

Data extracted at 07:01:00 on 01/07/2022

In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
2544, Dawn Lee	Sufficiency of resource	5-5 (25)	5-4 (20)	5-4 (20)	5-2 (10)	Static	12/08/2021	3 - Care Group Level	30/06/2022
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	30/06/2022
2535, Dawn Lee	Staff wellbeing	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	05/08/2021	3 - Care Group Level	31/07/2022
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	30/06/2022
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	31/07/2022
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	31/07/2022
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	31/07/2022
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, Sadie Booker	Core waiting list	5-3 (15)		4-4 (16)	4-3 (12)	Not yet changed	28/01/2022	2 - Service Manager Level	28/08/2022
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	31/07/2022
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	17/06/2022
2621, Peter Garland	accessibility to services	4-4 (16)		4-4 (16)	2-3 (6)	Not yet changed	10/03/2022	1 - Local	31/07/2022
2509, James Cooke	Community nursing services exceeding capacity	3-4 (12)	3-4 (12)	4-4 (16)	3-5 (15)	Worse	23/06/2021	3 - Care Group Level	06/07/2022
2605, Tim Rycroft	Redbox Recording	4-3 (12)	4-3 (12)	4-4 (16)	3-2 (6)	Worse	17/01/2022	4 - Directorate	10/07/2022
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	11/07/2022
2046, Gaynor Toczek	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	04/08/2022
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	31/07/2022
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

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Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
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	06/09/2022
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	5-3 (15)	5-3 (15)	5-3 (15)	5-2 (10)	Static	05/08/2021	4 - Directorate	27/07/2022
2611, Naomi Holdsworth	IAPT Waiting Lists	3-5 (15)	3-5 (15)	3-5 (15)	3-3 (9)	Static	15/02/2022	1 - Local	04/07/2022
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	29/09/2022
2566, Richard Priestley	Emergency Vehicle Access	5-3 (15)	5-3 (15)	5-3 (15)	2-2 (4)	Static	28/09/2021	1 - Local	31/08/2022
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	22/07/2022
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	30/06/2022
2504, Suzanne Hall	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	02/08/2022
2632, Delphine Fitouri	Cyber Security Risk: Primary & Secondary VPN Require MFA (CONFIDENTIAL)	5-3 (15)	5-3 (15)	5-3 (15)	1-1 (1)	Static	06/05/2022	4 - Directorate	09/07/2022
1989, Thabani Songo	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	05/08/2022
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	08/08/2022
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 Softe	Cybersecurity Risk: Whole of Trust	5-3 (15)	5-3 (15)	5-2 (10)	4-2 (8)	Better	09/01/2019	4 - Directorate	07/09/2022
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	24/07/2022
2451, Bernard Hughes	Psychological Therapy capacity	4-5 (20)	4-5 (20)	3-3 (9)	3-2 (6)	Better	30/12/2020	1 - Local	03/08/2022
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	14/07/2022
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	31/07/2022

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Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
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	06/07/2022
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)	2-3 (6)	Better	25/10/2021	2 - Service Manager Level	31/07/2022
2370, Tafadzwa Mugwagwa	Continuity of service delivery during the COVID-19 Pandemic	4-4 (16)	5-4 (20)	2-4 (8)	2-3 (6)	Better	20/03/2020	4 - Directorate	20/07/2022
2527, John Hiley	Research Grant Management	4-4 (16)	4-4 (16)	2-2 (4)	2-1 (2)	Better	03/08/2021	1 - Local	16/05/2022

Key Organisational Risks: 2022/2023

List 1: Risks with current Risk Rating of 15+

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		
3	Development of staff nurses into SCPHN posts.			31/08/2022	Dawn Lee	We are seeing good progress of your grow our own pathway, however this will take time and against our workforce plan we have mapped out a 5 year trajectory. Date Entered : 11/05/2022 07:57 Entered By : Dawn Lee		
4	Announcement of the Re-procurement of the 0-19 service			30/12/2022	Dawn Lee	We continue to review our workforce plan and nominal roles and vacancies. Recently we have seen B6s secure posts in neighbouring services but then retract those offers to stay in Bradford. We have also been able to secure some additional recruitment from Wakefield as well as Leeds. However we are still not staffed fully at B6 level. Date Entered : 11/05/2022 07:59 Entered By : Dawn Lee		
Risk Owner's Last Review		Next Review	Overall Risk Update					

