcer reports at a team level.,  Date Entered : 28/07/2021 12:22 Entered By : James Cooke
Risk Owner's Last Review	Next Review	Overall Risk Update		
28/07/2021	27/08/2021	Risk remains current. Position paper created to highlight concerns to SLT. Temporary redeployment to South Bradford from Continence and homeless and new arrivals team. Business continuity plans enacted. Letter produced for service users to promote self care. Meeting held with Craven community team leaders to explore join solutions.		

<b>Risk Level:</b>	2 - Service Manager Level		<b>Risk Title:</b>	staffing pressures community nursing		<b>Current Version</b>	1
<b>Risk Number:</b>	2437	<b>Risk Owner:</b>	Anna Kennedy		<b>Date Entered:</b>	30/10/2020	<b>Responsible Committee:</b>
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-3 (12)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
-Managing demand and capacity via staff supporting other teams - Re-scheduling visits as required							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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			31/08/2021	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	31/08/2021	Anna Kennedy	<p>redemption sop supporting decision making critical work assessments being completed to review work loads further discussions taking place with immedicare to get teams set up with care homes to try and reduce the amount of visits required</p> <p>Date Entered : 27/07/2021 12:00 Entered By : Anna Kennedy</p>
4	<p>daily monitoring of capacity and demand across the service continues</p> <p>we now have a redeployment sop in circulation to support decision making if we are unable to maintain the service on current staffing levels</p> <p>recruitment continues on a rolling programmed we have recruited band 5 staff we still have vacancies out standing but recruitment will continue.</p> <p>we are also trailing recruitment of nursing associates to support the recruitment deficits</p> <p>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</p>	30/07/2021	Anna Kennedy	
5	redemption document being ulitiised to establish Opel level for each locality and where required according to opel level critical work assessments are being completed with a view to standing down non essential work as listed in the sop	30/08/2021	Anna Kennedy	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
/ /		30/08/2021		

<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>				<b>Current Version</b>	3
<b>Risk Number:</b>	2418	<b>Risk Owner:</b>	Patrick Scott		<b>Date Entered:</b>	15/09/2020	<b>Responsible Committee:</b>	W&EC & FBIC
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-3 (12)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>								
-Regular financial reports -detailed information on performance and standards received by the care group on a regular basis								
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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.			30/09/2021	Patrick Scott	Whilst pressure grows on services in terms of increasing demand, work continues with the Local Authority to review future delivery models which have been further developed. in addition the Trusts Strategic Programme on Childrens wellbeing provides an additional focus to transformation work.  Date Entered : 08/07/2021 17:24 Entered By : Patrick Scott		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>					
/ /		30/06/2021						

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>	MATs		<b>Current Version</b>	2
<b>Risk Number:</b>	2504	<b>Risk Owner:</b>	Krystal Hemingway	<b>Date Entered:</b>	03/01/2021	<b>Responsible Committee:</b>	
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-4 (12)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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**

/ /

31/08/2021



<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>	Financial Performance		<b>Current Version</b>	4
<b>Risk Number:</b>	1821	<b>Risk Owner:</b>	Claire Risdon		<b>Date Entered:</b>	03/08/2016	<b>Responsible Committee:</b> FBIC
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 4-3 (12)	<b>Related BAF Risks:</b>	Risk 2303, Risk 2304		
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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.			01/10/2021	Claire Risdon	<p>Half 1 settlement provides adequate cover to manage financial risks non-recurrently, with underlying risks remaining relating to increased demand on Mental Health inpatient services and out of area placements. System work is underway to target additional 4 crisis respite beds funded by LA and in process of being mobilized. Flow Manager now in place (July 2021) and developing an oversight structure for October 2021 to identify actions to support flow and demand on inpatient bed capacity. 10 beds have been lost to inpatients due to requirement for cohorting, as IPC guidance is updated, capacity/ ward infrastructure will be reviewed accordingly.</p> <p>Half 2 NHS Settlement is due in September 2021 with early indication of increased efficiency requirement up to 3% and tapering of national support for COVID and non-NHS income loss. A further gap could arise where pay award costs are not fully funded by Health and Public Health. The Trusts financial plans for Half 2 are being refreshed to reflect new plan headlines, with the resulting gap (currently c£4m)being the target for the TWICS Programme Board.</p> <p>Date Entered : 28/07/2021 09:18 Entered By : Claire Risdon</p>	
17	Project Brief for Care Closer to Home (previously			31/07/2021	Claire Risdon	The Sustainability agenda for the Trust has been stood	

