

Data extracted at 14:17:54 on 02/11/2021

In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
2370, Patrick Scott	Continuity of service delivery during the COVID-19 Pandemic	4-4 (16)	5-4 (20)	4-5 (20)	2-3 (6)	Static	20/03/2020	4 - Directorate	14/10/2021
2451, Bernard Hughes	Psychological Therapy capacity	4-5 (20)	4-5 (20)	4-5 (20)	3-2 (6)	Static	30/12/2020	1 - Local	25/10/2021
2533, Gillian Brayshaw	Interface between CAMHs and 0-19 services	5-4 (20)	5-4 (20)	5-4 (20)	5-2 (10)	Static	05/08/2021	2 - Service Manager Level	04/01/2022
2544, Dawn Lee	Sufficiency of resource	5-5 (25)	5-4 (20)	5-4 (20)	5-2 (10)	Static	12/08/2021	3 - Care Group Level	10/11/2021
2546, Dawn Lee	Capacity to deliver partnership programmes	5-5 (25)	5-4 (20)	5-4 (20)	5-3 (15)	Static	12/08/2021	3 - Care Group Level	10/11/2021
2509, James Cooke	Community nursing services exceeding capacity	3-4 (12)	3-4 (12)	4-5 (20)	3-5 (15)	Worse	23/06/2021	3 - Care Group Level	21/11/2021
2575, Rugare Musekiwa	Demand versus available capacity	4-5 (20)		4-5 (20)	0-0 (0)	Not yet changed	25/10/2021	2 - Service Manager Level	/ /
2576, Rugare Musekiwa	Impact of Covid on demand/ waiting list with children having an incomplete pathway.	0-0 (0)		5-4 (20)	0-0 (0)	Not yet changed	25/10/2021	2 - Service Manager Level	/ /
2579, Rugare Musekiwa	Insufficient capacity to meet service needs.	0-0 (0)		4-5 (20)	0-0 (0)	Not yet changed	25/10/2021	2 - Service Manager Level	/ /
2418, Patrick Scott	0-19 risk of under resourcing	4-4 (16)	4-4 (16)	4-4 (16)	4-3 (12)	Static	15/09/2020	4 - Directorate	31/10/2021
2535, Dawn Lee	Staff wellbeing	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	05/08/2021	3 - Care Group Level	30/11/2021
2547, Dawn Lee	Service contribution to child protection	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	12/08/2021	3 - Care Group Level	10/11/2021
2517, Laura Frost	Staffing Issues Bracken Ward	4-4 (16)	4-4 (16)	4-4 (16)	3-3 (9)	Static	12/07/2021	1 - Local	27/10/2021
2556, Dawn Lee	Impact of dual recording on capacity	4-4 (16)		4-4 (16)	4-4 (16)	Not yet changed	09/09/2021	2 - Service Manager Level	31/12/2021
2564, Emma Kergon	Poor connectivity affecting timely access to health records	4-4 (16)		4-4 (16)	0-0 (0)	Not yet changed	23/09/2021	2 - Service Manager Level	31/10/2021
2573, Emma Kergon	Poor communication to BDCT regarding Afghan relocation (ARAP) clients	4-4 (16)		4-4 (16)	0-0 (0)	Not yet changed	22/10/2021	2 - Service Manager Level	30/11/2021
2569, Rachel Howitt	Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams	4-4 (16)	4-4 (16)	4-4 (16)	3-2 (6)	Static	12/10/2021	2 - Service Manager Level	27/10/2021
2046, Gaynor Toczek		4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)	Worse	20/06/2018	4 - Directorate	17/11/2021
2102, Patrick Scott	Risk of Harm due to ligature within inpatient services	5-3 (15)	5-3 (15)	5-3 (15)	5-1 (5)	Static	15/05/2018	4 - Directorate	31/10/2021
2417, Phillipa Hubbard	Ability to meeting regulatory requirements	5-3 (15)	5-3 (15)	5-3 (15)	3-3 (9)	Static	15/09/2020	4 - Directorate	16/12/2021
2504, Bev Knaggs	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	23/12/2021

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In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
2534, Dawn Lee	Visibility of vulnerable families	5-4 (20)		5-3 (15)	5-2 (10)	Not yet changed	05/08/2021	3 - Care Group Level	30/11/2021
2553, Dawn Lee	Re-procurement of Wakefield 0-19 contract	5-3 (15)		5-3 (15)	5-1 (5)	Not yet changed	18/08/2021	3 - Care Group Level	30/11/2021
2457, Phillipa Hubbard	COVID-19 infections in the community	5-3 (15)	5-3 (15)	5-3 (15)	5-1 (5)	Static	11/01/2021	3 - Care Group Level	31/10/2021
2485, Emma Burke	Reduced staffing levels within the core paediatric service due to vacancies	3-5 (15)	3-5 (15)	3-5 (15)	3-3 (9)	Static	10/03/2021	1 - Local	10/03/2022
2558, Dawn Lee	Risk to service delivery due to reliance on paper record keeping system especially on consents	5-3 (15)		5-3 (15)	0-0 (0)	Not yet changed	09/09/2021	2 - Service Manager Level	31/12/2021
2566, Bev Knaggs	Emergency Vehicle Access	5-3 (15)		5-3 (15)	2-2 (4)	Not yet changed	28/09/2021	1 - Local	11/01/2022
2571, Anthony Murphy	Currently on DAU there are three different patient groups, older people's functional, older people's organic and Learning Disability.	5-3 (15)		5-3 (15)	5-1 (5)	Not yet changed	20/10/2021	1 - Local	29/12/2021
2577, Rugare Musekiwa	Insufficient staffing for Initial Risk Assessments	0-0 (0)		5-3 (15)	0-0 (0)	Not yet changed	25/10/2021	2 - Service Manager Level	24/11/2021
1989, Christopher Dixon	Workforce- Vacancy and additional shift requirements	4-4 (16)		4-3 (12)	3-3 (9)	Not yet changed	07/09/2017	3 - Care Group Level	07/10/2021
2532, Gillian Brayshaw	Public Health programme requirements	4-5 (20)		4-3 (12)	4-3 (12)	Not yet changed	05/08/2021	2 - Service Manager Level	30/09/2021
2536, Mike Woodhead	Financial Performance & Sustainability	5-3 (15)	4-3 (12)	4-3 (12)	3-3 (9)	Static	05/08/2021	4 - Directorate	05/11/2021
2557, Dawn Lee	Inadequate office space impacting on staff health and well being.	5-3 (15)		4-3 (12)	3-2 (6)	Not yet changed	09/09/2021	2 - Service Manager Level	08/10/2021
2207, Greg Soffe	Cybersecurity Risk: Whole of Trust	5-3 (15)	5-3 (15)	5-2 (10)	4-2 (8)	Better	09/01/2019	4 - Directorate	04/11/2021
2552, Margaret Appleyard	Delivering PH campaigns eg Flu	5-4 (20)		5-2 (10)	5-1 (5)	Not yet changed	18/08/2021	2 - Service Manager Level	30/09/2021
2542, John Hiley	Poor ventilation & temperature control in the Library	3-5 (15)	3-5 (15)	3-2 (6)	1-1 (1)	Better	11/08/2021	1 - Local	15/10/2021
2527, David Sims	Research Grant Management	4-4 (16)	4-4 (16)	2-2 (4)	2-1 (2)	Better	03/08/2021	1 - Local	10/10/2021