11/05/2022

30/06/2022

We continue to monitor closely our staffing establishment against our nominal role and vacancy levels. We are still not recruiting and retaining sufficient numbers of B6s within the 0-19 service. Procurement has added an additional layer of risk as well

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	BCPs remain in place. We are focusing on using all possible capacity at each band and across all skill mix. With the amount of B6s leaving the service we are working to retain sufficient B6 oversight, delegation etc Date Entered : 05/05/2022 07:59 Entered By : Dawn Lee		
2	MESCH steering to review progress			30/09/2021	Dawn Lee	The MESCH Implementation champion has contributed in detail to the review of the tiered HV model. MESCH is now being considered by the bid team in terms of the 0-19 reprocurement. Date Entered : 05/05/2022 08:00 Entered By : Dawn Lee		
3	Bradford 0-19 re-procurement			30/12/2022	Dawn Lee	The bid team has worked up a tentative timeline in terms of this reprocurement. We have received no formal announcement from our PH commissioners yet re this. However an initial service delivery model with costings		

plus paper will need to go to SLT in June 22.

Date Entered : 05/05/2022 08:02

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	30/06/2022	

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	Our recruitment plan remains in place and we are seeing our students move onto consolidation, new colleagues coming in to post and others securing places on SCPHN training. We are making slow and steady progress. Date Entered : 24/06/2022 08:15 Entered By : Dawn Lee		
2	Workforce planning including staff retention			31/07/2022	Dawn Lee	Modelling continues against our current vacancy and also against the outcome of the re-procurement. The recruitment plan is reviewed monthly. Plan remains in place as we make some slow and steady progress. Date Entered : 24/06/2022 08:16 Entered By : Dawn Lee		
3	Restorative supervision and train the trainers offer			31/07/2022	Dawn Lee	We are building a strong offer of restorative clinical supervision supported by the PNAs, MH 1st Aid, coaching, critical incident stress debriefing. We have Eol in from potential new PNAs and training will commence		

				Date Entered : 24/06/2022 08:18 Entered By : Dawn Lee
4	Staff engagement events to take place	31/07/2022	Dawn Lee	Leadership team engages regularly with colleagues in all teams from GM, AGM and service managers. Staff engagement events also being led by workforce resilience lead. Plan also mapped against the reprocurement potential timeframe. Date Entered : 24/06/2022 08:19 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 workshops completed with tasks allocated and working groups established to support the win book. Paper to be presented by Public Health to the Health Overview Scrutiny Committee w/c 20/6/22 waiting outcome to confirm next steps Date Entered : 24/06/2022 08:21 Entered By : Dawn Lee
Risk Owner's Last Review		Next Review	Overall Risk Update	
24/06/2022		31/07/2022	All actions updated	

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 continues in terms of mobilising against the £1m investment from PH Commissioners. The Vulnerable children information team recruitment is complete. A SOP is ready for the CP Extraction team for school nursing and recruitment is underway. Information has been received from the LA suggesting that all CP meetings will be moving back to F2F. I have raised and escalated concerns regarding this. With our capacity as it is we will not be in a position to service this request. Date Entered : 05/05/2022 08:07 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 paper of the review of the tiered HV model has been received. Further work continues on the mobilisation of the £1m investment this includes how the school nursing service will respond and manage the CP going forward. Date Entered : 05/05/2022 08:09 Entered By : Dawn Lee		

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	30/06/2022	

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			31/07/2022	Emma Kergon	No changes to below. Some staff involved in the pilot have requested to keep their new devices with Sim cards due to the benefits gained and were possible Managers are supporting this. Staff continue to express frustration with connectivity issues. Date Entered : 06/06/2022 11:41 Entered By : Emma Kergon
2	Staff encouraged to report immediately when connectivity issues occur to service desk to see if causes can be identified and solutions found. Where unable staff encouraged to report via IRe.			31/07/2022	Emma Kergon	No changes to below. Some staff involved in the pilot have requested to keep their new devices with Sim cards due to the benefits gained and were possible Managers are supporting this. Staff continue to express frustration with connectivity issues. Date Entered : 06/06/2022 11:42 Entered By : Emma Kergon
Risk Owner's Last Review		Next Review	Overall Risk Update			
23/09/2021		31/07/2022				