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.

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	01/10/2021	<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 &amp; 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>

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>	Financial Performance		<b>Current Version</b>	3
<b>Risk Number:</b>	2383	<b>Risk Owner:</b>	Claire Risdon		<b>Date Entered:</b>	19/04/2020	<b>Responsible Committee:</b>
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 4-3 (12)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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.		01/10/2021	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		01/10/2021	Claire Risdon	Half 1 settlement has been agreed inclusive of Mental Health Transformation funding, with additional funding expected during Half 1. Transformation funding for Community Services is expected in Half 2. Planning timescales for Half 2 - Sept to Nov, with early indication of additional efficiency of 3% and tapering of funding for COVID costs and non-NHS income loss support. ICS/ Place planning has commenced for H2 to assess the financial gap and mitigations required to bring the ICS to breakeven, in readiness for submitting plans in line with national timescales  Date Entered : 28/07/2021 09:57 Entered By : Claire Risdon		

3	Ensure Trust response considers fast tracking transformation / strategic programmes to minimise financial impacts to the Trust of recovery phases, including considering retaining Business Continuity arrangements that have had service, qualitative and/or financial improvement	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 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	01/10/2021	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	01/10/2021	<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>

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>				<b>Current Version</b>	1
<b>Risk Number:</b>	2455	<b>Risk Owner:</b>	Patrick Scott		<b>Date Entered:</b>	11/01/2021	<b>Responsible Committee:</b>	
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-2 (10)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Low referrals and access during the incident.				Risk of adverse service user outcomes and experience.				
<b>Existing Control Measures:</b>								
<ul style="list-style-type: none"> <li>- Reintroduction of weekly exec level performance reporting through Silver Command</li> <li>- Ongoing engagement with VCS to understand impact of the pandemic and service changes.</li> <li>- Learning week and report submitted to Board</li> <li>- GIRFT group established for acute and crisis pathways</li> </ul>								
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Review use of telephone and video conferencing to increase ability to deliver care and stay in touch via face to face contact.			30/09/2021	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		
4	Roll out of Health Inequalities Analysis Matrix across all clinical services			30/09/2021	Patrick Scott	Agreement reached for roll out of matrix as part of our 'belonging' plan. Plan to be developed by October starting with 2 pilot teams  Date Entered : 08/07/2021 17:32 Entered By : Patrick Scott		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>					
08/07/2021		06/10/2021	The risk of a sustained drop off of activity has not been realised as activity is high and growing across most services. The risk though is that in the numbers we will miss any groups who may be underrepresented, hence the shift in focus to the Health Inequalities work					

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>				<b>Current Version</b>	1
<b>Risk Number:</b>	2458	<b>Risk Owner:</b>	Patrick Scott	<b>Date Entered:</b>	11/01/2021	<b>Responsible Committee:</b>		
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-2 (10)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>								
<ul style="list-style-type: none"> <li>-Monitoring of PPE compliance</li> <li>-Adherence to PHE recommended PPE guidance</li> <li>-Adequate stock levels and operational dashboard application</li> <li>-7-day receipt of PPE push stock deliveries including mutual aid</li> <li>-IPC review of any novel PPE (e.g. scrubs)</li> <li>-Work place risk assessments</li> <li>-Compliance with RIDDOR requirements</li> <li>-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</li> </ul>								
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>					
/ /		30/06/2021						