Key Organisational Risks: 2021/2022

List 1: Risks with current Risk Rating of 15+

Risk Level:	4 - Directorate		Risk Title:	Continuity of service delivery during the COVID-19 Pandemic			Current Version	4
Risk Number:	2370	Risk Owner:	Patrick Scott	Date Entered:	20/03/2020	Strategic Area:	Quality	
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-5 (20)	Target Risk Rating 2-3 (6)					
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.			14/10/2021	Phillipa Hubbard	continue to monitor staffing on a daily basis to manage risk and demand within the services a review of inpatient staffing is currently taking place and will be revised and presented to safer staffing Date Entered : 15/09/2021 16:05 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			14/10/2021	Phillipa Hubbard	staffing levels continue to remain high due to sustained COVID symptoms, anxiety and long term sickness. this is monitored through daily lean management, command structures and committees		

Date Entered : 15/09/2021 16:04
Entered By : Phillipa Hubbard

Risk Owner's Last Review	Next Review	Overall Risk Update
07/05/2020	14/10/2021	GS created new version and updated risk wording & score as per LR email.

Risk Level:	1 - Local	Risk Title:	Psychological Therapy capacity			Current Version	2
Risk Number:	2451	Risk Owner:	Bernard Hughes	Date Entered:	30/12/2020	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-5 (20)	Target Risk Rating 3-2 (6)				
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	

2	Emma van der Gucht is considering other waiting list initiatives for other therapy waiting lists with modality leads	28/01/2022	Emma Van Der Gucht	As below Date Entered : 17/08/2021 11:48 Entered By : Emma Van Der Gucht
Risk Owner's Last Review	Next Review	Overall Risk Update		
27/07/2021	25/10/2021	Issues remain the same		

Risk Level:	2 - Service Manager Level	Risk Title:	Interface between CAMHs and 0-19 services			Current Version	2
Risk Number:	2533	Risk Owner:	Gillian Brayshaw	Date Entered:	05/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-4 (20)	Current Risk Rating 5-4 (20)	Target Risk Rating 5-2 (10)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Interface between CAMHs and 0-19 services				Pathways not co-designed and therefore a risk that children won't be seen by most appropriate professional, as CAMHs expectations of 0-19 service may not be realistic			
Existing Control Measures:							
Strategic priority integrated children's pathway for BDCFT.							
Continue to receive and screen referrals and sign post to appropriate agency.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Action with PH commissioners and prioritisation of CAMHS/school nursing			31/07/2022	Gillian Brayshaw		
2	Living well schools programme coming online September 2021.			31/07/2022	Gillian Brayshaw		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		04/01/2022					

Risk Level:	3 - Care Group Level		Risk Title:	Sufficiency of resource			Current Version	2
Risk Number:	2544	Risk Owner:	Dawn Lee		Date Entered:	12/08/2021	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 5-5 (25)	Current Risk Rating 5-4 (20)	Target Risk Rating 5-2 (10)					
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Significant reduction in available resource.				Lack of available resource and capacity to meet demand, in particular those new initiatives eg integration posts, given recruitment challenges to 'hard to recruit to' posts, further impacted by student placements and associated supervision.				
Existing Control Measures:								
BCP for HV and School nursing to temporarily pause some aspects of service								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Recruit to additional staff nurse posts and B4s.			30/09/2021	Dawn Lee			
2	Just R to support hard to recruit to post employment.			30/09/2021	Dawn Lee			
3	Development of staff nurses into SCPHN posts.			31/08/2022	Dawn Lee			
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		10/11/2021						

Risk Level:	3 - Care Group Level		Risk Title:	Capacity to deliver partnership programmes			Current Version	2
Risk Number:	2546	Risk Owner:	Dawn Lee		Date Entered:	12/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-5 (25)	Current Risk Rating 5-4 (20)	Target Risk Rating 5-3 (15)					
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Capacity to deliver partnership programmes eg MESCH and integrated HV/CSC pilot.				Risk to reputation, service delivery, staff wellbeing in testing further new models of HV service delivery. Significant reduction in staffing.				
Existing Control Measures:								
Secondments out of service (LA/TL).								
Agreed alterations to the MESCH programme (1 family per HV)								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Ongoing recruitment of B5s and B4s			30/09/2021	Dawn Lee			
2	MESCH steering to review progress			30/09/2021	Dawn Lee			
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		10/11/2021						

Risk Level:	3 - Care Group Level		Risk Title:	Community nursing services exceeding capacity			Current Version	4
Risk Number:	2509	Risk Owner:	James Cooke	Date Entered:	23/06/2021	Strategic Area:	Quality	
Impact x Likelihood:	Initial Risk Rating 3-4 (12)	Current Risk Rating 4-5 (20)	Target Risk Rating 3-5 (15)					
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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 & 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>				
Existing Control Measures:								
<p>Workforce Developmental (talent management programmes):</p> <ul style="list-style-type: none"> - ACP apprentices - DN SP apprentices - Nursing Associate apprentices - Nursing apprentices <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	31/12/2021	Mark Lyles	No candidates identified as of 02/11/21. Date Entered : 02/11/2021 11:14 Entered By : Greg Sawiuk
3	Complete a workforce plan for community nursing services	31/03/2022	James Cooke	Andrew Northcliffe appointed to complete a workforce plan. Initial data collection underway. Focus sessions undertaken through Pamela Shaw - awaiting results analysis Date Entered : 15/10/2021 12:31 Entered By : James Cooke
5	Address estates issues impacting on travel & capacity within community services via safer workspaces group	31/12/2021	James Cooke	Some outstanding estates issues remain e.g. the Ridge accommodation. Hampered by vaccination campaign ad associated use of available space. Continue to manage via safer workspaces group. Date Entered : 04/10/2021 14:14 Entered By : 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	Meeting planned to formulate a clear action plan aimed at increasing staff bank capacity. Person appointed to support sickness absence management - awaiting to see potential impact of the role. Date Entered : 28/10/2021 15:57 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
8	Develop proof of concept pilot to test the impact of physio or occupational therapist imbedded with n a community nursing team. Measure activities performed by the practitioner, and the impact on reducing preventable activities in association with the role.,	31/12/2021	Mark Lyles	Overview brief completed through join working with Cathy Schofield - AHP lead Date Entered : 23/09/2021 13:18 Entered By : James Cooke

