

Data extracted at 07:01:02 on 01/05/2022

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, Tafadzwa Mugwagwa	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
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	26/05/2022
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	30/04/2022
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	12/05/2022
2535, Dawn Lee	Staff wellbeing	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	05/08/2021	3 - Care Group Level	31/05/2022
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	30/04/2022
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	31/07/2022
2564, Emma Kergon	Poor connectivity affecting timely access to health records	4-4 (16)		4-4 (16)	3-4 (12)	Not yet changed	23/09/2021	2 - Service Manager Level	31/05/2022
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	31/05/2022
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	31/05/2022
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	31/08/2022
2609, Tafadzwa Mugwagwa	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	22/05/2022
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
2617, Dawn Lee	Re-procurement of the Bradford 0-19 contract	4-4 (16)		4-4 (16)	2-2 (4)	Not yet changed	25/02/2022	3 - Care Group Level	31/05/2022
2620, Emma Burke	Increased demand on Community adult service, increasing referral rates, backlog	4-4 (16)		4-4 (16)	3-3 (9)	Not yet changed	09/03/2022	1 - Local	13/05/2022
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	09/04/2022
2621, Peter Garland	accessibility to services	4-4 (16)		4-4 (16)	4-4 (16)	Not yet changed	10/03/2022	1 - Local	31/07/2022
2046, Gaynor Toczec	Organizational / individual practice not consistent with good information governance	4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)	Worse	20/06/2018	4 - Directorate	10/08/2022
2504, Suzanne Hall	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	28/07/2022
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	31/05/2022

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2457, Phillipa Hubbard	COVID-19 infections in the community	3-3 (9)	5-3 (15)	5-3 (15)	4-1 (4)	Static	11/01/2021	4 - Directorate	02/03/2022
2597, Tafadzwa Mugwagwa	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	21/06/2022
2598, Suzanne Hall	Staff Shortages in Older Peoples Mental Health services	3-5 (15)		3-5 (15)	2-5 (10)	Not yet changed	24/12/2021	2 - Service Manager Level	30/06/2022
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	31/07/2022
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	31/07/2022
2534, Phillipa Hubbard	Visibility of vulnerable families	5-4 (20)	5-3 (15)	5-3 (15)	5-2 (10)	Static	05/08/2021	4 - Directorate	31/03/2022
2611, Naomi Holdsworth	IAPT Waiting Lists	3-5 (15)	3-5 (15)	3-5 (15)	3-3 (9)	Static	15/02/2022	1 - Local	16/04/2022
2533, Gillian Brayshaw	Interface between CAMHs and 0-19 services	5-4 (20)	5-4 (20)	5-3 (15)	5-2 (10)	Better	05/08/2021	2 - Service Manager Level	30/06/2022
2566, Richard Priestley	Emergency Vehicle Access	5-3 (15)	5-3 (15)	5-3 (15)	2-2 (4)	Static	28/09/2021	1 - Local	31/05/2022
2628, Saiqa Kauser	Lack of BCG referrals for 4-16-year-old. Risk of missed BCG vaccine	3-5 (15)		3-5 (15)	3-4 (12)	Not yet changed	12/04/2022	1 - Local	29/05/2022
2485, Emma Burke	Reduced staffing levels within the core paediatric service due to vacancies	3-5 (15)	3-5 (15)	3-5 (15)	2-2 (4)	Static	10/03/2021	1 - Local	29/04/2022
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	30/03/2022
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	31/07/2022
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	29/07/2022
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	09/05/2022
2614, Jennifer Moran-White	Supply Risk	3-5 (15)		3-4 (12)	3-3 (9)	Not yet changed	22/02/2022	1 - Local	19/06/2022
2579, Rugare Musekiwa	Insufficient capacity to meet service needs.	4-5 (20)	4-5 (20)	4-3 (12)	3-2 (6)	Better	25/10/2021	2 - Service Manager Level	31/07/2022
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	12/06/2022
2102, Tafadzwa Mugwagwa	Risk of Harm due to ligature within inpatient services	5-3 (15)	5-3 (15)	5-2 (10)	5-1 (5)	Better	15/05/2018	4 - Directorate	22/04/2022
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
2600, Margaret Appleyard	loss of tender process to provide 0-19	3-5 (15)	3-3 (9)	3-3 (9)	4-5 (20)	Static	07/01/2022	2 - Service Manager Level	31/05/2022

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2572, Emma Kergon	Poor communication impacting on the health provision for new arrivals	4-4 (16)	4-4 (16)	3-3 (9)	4-1 (4)	Better	22/10/2021	1 - Local	31/05/2022
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	16/05/2022
2536, Mike Woodhead	Financial Performance & Sustainability	5-3 (15)	4-3 (12)	2-2 (4)	3-3 (9)	Better	05/08/2021	4 - Directorate	27/04/2022

Key Organisational Risks: 2022/2023

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:	Tafadzwa Mugwagwa	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	Tafadzwa Mugwagwa	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	Tafadzwa Mugwagwa	<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:	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	<p>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.</p> <p>Date Entered : 18/01/2022 08:35 Entered By : Dawn Lee</p>	
3	Development of staff nurses into SCPHN posts.			31/08/2022	Dawn Lee	<p>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.</p> <p>Date Entered : 18/01/2022 08:37 Entered By : Dawn Lee</p>	