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

<b>Risk Level:</b>	1 - Local		<b>Risk Title:</b>				<b>Current Version</b>	1
<b>Risk Number:</b>	2485	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	10/03/2021	<b>Responsible Committee:</b>		
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-3 (9)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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				
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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
3	Staff engagement activity - 27/04/21 (waith Master coach. " workstreams developed 1? admin, 2 competencies and 3 workforce - competencies Paediatric Waiting list initiative plan	02/08/2021	Emma Burke	3 workstreams set up looking at staff levels of competence (skill mix), networking and social events and admin PA work. Admin PA links with paediatric waiting list initiative - developing logistical Support worker roles - linking with KPO and Business Support - PDSA work underway - LSW to start ? 02/08/21 Recruitment ongoing. Issues with staffing over summer due to mat leaves, annual leave, and new starters starting September. Revalidation process being addressed - to work with commissioned schools staff and care to revalidate the amber/red lists by school.  Date Entered : 14/07/2021 09:48 Entered By : Emma Burke
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
/ /		10/03/2022		

<b>Risk Level:</b>	2 - Service Manager Level	<b>Risk Title:</b>				<b>Current Version</b>	1
<b>Risk Number:</b>	2486	<b>Risk Owner:</b>	Jaspreet Sohal	<b>Date Entered:</b>	11/03/2021	<b>Responsible Committee:</b>	
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-3 (9)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
<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>			
<b>Existing Control Measures:</b>							
Pharmacists and Technicians from BTHFT and ANHSFT being asked to support							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				

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30/05/2021

<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>	Capacity and Demand		<b>Current Version</b>	4
<b>Risk Number:</b>	1825	<b>Risk Owner:</b>	Claire Risdon		<b>Date Entered:</b>	03/08/2016	<b>Responsible Committee:</b> FBIC
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 3-3 (9)	<b>Related BAF Risks:</b>	Risk 2293		
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
<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>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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.			01/10/2021	Claire Risdon	<p>Business Planning approach launched at SLT 21st July 2021 to fully align service strategy in readiness for national planning timescales. Indicative timescales for Half 2 planning Sept - Nov 21, to be confirmed in line with NHS funding agreement with HM Treasury.</p> <p>Aim to move back to normal planning/ contract arrangements for 2022/23, indicative timescales Jan 22 to March 22.</p> <p>Mental Health Transformation funding partially agreed in Half 1, with more to follow. Community Transformation funding expected in Half 2.</p> <p>Date Entered : 23/07/2021 15:34 Entered By : Claire Risdon</p>	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
18/09/2020		01/10/2021	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

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

<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>	Cybersecurity Risk: Whole of Trust			<b>Current Version</b>	3
<b>Risk Number:</b>	2207	<b>Risk Owner:</b>	Greg Soffe		<b>Date Entered:</b>	09/01/2019	<b>Responsible Committee:</b>	FBIC
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-2 (10)	<b>Target Risk Rating</b> 4-2 (8)	<b>Related BAF Risks:</b>	Risk 2294			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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				
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>					
01/07/2021		29/09/2021	CE+ actions updated					

