

Data extracted at 13:38:05 on 01/02/2022

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 | 30/04/2022 |
| 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 | 30/04/2022 |
| 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 | 28/02/2022 |
| 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 | 16/02/2022 |
| 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 | 31/03/2022 |
| 2535, Dawn Lee | Staff wellbeing | 4-5 (20) | | 4-4 (16) | 4-2 (8) | Not yet changed | 05/08/2021 | 3 - Care Group Level | 31/01/2022 |
| 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 | 28/02/2022 |
| 2556, Rugare Musekiwa | 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 | 28/02/2022 |
| 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 | 31/03/2022 |
| 2589, Dawn Lee | Consent for EHCPs and Tribunals in relation to SEND | 4-4 (16) | | 4-4 (16) | 2-2 (4) | Not yet changed | 20/11/2021 | 3 - Care Group Level | 31/01/2022 |
| 2590, Dawn Lee | School Nursing Special Needs Sussex Tool Findings 2021 | 4-4 (16) | | 4-4 (16) | 3-2 (6) | Not yet changed | 20/11/2021 | 3 - Care Group Level | 31/03/2022 |
| 2572, Emma Kergon | Poor communication impacting on the health provision for new arrivals | 4-4 (16) | 4-4 (16) | 4-4 (16) | 0-0 (0) | Static | 22/10/2021 | 1 - Local | 31/03/2022 |
| 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 | 01/02/2022 |
| 2575, Rugare Musekiwa | Demand versus available capacity | 4-5 (20) | 4-5 (20) | 4-4 (16) | 2-3 (6) | Better | 25/10/2021 | 2 - Service Manager Level | 31/03/2022 |
| 2579, Rugare Musekiwa | Insufficient capacity to meet service needs. | 4-5 (20) | 4-5 (20) | 4-4 (16) | 4-4 (16) | Better | 25/10/2021 | 2 - Service Manager Level | 28/02/2022 |
| 2609, Patrick Scott | Organisational risks associated with Out of Area Bed Use (finance, performance & quality) | 4-4 (16) | | 4-4 (16) | 3-3 (9) | Not yet changed | 25/01/2022 | 4 - Directorate | 26/03/2022 |
| 2610, Shamila Ahmad | Core waiting list | 5-3 (15) | | 4-4 (16) | 4-3 (12) | Not yet changed | 28/01/2022 | 2 - Service Manager Level | 30/01/2022 |
| 2046, Gaynor Toczec | | 4-3 (12) | 4-3 (12) | 5-3 (15) | 5-2 (10) | Worse | 20/06/2018 | 4 - Directorate | 31/05/2022 |
| 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 | 31/07/2022 |
| 2504, Bev Knaggs | MATs | 3-5 (15) | 3-5 (15) | 3-5 (15) | 3-4 (12) | Static | 03/01/2021 | 3 - Care Group Level | 29/04/2022 |

Data extracted at 13:38:05 on 01/02/2022

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 | 31/01/2022 |
| 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 | 31/01/2022 |
| 2457, Phillipa Hubbard | COVID-19 infections in the community | 5-3 (15) | 5-3 (15) | 5-3 (15) | 4-1 (4) | Static | 11/01/2021 | 4 - Directorate | 02/03/2022 |
| 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 |
| 2566, Bev Knaggs | Emergency Vehicle Access | 5-3 (15) | | 5-3 (15) | 2-2 (4) | Not yet changed | 28/09/2021 | 1 - Local | 31/03/2022 |
| 2597, Patrick Scott | Harm to staff or members of the public as a result of violence | 5-3 (15) | | 5-3 (15) | 5-2 (10) | Not yet changed | 15/12/2021 | 4 - Directorate | 15/03/2022 |
| 2542, John Hiley | Poor ventilation & temperature control in the Library | 3-5 (15) | 3-5 (15) | 3-5 (15) | 1-1 (1) | Static | 11/08/2021 | 1 - Local | 10/01/2022 |
| 2577, Rugare Musekiwa | Insufficient staffing for Initial Risk Assessments | 5-3 (15) | 5-3 (15) | 5-3 (15) | 2-3 (6) | Static | 25/10/2021 | 2 - Service Manager Level | 28/02/2022 |
| 2558, Rugare Musekiwa | Risk to service delivery due to reliance on paper record keeping system especially on consents | 5-3 (15) | 5-3 (15) | 5-3 (15) | 2-3 (6) | Static | 09/09/2021 | 2 - Service Manager Level | 14/04/2022 |
| 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 | 13/01/2022 |
| 2495, Anna Kennedy | Potential loss of Workforce to neighboring Trusts | 4-4 (16) | | 4-3 (12) | 3-4 (12) | Not yet changed | 24/05/2021 | 2 - Service Manager Level | 29/04/2022 |
| 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 |
| 2254, Christopher Dixon | High Demand, occupancy rates and OOA within inpatient services | 3-5 (15) | 3-4 (12) | 3-4 (12) | 3-3 (9) | Static | 28/05/2019 | 2 - Service Manager Level | 12/02/2022 |
| 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 | 21/03/2022 |
| 2552, Margaret Appleyard | Delivering PH campaigns eg Flu | 5-4 (20) | | 5-2 (10) | 3-1 (3) | Not yet changed | 18/08/2021 | 2 - Service Manager Level | 09/02/2022 |
| 2451, Bernard Hughes | Psychological Therapy capacity | 4-5 (20) | 4-5 (20) | 3-3 (9) | 3-2 (6) | Better | 30/12/2020 | 1 - Local | 01/02/2022 |
| 2417, Phillipa Hubbard | Ability to meeting regulatory requirements | 5-3 (15) | 5-3 (15) | 3-3 (9) | 2-3 (6) | Better | 15/09/2020 | 4 - Directorate | 17/02/2022 |
| 2600, Margaret Appleyard | loss of tender process to provide 0-19 | 3-5 (15) | 3-3 (9) | 3-3 (9) | 3-5 (15) | Static | 07/01/2022 | 2 - Service Manager Level | 23/02/2022 |
| 2517, Laura Frost | Staffing Issues Bracken Ward | 4-4 (16) | 4-4 (16) | 4-2 (8) | 3-3 (9) | Better | 12/07/2021 | 1 - Local | 11/03/2022 |
| 2576, Rugare Musekiwa | Impact of Covid on demand/ waiting list with children having an incomplete pathway. | 5-4 (20) | 5-4 (20) | 4-2 (8) | 2-4 (8) | Better | 25/10/2021 | 2 - Service Manager Level | 30/06/2022 |
| 2527, David Sims | Research Grant Management | 4-4 (16) | 4-4 (16) | 2-2 (4) | 2-1 (2) | Better | 03/08/2021 | 1 - Local | 01/03/2022 |

Data extracted at 13:38:05 on 01/02/2022

In order of highest current risk ratings

| Ref, Owner | Risk Title | Initial | Last Review | Current | Target | Trend Now | Input Date | Risk Level | Next Review |
|---------------------|---|----------|-------------|---------|---------|-----------------|------------|---------------------------|-------------|
| 2536, Mike Woodhead | Financial Performance & Sustainability | 5-3 (15) | 4-3 (12) | 2-2 (4) | 3-3 (9) | Better | 05/08/2021 | 4 - Directorate | 25/04/2022 |
| 2598, Bev Knaggs | Staff Shortages in Older Peoples Mental Health services | 3-5 (15) | | 0-0 (0) | 0-0 (0) | Not yet changed | 24/12/2021 | 2 - Service Manager Level | 31/01/2022 |