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.			31/03/2023	Dawn Lee	We have made good progress in relation to the management of EHCPs in children's services. Good data governance in this area via QuOps and good timeliness. The quality of EHCPs remains a challenge but this is no different to other partners in the system or other services in BDCFT. This area will become part of the district SEND action plan following the inspection. Tribunals remain an issue and the support has been requested from the DCO. Date Entered : 28/05/2022 13:06 Entered By : Dawn Lee		
Risk Owner's Last Review		Next Review	Overall Risk Update					
28/05/2022		31/07/2022	Action reviewed. Waiting for outcome of SEND inspection which will be main driver of progress in this area in relation to quality and tribunals.					

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.			31/12/2022	Dawn Lee	Service Manager for Specialist Children's Services working with CCG Commissioner regarding this business case. Some additional resource has been added to the service by using non recurrent monies. Some have been highlighted as part of our business, financial and recruitment planning. SEND inspection outcomes with WSOA still awaited. Date Entered : 28/05/2022 13:01 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
28/05/2022		31/07/2022	Action reviewed an target date amended				

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:	Sadie Booker	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	
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.			31/08/2022	Shamila Ahmad	<ul style="list-style-type: none"> - Ongoing, HCSW are still continuing with welfare checks - currently working on the honorary contracts with VCS services for 2 staff members - in process of working with staff to undertake calls on the weekend Date Entered : 06/06/2022 12:34 Entered By : Shamila Ahmad	
7	Sandra Simpson to ensure that the advert for key workers continues to be out for known vacancies, covering leavers.			31/08/2022	Shamila Ahmad	Ongoing- currently 2 band 6 WTE vacancies remaining. These are currently out to advert Date Entered : 06/06/2022 12:29 Entered By : Shamila Ahmad	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		28/08/2022					

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			31/03/2023	Dawn Lee	Target date amended to take account of planned reprocurement process. Date Entered : 28/05/2022 12:50 Entered By : Dawn Lee		
2	Re-procurement process			31/03/2023	Dawn Lee	Initial draft of new service model is being developed and for first share with the bid team on early June 22. Date Entered : 28/05/2022 12:52 Entered By : Dawn Lee		
3	Close working with Public Health Commissioners			31/03/2023	Dawn Lee	Mobilisation meetings continue. CMB completed this month. Same actions to remain in place throughout reprocurement. Date Entered : 28/05/2022 12:53 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			31/03/2023	Dawn Lee	Date of reprocurement not confirmed therefore details of financial envelope not yet known. Despite this we have a detailed financial and recruitment plan against the nominal		

£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.

role. First draft of new model for SLT / Exec in July 22.

Date Entered : 28/05/2022 12:56
Entered By : Dawn Lee

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

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		17/06/2022	Emma Burke	Position paper to be discussed with KB/JC 24/05. MH requested costings for interim and sent to KB. KB sending to MH. Whilst delay in meeting to discuss paper, and potential delay to recruiting locums (with half term approaching too) lists likely to increase. Date Entered : 18/05/2022 08:06 Entered By : Emma Burke	
Risk Owner's Last Review		Next Review	Overall Risk Update			
/ /		17/06/2022				

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 2-3 (6)				
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	
2	Project group to be established that will look at interim solutions such as Relay, access to BLS, IT support. Transformation monies will be used to project manage the alignment of 111 and BDCT crisis numbers which			01/09/2022	Bernard Hughes		

	will be part of this project group.			
3	ICS lead to be approached by GM to provide possible solutions from their experiences, that could be implemented locally.	01/09/2022	Bernard Hughes	
Risk Owner's Last Review	Next Review	Overall Risk Update		
26/04/2022	31/07/2022	<p>EqIA initial report has been written and escalated to Service / General manager</p> <p>Initial meeting has occurred between clinical manager and leads in trust IT / technology departments to consider options</p> <p>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.</p> <p>This will hopefully include a review from an external tech agency with experience in the area.</p>		

Risk Level:	3 - Care Group Level		Risk Title:	Community nursing services exceeding capacity		Current Version	5
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 4-4 (16)	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> <p>BDCFT Strategic Adults Programme - to support bids for transforming community services monies.</p>							