9	Develop proof of concept plan to trail the digital care hub handling district nursing calls for Wharfedale teams. Measure disposition of calls with an aim to reduce the need for community teams to perform face to face visits. Pilot may be expanded to offer supervision to HCA's practicing in community.	31/12/2021	Rebecca Rae	Draft overview document completed in collaboration with Airedale digital care hub leads. Unquantified request for non recurrent income registered aside of forecast underspend. Date Entered : 23/09/2021 13:22 Entered By : James Cooke
10	Explore opportunities to increase skill mix capacity accord community nursing teams.	31/12/2021	James Cooke	Initial meeting undertaken. Scoping ongoing to ascertain need for additional HCA's. Rolling advert established for nursing associates. Financial analysis commenced to ascertain scope for appointing additional staff using underspend. Additional work required to engage with Debbie Cromack & colleagues regarding potential increase in nursing apprentices in the future. Discussion with Lyn Sowry regarding opening up opportunity to LA employed staff. Date Entered : 15/10/2021 12:34 Entered By : James Cooke
11	Explore options for band 7 clinical nursing role that would support the national trend, local needs and match approaches undertaken by other local Trusts	30/11/2021	Anna Kennedy	Second draft paper to be presented vai care group QUOP's meeting Date Entered : 28/10/2021 15:58 Entered By : James Cooke

Risk Owner's Last Review	Next Review	Overall Risk Update
22/10/2021	21/11/2021	Staffing pressures remain. Findings from retention interviews/surveys reveal dissatisfaction within the workforce and indications that people will leave their posts in the near future, seeking opportunities in others organisations. Cited reasons include: insufficient time to deliver good care, a lack of work/life balance with staff working in their own time/allocated lunch periods, inequitable pay compared with other providers, a lack of opportunity to apply for higher paid positions without completing further education & a lack of time to complete CPD.

Risk Level:	2 - Service Manager Level	Risk Title:	Demand versus available capacity			Current Version	1
Risk Number:	2575	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-5 (20)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Nursing caseloads not complying with safer staffing requirements which will impact on quality of service. Early identification of need will also be compromised.				There is also a risk that children will not receive a timely health assessment.			
Existing Control Measures:							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse & Team Leader have oversight of Nurses caseloads.</p> <p>Allocation tool in place.</p> <p>Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours.</p> <p>Psychology supervision offered to nurses on a monthly basis.</p> <p>Compliance with Clinical supervision</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	<p>Further 2.8 WTE Band 6 Nurses to commence in October / November 2021.</p> <p>Additional 2.3 required to meet national RCN guidelines.</p> <p>Explore integration with CAMHs workers</p>			30/11/2021	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
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Risk Level:	2 - Service Manager Level		Risk Title:	Impact of Covid on demand/ waiting list with children having an		Current Version	1
Risk Number:	2576	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 0-0 (0)	Current Risk Rating 5-4 (20)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Early identification of need will be compromised as children not seen in a timely manner due to long waiting list.				There will be a delay in putting a package of care in place as children are not seen in a timely manner.			
Existing Control Measures:							
Data highlighted on monthly dashboard. We are aware of which children it affects							
This is raised at Tuesday Morning Operational Meetings with partners so we do not lose sight of them.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Letters for C&YP whose original plan changed from requiring Part 2 (F2F) to not requiring (F2F). Outstanding paperwork being worked through.			31/12/2021	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		/ /					

Risk Level:	2 - Service Manager Level	Risk Title:	Insufficient capacity to meet service needs.			Current Version	1
Risk Number:	2579	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 0-0 (0)	Current Risk Rating 4-5 (20)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
There is a risk that all young people are not in receipt of an equitable service.				Nurse Caseload Size do not comply with safer staffing requirements. There is a risk to delivery of a quality service given the caseloads that Nurses are holding.			
Existing Control Measures:							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse & Team Leader have oversight of Nurses caseloads.</p> <p>Allocation tool in place.</p> <p>Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours.</p> <p>Psychology supervision offered to nurses on a monthly basis.</p> <p>Compliance with Clinical supervision</p> <p>Twice weekly safety huddles.</p> <p>Staff wellbeing services available.</p> <p>Team leader has oversight of each team member's caseload/ demand/ allocation and working hours</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	<p>Explore integration with CAMHs workers and Specialist CAMHs LAC.</p> <p>Liase with Finance re funding generated by out of area children to create some more capacity with it. funding</p>			31/12/2021	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				

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Risk Level:	4 - Directorate		Risk Title:	0-19 risk of under resourcing		Current Version	3	
Risk Number:	2418	Risk Owner:	Patrick Scott		Date Entered:	15/09/2020	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating	Current Risk Rating	Target Risk Rating					
	4-4 (16)	4-4 (16)	4-3 (12)					
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.			30/09/2021	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		
Risk Owner's Last Review		Next Review	Overall Risk Update					
08/09/2021		31/10/2021	update going to EMT on the 14th September for review					

Risk Level:	3 - Care Group Level	Risk Title:	Staff wellbeing	Current Version	1
Risk Number:	2535	Risk Owner:	Dawn Lee	Date Entered:	05/08/2021
				Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-2 (8)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Increase in sickness absence of staff struggling to cope with the impact of COVID on their health, family health whilst transitioning to new model of delivery.			Risk to staff resilience and well-being, as a result of increase in acuity and level of scrutiny of working practices. Impact of reduced staffing is having a significant impact on staff that are in work.		
Existing Control Measures:					
Trust wellbeing offer					
Clinical supervision					
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
1	Ongoing staff recruitment	31/07/2022	Dawn Lee	All community children's services are attempting to recruit in order to alleviate pressure within the services on colleagues who are working. Skill mix recruitment into 0-19 services is taking place as per workforce plan. Date Entered : 05/10/2021 07:07 Entered By : Dawn Lee	
2	Workforce planning including staff retention	31/07/2022	Dawn Lee	Clear workforce plan which is seeing a focus in recruitment from volunteer to career, grow our own SCPHNs, early recruitment of students, as well as retention, R & R and new onboarding processes. Date Entered : 05/10/2021 07:09 Entered By : Dawn Lee	
3	Restorative supervision and train the trainers offer	31/07/2022	Dawn Lee	The restorative supervision offer has been built during the covid period. New plan to expand this offer, train all clinical supervisors in restorative supervision, all new starters and leadership. Compliment this with MH 1st Aid,	

				Compassionate leadership and also CISD for the care group Date Entered : 05/10/2021 07:10 Entered By : Dawn Lee
4	Staff engagement events to take place	31/07/2022	Dawn Lee	
Risk Owner's Last Review	Next Review	Overall Risk Update		
05/10/2021	30/11/2021	All sickness is managed closely with the support of HR Business partner. There is some evidence that LTS staff are v slowly starting to return to work. Workforce plan to take the approach of early intervention with staff plus resilience building and focus on health and wellbeing,		

Risk Level:	3 - Care Group Level	Risk Title:	Service contribution to child protection			Current Version	1
Risk Number:	2547	Risk Owner:	Dawn Lee	Date Entered:	12/08/2021	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-2 (8)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Service contribution to child protection				Risk to safety as expectation that public health nurse can always present all health needs at case conferences etc by representing perspective of other health partners.			
Existing Control Measures:							
BCP in place							
Ongoing negotiations with wider partners including local authority, CCGs and Public health.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Continue to engage with wider partners to review the guidance on attendance at child protection meetings. Other health partners to be able attend.			31/10/2021	Dawn Lee		
2	Looking to review the model of HV and school nursing to look for alternative ways to provide child protection obligations.			31/10/2021	Dawn Lee		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		10/11/2021					