4	Announcement of the Re-procurement of the 0-19 service	30/12/2022	Dawn Lee	<p>The announcement to re-procure the 0-19 contract early adds additional jeopardy to the ability of the 0-19 service to be able to recruit and retain staff. The current staffing establishment will be regularly reviewed alongside the recruitment plan and any new vacancies to determine the reduction and risk. This will be mapped against the BCP and appropriate mitigatory actions taken.</p> <p>Date Entered : 25/02/2022 15:43 Entered By : Dawn Lee</p>
Risk Owner's Last Review	Next Review	Overall Risk Update		
25/02/2022	26/05/2022	The position of this risk has been further impacted on due to the PH Commissioner announcement that the 0-19 service will be reprocured within the next 12 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	Pressure remains. We have recruited additional B4 and B5 staff and have skill mixed wherever possible. These staff are now being trained and relieving some capacity for the B6s. However both HV and School Nursing remain in BCP. Date Entered : 11/03/2022 08:11 Entered By : Dawn Lee		
2	MESCH steering to review progress			30/09/2021	Dawn Lee	MESCH delivery has been impacted on due to the staffing challenges in the HV service as well as impact of the tiered HV model. The pressure remain and we continue to work closely with BSB colleagues in relation to forward thinking about MESCH Date Entered : 11/03/2022 08:14 Entered By : Dawn Lee		
3	Bradford 0-19 re-procurement			30/12/2022	Dawn Lee	Re-procurement remains on the table. Bid team members identified and initial meeting dates agreed to progress		

work in preparation.

Date Entered : 11/03/2022 08:15

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	30/04/2022	

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:			
<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 - impacted on fatigue and reduced capacity.</p> <p>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>Demand within community nursing services exceeding capacity. Likely to impact on patient safety, quality and ability to deliver the service.</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> <p>Lean initiatives developed e.g. MESI doppler purchase, revised wound care templates.</p>							

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
3	Complete a workforce plan for community nursing services	30/06/2022	James Cooke	<p>Workforce action plan developed and evolving via 6 weekly steering group. Phase 1 of formal workforce data completed. Plan to focus on community nursing as a priority. Plan likely to be effected by community transformation programme.</p> <p>Date Entered : 30/03/2022 19:34 Entered By : James Cooke</p>
5	Address estates issues impacting on travel & capacity within community services via safer workspaces group	31/07/2022	James Cooke	<p>Meeting with Shane Embleton planned for an update following the larger meeting last month with NHSPS.</p> <p>New Ridge team. Appetite from us and GPs to move them into Cousen road. Need to agree costs internally.</p> <p>New westend team. Appetite from us to move this team in with New Ridge folk.</p> <p>Russel road as NHSPS leading on this. team are temp relocated to another office at Russel rd.</p> <p>Date Entered : 27/04/2022 10:32 Entered By : James Cooke</p>
6	Establish a bespoke temporary HR provision to assist in growing the bank & increase support around long term sickness management.	31/05/2022	James Cooke	<p>Agreement reached to extend absence support until the 31st March 2023 - targeting support to all clinicians. Request to agree future support regarding the development of the staff bank - awaiting response from Emma Stott.</p> <p>Date Entered : 04/04/2022 10:55 Entered By : James Cooke</p>
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	<p>Project delayed since appointed physiotherapist gave back word. SALT practitioner could not be released immediately from substantive post and has now gained employment elsewhere in the Trust.</p> <p>Date Entered : 11/03/2022 11:55 Entered By : James Cooke</p>

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.	30/04/2022	Rebecca Rae	currently scoping additional staffing resource. Date Entered : 01/03/2022 15:34 Entered By : Paula Reilly
10	Explore opportunities to increase skill mix capacity accord community nursing teams.	31/08/2022	James Cooke	Task and Finish Group established to explore HCA focused wound care roles. Draft financial analysis completed to identify options for utilizing future underspend. Awaiting triangulation with budget setting and workforce predictions. Date Entered : 11/03/2022 11:20 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	31/05/2022	Anna Kennedy	Virtual visits planned with Leeds and Local to better understand the role and function. Will form part of the community transformation programme. Date Entered : 11/03/2022 11:21 Entered By : James Cooke
Risk Owner's Last Review		Next Review	Overall Risk Update	
12/04/2022		12/05/2022	Staffing challenges remain within community nursing with many areas reporting amber staffing levels. Quality issues including meds errors continue to be reported - reduced staffing likely to be a contributory factor. Ongoing recruitment continues.	

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	We are recruiting against our recruitment plan and having some success with new and innovative posts. However some posts have been unsuccessful so far and we are still struggling with Band 6 SCPHN posts. Plan to remain in place. Date Entered : 31/03/2022 16:03 Entered By : Dawn Lee	
2	Workforce planning including staff retention	31/07/2022	Dawn Lee	workforce planning and scenario modelling continues with regards to the B6 SCPHN shortage, Date Entered : 31/03/2022 16:04 Entered By : Dawn Lee	
3	Restorative supervision and train the trainers offer	31/07/2022	Dawn Lee	Restorative supervision offer is being scaled up with an enhanced offer. 2 staff now trained in CISD. We are now focusing on utilising the 2 x PNA roles to support Date Entered : 31/03/2022 16:06	

				Entered By : Dawn Lee
4	Staff engagement events to take place	31/07/2022	Dawn Lee	Staff engagement event completed in Feb. School Nurses have had a further event, same to be repeated for the HV service, These will increase as the procurement process progresses. Date Entered : 31/03/2022 16:07 Entered By : Dawn Lee
5	The intention to re-procure the 0-19 service in Bradford by PH Commissioners	30/12/2022	Dawn Lee	Bid team formed and workshop time identified to inform win book and also new service delivery model. Vacancy and any further resignation will be closely monitored Date Entered : 31/03/2022 16:09 Entered By : Dawn Lee
Risk Owner's Last Review		Next Review	Overall Risk Update	
31/03/2022		31/05/2022	All actions reviewed. No reduction in risk given the recent announcement of reprocurement.	