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	31/08/2022	James Cooke	Preliminary workforce plan established. Requires further input from HR employed workforce planner. Date Entered : 27/06/2022 09:00 Entered By : James Cooke
5	Address estates issues impacting on travel & capacity within community services via safer workspaces group	31/07/2022	James Cooke	Meeting with Shane Embleton planned for an update following the larger meeting last month with NHSPS. New Ridge team. Appetite from us and GPs to move them into Cousen road. Need to agree costs internally. New westend team. Appetite from us to move this team in with New Ridge folk. Russel road as NHSPS leading on this. team are temp relocated to another office at Russel rd. Date Entered : 27/04/2022 10:32 Entered By : James Cooke
6	Establish a bespoke temporary HR provision to assist in growing the bank & increase support around long term sickness management.	31/07/2022	James Cooke	Meeting with Emma Stott to explore potential future offer to progress bank provision. Awaiting a proposal with outputs and outcomes . Date Entered : 12/06/2022 18:25 Entered By : James Cooke
8	Develop proof of concept pilot to test the impact of physio or occupational therapist imbedded with n a community nursing team. Measure activities performed by the practitioner, and the impact on reducing preventable activities in association with the role.,	31/08/2022	Mark Lyles	no appointments made as of 16/6/22. further discussion required with Cathy Schofield. meeting arranged. Date Entered : 16/06/2022 11:46 Entered By : Mark Lyles
9	Develop proof of concept plan to trail the digital care hub handling district nursing calls for Wharfedale teams. Measure disposition of calls with an aim to reduce the need for community teams to perform face to face visits. Pilot may be expanded to offer supervision to HCA's practicing in community.	31/08/2022	Rebecca Rae	2 staff recruited into the hub, currently on induction to the service. Further meeting planned for 27/07/22 to agree start date. Date Entered : 27/06/2022 10:48 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.

				<p>Draft financial analysis completed to identify options for utilizing future underspend. Awaiting triangulation with budget setting and workforce predictions.</p> <p>Date Entered : 11/03/2022 11:20 Entered By : James Cooke</p>
11	Explore options for band 7 clinical nursing role that would support the national trend, local needs and match approaches undertaken by other local Trusts	30/09/2022	Anna Kennedy	<p>transformation programme underway the band 7 role within district nursing will be looked at as part of this programme</p> <p>Date Entered : 13/06/2022 09:26 Entered By : Anna Kennedy</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
06/06/2022		06/07/2022	<p>Community nursing continues to experience demand that exceeds capacity. The service continues to experience multiple vacant qualified nursing positions.</p> <p>The community transformation programme has now commenced and acknowledge these challenges as part of driving the change. Workforce planning actions continue.</p>	

Risk Level:	4 - Directorate	Risk Title:	Redbox Recording	Current Version	2		
Risk Number:	2605	Risk Owner:	Tim Rycroft	Date Entered:	17/01/2022	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	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:			
Lack of governance for call recording				exposure to data breaches and subsequent fines or substantial compensation. UK GDPR and Data Protection Act 2018			
Existing Control Measures:							
Mandatory annual Data Security and Protection training IG Staff handbook							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
4	Paper with recommendations for next steps to be presented at SLT			30/06/2022	Delphine Fitouri	Paper now due by end of June Date Entered : 10/06/2022 12:09 Entered By : Delphine Fitouri	
Risk Owner's Last Review		Next Review	Overall Risk Update				
10/06/2022		10/07/2022	Action target date updated				

Risk Level:	2 - Service Manager Level		Risk Title:	Potential for non-compliance with NHS complaints regulations and NHS		Current Version	9
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			29/07/2022	Rachel Howitt	development work ongoing - structure and resource proposal agreed at EMT - currently awaiting HR input to process before consultation capacity issues continue with additional staff leaving and reduction in agency cover Date Entered : 08/06/2022 17:12 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)			29/07/2022	Rachel Howitt	development work ongoing - structure and resource proposal agreed at EMT - currently awaiting HR input to process before consultation capacity issues continue with additional staff leaving and reduction in agency cover Date Entered : 08/06/2022 17:13 Entered By : Rachel Howitt	

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	11/07/2022	

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	

7	Remind staff to undertaken yearly Data Awareness Training as current level seems below the recommended level by the Data Protection and Security Toolkit (DPST)	23/06/2022	Delphine Fitouri	<p>Email communication has started to flow to staff non-compliance on 05/-5/22</p> <p>Date Entered : 06/05/2022 16:42 Entered By : Delphine Fitouri</p>
Risk Owner's Last Review	Next Review	Overall Risk Update		
06/05/2022	04/08/2022	Risk reviewed following IG group. No change on risk level but added immediate action to remind staff to undertake their mandatory training. As red risk, changed to quarterly review.		