Risk Level:	1 - Local	Risk Title:	Staffing Issues Bracken Ward	Current Version	2
Risk Number:	2517	Risk Owner:	Laura Frost	Date Entered:	12/07/2021
Strategic Area:	Quality				
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
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.		
Existing Control Measures:					
Ward Manager recruited and started 19th July.					
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
5	Review of skill mix on the ward to ascertain need and adjust budget accordingly to allow for appropriate recruitment	25/10/2021	Laura Frost	1 Preceptorship nurse started in post. 1 preceptorship nurse going through recruitment. Current sickness reduced from 13 to 6 on LTS. Date Entered : 27/09/2021 09:39 Entered By : Laura Frost	
6	Request bed cap of 18 from Senior Leadership Team. Along with discussions around acuity to support management if increased observations etc. and to manage this in a fluid way	22/11/2021	Laura Frost	ongoing support Date Entered : 13/10/2021 12:18 Entered By : Kelly Barker	
7	To discuss with DAU staff around 6 month secondment to work on Bracken	11/10/2021	Laura Frost	Progress to be discussed with service manager BK. Date Entered : 07/09/2021 21:19 Entered By : Kelly Barker	
Risk Owner's Last Review		Next Review	Overall Risk Update		
13/10/2021		27/10/2021	ongoing review of support, escalation and mitigation		

Risk Level:	2 - Service Manager Level	Risk Title:	Impact of dual recording on capacity		Current Version	1
Risk Number:	2556	Risk Owner:	Dawn Lee	Date Entered:	09/09/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-4 (16)			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:		
<p>Increase in amount of work generated by the Flu campaign which could lead into untimely inputting on the clinical record.</p> <p>Amount of work required to upload data from the S1 record on to the NIVs system.</p>				<p>There is a risk that timely record keeping is compromised due to having to dual record with the expectation of now recording on the new child health system NIVS and the S1 record.</p>		
Existing Control Measures:						
<p>Risk to delivery and quality of record keeping.</p> <p>Amount of work needing to be transferred for S1 to the NIVs Child health system.</p>						
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress		
1	To mitigate risk of compromise in quality and timely record keeping.	31/12/2021	Rugare Musekiwa	<p>Liasing with Child health about extra capacity required to support this and how this can be worked between our services.</p> <p>Possibility of having our Admn trained up to offer back up as needed.</p> <p>Date Entered : 09/09/2021 13:00 Entered By : Rugare Musekiwa</p>		
Risk Owner's Last Review		Next Review	Overall Risk Update			
05/10/2021		31/12/2021	Flu remains a challenge this season due to the cohort size and the added complexity of the healthy 12-15 yo Covid vaccine delivery as well. As much support as possible regarding this campaign is needed.			

Risk Level:	2 - Service Manager Level	Risk Title:	Poor connectivity affecting timely access to health records		Current Version	1
Risk Number:	2564	Risk Owner:	Emma Kergon	Date Entered:	23/09/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 0-0 (0)			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Poor connectivity across the locality and in team bases is delaying access to health records.				Poor timely access to SystmOne and associated health records used by services may compromise safe care delivery.		
Existing Control Measures:						
Escalated through report out systems. Teams submitting IR-e's and reporting to service desk to explore if a immediate response could identify and rectify connectivity issues. Working with IT department						
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress
1	Connectivity paper written to describe connectivity issues experienced and highlight the associated impact/risks on patient safety and staff morale. Paper to be presented at the next IT services meeting			31/10/2021	Emma Kergon	Paper shared with colleagues and staff. Staff offered the ability to data input on evenings and be paid for this additional time but fully recognised as not an ideal solution due to impacting on work life balance, health and morale. Await outcome of paper. Date Entered : 23/09/2021 17:11 Entered By : Emma Kergon
2	Staff encouraged to report immediately when connectivity issues occur to service desk to see if causes can be identified and solutions found. Where unable staff encouraged to report via IRe.			31/10/2021	Emma Kergon	
Risk Owner's Last Review		Next Review	Overall Risk Update			
23/09/2021		31/10/2021				

Risk Level:	2 - Service Manager Level	Risk Title:	Poor communication to BDCT regarding Afghan relocation (ARAP)			Current Version	1
Risk Number:	2573	Risk Owner:	Emma Kergon	Date Entered:	22/10/2021	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Poor communication to BDCT regarding ARAP clients/ families				Risk of ARAP clients not getting care needs met in timely manner or needs missed.			
Existing Control Measures:							
Attending Bi-weekly MDT meetings regarding ARAP clients at Cedar court							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Concerns escalated to Michelle Holgate and plans to present concerns to SLT- to cover communication/ finance/ funding/ safeguarding / service demand			30/11/2021	Emma Kergon		
2	Meeting planned with Dr Keeble at Bevan House to explore joint working/ care and communication pathways			30/11/2021	Emma Kergon		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		30/11/2021					

Risk Level:	2 - Service Manager Level	Risk Title:	Potential for non-compliance with NHS complaints regulations and NHS		Current Version	3
Risk Number:	2569	Risk Owner:	Rachel Howitt	Date Entered:	12/10/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Reduced capacity to investigate and respond to complaints and concerns in a timely manner due to sickness and reliance on bank staff (and therefore inconsistent capacity)				<p>Risk of being unable to offer immediate allocation of complaints for investigation, leading to a poor patient experience and risk of being unable to meet response timescales as per complaints policy and process which could result in further complaints and referral to the PHSO and/or CQC.</p> <p>Risk of subsequent regulatory sanctions if timescales of NHS regulations are breached and reputational damage</p> <p>Risk of delay in utilising patient safety learning from complaints in a timely and therefore meaningful way and possible missed opportunities for triangulation with other safety related intelligence</p>		
Existing Control Measures:						
Head of Patient Safety, Compliance and Risk (HoPS) picking up the oversight of team Temporary changes made to SI team roles and Risk Manager stepping to redistribute some workload						
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress		
1	Request for investigation staff to go out via bank and agency to add capacity into team	12/11/2021	Rachel Howitt	<p>Request and details of role shared via HR One new investigator sourced - to commence One current investigator increasing hours/ capacity No response via agency as tyet</p> <p>Date Entered : 02/11/2021 13:49 Entered By : Rachel Howitt</p>		
2	Development work within team to identify improvements in process that can free up capacity and resource. Work with HoN to identify collaboration to speed up current open cases to improve capacity and avoid backlogs	30/11/2021	Rachel Howitt	<p>Development day planned for 11/11/21 new weekly meeting joining with PAC and HoN for HM to trial from w/c 2/11/21 review of this in 2 weeks to assess impact/identify any process amendments required</p> <p>Date Entered : 02/11/2021 13:52 Entered By : Rachel Howitt</p>		

3	Longer term development of complaints process and handling function to improve overall complaints process and quality of response (to reduce resource use on re-opened complaints)	31/12/2021	Rachel Howitt	<p>Initial scoping work almost complete during October 2021 Review taking place November 2021 OOutcomes being used to inform development session on 11/11/21 and actions will develop from there</p> <p>Date Entered : 02/11/2021 13:55 Entered By : Rachel Howitt</p>
Risk Owner's Last Review	Next Review	Overall Risk Update		
/ /	27/10/2021			