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. | | | 30/04/2022 | Patrick Scott | Current wave of the pandemic has seen increased pressure on services, with the highest sickness and absence levels since the start of the pandemic. this linked to direct impact of infections, associated carer responsibilities in light of a far more transmissible variant, and stress, anxiety and trauma. command structures and operational governance have been strengthened. Business continuity plans implemented where necessary to ensure key services and supported and wellbeing offer for staff in place and where | | |

| | | | | |
|---------------------------------|--|--------------------|--|--|
| | | | | <p>possible strengthened.</p> <p>continued engagement in system working and mutual aid, and organisational governance relaxed in certain areas to support clinical service delivery during january</p> <p>Date Entered : 19/01/2022 15:13 Entered By : Patrick Scott</p> |
| 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 | 30/04/2022 | Patrick Scott | <p>see update for action 4. in addition workforce planning and staff engagement activity going on within clinical services. strengthened accessibility of lively up yourself programme</p> <p>Date Entered : 19/01/2022 15:15 Entered By : Patrick Scott</p> |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | |
| 07/05/2020 | | 30/04/2022 | GS created new version and updated risk wording & score as per LR email. | |

| | | | | | | | |
|---|---|--|---|--|------------------|------------------------|---------|
| 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 | | |
| 2 | Just R to support hard to recruit to post employment. | | | 30/04/2022 | Dawn Lee | The Just R recruitment campaign continues - films have been made and adverts placed. We have had very little, if any success from this campaign. Discussed with Workforce colleague in HR and will review the campaign with Just R regarding value for money / lack of response and interest. Date Entered : 18/01/2022 08:35 Entered By : Dawn Lee | | |
| 3 | Development of staff nurses into SCPHN posts. | | | 31/08/2022 | Dawn Lee | Good progress in this area. We are currently training 3 x SCPHN HV Students and 3 x SCPHN School Nursing students all should qualify in the summer and all will be offered a post with the Bradford 0-19 service. There are 2 x further JDs ready to go out to recruitment and one of these posts is a specific B5 development post taking candidates through to B6 SCPHN qualification and a role in the service. This work is ongoing and dependent on successful recruitment. Date Entered : 18/01/2022 08:37 Entered By : Dawn Lee | | |

| Risk Owner's Last Review | Next Review | Overall Risk Update |
|--------------------------|-------------|--|
| 20/11/2021 | 30/04/2022 | Children's services has a detailed recruitment plan in place working closely with HR and universities. Whilst we have recruited B4 & B5 staff for 0-19, over recruited in CiC and also using non recurrent resource in services we are still seeing B6 SCPHN qualified staff leaving the service. School Nursing and the HV service remain in BCP. Sussex Tool also highlighting capacity and demand gap in SNSN. Workforce plan remains in place. Review again in 3 months. |

| | | | | | | | |
|--|---|--|--|---|--------------|--|---------|
| 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 | We have been able to recruit additional B4 & B5 skill mix into the 0-19 service. However the HV & School Nursing service both remain in BCP and B6 SCPHN staff are still leaving the service. Real pressure remains. Date Entered : 20/11/2021 13:11 Entered By : Dawn Lee | |
| 2 | MESCH steering to review progress | | | 30/09/2021 | Dawn Lee | The MESCH Steering group continues to meet and whilst there is evidence of some progress being made all progress is significantly impact on due the recruitment and retention challenges within the service plus also the East Locality. Date Entered : 20/11/2021 13:13 Entered By : Dawn Lee | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |

//

28/02/2022

| | | | | | | | | |
|--|--|--|---------------------------------------|---|--|------------|------------------------|---------|
| 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 | 31/03/2022 | James Cooke | Some estates issues remain. Impacted by COVID arrangements. Additional temporary space acquired a Shipley Health Centre to mitigate overcrowding whilst supporting new starters. Continued focus on the impact of current available estates and options to mitigate travel. Date Entered : 31/12/2021 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. | 31/03/2022 | James Cooke | Meeting held to confirm agreed actions & aspirational staff quota's. Follow meeting planned for 6 weeks. Date Entered : 08/11/2021 09:55 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., | 31/03/2022 | 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. | 28/02/2022 | Rebecca Rae | Awaiting response from digital hub regarding additional resource required and potential start date (Updated on behalf of Rebecca Rae) Date Entered : 30/12/2021 10:41 Entered By : Paula Reilly |
| 10 | Explore opportunities to increase skill mix capacity accord community nursing teams. | 31/08/2022 | James Cooke | Additional nursing associates appointed. Task and finish group to be established in the new year to explore increased wound care roles for HCSW's. Financial analysis ongoing to explore options for increasing skill mix via underspend. AHP's appointed to test effectiveness of these roles in a community nursing team. Date Entered : 31/12/2021 14:16 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 | |
| 17/01/2022 | | 16/02/2022 | Risk ongoing. Currently exacerbated in association with Omicron variant and subsequent impact on staffing levels. Business continuity plans enacted. Staff redeployed from podiatry, continence and falls services until the end of January 2022. | |

| | | | | | | | | |
|--|--|--|--|---|----------------------|--|------------------------|-----------|
| 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 4-4 (16) | Current Risk Rating 4-4 (16) | Target Risk Rating 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 | | 31/03/2022 | 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 | The service is working closely with HR to provide a robust and varied recruitment plan that will attract staff to BDCFT children's services Date Entered : 03/12/2021 07:32 Entered By : Dawn Lee | | |
| 2 | Workforce planning including staff retention | | | 31/07/2022 | Dawn Lee | Monthly workforce meetings continue with HR and the leadership team. Meeting with student SCPHNs completed. SCPHN recruitment and development B5 posts ready for 2022. Good progress however still major challenges to recruit B6s to work in Bradford Date Entered : 03/12/2021 07:34 Entered By : Dawn Lee | | |
| 3 | Restorative supervision and train the trainers offer | | | 31/07/2022 | Dawn Lee | This piece of work is progressing well. Clear plan in place regarding restorative supervision and expansion of this. Date Entered : 03/12/2021 07:35 | | |

| | | | | |
|---------------------------------|---------------------------------------|--|----------|---|
| | | | | Entered By : Dawn Lee |
| 4 | Staff engagement events to take place | 31/07/2022 | Dawn Lee | <p>Staff engagement events are held regularly, whether that be with T4 HVs, quarterly meetings with PH Commissioners or as a whole HV or School Nurse service. These will continue. All services have managed to enjoy an away day as well</p> <p>Date Entered : 03/12/2021 07:36 Entered By : Dawn Lee</p> |
| Risk Owner's Last Review | Next Review | Overall Risk Update | | |
| 03/12/2021 | 31/01/2022 | <p>Despite evidence showing that our Bradford long term sickness is slowly reducing we are still experiencing B6 SCPHNs leaving the service and we are unable to replace these colleagues despite a persistent recruitment campaign. We have therefore recruited skill mix and are focusing on our Grow our Own campaign for the new year.</p> | | |