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.			30/09/2022	Dawn Lee	New provider of the Wakefield 0-19 contract announced and initial meeting schedule has been set to support transition to the new provider. Initial meeting today. Date Entered : 31/05/2022 07:25 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
31/05/2022		31/07/2022	Risk reviewed. Transition work continues until the contract transfers to the new provider at the end of September 22.				

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							
Looking at different skill mix to fill the gaps							
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				
08/06/2022		06/09/2022	recruitment still taking place on the wards for band 5 nurses and band 6 on DAU				

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 5-3 (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:				
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	GS updated on behalf of DL: We continue to review the face to face contacts at each QuOps meeting against the current staffing position and also the progress against our BCP. We are seeing improvement across all contacts and we are expected to meet our trajectory against the BCP. Next review will be via CMB Date Entered : 03/05/2022 13:11 Entered By : Greg Sawiuk		
2	Ongoing recruitment to improve and widen skill mix			31/07/2022	Dawn Lee	GS updated on behalf of DL: Our recruitment campaign against the additional £1m investment from Public Health Commissioners continues. We have successfully recruited to a new screening team and sustained the Vulnerable Child Information Team as		

well. Recruitment is currently live for CP Extraction within school nursing and also the duty team. Specialist posts have also been recruited to which is positive. However the challenge to recruit and retain Band 6 HVs and School Nurses remain and within the last month we have seen a further 3 resignations from B6 HVs. Colleagues continue to cite the Tiered HV model as the reason for their departure from BDCFT. The review of the Tiered HV model will be complete this month and findings shared with SLT, workforce and commissioners.

Date Entered : 03/05/2022 13:12
 Entered By : Greg Sawiuk

Risk Owner's Last Review	Next Review	Overall Risk Update
03/05/2022	27/07/2022	GS updated actions on behalf of DL

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			13/03/2023	Naomi Holdsworth	ongoing Date Entered : 06/06/2022 10:18 Entered By : Kelly Barker	
2	Remind staff of IAPT criteria for suitability of clients to ensure we are not going above threshold.			12/09/2022	Naomi Holdsworth		
3	Utilisation of SR non recurrent monies to outsource with private provider to support waits and lost capacity.			12/12/2022	Kelly Barker		
4	MHIS allocation to increase IAPT access rates - recovery plan in development to ensure current commissioned levels are maintained to then support expansion to revised levels as agreed with CCG.			11/07/2022	Kelly Barker		
Risk Owner's Last Review		Next Review	Overall Risk Update				
05/05/2022		04/07/2022	actions ongoing.				

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	
2	Living well schools programme coming online September 2021.			29/09/2022	Gillian Brayshaw	Regular meeting with commissioners to discuss the living well school offer are ongoing. Date Entered : 27/06/2022 10:34 Entered By : Gillian Brayshaw	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		29/09/2022					

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:		
Non Compliant vehicle 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					
Partnership engagement with AGH Solutions has implemented vehicle parking management by AGH Security team to issue Parking Charge Notices (PCN's) to staff and visitors who commit vehicle parking breaches. This is scoped to commence 1/7/2022					
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.	01/08/2022	Richard Priestley	Revised start date - 1/8/2022 SLA Agreement in development with AGH Signage being provided by AGH via Wright signs Comms to be issued to Trust staff - comms supported by clinical service, staff side and FMT Date Entered : 16/06/2022 13:09 Entered By : Richard Priestley	
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		31/08/2022			

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.			22/07/2022	Saiqa Kauser	E consent developments in progress, BCG risk assessment will be included in this phase. Children in reception will be contacted via school and risk assessment complete before the end of the academic year. Date Entered : 30/06/2022 08:52 Entered By : Saiqa Kauser	
Risk Owner's Last Review		Next Review	Overall Risk Update				
30/06/2022		22/07/2022	Risk assessment for reception children in progress				