Risk Level:	4 - Directorate		Risk Title:				Current Version	4
Risk Number:	2046	Risk Owner:	Gaynor Toczek	Date Entered:	20/06/2018	Strategic Area:	Quality	
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)					
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:	4 - Directorate		Risk Title:	Risk of Harm due to ligature within inpatient services		Current Version	4
Risk Number:	2102	Risk Owner:	Patrick Scott		Date Entered:	15/05/2018	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)				
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			31/10/2021	Simon Long	<p>An ongoing key priority of the Ligature & Environmental Risk Safety (LERS) Group is for continuous improvement around ligature risk and improved standardisation of data and information. An area identified for improvement was the waste and duplication associated with the time-consuming process of completing and documenting ligature risk assessments and managing the actions that arise from these assessments.</p> <p>As a result the LERS group have commissioned a piece of work to develop an APP to capture our ligature risk assessments. The App is currently under final development and testing</p> <p>The Ligature Risk Assessment App was born from the collaboration between the health & safety team, KPO, and informatics after some possibility thinking and coaching workshops. The app was purpose built, from the ground up, in house to improve the ligature risk assessment process. The benefits of the app are:</p>	

				<p>Real time risk assessments and scoring, on site. Real time tracking of score. Reduced the time spent on risk assessment allows more time for proactive resolution. Automatic notification. Automatic action assignment. Real time tracking of actions and progress. Live view of each area's risks. Automation of impact Built in mistake proofing. Built in visual control. Removed duplication of work. Future proofing for any subsequent changes to assessment approach</p> <p>Date Entered : 09/09/2021 10:14 Entered By : Patrick Scott</p>
7	Programme of works underway to replace bedroom doors and windows in key bedrooms across all wards assessed as ' high risk' within new ligature risk assessment framework, and introduce other measures such as new anti-barricade mechanism and patient call alarms, following recent approval by the Trust Board.	30/11/2021	Patrick Scott	<p>Phase 2 anti ligature estates work progressing as per business case. Due for completion October 2021. 2/3 week delay due to challenges of facilitating chaperones for estates contractors completing the work.</p> <p>phase 3 business case has been approved by LERs group and Clinical Board and will be received by FBIC in September</p> <p>Date Entered : 08/09/2021 13:45 Entered By : Patrick Scott</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
08/09/2021		31/10/2021	Further review of risk score will take place at LERs group following completion of phase 2 of anti ligature works, planned for November LERs meeting	

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	Strategic Area:	Reputation	
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 3-3 (9)					
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.			16/12/2021	Phillipa Hubbard	a review of the serious incident framework and patient safety incident process has been undertaken in light of the findings of the thematic review, training of staff has been commenced within the SI team further training on the new framework will commence in preparation for the implementation by April 2022 Date Entered : 15/09/2021 15:57 Entered By : Phillipa Hubbard		
Risk Owner's Last Review		Next Review	Overall Risk Update					
03/11/2020		16/12/2021	Risk reviewed and actions updated.					

Risk Level:	3 - Care Group Level		Risk Title:	MATs			Current Version	2
Risk Number:	2504	Risk Owner:	Bev Knaggs		Date Entered:	03/01/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-4 (12)					
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			30/12/2021	Chris North	Extended funding has been agreed for the Locum Psychiatrist Date Entered : 13/09/2021 18:29 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.			01/02/2022	Bev Knaggs	Clinics have restarted however IT and infrastructure remains a challenge and with slow progress. currently enabled 4 clinics per week. Nov will bring on 2 more per week Date Entered : 25/10/2021 14:21 Entered By : Bev Knaggs		
4	Recruitment of a GPwSI specializing in Dementia who will create an additional 1.5 sessions per week of activity			30/11/2021	Bev Knaggs	Just finalising recruitment checks and then can join clinics and meet MDT etc. Appt from Bradford GP practice Date Entered : 25/10/2021 14:23		

				Entered By : Bev Knaggs
5	Extended locum Medic funding	04/01/2022	Chris North	Extended funding agreed for a further 3 months to provide added input to MATs sessions Date Entered : 25/10/2021 14:17 Entered By : Bev Knaggs
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		23/12/2021		

Risk Level:	3 - Care Group Level		Risk Title:	Visibility of vulnerable families			Current Version	1
Risk Number:	2534	Risk Owner:	Dawn Lee		Date Entered:	05/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-4 (20)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)					
Hazard/Causes Of Risk:					Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Visibility of vulnerable families					Identification of 'families of concern' particularly challenging due to restrictions, therefore risk of missing a family.			
Existing Control Measures:								
Tiered model of HV - families of concern should be seen face to face								
Visiting guidance from BCP								
Case load stratification within specialist services								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Monthly review of face to face and virtual contacts			31/07/2022	Dawn Lee	All face to face contacts continue to be reviewed monthly via QuOps against staffing levels in the HV service and current BCP Date Entered : 05/10/2021 07:00 Entered By : Dawn Lee		
2	Ongoing recruitment to improve and widen skill mix			31/07/2022	Dawn Lee	The recruitment of skill mix into services is continuing as part of our workforce plan. Progress is being made and there are v early signs within the HV service that this approach is assisting with providing support and relief for HVs especially. Date Entered : 05/10/2021 07:02 Entered By : Dawn Lee		
Risk Owner's Last Review			Next Review	Overall Risk Update				

05/10/2021

30/11/2021

Risk reviewed. All actions being taken as per the monthly QuOps dashboard face to face data, BCP etc

Risk Level:	3 - Care Group Level	Risk Title:	Re-procurement of Wakefield 0-19 contract			Current Version	1
Risk Number:	2553	Risk Owner:	Dawn Lee	Date Entered:	18/08/2021	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Failure in the re-procurement of Wakefield 0-19 contract.				Loss of £70million contract, loss of staff via TUPE, reputational risk			
Existing Control Measures:							
Regular meetings with business development team to identify actions to help win the tender.							
Offered flexibility within the current service tender and integrated across the Wakefield partnership							
Senior Leadership team working closely with Commissioners and the partnership. Involvement in key pieces of work.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Working with Business development team to develop the win book and form the bid team.			31/10/2022	Dawn Lee	First notification of re-tender received into the trust. Bid Team formed. Wakefield estates reviewed and plan agreed. Bid Team meeting arranged and additional capacity into the team agreed. Date Entered : 05/10/2021 07:21 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		30/11/2021					

Risk Level:	3 - Care Group Level	Risk Title:	COVID-19 infections in the community		Current Version	2
Risk Number:	2457	Risk Owner:	Phillipa Hubbard	Date Entered:	11/01/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)			
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.		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	
Risk Owner's Last Review		Next Review	Overall Risk Update			

30/07/2021

31/10/2021

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

Risk Level:	1 - Local	Risk Title:	Reduced staffing levels within the core paediatric service due to			Current Version	2
Risk Number:	2485	Risk Owner:	Emma Burke	Date Entered:	10/03/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-3 (9)				
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	
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. 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. .			01/12/2021	Emma Burke	continued progress- as per action plan Date Entered : 21/10/2021 13:32 Entered By : Karen Baguley	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		10/03/2022					