| | | | | | | | |
|---|--|--|--|--|------------------------|---|------------|
| 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. | | | 30/04/2022 | Dawn Lee | Work continues with PH Commissioners with regards to mobilizing against the £1m investment which will include sustaining the strat team and also introducing the CP team to extract out all CP work from the core service. Date Entered : 16/12/2021 07:11 Entered By : Dawn Lee | |
| 2 | Looking to review the model of HV and school nursing to look for alternative ways to provide child protection obligations. | | | 30/04/2022 | Dawn Lee | Agreed with PH Commissioners that as part of the £1m investment that there will be a full review of the tiered HV model with recommendations made for the service deliver model going forward. This will need to be complete by April 22. Date Entered : 16/12/2021 07:12 Entered By : Dawn Lee | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 28/02/2022 | | | | | |

| | | | | | | | |
|--|--|--|--|--|------------------------|------------------------|---------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Impact of dual recording on capacity | | Current Version | 1 | |
| Risk Number: | 2556 | Risk Owner: | Rugare Musekiwa | 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: | | | | | | | |
| Risk to delivery and quality of record keeping. | | | | | | | |
| Amount of work needing to be transferred for S1 to the NIVs Child health system. | | | | | | | |
| 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. | 28/02/2022 | 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 | | 28/02/2022 | 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 | | | 31/03/2022 | Emma Kergon | No updates Date Entered : 05/01/2022 16:35 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. | | | 31/03/2022 | Emma Kergon | No updates Date Entered : 05/01/2022 16:36 Entered By : Emma Kergon | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 23/09/2021 | | 31/03/2022 | | | | | |

| | | | | | | |
|---|--|--|---|---|--|-----------------------------------|
| Risk Level: | 3 - Care Group Level | Risk Title: | Consent for EHCPs and Tribunals in relation to SEND | | Current Version | 1 |
| Risk Number: | 2589 | Risk Owner: | Dawn Lee | Date Entered: | 20/11/2021 | Strategic Area: Regulatory |
| Impact x Likelihood: | Initial Risk Rating 4-4 (16) | Current Risk Rating 4-4 (16) | Target Risk Rating 2-2 (4) | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | |
| Lack of consent being received from the LA to BDCFT in relation to EHCPs and Tribunals for SEND | | | | The consequence of no consent is that BDCFT is unable to share information into a statutory and legal process for children with SEND. Children's needs will not be met. BDCFT will be in breach of Code of Practice which could result in legal action. Corporate reputation will be impacted on. | | |
| Action No. | Actions required to address any gaps in controls | | Target Date | Owner | Action Progress | |
| 1 | Risks escalated to Director of Nursing Exec Lead for SEND , the DCO at the CCG and at the SEND Strategic Partnership Board. LA are now fully informed of the changes in their working that has impacted on consent not being provided to BDCFT. Response is expected urgently given the pending SEND inspection. | | 30/04/2022 | Dawn Lee | We have heard this week from the CCG that the LA are now in a position to start sending through all the correct documents for EHCP requests and Tribunals with the necessary consent added and required for Community Children's Staff to respond to. However there is now a backlog of documents waiting to be processed. Date Entered : 03/12/2021 07:46 Entered By : Dawn Lee | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | |
| 03/12/2021 | | 31/01/2022 | Progress has been made and notification from the CCG that the LA are now in a position to be able to provide the necessary consent. There is however a backlog of EHCP requests / documents that require processing, plus at this stage we have not yet seen evidence of new requests with consent. Therefore I will review this action again in one month re progress and hopefully with a view to closing this risk | | | |

| | | | | | | | |
|---|---|--|--|--|--------------|--|---------|
| Risk Level: | 3 - Care Group Level | Risk Title: | School Nursing Special Needs Sussex Tool Findings 2021 | Current Version | 1 | | |
| Risk Number: | 2590 | Risk Owner: | Dawn Lee | Date Entered: | 20/11/2021 | 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: | | | |
| The findings of the Sussex Tool completed for the SNSN Service highlight that a capacity demand gap. | | | | Based on the findings of the Sussex Tool the SNSN service is 9 WTE qualified nurses short to meet the complex health needs of clinically vulnerable children within the special schools. The nurse pupil ratio is increasing as is the number of children within the special schools as well as complexity, acuity and child protection. | | | |
| Existing Control Measures: | | | | | | | |
| All mitigatory actions are being taken to assess need on a daily bases, prioritize and allocate resource. Child protection work is always covered impacting on core service delivery. | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | |
| 1 | Sussex Tool data reviewed in detail and shared with the team. | | | 30/06/2022 | Dawn Lee | We have met with our public health commissioners and reviewed all the investment into the service to date. We are able to demonstrate that at each Band we have increased capacity. However this is still short of what the Sussex Tool is indicating what we need to deliver the service safely. Therefore we have planned with our CCG commissioner to write a paper jointly for joint presentation that we will be presenting at the February 22 CQMG meeting to secure additional funding. Date Entered : 14/01/2022 07:24 Entered By : Dawn Lee | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 31/03/2022 | | | | | |

| | | | | | | |
|--|---|--|---|---|---|----------------------------------|
| Risk Level: | 1 - Local | Risk Title: | Poor communication impacting on the health provision for new arrivals | | Current Version | 4 |
| Risk Number: | 2572 | 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: | | |
| Lack of communication to BDCT regarding Afghan relocation scheme (ARAP) and other HO schemes. | | | | Poor communication channels may result in care delays or, clients needs being missed. | | |
| Existing Control Measures: | | | | | | |
| Attending fortnightly ARAP meeting at Cedar court- with wider MDT. Children's and Adults representation from BDCT at meeting along with Overseas Project Visitor Implementation Manager. | | | | | | |
| Action No. | Actions required to address any gaps in controls | | Target Date | Owner | Action Progress | |
| 1 | Preparing paper for Senior leadership team 8th Dec to escalate concerns to cover communication/ finance/ funding/ safeguarding / service demand | | 31/03/2022 | Emma Kergon | Due to Covid pressures SLT meeting cancelled for January. Paper ready to present when next meeting is scheduled. Date Entered : 05/01/2022 16:40 Entered By : Emma Kergon | |
| 2 | Meeting scheduled with Mears 25th November to explore better communication re clients arriving on ACRS scheme into hotels and hostels to ensure BDCT are aware in a timely manner and associated health services available to support- TB screening/ HV/ school nursing/ dental etc | | 31/01/2022 | Emma Kergon | Mears have now agreed to share information but we have not yet received this. Failure to attend last meeting from Mears. Next meeting scheduled for 12.1.22. Date Entered : 05/01/2022 16:38 Entered By : Emma Kergon | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | |
| / / | | 31/03/2022 | | | | |

| | | | | | | | |
|--|--|--|--------------------------------------|---|----------------------|--|--------------------------------|
| Risk Level: | 2 - Service Manager Level | | Risk Title: | Potential for non-compliance with NHS complaints regulations and NHS | | Current Version | 5 |
| 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) | | | | 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. Risk of subsequent regulatory sanctions if timescales of NHS regulations are breached and reputational damage 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 | | | |
| 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 | | | 01/02/2022 | Rachel Howitt | JD and requirements sent out to agencies for temporary cover Date Entered : 30/12/2021 00:04 Entered By : Rachel Howitt | |
| 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 | | | 01/02/2022 | Rachel Howitt | actions ongoing, changes in some roles within team to provide lead for transformation and support development Date Entered : 30/12/2021 00:06 Entered By : Rachel Howitt | |
| 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) | | | 01/02/2022 | Rachel Howitt | development sessions continue - plans in place for Jan 2022 for temporary shift in roles to support transformation work timescale amended to reflect this | |