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	Progress has been made. The Screening Team is now in place, recruited to and working. We will be drawing down funds from the LA Public Health for Q4 22. Recruitment to increase capacity into the team that responds to strategy discussions is taking place and monies will be drawn down from April 22. The working of this team is being impacted on by the chaotic nature of working currently in the LA. The work up of the CP extraction and also the duty team is now underway and JDs for recruitment are nearing completion. Date Entered : 11/03/2022 08:19 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	The tiered HV model review is underway and nearing completion. This will be available from April 22. The findings of which will be used to inform the future modelling of the HV service as well as the 0-19 re-procurement process. Date Entered : 11/03/2022 08:21

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	30/04/2022	

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.		31/07/2022	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		31/07/2022	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 3-4 (12)			
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			31/05/2022	Emma Kergon	<p>Pilot study early feedback shows new devices with Sim cards inserted are proving much more effective than currently issued kit. Discussion required as to how this will be addressed/ progressed and, if new devices can be funded for community staff.</p> <p>Feedback from Community staff confirms staff are still experiencing issues with connectivity and are now almost viewing this as current practice therefore although issues continue staff are not escalating concerns/ issues. To address at local meetings to encourage staff to escalate concerns and also raise at Quality and safety meeting. Although work is progressing at seeking solutions as these have not been implemented (due to being pilot work) unable to change risk score at present as issues still remain for clinical staff.</p> <p>Date Entered : 27/04/2022 17:20 Entered By : Emma Kergon</p>
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.			31/05/2022	Emma Kergon	<p>No changes - as per below. Trial with boosters inside laptops providing good results.</p> <p>Date Entered : 28/03/2022 10:43 Entered By : Emma Kergon</p>

Risk Owner's Last Review	Next Review	Overall Risk Update
23/09/2021	31/05/2022	

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	SEND inspection is now complete. Some progress regarding consent for EHCP but the biggest challenge remains the tribunal situation, for which the NN is continuing to work with the DCO and will be meeting with CAMHs leaders as well Date Entered : 31/03/2022 16:15 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
31/03/2022		31/05/2022	Action reviewed. Issues with tribunals remain.				

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	SEND inspection prevented the business case from being presented at CQMG in February. New date to be confirmed. The business case is written and complete. Findings of the sussex tool have been presented at the SSPB. NOW waiting the findings of the SEND inspection Date Entered : 31/03/2022 16:19 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
31/03/2022		31/05/2022	Action reviewed.				

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	31/08/2022	Rugare Musekiwa				
2	We have now employed a GP on a sessional basis who is undertaking initial health assessments.	31/08/2022	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
/ /	31/08/2022	

Risk Level:	4 - Directorate		Risk Title:	Organisational risks associated with Out of Area Bed Use (finance,		Current Version	1
Risk Number:	2609	Risk Owner:	Tafadzwa Mugwagwa	Date Entered:	25/01/2022	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<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	06/06/2022	Kelly Barker	awaiting confirmed start date of DTA beds Date Entered : 04/04/2022 09:53 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.	19/09/2022	Kelly Barker	ongoing IPC challenges requiring reduced flow and occupancy thus additional capacity needed within IS contract. Ongoing dynamic review. Date Entered : 04/04/2022 09:52 Entered By : 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).	20/06/2022	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
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.	16/05/2022	Kelly Barker	
Risk Owner's Last Review		Next Review	Overall Risk Update	
23/03/2022		22/05/2022	Risk reviewed and ownership transferred	

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		
2	Sandra Simpson to speak to staff bank to put a request out for bank staff support.			01/06/2022	Shamila Ahmad	staff bank has been requested for band 6 and Band 4 This was chased up by shamila last week and this morning, - was informed that due to staff shortage, they will get back to me by end of week. have 2 band 4 going through bank staff at moment, awaiting confirmation - Ongoing Sadie has also met up with Bank staff and requested some costings in terms of full time Band 4 HCSW -no further success in terms of agency staff Date Entered : 20/04/2022 14:03 Entered By : Shamila Ahmad		
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.			01/06/2022	Shamila Ahmad	welfare checks ate being undertaken by our HCSW Further HCSW have been requested via Bank Currently liaising with VCS services for them to support with welfare checks Date Entered : 20/04/2022 14:09		

				Entered By : Shamila Ahmad
7	Sandra Simpson to ensure that the advert for key workers continues to be out for known vacancies, covering leavers.	01/06/2022	Shamila Ahmad	<p>this is ongoing, Post have been advertised - Agency workers have also been requested - ongoing - have successfully recruited to some posts</p> <p>Date Entered : 20/04/2022 14:10 Entered By : Shamila Ahmad</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		30/01/2022		