Risk Level:	2 - Service Manager Level	Risk Title:	Risk to service delivery due to reliance on paper record keeping system	Current Version	1		
Risk Number:	2558	Risk Owner:	Dawn Lee	Date Entered:	09/09/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Impact on staffing to send out and collect paper consents from schools. Risk of paper consents being misplaced.				Risk to service delivery due to reliance on paper record keeping system especially on consents			
Existing Control Measures:							
Liaising with schools to ensure clear plan of when consents are delivered, expected back and picked up from school.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	To minimise reliance on paper based system for immunisation consent.			31/08/2022	Rugare Musekiwa	We are working with IT team to come up with Electronic consent. Date Entered : 09/09/2021 12:52 Entered By : Rugare Musekiwa	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/12/2021					

Risk Level:	1 - Local	Risk Title:	Emergency Vehicle Access	Current Version	1
Risk Number:	2566	Risk Owner:	Bev Knaggs	Date Entered:	28/09/2021
Strategic Area:	Quality				
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 2-2 (4)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Over use of and inappropriate car parking is blocking the rear entrance to ACMH which provides direct access to our Older Peoples Acute MH ward, Bracken			Emergency vehicle unable to find or access Bracken ward in a timely and responsive way in the event of an emergency situation, which could lead to the loss of life		
Existing Control Measures:					
Escalated to Senior Leadership Team					
Security regularly monitor the car park					
Security report and escalate where they find inappropriate/blocking vehicles and leave notices on cars if time and resource allows					
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
2	Redesign plans to be shared with Service Manager and funding application being made by SA DofE	01/12/2021	Bev Knaggs	ACMH Car park works are now agreed and scheduled for early November. To be monitored through works and thereafter Date Entered : 02/11/2021 07:08 Entered By : Bev Knaggs	
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		11/01/2022			

Risk Level:	1 - Local	Risk Title:	Currently on DAU there are three different patient groups, older people's	Current Version	1		
Risk Number:	2571	Risk Owner:	Anthony Murphy	Date Entered:	20/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-1 (5)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<p>Risks associated with the mixture of the three mentioned different client groups. Suitability of DAU ward environment for functional older people's who are at high risk of harm to self. Pressure's on staffing with providing the require care and support for three different client groups and associated challenges.</p>				<p>Requirement for increased observations for functional older people's on the DAU who present at high risk of harm to self to mitigate the DAU ward environment which was built specifically for the needs of organic patients and is known to have a high ligature risk.</p>			
Existing Control Measures:							
Newly admitted patients in isolation PODs and supported through increased staffing levels							
Functionally ill patients on DAU are supported by additional levels of staffing through Observations							
Daily monitoring of numbers on the ward and discharge plans for Bracken & Dau reviewed daily							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Review occupancy levels daily and monitor for next months			29/12/2021	Anthony Murphy		
2	Report and escalate the daily position of the ward through DLM and Safety huddles			29/12/2021	Anthony Murphy		
3	Monitor occupancy of Bracken and liaise with Discharge coordinator to schedule transfers when able			29/12/2021	Anthony Murphy		
4	monitor Safe staffing levels daily to ensure adequate cover			29/12/2021	Anthony Murphy		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		29/12/2021					

Risk Level:	2 - Service Manager Level	Risk Title:	Insufficient staffing for Initial Risk Assessments			Current Version	1
Risk Number:	2577	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 0-0 (0)	Current Risk Rating 5-3 (15)	Target Risk Rating 0-0 (0)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Not being able to undertake assessments within statutory expectation.				There is insufficient workforce capacity to undertake initial health assessments in timely manner.			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Consideration for recruitment to unfilled post. Need formal commitment to appointment schedule and accountability/ monitoring via dashboard.			31/12/2021	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		24/11/2021					

List 2: Risks with initial Risk Rating of 15+ (excludes Risks with current Risk Rating of 15+)

Risk Level:	3 - Care Group Level		Risk Title:	Workforce- Vacancy and additional shift requirements			Current Version	1
Risk Number:	1989	Risk Owner:	Christopher Dixon	Date Entered:	07/09/2017	Strategic Area:	Quality	
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-3 (9)					
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:				
<p>There is a high number of vacancies and increased staffing demand due to Covid 19 measures on the inpatient wards including Lynfield Mount and Airedale Centre for Mental Health which has the potential to impact on quality. There is an increased reliance on bank and agency staff which can have an impact on service user experience, safety and team morale. There has been a recent priority and focus on recruitment with additional band 5 & 6 nurses recruited.</p>				<p>This could have an impact on;</p> <ol style="list-style-type: none"> 1. Service user experience 2. Safety-service user incidents 3. Team morale 				
Existing Control Measures:								
<ol style="list-style-type: none"> 1. Block booking of agency staff who are inducted, trained and given access to System one for clinical records. 2. Daily bed meeting to review gaps and agency staff covering, monitored during the day to manage unplanned gaps that may occur later in the day. 								
<p>A new system has been implemented to monitor for gaps in staffing which has been uploaded on to SharePoint this allows early identification of gaps for the entire service and a system to ensure the DSN and Clinical Managers are working with Staff Bank to provide cover. The safer staffing escalation procedure is embedded within the site and also specialist services upload their daily staffing figures to the site to enable an overview of all inpatient wards.</p>								
<p>Ongoing recruitment to Band 5 nurse vacancies. Open ended band 5 post on NHS Jobs.</p>								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	<ol style="list-style-type: none"> 1. Monitor through weekly autoroster meetings & daily lean management, plan to cover gaps in staffing and escalate to clinical managers and service manager where a staffing gap cannot be covered 2. Block booking of agency staff plus induction 3. IHTT staff being overbooked and reallocated to cover gaps in staffing if required. 			11/10/2021	Christopher Dixon	<p>PMO/KPO supported task and finish group commenced to review workforce model, taking into account learning from COVID and staff engagement work.</p> <p>Date Entered : 07/09/2021 21:00 Entered By : Kelly Barker</p>		

4. Rolling recruitment with HR and recruitment events to encourage employment with BDCFT

Risk Owner's Last Review	Next Review	Overall Risk Update
07/09/2021	07/10/2021	Actions updated to reflect task and finish group to review workforce model as part of TWICS and Adult MH pathway AGG. Immediate mitigations in place and supporting management of risks.