Date Entered : 30/12/2021 00:03
Entered By : Rachel Howitt

Risk Owner's Last Review

Next Review

Overall Risk Update

/ /

01/02/2022

| | | | | | | |
|--|---|--|--------------------------------------|--|------------------------|--------------------------------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Demand versus available capacity | | Current Version | 2 |
| 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 4-4 (16) | Target Risk Rating 2-3 (6) | | | |
| 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: | | | | | | |
| Additional recruitment to Band 6 Posts - currently 8.43 WTE | | | | | | |
| Named Nurse & Team Leader have oversight of Nurses caseloads. | | | | | | |
| Allocation tool in place. | | | | | | |
| Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours. | | | | | | |
| Psychology supervision offered to nurses on a monthly basis. | | | | | | |
| Compliance with Clinical supervision | | | | | | |
| Action No. | Actions required to address any gaps in controls | Target Date | Owner | Action Progress | | |
| 1 | Further 2.8 WTE Band 6 Nurses to commence in October / November 2021. Additional 2.3 required to meet national RCN guidelines. Explore integration with CAMHs workers | 30/11/2021 | Rugare Musekiwa | | | |
| 2 | We have now employed a GP on a sessional basis who is undertaking initial health assessments. | 28/02/2022 | Rugare Musekiwa | New GP is working regular slots to under the assessments and we are keeping a dashboard to show progress and monitor waiting lists and times. Date Entered : 14/01/2022 14:46 Entered By : Rugare Musekiwa | | |

| Risk Owner's Last Review | Next Review | Overall Risk Update |
|--------------------------|-------------|---------------------|
| / / | 31/03/2022 | |

| | | | | | | | |
|---|--|--|--|---|-----------------|------------------------|---------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Insufficient capacity to meet service needs. | | | Current Version | 2 |
| Risk Number: | 2579 | Risk Owner: | Rugare Musekiwa | Date Entered: | 25/10/2021 | Strategic Area: | Quality |
| Impact x Likelihood: | Initial Risk Rating 4-5 (20) | Current Risk Rating 4-4 (16) | Target Risk Rating 4-4 (16) | | | | |
| 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> | | | 28/02/2022 | Rugare Musekiwa | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |

14/01/2022

28/02/2022

We have utilized some non recurrent funding to add capacity to Nursing hours to reduce team caseload sizes.

There is also regular oversight by the Team Leader and Named Nurse and regular supervision to support staff. Service manager, and AGM also aware of the challenges in the service and offer support when needed.

| | | | | | | | | |
|--|--|----------------------------|---------------------------|--|--|------------------------|------------------------|-----------|
| Risk Level: | 4 - Directorate | | Risk Title: | Organisational risks associated with Out of Area Bed Use (finance, | | Current Version | 1 | |
| Risk Number: | 2609 | Risk Owner: | Patrick Scott | | Date Entered: | 25/01/2022 | Strategic Area: | Financial |
| Impact x Likelihood: | Initial Risk Rating | Current Risk Rating | Target Risk Rating | | | | | |
| | 4-4 (16) | 4-4 (16) | 3-3 (9) | | | | | |
| Hazard/Causes Of Risk: | | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| <p>* Requirements around cohorting & isolation within inpatient settings resulting in loss of 10 beds and reduced flow of admissions (creation of isolation areas, closures following outbreaks)</p> <p>* COVID related impacts upon communities and their mental health increasing demand & complexity</p> <p>* Due to the national financial arrangements that were established as part of the pandemic, the funding and financial risk for PICU out of area placements transferred to BDCFT</p> | | | | | <p>*insufficient bed capacity within BDCFT bed base resulting in service users being admitted into Out of Area Beds</p> <p>* care not delivered locally therefore continuity and quality of care impacted, service user & carer experience</p> <p>* increased pressure within community services, increased risks being held at community level</p> <p>* increase in complaints & incidents</p> <p>* increased pressure and impacts upon the system and stakeholders</p> <p>* Financial implications - The forecast cost of adult out of area placements for 2021/22 is c£7m, inclusive of the 10 beds being prioritised for safely cohorting service users and managing infection risks</p> <p>* Unable to meet the NHSE LTP commitment to zero Out of Area placements by end of q4 21/22</p> <p>* Reputational impacts</p> | | | |
| Existing Control Measures: | | | | | | | | |
| establishment of Transition and flow team with an oversight lead | | | | | | | | |
| Independent sector beds purchased with Oversight & Assurance framework in place to oversee quality and utilisation | | | | | | | | |
| COVID Monies covering some of the financial pressures associated with OOA Costs | | | | | | | | |
| Daily Lean Management Processes in place alongside SOPs for reporting and escalation relating to identification of risks within the system (patients waiting, delays impacting upon system partners). | | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | | |
| 1 | KPO Improvement Programme - Purposeful admissions & Flow to commence February. Benefits - reductions in LOS, occupied bed days and therefore overall bed utilisation | | | 11/07/2022 | Kelly Barker | | | |

| | | | | |
|---------------------------------|--|--------------------|----------------------------|---|
| 2 | Discharge to Assess Beds - NHSE Dx monies being held by LA and CCG are being mobilised to create 4 DTA/step up beds to offer alternatives to admission and step down. BDCFT supporting pathways and will offer input via IHTT and community teams. Go live by end of q4 21/22 | 11/04/2022 | Kelly Barker | Provider identified to mobilise within 4 weeks however provider now withdrawn due to workforce issues and concern that will be unable to provide continuity and resilience in the contract. Date Entered : 25/01/2022 10:35 Entered By : Kelly Barker |
| 3 | Community Mental Health Transformation (Internal work plus Act as One) - linking benefits of community transformation to impacts upon demand for acute care. Benefits realization being mapped in accordance with roll out of transformed models within PCNs (LOS, admission avoidance, reduction in readmission rates) | 24/10/2022 | Kelly Barker | |
| 4 | Dynamic review of demand, need and modelling for additional capacity within IS to ensure that contract is not rolled over but is based on anticipated demand in line with impacts being realized from other actions. | 31/03/2022 | Kelly Barker | |
| 5 | As the NHS moves back to normal contracting arrangements in 2022/23 discussions with commissioners are required to agree the arrangements for PICU OOA going forward (number of commissioned beds, cost per bed and EPC). | 21/03/2022 | Claire Risdon | The CCG have agreed that the arrangements for funding of PICU (including the commissioning of additional beds over the 7 beds currently commissioned) will form part of the contract discussions for 2022/23. Date Entered : 25/01/2022 10:45 Entered By : Kelly Barker |
| 6 | COVID funding for 2022/23 will reduce by 57% and work is in progress to determine the priorities that will be funded from the COVID allocation, which will be agreed through Silver Command in February. | 28/02/2022 | Claire Risdon | |
| 7 | Work undertaken at place and within the ICS to look at OOA trajectories and definitions relating to reporting. Applying the NHSE definition of continuity of care to our current OOA contract to assess if we are meeting all principles. A paper is being developed in partnership with ICS programme lead to evidence where we meet the principles, what this therefore means in terms of reporting and associated trajectories around reportable OOA. | 28/02/2022 | Kelly Barker | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | |
| / / | | 26/03/2022 | | |