Risk Level:	3 - Care Group Level	Risk Title:	Re-procurement of the Bradford 0-19 contract		Current Version	1	
Risk Number:	2617	Risk Owner:	Dawn Lee	Date Entered:	25/02/2022	Strategic Area:	Financial
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:			
Failure in the re-procurement process				Loss of the Bradford 0-19 contract, financial impact to the organization, TUPE transfer of staff from BDCFT to a possible new provider, reputational risk to BDCFT			
Existing Control Measures:							
Regular meetings with Business team to build a bid group, produce a win book and prepare for successful re-procurement							
Close and ongoing working with our Public Health Commissioners. We have worked to formalise CMB to include oversight of the £1 investment, to negotiate and redefine the iHSC contract variation reporting and KPIs.							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Review of the Tiered HV model to inform future service delivery model		31/03/2022	Dawn Lee	Progress against this project is being made. We are expecting the final report by April 22 and this will be used to inform the new service delivery model as part of the re-procurement. Date Entered : 11/03/2022 08:40 Entered By : Dawn Lee		
2	Re-procurement process		31/03/2022	Dawn Lee	Working closely with the Business Innovation and Growth Team to agree bid team members and identify initial meetings of the bid team to ensure successful re-procurement of this contract. Date Entered : 11/03/2022 08:42 Entered By : Dawn Lee		
3	Close working with Public Health Commissioners		31/03/2023	Dawn Lee	We continue to work closely with PH Commissioners to influence their thinking / working up of the ITT and service specification. We have worked to formalise CMB and ensure that the mobilisation against the £1m investment is overseen from that group. Regular meetings for both CMB and mobilisation have been agreed.		

				Date Entered : 11/03/2022 08:45 Entered By : Dawn Lee
4	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.	31/03/2023	Dawn Lee	The financial position regarding this contract is reviewed regularly, along with the recent additional £1m investment from the PH Commissioners and the recruitment of staff against the work plan. Finance and staffing remain a challenge and will be a priority as part of the new procurement of this contract. Date Entered : 30/03/2022 09:48 Entered By : Dawn Lee
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		31/05/2022		

Risk Level:	1 - Local	Risk Title:	Increased demand on Community adult service, increasing referral rates,		Current Version	1
Risk Number:	2620	Risk Owner:	Emma Burke	Date Entered:	09/03/2022	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Breaching KPI - 18 week waits. Awaiting over 18 weeks for follow up after triage Long waits for patients to be seen - over 12 weeks				Although patients triaged, we currently (Feb data) have 160 dysphagia patients waiting to be seen and 50% waiting over 12 weeks. Dysphagic adults in community are particularly vulnerable as risk of aspiration and asphyxiation remains unmanaged		
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress	
1	Option appraisal to look at how best to use current vacancies (around 6 sessions b5 equivalent) Capacity -Demand figures to be looked at - referral rate vs capacity (available sessions for clinical work) and what staffing we would need to meet demand		13/05/2022	Emma Burke	Options appraisal not submitted as change to available sessions, new funding from long covid etc. Discussions with what to do with available sessions. Position paper completed and submitted 21/04 Date Entered : 21/04/2022 13:05 Entered By : Emma Burke	
Risk Owner's Last Review		Next Review	Overall Risk Update			
/ /		13/05/2022				

Risk Level:	2 - Service Manager Level	Risk Title:	Potential for non-compliance with NHS complaints regulations and NHS		Current Version	7
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	
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		01/04/2022	Rachel Howitt	development work ongoing, slow progress due to volume and issues uncovered with historic cases. Plan remains in place Date Entered : 10/03/2022 09:19 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)		01/04/2022	Rachel Howitt	additional case handler support to commence 4/4/22 progress remains slow due to volume and team capacity Date Entered : 10/03/2022 09:20 Entered By : Rachel Howitt	
Risk Owner's Last Review		Next Review	Overall Risk Update			
/ /		09/04/2022				

Risk Level:	1 - Local	Risk Title:	accessibility to services			Current Version	1
Risk Number:	2621	Risk Owner:	Peter Garland	Date Entered:	10/03/2022	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:			
Unable to access essential services at time of urgent mental health need				Services for acute and chronic mental health needs are accessed by services directly via telephone or clinical referral. Currently there is no option to access be other methods such as SMS messaging or more modern chat services. This disadvantages those individuals that cannot verbalize their concerns, leading to a potential for harm to self, others or further deterioration in their mental state.			
Existing Control Measures:							
text duty phone, 3 way interpreter, InterpreterNow (BSL), Video calls, Equality Impact Assessment Findings (EqIA) in progress							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Identified risk via EqIA meetings and feedback from VCS and service users			31/07/2022	Peter Garland	EqIA initial report has been written and escalated to Service / General manager Initial meeting has occurred between clinical manager and leads in trust IT / technology departments to consider options From this members of the meeting have taken on individual scoping exercises to establish what is already happening in other area and what maybe available. This will hopefully include a review from an external tech agency with experience in the area. Date Entered : 27/04/2022 08:00 Entered By : Peter Garland	
Risk Owner's Last Review		Next Review	Overall Risk Update				
26/04/2022		31/07/2022	EqIA initial report has been written and escalated to Service / General manager Initial meeting has occurred between clinical manager and leads in trust IT / technology departments to consider				

options

From this members of the meeting have taken on individual scoping exercises to establish what is already happening in other area and what maybe available.

This will hopefully include a review from an external tech agency with experience in the area.