Risk Level:	2 - Service Manager Level	Risk Title:	Public Health programme requirements	Current Version	1
Risk Number:	2532	Risk Owner:	Gillian Brayshaw	Date Entered:	05/08/2021
		Strategic Area:	Regulatory		
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-3 (12)	Target Risk Rating 4-3 (12)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Meeting PH programme requirements and ad hoc requests eg NCMP, audiology BIB measurement yr1			Risk to meeting contractual obligations, due to limited capacity to deliver programmes, given impact of current restrictions.		
Existing Control Measures:					
Negotiations with PH commissioners that aware we are currently in BCP. Negotiated what we can and cant deliver.					
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
1	Deliver on audiology, NCMP & agreed safeguarding offer and SEND	31/07/2022	Gillian Brayshaw		
2	BCP health visiting service offer agreed to be delivered from 26th July 2021	31/10/2021	Gillian Brayshaw		
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		30/09/2021			

Risk Level:	4 - Directorate		Risk Title:	Financial Performance & Sustainability		Current Version	2
Risk Number:	2536	Risk Owner:	Mike Woodhead	Date Entered:	05/08/2021	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-3 (9)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<ul style="list-style-type: none"> - Underfunding (evidenced by low reference costs) - Potential under-achievement of recurrent efficiency targets - Increasing financial pressures, especially in relation to: <ul style="list-style-type: none"> - Impact of COVID on IPC, and on volume and acuity of demand - Competing priorities across the ICP and ICS - Out of area placements - Impact of workforce constraints on band and agency spend - Under-funding of pay awards. 				If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services			
Existing Control Measures:							
<ul style="list-style-type: none"> - 2021/22 H1 Trust financial plans - Existing contracts - Contract negotiations - ICS and ICP plans and agreed priorities - Existing programme (Act as One, Strategic Programmes and CIP) - Budget setting and monitoring processes in place - Contract performance management and reporting in place - Workforce plans, controls and monitoring in place - Green plan approved by Board 							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
2	Approval of H2 financial plans			05/11/2021	Claire Risdon	ICS allocations have been received and working through the distribution of allocations to CCGs and Providers, in readiness for submitting plans on 15th November. Trust discussions with CCG are underway to agree Half 2 block payments - key risks notes in action 6520. Local Authority pay award has been secured non-recurrently from NHS Half 2 settlement - further work to secure on a recurrent basis through LA contracting for	

				<p>2022/23.</p> <p>CHIS funding gap of £98k has been received in 2021/22 settlement. Business case outcome still awaited to ensure that this is recurrently reflected in 2022/23 contract.</p> <p>Date Entered : 21/10/2021 13:47 Entered By : Claire Risdon</p>
3	Approval of 3 year financial plans	24/03/2022	Claire Risdon	<p>Normal contracting and financial regime for the NHS is expected to return for 2022/23 financial year. Mental Health Transformation funding agreed in part during Half 1 with additional funding expected during Half 2. Community Transformation funding expected as part of Half 2 settlement.</p> <p>Date Entered : 05/08/2021 10:16 Entered By : Claire Risdon</p>
4	Finalisation of non-NHS high value contracts	01/03/2022	Claire Risdon	<p>Local Authority pay award has been funding non-recurrently through the NHS settlement for Half 2 2021/22. Risk remains on recurrent funding through Local Authority contracts. Discussions will commence through the planning round for contracting for 2022/23 to secure recurrent funding (Feb/ March 2022).</p> <p>Date Entered : 21/10/2021 13:35 Entered By : Claire Risdon</p>
5	Finalisation of NHS high value contracts	05/11/2021	Claire Risdon	<p>The ICS allocation for Half 2 has been received. Partners are working through the key risks to delivering a break-even ICS plan in readiness for plan submissions on 15th November.</p> <p>Key risks to ICS relate to Elective Recovery Incentive Funding which is payable where Acute Trusts and CCGs achieve activity at 89% of 2019/20 levels. Workforce capacity across the ICS remains a risk.</p> <p>The Trusts is currently in discussions with the CCG to agree Half 2 block values, inclusive of Transformation funding (SDF/ SR). Expected to conclude early November to inform planning and associated risks. Key risk relates to securing the full MHIS funding; funding to accurately recognise pay award costs; and rec/ non-rec nature of Transformation funding.</p>

				Date Entered : 21/10/2021 13:43 Entered By : Claire Risdon
6	Trust wide efficiency work, supported by the Together We Improve Create and Sustain (TWICS) programme.	01/10/2021	Beverley Fearnley	Engage external partners to support initial efficiency work - Deloitte's high level output report received June 2021, including long list of opportunities. 5 key workstreams identified that are now being scope through the TWICS governance arrangements to develop plans - Complete and presented to FBIC in July 2021. Short list of opportunities being scoped with Programme Leads, including scale of opportunities and implementation timescales. Oversight by TWICS Board which is meeting monthly to track progress. Progress update to be presented at each FBIC meeting and Trust Board. Date Entered : 05/08/2021 10:44 Entered By : Claire Risdon
7	Conclusion of Community Estates Review	31/10/2021	Simon Adamson	
8	Update Trusts Estates Plan	31/12/2021	Simon Adamson	
9	Digital Strategy approved	31/12/2021	Tim Rycroft	Financial aspects of the Digital Strategy to be scoped and integrated into the Trusts financial plan. Date Entered : 05/08/2021 10:48 Entered By : Claire Risdon
10	Workforce strategy revised and integrated into the Trusts Financial Plan.	01/04/2022	Fiona Sherburn	* June 2021- Workforce Planning Group established and workforce planning function resources in place to support the work * June and July 21 - Distribution and further development of Workforce Planning Toolkit and pre-populated templates to support development of 20+ service and corporate plans * June- August 21 - engagement with the workforce/each service to support development of plans that reflect transformation, investment, CIPs, risks, workforce strategies etc. * 5 August 21 - Workforce Planning Group stock take session re progress/any issues and barriers impacting progress, successes agreeing any further supporting actions * September workshop - share draft plans, check, challenge, confirm, including quick wins/21/22 half 2 plan (year zero) and recruitment, training timelines.

				<ul style="list-style-type: none"> * September WEC/FBIC joint committee meeting update and assurance * Sept 21 to March 22 - develop detailed service plans and consolidate into Trust level plan (Feb/March 22) - narrative, numbers, skill mix detailed for Year 1 with associated recruitment campaigns and training programmes planned/actions scheduled March 22 - Sign off plans at SLT/Committees/Board * 1 April 2022 go- live (implement year 1 of 5 year plan) 6 monthly review of plans to ensure on track/adjust etc. * Annual review/update of plans as part of business planning cycle <p>Date Entered : 05/08/2021 10:52 Entered By : Claire Risdon</p>
11	Finalisation of MH collaborative financial settlement, including risk/ benefit shares	30/11/2021	Claire Risdon	<p>CAMHS Tier 4 and Adult Secure Services provider Collaboratives have gone live effective from 1st October 2021. Arrangements are now being developed to formally report KPIs aligned to the risks and mitigations identified in the Business Cases, and will be periodically reviewed at FBIC.</p> <p>ATU go live date to be agreed during half 2 of 2021/22.</p> <p>Date Entered : 08/10/2021 17:38 Entered By : Claire Risdon</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		05/11/2021		