| | | | | | | | | |
|---|--|--|---------------------------------------|---|----------------------|------------------------|------------------------|---------|
| Risk Level: | 2 - Service Manager Level | | Risk Title: | Core waiting list | | | Current Version | 1 |
| Risk Number: | 2610 | Risk Owner: | Shamila Ahmad | | Date Entered: | 28/01/2022 | Strategic Area: | Quality |
| Impact x Likelihood: | Initial Risk Rating 5-3 (15) | Current Risk Rating 4-4 (16) | Target Risk Rating 4-3 (12) | | | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | | |
| Delays in patient care leading to risk to possible SI. Delays in seeing green and amber cases leading to increasing risk for these YP. Staff welfare due to increased workload. | | | | Red rag rated cases are requiring key workers. Due to covid sickness, other staff sickness and a rise in RED rag cases there is a delay in key worker allocation for red cases. | | | | |
| Existing Control Measures: | | | | | | | | |
| All patients (excluding ward patients) are spoken to with 24-48 hours for a CAMHS duty call having been referred into CAMHS. At this point referrals are assessed based on risk and complexity into Red, Amber and Green cases. The cases are placed onto the corresponding w/l on S1 awaiting key worker allocation if considered a Core Team patient. Due to a combination of staff sickness, staff leavers, lack of available workforce, increase in number of Red cases there is a waiting list for Red cases where we are unable to allocate Key workers. | | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | | |
| 1 | Sandra Simpson to meet with Karen Gilbank, Lisa Stead and Indira Patel to discuss staff picking up red cases in Core on a temporary basis. | | | 30/01/2022 | Sandra Simpson | | | |
| 2 | Sandra Simpson to speak to staff bank to put a request out for bank staff support. | | | 30/01/2022 | Sandra Simpson | | | |
| 4 | Sandra Simpson to liaise with core staff to look to stand down any green or amber cases to pick up a red case. | | | 30/01/2022 | Sandra Simpson | | | |
| 6 | Sandra Simpson to utilise HCSW's to oversee all cases waiting on the list by conducting welfare checks, as per CAMHS oversight w/l document. | | | 04/02/2022 | Sandra Simpson | | | |
| 7 | Sandra Simpson to ensure that the advert for key workers continues to be out for known vacancies, covering leavers. | | | 08/02/2022 | Sandra Simpson | | | |
| 8 | Shamila Ahmad to ensure the list is monitored daily and concerns escalated daily to Kelly Barker if required. | | | 30/01/2022 | Shamila Ahmad | | | |

| Risk Owner's Last Review | Next Review | Overall Risk Update |
|--------------------------|-------------|---------------------|
| / / | 30/01/2022 | |

| | | | | | | | | |
|--|---|---------------------------------|--------------------------------|---|----------------------|---|------------------------|---------|
| 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 | | | | | | | | |
| Annual Mandatory training | | | | | | | | |
| Updated Staff IG Handbook | | | | | | | | |
| Updated IG pages on Sharepont | | | | | | | | |
| 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 | | | | | |
| 02/12/2021 | | 31/05/2022 | Vacant Band 3 post recruited | | | | | |

| | | | | | | |
|--|--|--|--|--|------------------------|---|
| 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 |
| 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. | | | 31/07/2022 | Patrick Scott | Phase 2 ligature estates work now complete Date Entered : 19/01/2022 15:39 Entered By : Patrick Scott |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | |
| 08/09/2021 | | 31/07/2022 | 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: | 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 | | | | | | | |
| seek agreement for additional funds to outsource a further 200 cases | | | | | | | |
| 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 | | | 01/04/2022 | Chris North | Funding for locum psychiatrist is extended to end March 2022 and will be supplemented with NHS England funding to support a GPwSI post (0.15 wte) delivering 1 extra Memroy Clinic per week. Date Entered : 12/01/2022 10:43 Entered By : Chris North | |
| 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 | |

| 5 | Extended locum Medic funding | 01/04/2022 | 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 | | |
| / / | 29/04/2022 | | | |

| | | | | | | | |
|--|---|--|---------------------------------------|---|--------------|---|---------|
| 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 and virtual contacts are being reviewed monthly at our QuOps meeting. This is done in accordance with the current BCPs in place for HV and School Nursing service. Date Entered : 03/12/2021 07:24 Entered By : Dawn Lee | |
| 2 | Ongoing recruitment to improve and widen skill mix | | | 31/07/2022 | Dawn Lee | Recruitment of additional skill mix in the the service has been completed. These staff are being trained, preceptored and will need time to bed into their respective roles. The review of the tiered HV model for completion by the end of March 22 will be able to confirm the impact this additional skill mx is having within the model and teams Date Entered : 03/12/2021 07:26 Entered By : Dawn Lee | |

| Risk Owner's Last Review | Next Review | Overall Risk Update |
|--------------------------|-------------|---|
| 03/12/2021 | 31/01/2022 | Reviewed this risk. Impact of skill mix will be reviewed as part of the HV tiered model review for completion by end of March 22. |

| | | | | | | | |
|---|---|--|--|--|--------------|---|-----------|
| 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 | Significant progress in this area since the last updated. The re-procurement process has started in earnest. Bid Team formed and various workshops completed. initial questions and references completed and submitted on time. Initial drafts of new service model underway with costings. Date Entered : 03/12/2021 07:42 Entered By : Dawn Lee | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 03/12/2021 | | 31/01/2022 | BDCFT and Community Children's Services are actively involved in this tender process and are working to retain this cotract. | | | | |

| | | | | | | | |
|--|---|--|--|--|------------------|---|---------|
| Risk Level: | 4 - Directorate | | 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 4-1 (4) | | | | |
| 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. | | | 02/03/2022 | Phillipa Hubbard | <p>continued monitoring of workforce demands and this is daily with system calls weekly. rosters being managed and concerns for recruitment addressed through fixed term contracts</p> <p>Date Entered : 11/01/2022 18:12 Entered By : Phillipa Hubbard</p> | |
| 2 | Comprehensive external and internal communications campaign designed and delivered with place partners, following national guidance and requirements. | | | 07/01/2022 | Fiona Bray | <p>communication being place based driven, presented to board and committees. website established at place</p> <p>Date Entered : 17/12/2021 08:45 Entered By : Phillipa Hubbard</p> | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 30/07/2021 | | 02/03/2022 | 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. . | | | 31/01/2022 | Emma Burke | Continued as per action plan Ongoing work - referral criteria / universal and targeted - development work ongoing and website pages built - need adding to W/L task and finish group continue - to feedback to QUOPS jan/feb Value stream mapping work - discussed with team Band5/6 development roles- to be looked at summer/autumn 2022?? (Karen/Louise) Date Entered : 29/12/2021 13:33 Entered By : Emma Burke | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 10/03/2022 | | | | | |