<b>Risk Level:</b>	3 - Care Group Level		<b>Risk Title:</b>	Financial Performance			<b>Current Version</b>	1
<b>Risk Number:</b>	2460	<b>Risk Owner:</b>	Claire Risdon		<b>Date Entered:</b>	11/01/2021	<b>Responsible Committee:</b>	
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 2-3 (6)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
If we are not able to deliver/restore financial control and meet Financial Improvement Trajectory.				There is a risk that our financial sustainability will be impacted.				
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Review of underlying run rates to assess current and produce forecast expenditure levels aligned to recovery cell modelling.			01/10/2021	Claire Risdon	<p>COVID exit run rates have been assessed at £3.7m for Half 2. The largest component COVID costs relate to staff absences and Out of Area placements. Staff absence (at July) remain at consistent as those reported throughout the pandemic. Inpatient cohorting has removed 10 beds from the bed base and will remain in place subject to changes in national IPC guidance. Half 2 settlement is expected to include a taper for COVID cost cover, with more details to follow through the national planning guidance in September on the impact of the taper. COVID costs are include in the Trusts H2 plans, and are a component part of the c£4m financial gap for H2. The TWICS Programme is being mobilized to target efficiencies to address the gap and meet the targeted break-even position for H2.</p> <p>Date Entered : 28/07/2021 09:32 Entered By : Claire Risdon</p>		
2	Lobby for additional funding linked to modelling of projected costs should national top-up to break even arrangements terminate			01/10/2021	Claire Risdon	<p>NHS Providers have written to the government at the end of July highlighting the risks that the NHS is facing and called for support for early sight of the financial framework for Half 2, and in advance of the suggested timescales of September 2021. Planning is continuing at Trust/ Place and ICS level to understand the financial gap, and actions needed to mitigate the gap. The Trust has mobilized the TWICS Programme which is targeted with identifying actions to close the Trusts predicted £4m financial gap.</p>		



Date Entered : 28/07/2021 09:36  
Entered By : Claire Risdon

**Risk Owner's Last Review**

**Next Review**

**Overall Risk Update**

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01/07/2021

<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>	Continuity of service delivery during the COVID-19 Pandemic		<b>Current Version</b>	4
<b>Risk Number:</b>	2370	<b>Risk Owner:</b>	Phillipa Hubbard	<b>Date Entered:</b>	20/03/2020	<b>Responsible Committee:</b>	Q&SC
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-5 (20)	<b>Target Risk Rating</b> 2-3 (6)	<b>Related BAF Risks:</b>	Risk 2372, 2293		
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
<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>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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.			12/08/2021	Phillipa Hubbard	continues to manage demand and capacity within the teams, acuity remains high and workload is managed daily review of dashboards within silver incident command and safer staffing continue planned to review safer staffing model rosters for inpatient services  Date Entered : 13/07/2021 11:41 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			19/08/2021	Phillipa Hubbard	staff levels currently rising due to staff required to isolate as have been contacts and school aged children requiring childcare contines to place additional demand on services which is being monitored by daily staffing level reviews	

Date Entered : 13/07/2021 11:43  
Entered By : Phillipa Hubbard

Risk Owner's Last Review	Next Review	Overall Risk Update
07/05/2020	19/08/2021	GS created new version and updated risk wording & score as per LR email.

<b>Risk Level:</b>	3 - Care Group Level	<b>Risk Title:</b>	COVID-19 infections in the community		<b>Current Version</b>	1
<b>Risk Number:</b>	2457	<b>Risk Owner:</b>	Patrick Scott	<b>Date Entered:</b>	11/01/2021	<b>Responsible Committee:</b>
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-1 (5)	<b>Related BAF Risks:</b>		
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>		
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.		
<b>Existing Control Measures:</b>						
<ul style="list-style-type: none"> <li>- Continue to provide telephone and video conferencing contacts</li> <li>- Continue to monitor and amend business continuity plans as required</li> <li>-Continue to maintain swabbing of all new admissions and prior to discharge to care home facilities</li> <li>- Monitoring of physical health signs and symptoms, telephone triage prior to community visits</li> <li>- Ensure that all buildings are covid secure</li> <li>- Continuous messaging related to infection prevention measures</li> </ul>						
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Provide leadership to deliver the mass vaccination programme within our communities.	09/08/2021	Phillipa Hubbard	GS moved review date to 9th August as per PH request  Date Entered : 28/07/2021 08:45 Entered By : Greg Sawiuk		
2	Comprehensive external and internal communications campaign designed and delivered with place partners, following national guidance and requirements.	31/10/2021	Fiona Bray	GS updated on behalf of FB:  Communications activity covering both internal and external audiences is continuing, working within Trust/place/ICS and national incident control structures where messages, content and timings for dissemination are determined to ensure timely and consistent cascades. This includes working with partner organisations on place-based specific messaging eg. vaccination programme.  Date Entered : 30/07/2021 13:47 Entered By : Greg Sawiuk		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>			

30/07/2021

31/05/2021

GS changed owner of action 2 from P.Hogg to F.Bray as requested. GS updated action 2 as requested by P.Hogg.