Risk Level:	4 - Directorate	Risk Title:	Organizational / individual practice not consistent with good information		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 the intranet						
Policies and procedures						
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress
4	Ensure DPIA process embedded within the organisation			30/06/2022	Gaynor Toczek	Weekly DPIA review meeting DPIA process hosted on MS Team to facilitate review Date Entered : 25/02/2022 10:53 Entered By : Gaynor Toczek
5	Joint working to enhance the "communicating with patients and service users"			31/12/2022	Gaynor Toczek	
6	Explore new training and advice opportunities			31/08/2022	Gaynor Toczek	

Risk Owner's Last Review	Next Review	Overall Risk Update
11/02/2022	10/08/2022	Discussed at Information Governance Group. Recommendations include looking at communications with patients and service users and other ways of mitigating risk.

Risk Level:	3 - Care Group Level		Risk Title:	MATs			Current Version	2
Risk Number:	2504	Risk Owner:	Suzanne Hall		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.			30/05/2022	Suzanne Hall	Ongoing adjustments are still awaited Date Entered : 08/02/2022 10:08 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

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Overall Risk Update

/ /

28/07/2022

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	New provider will not be announced until mid May 22. Further staff engagement events have been completed including one with PH Commissioners in Wakefield, with limited success. Transition group continues to meet. Date Entered : 31/03/2022 16:12 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
31/03/2022		31/05/2022	Action reviewed. No reduction in risk rating as the position remains one of jeopardy and risk as additional staff are leaving the Wakefield 0-19 service, forcing the service to consider a reduction of contacts for families				

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 3-3 (9)	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.			15/06/2022	Phillipa Hubbard	leadership model determined for mass vaccination centre and is monitored on a weekly basis for roster to be developed Date Entered : 28/03/2022 08:40 Entered By : Phillipa Hubbard	
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:	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:	Tafadzwa Mugwagwa	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 to create a more trauma informed culture that seeks to enhance the collaborative approach to care.			30/12/2022	Tafadzwa Mugwagwa		
2	Review of inpatient workforce model to increase therapeutic activities within inpatient services to help reduce pressure points. This will take place alongside KPO led review of flow within inpatients.			30/09/2022	Tafadzwa Mugwagwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
23/03/2022		21/06/2022	Risk reviewed and updated and responsibility handed over				

Risk Level:	2 - Service Manager Level	Risk Title:	Staff Shortages in Older Peoples Mental Health services	Current Version	1		
Risk Number:	2598	Risk Owner:	Suzanne Hall	Date Entered:	24/12/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 2-5 (10)				
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			30/06/2022	Suzanne Hall	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				
/ /		30/06/2022					

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.			31/07/2022	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/07/2022					

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				
/ /		31/07/2022					

Risk Level:	4 - Directorate		Risk Title:	Visibility of vulnerable families			Current Version	3
Risk Number:	2534	Risk Owner:	Phillipa Hubbard	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	Both the HV and School Nurse service remain in BCP and continue to be challenged regarding staffing. We have agreed with PH COMmissioners which contacts are priority and will be focused on. We review our number of F2F contacts each month. Covid has impacted since Xmas. This action will continue. Date Entered : 04/02/2022 09:35 Entered By : Dawn Lee		
2	Ongoing recruitment to improve and widen skill mix			31/07/2022	Dawn Lee	The workforce plan was presented to SLT last week. We now have a detailed and aggressive recruitment plan for 22-23 which is including everything from T-level students to retire and return in the pipeline. Posts are currently out to advert due to the £1m investment. This action will remain a priority as we move through the financial year Date Entered : 04/02/2022 09:37		

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
04/02/2022	31/03/2022	All risks reviewed. The review of the HV Tiered model is underway and recruitment continues.

Risk Level:	1 - Local	Risk Title:	IAPT Waiting Lists			Current Version	2
Risk Number:	2611	Risk Owner:	Naomi Holdsworth	Date Entered:	15/02/2022	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:			
Long waiting lists at both Step 2 and Step 3				Longer wait for clients More complaints Breach of NHSE IAPT KPI waiting times, for assessment and treatment			
Existing Control Measures:							
Weekly report outs monitoring waiting list KPI's Monthly QUOP's meeting monitoring local and national data Monthly caseload management with staff Admin processes							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Set up a monthly waiting list meeting, to review outliers breaching 3 month KPI target			15/03/2022	Naomi Holdsworth		
2	Remind staff of IAPT criteria for suitability of clients to ensure we are not going above threshold.			12/04/2022	Naomi Holdsworth		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		16/04/2022					

Risk Level:	2 - Service Manager Level		Risk Title:	Interface between CAMHs and 0-19 services			Current Version	3
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 5-3 (15)	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	Ongoing discussions with PH commissioners about the school nursing offer around mental health/emotional well being. There has been an initial meeting between school nursing and CAMHS to discuss pathways and offers, next meetings to be arranged. Date Entered : 22/02/2022 18:01 Entered By : Gillian Brayshaw		
2	Living well schools programme coming online September 2021.			31/07/2022	Gillian Brayshaw	More meetings to be arranged with PH to understand the living well schools offer around mental health/emotional wellbeing Date Entered : 22/02/2022 18:03 Entered By : Gillian Brayshaw		
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		30/06/2022						

Risk Level:	1 - Local	Risk Title:	Emergency Vehicle Access	Current Version	2
Risk Number:	2566	Risk Owner:	Richard Priestley	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	
5	Alterations to previously installed signage to allow the Trust to issue Penalty Charge Notices (PCN) to registered keepers / drivers of illegally parked vehicles.	31/05/2022	Richard Priestley	The Trust have agreed to employment of a company to issue Parking Charge Notices (PCN) where staff & visitors park illegally on Trust owned premises. Signage will need to be altered and displayed in line with national guidance prior to roll out. Date Entered : 26/04/2022 07:53 Entered By : Shane Embleton	
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		31/05/2022			