| | | | | | | | |
|--|---|--|--------------------------------------|---|--------------|---|---------|
| 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 | |
| 3 | Chase up sign posts to alert that emergency ambulance access is required | | | 31/03/2022 | Bev Knaggs | No parking signs now displayed. No evidence of emergency ambulance signage. BK to chase with Estates again and escalate Date Entered : 28/01/2022 08:11 Entered By : Bev Knaggs | |
| 4 | To place planters which will stop people parking along the yellow lines opposite the parking bays | | | 31/03/2022 | Bev Knaggs | Chased numerous times with Head of Estates. Still not ordered planters. BK to escalate now. Parking continues to block access and be a risk Date Entered : 28/01/2022 08:10 Entered By : Bev Knaggs | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 31/03/2022 | | | | | |

| | | | | | | | |
|--|---|--|---------------------------------------|--|----------------------|------------------------|--------------------------------|
| Risk Level: | 4 - Directorate | | Risk Title: | Harm to staff or members of the public as a result of violence | | Current Version | 1 |
| Risk Number: | 2597 | Risk Owner: | Patrick Scott | | Date Entered: | 15/12/2021 | Strategic Area: Quality |
| Impact x Likelihood: | Initial Risk Rating 5-3 (15) | 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: | | | |
| Risk of violence towards staff and/or members of the public whilst within our inpatient or community sites | | | | Risk of serious harm as a result of violence | | | |
| Existing Control Measures: | | | | | | | |
| Violence and aggression risk assessments | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | |
| 1 | Delivery of 'no force first' programme | | | 30/12/2022 | Patrick Scott | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 15/03/2022 | | | | | |

| | | | | | | | |
|--|---|--|---|---|--------------|------------------------|--------|
| Risk Level: | 1 - Local | Risk Title: | Poor ventilation & temperature control in the Library | | | Current Version | 3 |
| 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 3-5 (15) | 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 |
| 3 | I have raised this issue of cold in the Library again with Estates colleagues, who have noted potential issues of thermostat positioning, and closing the glass corridor in the location of the existing door frame, part way down the corridor, with in the intention of lowering the effect of the glass corridor. I am waiting to hear if these developments are possible? | 31/12/2021 | Andrew Armitage | |
| 4 | Discussion with estates about providing reflective film on glass corridor outside library in an attempt to minimise cold/heat from the expanse of glass. | 31/12/2021 | Andrew Armitage | |
| 5 | Request for supplementary heating for the main Library area, as the current temperature is unacceptably low at times, with staff and Library users having to wear outdoor clothing to remain warm. This is especially problematic now there is a need to maximise COVID proofing ventilation. | 31/12/2021 | Andrew Armitage | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | |
| 17/12/2021 | | 10/01/2022 | Discussions with Library staff and visiting the Library reveals that this is still a problem. discussions with Estates staff suggest ways forward, and ways to mitigate the problem in the short term, but we are yet to see progress. As the colder parts of the year approach again, this is now more urgent to resolve. It is worth noting that this has been a risk register issue since 2013, and still not resolved. | |

| | | | | | | | |
|---|--|--|--|--|-----------------|------------------------|---------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Insufficient staffing for Initial Risk Assessments | | | Current Version | 2 |
| Risk Number: | 2577 | Risk Owner: | Rugare Musekiwa | Date Entered: | 25/10/2021 | Strategic Area: | Quality |
| Impact x Likelihood: | Initial Risk Rating 5-3 (15) | Current Risk Rating 5-3 (15) | Target Risk Rating 2-3 (6) | | | | |
| 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. | | | 28/02/2022 | Rugare Musekiwa | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 28/02/2022 | | | | | |

| | | | | | | |
|---|--|--|---|--|--|--------------------------------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Risk to service delivery due to reliance on paper record keeping system | | Current Version | 2 |
| Risk Number: | 2558 | Risk Owner: | Rugare Musekiwa | 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 2-3 (6) | | | |
| 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. | | | | | | |
| Liaising with printing company in a timely manner so consents are printed off and delivered to schools in time. | | | | | | |
| Ensuring we have staffing capacity to pick up consents from all Schools in time for the immunization campaign. | | | | | | |
| 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 | | | |
| / / | | 14/04/2022 | | | | |

Key Organisational Risks: 2021/2022

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. | | | 24/01/2022 | Christopher Dixon | <p>workforce modelling ongoing. Model roster 3 developed. Costings and recruitment plan to be agreed in Jan 22.</p> <p>Date Entered : 14/12/2021 16:26 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 |
|---------------------------------|--------------------|--|
| 14/12/2021 | 13/01/2022 | ongoing workforce optimisation aligned to TWICS. |

| | | | | | | | |
|---|---|--|---|--|--------------|--|--------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Potential loss of Workforce to neighboring Trusts | | | Current Version | 1 |
| Risk Number: | 2495 | Risk Owner: | Anna Kennedy | Date Entered: | 24/05/2021 | Strategic Area: | People |
| Impact x Likelihood: | Initial Risk Rating 4-4 (16) | Current Risk Rating 4-3 (12) | Target Risk Rating 3-4 (12) | | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| potential loss of senior nurses to neighboring organisations offering more attractive pay bands | | | | Neighbouring organisations Leeds community health and Locala are uplifting their band 6 District Nursing (DN) staff to band 7. The band 6 staff in Leeds are being awarded a band 7 when they have undertaken the v300 independent prescribing course. From September 2021 independent prescribing is a core component to the DN course therefore the Leeds students and locala students will return to their organisations as a band 7 where our own DN students will have the same qualification but will only be paid at a band 6 level. Staff have raised concerns that they don't feel valued by us when other organisations are offering better rates of pay for the same job. We are starting to see the impact of this in that we recently recruited a qualified district nurse who then gave back word 5 days before starting the post as she was offered a band 7 to stay in Leeds | | | |
| Existing Control Measures: | | | | | | | |
| service managers are seeking feed back from staff regarding their views and how they are valued within the organization. a options appraisal paper is in development exploring potential future models of district nursing that would support the retainment of our workforce . We a looking at local workforce details | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | |
| 1 | an options appraisal paper has been been written exploring potential future options including the band up lift for DN's with the independent prescribing qualification or those intending to undertake it - this would then fall in line with the same payment structure for both Leeds and locarla | | | 31/03/2022 | Anna Kennedy | continues to be a watching brief Date Entered : 04/01/2022 13:41 Entered By : Anna Kennedy | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 29/04/2022 | | | | | |