<b>Risk Level:</b>	4 - Directorate		<b>Risk Title:</b>				<b>Current Version</b>	4
<b>Risk Number:</b>	2102	<b>Risk Owner:</b>	Patrick Scott	<b>Date Entered:</b>	15/05/2018	<b>Responsible Committee:</b>	QSC & FBIC	
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-1 (5)	<b>Related BAF Risks:</b>	Risk 2295			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>								
<ul style="list-style-type: none"> <li>-Ligature Risk Assessments conducted at a minimum every 12 months or immediately following any adaptations to service environment</li> <li>-Design of inpatient environments (with the exception of DAU) in line with HBN03</li> <li>-Action outcomes from ligature risk assessments are reviewed at Ops service Quality &amp; Safety meetings and reported monthly by exception to LERs Group</li> </ul>								
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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.

<b>Risk Level:</b>	2 - Service Manager Level		<b>Risk Title:</b>				<b>Current Version</b>	1
<b>Risk Number:</b>	2323	<b>Risk Owner:</b>	Martin Brittain	<b>Date Entered:</b>	27/09/2019	<b>Responsible Committee:</b>		
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 1-1 (1)	<b>Related BAF Risks:</b>				
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>					
01/08/2021		31/08/2021	No Significant system functionality change.					



<b>Risk Level:</b>	1 - Local	<b>Risk Title:</b>		<b>Current Version</b>	1
<b>Risk Number:</b>	2451	<b>Risk Owner:</b>	Bernard Hughes	<b>Date Entered:</b>	30/12/2020
<b>Responsible Committee:</b>					
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-5 (20)	<b>Target Risk Rating</b> 0-0 (0)	<b>Related BAF Risks:</b>	
<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>		
<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>		
<b>Existing Control Measures:</b>					
<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 &amp; 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>					
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	

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
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
27/07/2021		25/10/2021	Issues remain the same	

<b>Risk Level:</b>	1 - Local		<b>Risk Title:</b>	Staffing Issues Bracken Ward		<b>Current Version</b>	1
<b>Risk Number:</b>	2517	<b>Risk Owner:</b>	Laura Frost		<b>Date Entered:</b>	12/07/2021	<b>Responsible Committee:</b>
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	Target Risk Rating 0-0 (0)	<b>Related BAF Risks:</b>			
<b>Hazard/Causes Of Risk:</b>				<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Staff working longer hours to fill the gaps on the roster. Daily work not being able to be completed due to staff shortages. Reliance on bank/agency staff who are not familiar with the ward.				A large proportion of staff on long term sickness from Bracken with no current identified return to work date. This is a mix of sickness, redeployment through covid19 and management investigation. Of these staff 5 of them are nursing staff within the management team. Current total of 13 staff currently out of work.			
<b>Existing Control Measures:</b>							
Ward Manager recruited and started 19th July.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Band 6 Secondment out to recruitment to cover LTS assistant ward manager posts			15/08/2021	Laura Frost		
5	Review of skill mix on the ward to ascertain need and adjust budget accordingly to allow for appropriate recruitment			31/08/2021	Laura Frost		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
12/07/2021		19/07/2021	Temporary manager recruited on 9/7/21 with start date of 19/7/21 to cover for 12 months. Review of absences has been conducted with RAG rating to ascertain likelihood of staff returning to work Staff vacancies to be reviewed including skill mix Band 6 Physio increased hours to full time to support management gap until October				