Risk Level:	1 - Local	Risk Title:	Lack of BCG referrals for 4-16-year-old.			Current Version	1
Risk Number:	2628	Risk Owner:	Saiqa Kauser	Date Entered:	12/04/2022	Strategic Area:	Regulatory
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:			
Missed BCG - if unvaccinated risk of outbreak of Tuberculosis disease (TB)				BCG risk assessment questionnaire was part of the health needs assessment (HNA) for reception children this is no longer completed within 0-19 services due to which there are no referrals coming through for children 4 and above. Any eligible children (whose parents or grandparents originate from a high risk country with TB incidence of 40/10,000) without a BCG would be referred into the imms team for their vaccine. As the HNA's are no longer completed in reception this leaves a gap of these children not being risk assessed and not vaccinated.			
Existing Control Measures:							
Meeting with LB 0-19 service manager to discuss pathway/plan Raised at service manger quality meeting							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Liaison with 0-19 service to agree a pathway which will be effective for both VIS and their service. And close the gap of no referrals and ensure children are risk assessed and ultimately vaccinated with the BCG vaccine.			29/05/2022	Saiqa Kauser	Meeting with LB 0-19 service manager awaiting response Date Entered : 12/04/2022 13:13 Entered By : Saiqa Kauser	
Risk Owner's Last Review		Next Review	Overall Risk Update				
12/04/2022		29/05/2022	Awaiting a response from LB.				

Risk Level:	1 - Local	Risk Title:	Reduced staffing levels within the core paediatric service due to	Current Version	6
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 2-2 (4)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Reduced staffing levels within the core paediatric service due to vacancies			<p>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</p>		
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
2	<p>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.</p>	29/04/2022	Emma Burke	<p>Continue as per action plan Work continues with targeted/universal and added to website. Website almost ready to go live - waiting for referral form approval by Commissioners. Band 5-6 development post -look at in summer. Fed back to QUOPS - agreed update April - unable to give time scale as to when will see improvement as no implementation of actions yet.</p> <p>Date Entered : 09/03/2022 14:26 Entered By : Emma Burke</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		29/04/2022			

Key Organisational Risks: 2022/2023

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>								
Ongoing recruitment to Band 5 nurse vacancies. Open ended band 5 post on NHS Jobs.								
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. 			13/04/2022	Christopher Dixon	<p>Covid and post covid modeling continuing with the final case to be presented to SLT March 2022.</p> <p>Date Entered : 08/02/2022 14:37 Entered By : Christopher Dixon</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	30/03/2022	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			30/09/2022	Anna Kennedy	continues to be a watching brief , we have placed our dn's who qualify in September all 4 are choosing to stay in BRADFORD but are keen to see how things prgress with the transformation programme Date Entered : 11/04/2022 11:16 Entered By : Anna Kennedy	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/07/2022					

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				29/07/2022	Gillian Brayshaw	Review of BCP completed at end of February 2022 and an improved service offer shared with commissioners. Plan is to review staffing capacity against the service offer and restore normal service offer where possible. Date Entered : 04/04/2022 09:49 Entered By : Gillian Brayshaw	
Risk Owner's Last Review		Next Review	Overall Risk Update					
/ /		29/07/2022						

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			09/05/2022	Thabani Songo	Daily Joint Staffing Review meetings implemented Date Entered : 04/04/2022 12:40 Entered By : Thabani Songo	

4	Daily Call out around quality measures to ensure key quality & safety activities are being undertaken and escalation to general manager where impacts noted.	09/05/2022	Thabani Songo	Daily Discharge Comms Cell implemented Daily review meeting in place with OOA providers Date Entered : 04/04/2022 12:42 Entered By : Thabani Songo
6	Ongoing CCtH transformation across in patients and CMHT	09/05/2022	Thabani Songo	SDS: Inpatient Flow event facilitated by the KPO team Date Entered : 04/04/2022 12:43 Entered By : Thabani Songo
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	09/05/2022	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:	1 - Local	Risk Title:	Supply Risk	Current Version	1
Risk Number:	2614	Risk Owner:	Jennifer Moran-White	Date Entered:	22/02/2022
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:		
Delay in stock required to support patient care and treatment			Issues with Supplies, delays in fulfilment of orders. Incorrect items being delivered Difficult to make contact with Airedale Supplies Orders dating back 6 months Impact on Admin staff chasing volumes of orders for ETA from Supplies Impact on Clinical Team awaiting orders and chasing Admin Impact on Patients and patient care		
Existing Control Measures:					
Use Hornbill workflow management system to monitor volumes or work and update each job upon chase of ETA from Airedale Supplies					
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress	
1	Issues raised via DN team raising concerns that generated and investigation and Action plan meeting	31/05/2022	Michelle Rose	Meeting booked with Admin & Supplies May 2022. Date Entered : 20/04/2022 09:20 Entered By : Jennifer Moran-Whitehead	
Risk Owner's Last Review	Next Review	Overall Risk Update			
20/04/2022	19/06/2022	Meeting booked with admin & supplies. Will leave the risk on the risk register for monitoring purposes and until confident risk has reduced.			