| | | | | | | | |
|---|--|--|---------------------------------------|--------------------------------------|---|------------------------|-----------------------------------|
| 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: | 2 - Service Manager Level | Risk Title: | High Demand, occupancy rates and OOA within inpatient services | | | Current Version | 2 |
| Risk Number: | 2254 | Risk Owner: | Christopher Dixon | Date Entered: | 28/05/2019 | Strategic Area: | Quality |
| Impact x Likelihood: | Initial Risk Rating 3-5 (15) | Current Risk Rating 3-4 (12) | Target Risk Rating 3-3 (9) | | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| <p>*high occupancy levels across acute inpatients services. All wards consistently above the recommended 85% occupancy level *high demand for inpatient beds *COVID IPC arrangements impacting upon bed availability and flow *bed management guidance that supports use of leave beds to accommodate admissions</p> | | | | <p>*inability to deliver safe and effective care to all patients admitted to the wards *inability to maintain patient flow and admit patients to an appropriate bed in a timely manner *reliance on use of leave beds resulting in patients on leave potentially not having a bed to return to *additional burden on staff due to high occupancy *increase in incidents *increase in concerns & complaints *impact on quality of care *inability of staff to be released to attend supervision, training, CPD *key quality assurance activity decreases *increase in staff sickness *impact on staff morale *increase reliance on bank and agency staffing *impact on recruitment and retention *use of OOA beds *financial & reputational impact</p> | | | |
| Existing Control Measures: | | | | | | | |
| <p>*daily call out information regarding admission and discharges *daily bed escalation discussion</p> | | | | | | | |
| IS contracted beds to offset capacity lost due to IPC arrangements. Oversight & Assurance Framework in place to oversee quality & safety of service users within OOA beds. | | | | | | | |
| Action No. | Actions required to address any gaps in controls | Target Date | Owner | Action Progress | | | |
| 1 | *daily review of occupancy, acuity and associated staffing levels. Staffing levels changed to ensure clinical demands and acuity is being met | 25/01/2022 | Christopher Dixon | action to continue Date Entered : 07/09/2021 21:03 Entered By : Kelly Barker | | | |

| | | | | |
|---------------------------------|--|----------------------------|-------------------|---|
| 4 | Daily Call out around quality measures to ensure key quality & safety activities are being undertaken and escalation to general manager where impacts noted. | 25/01/2022 | Christopher Dixon | OOA oversight continues with contracted bed usage around 95-100% occupancy. Date Entered : 20/10/2021 15:58 Entered By : Christopher Dixon |
| 6 | Ongoing CCtH transformation across in patients and CMHT | 25/01/2022 | Christopher Dixon | As per previous update. Date Entered : 20/10/2021 15:58 Entered By : Christopher Dixon |
| 2 | Introduction PIPA model across all wards | 19/07/2019 | Kelly Barker | |
| Risk Owner's Last Review | | | | |
| Next Review | | Overall Risk Update | | |
| 14/12/2021 | | 12/02/2022 | | Actions all relevant. QI programme instigated looking at flow across inpatients from point of adx to discharge. Sponsor Development Session planned 4th Feb 22. Programme of work to take place across 22/23. |

| | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|---|---|------------------------|---------|
| 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: | | | | | | | | |
| <p>-Cyber Security Team has been established with 2 permanent resources recruited and in post</p> <p>-Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital.</p> <p>-Vulnerability scanning using OpenVAS</p> | | | | | | | | |
| 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 | | |
| 9 | Review gap analyst of Cyber Essential accreditation areas of improvement | | | 31/08/2021 | Greg Soffe | Action completed Date Entered : 04/11/2021 16:51 Entered By : Delphine Fitouri | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | | |
| 21/12/2021 | | 21/03/2022 | Updated for CE+ pass | | | | | |

| | | | | | | | |
|--|--|--|--|--|--------------------|--|---------|
| 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 3-1 (3) | | | | |
| 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 | |
| 3 | recruitment recommenced to support covid vaccine roll out for children | | | 22/01/2021 | Margaret Appleyard | some successful recruitment however now that we will no longer be using pharmacy for you staff this is going to cause a great deal of difficulty rolling out the covid programme to children Date Entered : 10/01/2022 08:28 Entered By : Margaret Appleyard | |
| 1 | To advertise recruitment for temporary positions | | | 30/09/2021 | Margaret Appleyard | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 10/01/2022 | | 09/02/2022 | difficulties continue regarding provision of covid vaccine roll out to children due to lack of sufficient staff as they are engaged in con current immunisation programmes. Staff across service asked if they would work any increased hours, but staff off sick with covid also affecting this programme. | | | | |

| | | | | | |
|---|---|---------------------------------------|---|------------------------|------------|
| Risk Level: | 1 - Local | Risk Title: | Psychological Therapy capacity | Current Version | 3 |
| 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 3-3 (9) | 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.</p> <p>- 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 | | |
| 03/11/2021 | 01/02/2022 | impacts of actions and mitigations have reduced the risks associated with the waits within IPTS. Initiatives in place to assess and oversee risk, prioritisation of cases with a resulting reduction in those waiting and risks associated. | | |

| | | | | | | | |
|--|--|---------------------------------------|--|--|------------------------|--|------------|
| Risk Level: | 4 - Directorate | Risk Title: | Ability to meeting regulatory requirements | | Current Version | 3 | |
| 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 3-3 (9) | Target Risk Rating 2-3 (6) | | | | |
| 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 and inspections of MHA and core services | | | | 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 | Current review of system wide process and development of management actions. Review of patient safety panel and embedding of new ways of working Date Entered : 02/12/2021 11:29 Entered By : Phillipa Hubbard | |
| 3 | review of current CQC inspection report undertaken in September 2021 for core and well led creation and development of management actions | | | 04/04/2022 | Phillipa Hubbard | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 03/11/2020 | | 17/02/2022 | Risk reviewed and actions updated. | | | | |

| | | | | | | | |
|--|--|---------------------------------------|--|---|------------------------|------------------------|------------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | loss of tender process to provide 0-19 | | Current Version | 2 | |
| Risk Number: | 2600 | Risk Owner: | Margaret Appleyard | Date Entered: | 07/01/2022 | Strategic Area: | Regulatory |
| Impact x Likelihood: | Initial Risk Rating 3-5 (15) | Current Risk Rating 3-3 (9) | Target Risk Rating 3-5 (15) | | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| Failed to get through preliminary stage of tender for 0-19 service | | | | Loss of income to trust Loss of reputation loss of staff unsure of roles with new provider inability to provide full service if staff leave in large numbers Possibility of lack of seamless service during handover to new provider due to mass move of system one records, possible estates moves and changes to provision. | | | |
| Existing Control Measures: | | | | | | | |
| Regular communications meetings set up with staff to ensure they are kept up to date with process and information to alleviate anxiety regarding new provider Regular updates re tupe process, in order to prevent loss of large numbers of staff | | | | | | | |
| The service will continue to provide full healthy child programme, and continue to act as core partner for WFT, providing full service through transition to new provider. Ensuring safety for families and maintaining reputation of trust | | | | | | | |
| Continue to work closely with commissioners, staff and partners to reduce risk | | | | | | | |
| Action No. | Actions required to address any gaps in controls | Target Date | Owner | Action Progress | | | |
| 3 | Senior management are working to identify roles and opportunities available in Bradford for staff who wish to move due to loss of Wakefield 0-19 contract. | 24/02/2022 | Margaret Appleyard | | | | |
| 1 | Transition plan to be developed ensuring seamless transfer, to include regular meetings with all corporate members and service leadership team | 25/02/2022 | Margaret Appleyard | | | | |
| 2 | Regular meetings to be set up with teams including team leaders and staff side to answer any queries and update as we work through this process | 04/02/2022 | Margaret Appleyard | | | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 24/01/2022 | | 23/02/2022 | Risk has been increased to 15 as staff have already started to leave the trust due to fears of not having a job or | | | | |

changes to role following move to new provider.