Risk Level:	2 - Service Manager Level		Risk Title:	Inadequate office space impacting on staff health and well being.		Current Version	1	
Risk Number:	2557	Risk Owner:	Dawn Lee		Date Entered:	09/09/2021	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-2 (6)					
Hazard/Causes Of Risk:					Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Negative impact on health and well being of staff and inadequate storage for clinical records.					Risk to staff negatively impacted due to limited availability of office accommodation.			
Existing Control Measures:								
Office space limited to due to COVID 19 restrictions and also increase in staffing due to the imminent Flu campaign.								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
1	Liaise with estates to explore possibility of extra office space for the team.			31/12/2021	Rugare Musekiwa	Estates have provided some office space on a temporary basis which will support 1 of the teams and there is some hotdesking facilities available. Date Entered : 09/09/2021 12:19 Entered By : Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		08/10/2021						

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	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-2 (10)	Target Risk Rating 4-2 (8)					
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			
Existing Control Measures:								
<ul style="list-style-type: none"> -Cyber Security Team has been established with 2 permanent resources recruited and in post -Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital. -Vulnerability scanning using OpenVAS 								
Achievement of Cyber Essential and Cyber Essential + accreditation								
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress		
10	Internal audit review (arrange and scope of the audit in progress)			01/02/2022	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		
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 applied to NHSD for this years audit. Date Entered : 06/08/2021 12:08 Entered By : Greg Soffe		
Risk Owner's Last Review		Next Review	Overall Risk Update					
06/08/2021		04/11/2021	amended dates to current plan					

Risk Level:	2 - Service Manager Level	Risk Title:	Delivering PH campaigns eg Flu			Current Version	1
Risk Number:	2552	Risk Owner:	Margaret Appleyard	Date Entered:	18/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-4 (20)	Current Risk Rating 5-2 (10)	Target Risk Rating 5-1 (5)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Failure to deliver contracted PH campaigns				Safety to children and young people not having the vaccine, reputational risk, loss of funding & potential lack of re-procurement.			
Existing Control Measures:							
Temporary recruitment Asked across 0-19 services if staff are interested in bank work Asked immunisation team & part time workers if they would increase hours/work on bank Contacted staff that have supported previous campaigns to ask if they would be interested in taking up work with us now							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	To advertise recruitment for temporary positions			30/09/2021	Margaret Appleyard		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		30/09/2021					

Risk Level:	1 - Local	Risk Title:	Poor ventilation & temperature control in the Library			Current Version	2
Risk Number:	2542	Risk Owner:	John Hiley	Date Entered:	11/08/2021	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-2 (6)	Target Risk Rating 1-1 (1)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<p>The temperature in the Library at Lynfield Mount fluctuates between unbearably hot in summer to unbearably cold in the winter months. Despite the thermal easing which was introduced a few years ago with funding from Health Education England this situation has got worse and adversely affecting Trust Staff. In addition to temperature, the absence of effective ventilation provides an infection risk, for airborne pathogens. Recent work has highlighted the requirement of effective ventilation in spaces to prevent transmission. For a high footfall area like the library, this is a significant issue.</p>				<p>Under normal circumstances the Library Space is a busy staff environment with many library customers using the facilities. The lack of air flow/ventilation poses a problem in ensuring a temperature that both promotes library staff and library user wellbeing and an environment that is conducive to all our work.</p> <p>Whilst the COVID situation presents additional issues regarding ventilation, this adds to an existing issue. For example, Library Staff and customers quite frequently have to wear coats to keep warm enough in winter whilst at work.</p> <p>Our recent - Health, Safety & Security Site Inspection on August 3 2021 identified damp and mold on exterior wall which has been passed on to Estates to assess.</p> <p>there is, therefore, a significant H&S and infection control risk.</p> <p>What we are hoping to tackle is as follows: being able to work in an appropriate temperature environment at all times of the year both for the Library Staff and the substantial number of staff/customers we work with. Added to this is how we manage this within a COVID situation and then post COVID We have a TinyTag temp recording device in library at present. Estates are aware and are working with us on this issue but we felt it an important enough risk to add to the Risk Register</p>			
Existing Control Measures:							
Inadequate heat control							
Inadequate ventilation. Interior windows open only a little. Extractor fan does not work well enough for the large space. Neighbouring glass corridor makes temperature regulation and ventilation more difficult. Opening/closing the windows in it requires an estates request to be made.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	

1	Initial discussions with Estates over heat/ventilation issues.	31/10/2021	John Hiley	Ongoing. To include discussions with Infection Control re ventilation. Date Entered : 15/09/2021 14:09 Entered By : John Hiley
2	Discussion with Estates over provision of HEPA/UV filters do reduce infection risk.	01/10/2021	Simon Adamson	Further discussions with Andrew Armitage regarding use of filter/UV machines, and ventilation effectiveness in Library building. Need to take forward to include Sam Moorhouse/Infection Control with regard to use of mechanisms other than opening windows, as it was agreed that there is insufficient provision in the main Library area. Date Entered : 15/09/2021 14:12 Entered By : John Hiley
Risk Owner's Last Review				
Next Review		Overall Risk Update		
15/09/2021		15/10/2021		
GS updated as per PH email.				

Risk Level:	1 - Local	Risk Title:	Research Grant Management	Current Version	4		
Risk Number:	2527	Risk Owner:	David Sims	Date Entered:	03/08/2021	Strategic Area:	Reputation
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 2-2 (4)	Target Risk Rating 2-1 (2)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Inadequate financial support for Research Grant management				<p>Management of research grants, awarded to projects/programmes led by BDCFT require management outside the scope of the current agreements with our major funder, Clinical Research Network - Yorkshire & Humber (CRN-YH), with whom we hold a contract that includes management of the associated 'Study Support Funding'.</p> <p>Grant funding awarded by the National Institute of Health Research (NIHR) is managed by the project's/programme's lead NHS organisation, and is carefully monitored by NIHR. Problems with this process, including issues related to the regular and detailed reporting, can mean cancellation of the grant, and an inquiry requiring testimony from Trust directors. Moreover, failure to adequately manage one grant significantly reduces the chances of any further award from NIHR funding streams.</p> <p>This funding route is critical for the development of successful research programmes, led by BDCFT related lead researchers, and the realisation of the Trust Research Strategy.</p>			
Existing Control Measures:							
<p>Current NIHR Programme Grant for DIAMONDS financial management is outsourced to the University of York, and reviewed by BDCFT Finance before reporting to NIHR.</p> <p>This is because UoYork is the employer of the Chief Investigator for this programme, and have experience of this activity.</p> <p>The service is currently funded by RCF paid to the Trust to develop capability in research.</p> <p>The arrangement will finish when the programme ends in 2025.</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Discussions with Finance, SLT and NED regarding seeking a solution.			04/11/2021	John Hiley	<p>See action 6717. Awaiting review of proposals for support by finance team following AfC review for Band 7 manager's role.</p> <p>Date Entered : 21/10/2021 15:03</p>	

				Entered By : John Hiley
2	Continued review with senior finance management. Job description of current manager under review by AFC review panel. Overall Finance Dept view to be forthcoming when this is complete.	04/11/2021	Claire Risdon	AfC review panel returned a view of Band 7 for the role supporting R&D - supporting the status quo. Finance will now review the Business Case for R&D support and feed back further suggestions. Situation to be discussed at Research Exec Group Meeting, 4-11-2021. Date Entered : 21/10/2021 15:02 Entered By : John Hiley
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		10/10/2021		