Risk Level:	2 - Service Manager Level	Risk Title:	Insufficient capacity to meet service needs.			Current Version	3
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 4-3 (12)	Target Risk Rating 3-2 (6)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
There is a risk that all young people are not in receipt of an equitable service.				Nurse Caseload Size do not comply with safer staffing requirements. There is a risk to delivery of a quality service given the caseloads that Nurses are holding.			
Existing Control Measures:							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse & Team Leader have oversight of Nurses caseloads.</p> <p>Allocation tool in place.</p> <p>Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours.</p> <p>Psychology supervision offered to nurses on a monthly basis.</p> <p>Compliance with Clinical supervision</p> <p>Twice weekly safety huddles.</p> <p>Staff wellbeing services available.</p> <p>Team leader has oversight of each team member's caseload/ demand/ allocation and working hours</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	<p>Explore integration with CAMHs workers and Specialist CAMHs LAC.</p> <p>Liase with Finance re funding generated by out of area children to create some more capacity with it. funding</p>			31/07/2022	Rugare Musekiwa	<p>Appointed 2 more Nurses on a fixed term contract. One Nurse has already started and awaiting for the other to start. Recruitment still going for 2 more posts.</p> <p>Date Entered : 28/02/2022 13:36 Entered By : Rugare Musekiwa</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update				

14/01/2022

31/07/2022

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:	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 -Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital. -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		
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		
11	Monitor National Cyber security Guidance			01/05/2022	Greg Soffe	Due to the war in Ukraine. we will need to monitor national guidance. we will also need to keep abreast of international events. Date Entered : 14/03/2022 15:28 Entered By : Greg Soffe		
12	Implement MFA for staff working Aboard			30/04/2022	Ikhlq Ahmed	Implement MFA for users working outside of the UK Date Entered : 14/03/2022 15:34 Entered By : Greg Soffe		
Risk Owner's Last Review		Next Review	Overall Risk Update					
14/03/2022		12/06/2022	Closed CE+ audit review					

Risk Level:	4 - Directorate		Risk Title:	Risk of Harm due to ligature within inpatient services			Current Version	5
Risk Number:	2102	Risk Owner:	Tafadzwa Mugwagwa		Date Entered:	15/05/2018	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-2 (10)	Target Risk Rating 5-1 (5)					
Hazard/Causes Of Risk:					Risk Description/Impact/ Consequences, if risk not fully mitigated:			
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	Tafadzwa Mugwagwa	<p>Full approval has been received for phase 3. Work on schedule. In addition, all ligature risk assessments have been reviewed utilising new app that has been developed by the team, the outputs of which have been reviewed by the LERs group identifying significant reduction in ligature risks as a result of phase 1 and 2 works. Agreement reached within the LERs group to reduce the risk score</p> <p>Date Entered : 23/03/2022 11:10 Entered By : Paula Reilly</p>		
Risk Owner's Last Review		Next Review	Overall Risk Update					
23/03/2022		22/04/2022	Full approval has been received for phase 3. Work on schedule. In addition, all ligature risk assessments have been reviewed utilising new app that has been developed by the team, the outputs of which have been reviewed by the LERs group identifying significant reduction in ligature risks as a result of phase 1 and 2 works. Agreement reached within the LERs group to reduce the risk score					

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. - 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:	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 4-5 (20)				
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 break in seamless service to families Possibiity of lack of seamless service during handover to new provider due to mass move of system one records, possible estates moves and chnages 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 who wish to move due to loss of Wakefield 0-19 contract.			31/05/2022	Margaret Appleyard	some staff already offered substantive posts in Bradford Date Entered : 25/02/2022 09:53 Entered By : Margaret Appleyard	
4	children's director in local authority would like to meet staff to try and offer some assurance that 0-19 is highly thought of and their services are required even though moving to new provider. Whilst this may not offer assurance to staff it will give the opportunity for questions. Date yet to be set			31/05/2022	Margaret Appleyard	Several meetings have taken place and staff have been updated both by commissioners and the senior management team, meetings to be on going through transition Date Entered : 31/03/2022 10:28 Entered By : Margaret Appleyard	

5	review of nominal role to identify capacity to provide full healthy child programme	31/05/2022	Margaret Appleyard	nominal role reviewed weekly, and BCP updated ready to commence if need arises, paper written for commissioners and senior management to identify affect on provision Date Entered : 31/03/2022 10:16 Entered By : Margaret Appleyard
1	Transition plan to be developed ensuring seamless transfer, to include regular meetings with all corporate members and service leadership team	31/05/2022	Margaret Appleyard	Transition meetings in progress Date Entered : 31/03/2022 10:29 Entered By : 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	31/05/2022	Margaret Appleyard	Meetings continuing Date Entered : 31/03/2022 10:31 Entered By : Margaret Appleyard
Risk Owner's Last Review		Next Review	Overall Risk Update	
09/03/2022		31/05/2022	risk rating increased as more staff identified as leaving the service and it is now not possible to maintain full healthy child programme.	