| | | | | | | | |
|---|--|---------------------------------------|---|---|--------------|---|---------|
| Risk Level: | 1 - Local | Risk Title: | Staffing Issues Bracken Ward | | | Current Version | 4 |
| 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 4-2 (8) | Target Risk Rating 3-3 (9) | | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| <p>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.</p> | | | | <p>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.</p> | | | |
| 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 | |
| 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 | | | 04/04/2022 | Laura Frost | <p>Action ongoing and to be maintained across winter. Bed capacity flexing in line with risk assessment on a daily basis.</p> <p>Date Entered : 14/12/2021 19:49 Entered By : Kelly Barker</p> | |
| 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 | <p>Agreement from K.B and BK to recruit in to covid re-deployment posts, posts going out to advert. Discussions ongoing with inpatient workforce development meetings around staffing requirements.</p> <p>Date Entered : 29/11/2021 16:16 Entered By : Laura Frost</p> | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 10/01/2022 | | 11/03/2022 | reviewed, no updates to add, all mitigations in place | | | | |

| | | | | | | | |
|--|---|---------------------------------------|--|--|-----------------|------------------------|---------|
| Risk Level: | 2 - Service Manager Level | Risk Title: | Impact of Covid on demand/ waiting list with children having an | | | Current Version | 2 |
| Risk Number: | 2576 | Risk Owner: | Rugare Musekiwa | Date Entered: | 25/10/2021 | Strategic Area: | Quality |
| Impact x Likelihood: | Initial Risk Rating 5-4 (20) | Current Risk Rating 4-2 (8) | Target Risk Rating 2-4 (8) | | | | |
| 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. | | | 30/06/2022 | Rugare Musekiwa | | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| 14/01/2022 | | 30/06/2022 | Letters sent to CYP who changed to not requiring face to face contact. Caseload regularly monitored via dashboard. Extra IHA capacity deployed to support with assessments. | | | | |

| | | | | | |
|---|--|---------------------------------------|---|------------------------|------------|
| 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 | |
| 3 | Non recurrent resources have been agreed to provide additional support into Finance up to 31st March 2022. Workload will be assessed during this period, with an evaluation completed in February 2022 to ascertain the additional demands on the department. Any associated | 01/04/2022 | Claire Risdon | | |

| | | | | |
|---------------------------------|---|----------------------------|------------|--|
| | cost pressure will be aligned into the Business Planning process and prioritised accordingly. | | | |
| 4 | R&D reviewing Business Case in the light of earlier actions. | 28/02/2022 | John Hiley | |
| Risk Owner's Last Review | Next Review | Overall Risk Update | | |
| / / | 01/03/2022 | | | |

| | | | | | | | | |
|---|---|---------------------------------------|--------------------------------------|--|---|--|------------------------|-----------|
| Risk Level: | 4 - Directorate | | Risk Title: | Financial Performance & Sustainability | | | Current Version | 5 |
| 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 2-2 (4) | 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 | | |
| 3 | Approval of 3 year financial plans | | | 25/03/2022 | Claire Risdon | Planning guidance for 2022/23 has been published (awaiting technical guidance) on 24th December, along with 1 year ICB allocations. COVID allocations have reduced by 57% (c£4m reduction for BDCFT). During January and February Trust level allocations will be agreed to inform planning submissions to meet the timescales of: | | |

| | | | | |
|----|--|------------|-------------------|--|
| | | | | <ul style="list-style-type: none"> * Draft Plan - mid March 2022 * Final Plan - end of April 2022 <p>Date Entered : 10/01/2022 09:19 Entered By : Claire Risdon</p> |
| 6 | Trust wide efficiency work, supported by the Together We Improve Create and Sustain (TWICS) programme. | 31/01/2022 | Beverley Fearnley | <p>As of 31 December 2021, recurrent savings of £1m have been identified from TWICS programmes. There remains a significant amount of work to do in relation to mapping activities to achievement of benefits but financial efficiency ambitions relating to key transformation programmes have been identified:</p> <ol style="list-style-type: none"> 1. Embedding the Community Mental Health Framework (SP3), to reduce acuity, length of stay and therefore out of area placements; and bringing inpatient services back within budget (approx. £4.9m ambition across all of these areas) 2. Implementation of the NHS Long Term Plan in Community Services (SP3). There is an initial ambition of a £1m recurrent saving, with potential additional income opportunities as transformation funding is released. <p>Other efficiency opportunities are also currently being explored.</p> <p>Date Entered : 28/01/2022 08:59 Entered By : Claire Risdon</p> |
| 7 | Conclusion of Community Estates Review | 31/10/2021 | Simon Adamson | <p>Second round of workshops with Ops and Clinical staff taking place wk 2 and 3 of January 2022</p> <p>Date Entered : 24/01/2022 15:21 Entered By : Mike Woodhead</p> |
| 8 | Update Trusts Estates Plan | 31/12/2021 | Simon Adamson | |
| 10 | Workforce strategy revised and integrated into the Trusts Financial Plan. | 01/04/2022 | Fiona Sherburn | <ul style="list-style-type: none"> * 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 |

| | | | | <p>strategies etc.</p> <ul style="list-style-type: none"> * 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. * 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 | 31/03/2022 | Claire Risdon | <p>ATU go-live date aligned to ICB establishment have been delayed due to ICB timescales revised to 1st July.</p> <p>Date Entered : 10/01/2022 09:12 Entered By : Claire Risdon</p> |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | |
| 24/01/2022 | | 25/04/2022 | Reviewed and updated on 24 Jan 2022 | |

| | | | | | | | |
|---|--|--------------------|---------------------------------------|--|----------------------|--|--------------------------------|
| Risk Level: | 2 - Service Manager Level | | Risk Title: | Staff Shortages in Older Peoples Mental Health services | | Current Version | 1 |
| Risk Number: | 2598 | Risk Owner: | Bev Knaggs | | Date Entered: | 24/12/2021 | Strategic Area: Quality |
| Impact x Likelihood: | Initial Risk Rating 3-5 (15) | | Current Risk Rating 0-0 (0) | Target Risk Rating 0-0 (0) | | | |
| Hazard/Causes Of Risk: | | | | Risk Description/Impact/ Consequences, if risk not fully mitigated: | | | |
| Potentially service delivery failure Service may have to adopt BCP and reduce service Patients might not be seen Wards may not be safely staffed Increased falls on the wards due to shortages of OT & AHP specialists Lack of ward activities due to reduced availability of AHPs Patients may be admitted to Acute Trusts | | | | High levels of vacant posts across all services, impacted further by sickness levels | | | |
| Existing Control Measures: | | | | | | | |
| Constant monitoring of vacancies Constant monitoring of sickness levels | | | | | | | |
| Rolling adverts for recruitment | | | | | | | |
| constant skill mixing and looking for new ideas on how to change staffing structures and bring in different professions | | | | | | | |
| Action No. | Actions required to address any gaps in controls | | | Target Date | Owner | Action Progress | |
| 6 | Request summary of OP CMHT vacant posts to explore options and consider skill mix review | | | 31/05/2022 | Bev Knaggs | Jointly reviewed and posts out to advert or in the process of being recruited. Date Entered : 28/01/2022 08:05 Entered By : Bev Knaggs | |
| Risk Owner's Last Review | | Next Review | Overall Risk Update | | | | |
| / / | | 31/01/2022 | | | | | |