Risk Level:	1 - Local	Risk Title:	Poor communication impacting on the health provision for new arrivals		Current Version	5
Risk Number:	2572	Risk Owner:	Emma Kergon	Date Entered:	22/10/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 3-3 (9)	Target Risk Rating 4-1 (4)			
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			31/05/2022	Emma Kergon	Mears have now started sharing data for residents in Contingency accommodation. Work still ongoing within the Trust and externally to ensure BDCFT is fully represented and part of the strategic discussion Date Entered : 26/04/2022 09:54 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			
/ /		31/05/2022				

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:			
Staff working longer hours to fill the gaps on the roster. Daily work not being able to be completed due to staff shortages. Reliance on bank/agency staff who are not familiar with the ward.				A large proportion of staff on long term sickness from Bracken with no current identified return to work date. This is a mix of sickness, redeployment through covid19 and management investigation. Of these staff 5 of them are nursing staff within the management team. Current total of 13 staff currently out of work.			
Existing Control Measures:							
Ward Manager recruited and started 19th July.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
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	Action ongoing and to be maintained across winter. Bed capacity flexing in line with risk assessment on a daily basis. Date Entered : 14/12/2021 19:49 Entered By : Kelly Barker	
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	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. Date Entered : 29/11/2021 16:16 Entered By : Laura Frost	
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			01/05/2022	Claire Risdon	Proposed AfC 5 support for current Finance Team staff was unable to be appointed, suggesting that this is not a solution. In addition, existing staff were not sure this kind of agency support would be an effective addition to the team,		

	cost pressure will be aligned into the Business Planning process and prioritised accordingly.			requiring constant supervision in this complicated work. Business case solutions to be reviewed in April. Date Entered : 13/04/2022 11:33 Entered By : John Hiley
4	R&D reviewing Business Case in the light of earlier actions.	01/05/2022	John Hiley	Revised plan requested to be reviewed after Financial Year end by Finance Colleagues. Date Entered : 13/04/2022 11:30 Entered By : John Hiley
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		16/05/2022		

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			28/04/2022	Claire Risdon	The Draft Financial Plan has been submitted in line with national timescales on 17th March reporting a break-even plan. Cost pressures of £23m are included in the draft plan, which are subject to review. Main headlines of cost pressures are: * COVID costs of £9.3m (offset with CIP of £2.9m) * Model Roster 3 £5.9m (offset with £4.1m CIP) * Non COVID OAPs £2.8m	

				<ul style="list-style-type: none"> * Medical staffing £1.3m (offset with £0.5m CIP) * Low Secure budget overspend £0.9m (offset with £0.4m CIP) * Enhancements in non clinical structures £1.1m * Inflation and technical cost increases £0.9m * MHIS priorities £0.5m * Long COVID/ Staff wellbeing service £0.5m <p>The efficiency requirement (including reduction in COVID costs and non recurrent mitigations) is £14.4m, with £9m managed through the TWICS Programme governance arrangements.</p> <p>IPC requirements to comply with national guidance are reflected in the draft plan for the full year. The COVID funding has reduced by 57% in 22/23 (c£5m reduction in allocation), with costs forecast in 22/23 of £6.5m against the agreed allocation of £3.5m.</p> <p>The ICS has received its 3 year allocation (£157m for 22/23), with first draft of ICS plans being £42m over the agreed allocation. A deep dive workshop is being held on 29th March to explore opportunities to reduce the gap, including anticipated capital allocations that could contribute to Trust capital requirements.</p> <p>Further work is required during March/ April to conclude the Trusts final operational plans in readiness for submission for 26th April 2022.</p> <p>Date Entered : 28/03/2022 16:39 Entered By : Claire Risdon</p>
6	Trust wide efficiency work, supported by the Together We Improve Create and Sustain (TWICS) programme.	28/04/2022	Beverley Fearnley	<p>As of 28 February 2022, recurrent savings of £1m have been identified from TWICS programmes. At the same point, projected non recurrent costs for 2021/22 are £330k,</p> <p>The draft financial plan identifies a recurrent savings ambition of £7,408,617 for those programmes directly commissioned by TWICS, along with an as yet unquantified contribution to unallocated CIP of £1,264,000.</p> <p>The in-year contribution for 2022/23 to this ambition is currently identified as £3,964,617 (plus the as yet unquantified contribution to the unallocated CIP). In addition, the plan includes two CIP projects nominally aligned to TWICS (reduction in agency use on low secure</p>

				<p>and mental health winter monies) which do not sit within the established programmes with a combined value of £687,000.</p> <p>Whilst assumptions have been made about both the in-year and recurrent contribution TWICS programmes will make to the cost pressures faced by the Trust, this remains heavily caveated.</p> <p>Date Entered : 28/03/2022 16:14 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 strategies etc. * 5 August 21 - Workforce Planning Group stock take session re progress/any issues and barriers impacting progress, successes agreeing any further supporting actions * September workshop - share draft plans, check, challenge, confirm, including quick wins/21/22 half 2 plan (year zero) and recruitment, training timelines. * 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

				<p>monthly review of plans to ensure on track/adjust etc. * Annual review/update of plans as part of business planning cycle</p> <p>Date Entered : 05/08/2021 10:52 Entered By : Claire Risdon</p>
11	Finalisation of MH collaborative financial settlement, including risk/ benefit shares	28/04/2022	Claire Risdon	<p>Adult Secure Services: The contract uplift for 2022/23 is consistent with national planning guidance (2.8% uplift; -1.7% efficiency; and 2% growth). BDCFT have requested a bed day price review in recognition of the baseline contract deficit. It is expected that this will be concluded after the contract signing timescales of 31st March 2022.</p> <p>ATU: The timescales for the ATU formal go live date are aligned with the ICB - 1st July 2022. In order to ensure that funds flow to the respective providers, BDCFT have agreed with LYPFT to transfer the funding that is held by LYPFT for the closed ward to BDCFT for Q1. This arrangement will be extended in the event that the ICB dates are further delayed.</p> <p>Date Entered : 28/03/2022 16:46 Entered By : Claire Risdon</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
24/01/2022		27/04/2022	Reviewed and updated on 24 Jan 2022	