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			Patients not seen / risk of breaching 18 week wait target Increased pressure on staff as lengths of waiting lists increase Reduced support available for less experienced staff Reduced staff available to cover new commissioned sessions Unknown impact of not seeing patients. Staff will leave and find other jobs		
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress
2	Action plan - saved to TEAMS page Develop terms of reference for band 5/6 development posts - Karen, Louise, Ruth. Action: Explore additional needs of HR/staff bank - Emma to list. Utilise 'all staff' time out session on the 21th April - aim to focus on staff morale. , update staff on progress, understand issues & priorities, support from master coach (Carla Smith). . James, Emma, Shirley & Marnie to establish a waiting list task and finish group. .		30/06/2022	Emma Burke	No new info - awaiting SEND report and commissioners approval of referral criteria No implementation of new referral criteria/website and lists increasing. Date Entered : 18/05/2022 08:02 Entered By : Emma Burke
Risk Owner's Last Review		Next Review	Overall Risk Update		
/ /		30/06/2022			

Risk Level:	3 - Care Group Level		Risk Title:	MATs			Current Version	3
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 a further 200 cases to a Private Provider								
Additional capacity of 1 clinic per week provided via temporary (1 year) recruitment of GPwSI								
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				01/08/2022	Chris North	Locum input and funding continuing as a result of long-term sick leave of existing substantive consultant. Date Entered : 06/06/2022 11:15 Entered By : Chris North	
3	Identification of 4 OPMH clinical hubs to deliver Memory Services and other OPMH clinics at WBG, Canalside, Woodroyd & Ashcroft. Initial installation of bespoke AV / IT kit to enable COVID-safe assessments in clinic at WBG & Woodroyd.				15/07/2022	Suzanne Hall	IT installation undertaken at Woodroyd Centre end May 2022 but still awaiting furniture installation and resolution of sound problems cause by room acoustics via installation of soft furnishnigs. Date Entered : 06/06/2022 11:16 Entered By : Chris North	
5	Extended locum Medic funding				01/08/2022	Chris North	Additional locum consultant and assistant psychology provision based at OP Airewarfe CMHT to provide	

additional assessment and diagnostic capacity for period of 6 months

Date Entered : 14/06/2022 09:22
Entered By : Chris North

Risk Owner's Last Review	Next Review	Overall Risk Update
04/05/2022	02/08/2022	Risk remains as previously but managed at current state due to combined provision of outsourcing, GPwSI clinic, locum cover and increasing clinic space. Awaiting outcome of proposed Functional Model for Bracken Ward as anticipated this will release some extra medical resource to support extra MATS clinics

Risk Level:	4 - Directorate	Risk Title:	Cyber Security Risk: Primary & Secondary VPN Require MFA		Current Version	2
Risk Number:	2632	Risk Owner:	Delphine Fitouri	Date Entered:	06/05/2022	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 1-1 (1)			
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Cyber Security Risk: Access to our VPN solution is only protected by Single Factor Authentication. Although this system is currently scheduled replacement, It has been highlighted BY NHSD Cyber that due to recent attacks on NHS infrastructure this is no longer secure enough and needs to upgraded to MFA Multifactor authentication.				The risk is that malicious actors can gain access to our internal systems by only using a compromised or Phished username and password credential.		
Existing Control Measures:						
Require Strong passwords						
Phishing defense						
Block external malicious countries networks						
Block published command and control						
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress		
1	Implement "Always on VPN" with MFA implemented	31/07/2022	Peter Callaghan	Ready for testing. Will push user certs this week. Date Entered : 30/06/2022 14:36 Entered By : Greg Soffe		
4	Investigate limiting access to the VPN from within the UK.	01/07/2022	Greg Soffe	in the last 30 days, We have only had 2 accesses of the VPN. Both from Spain. Date Entered : 08/06/2022 11:30 Entered By : Greg Soffe		
5	Implement password Blacklist	15/07/2022	Ikhlaq Ahmed	IA will organize meeting MN Date Entered : 30/06/2022 14:37		

				Entered By : Greg Soffe
7	Investigate implementation of MFA on VPN servers.	30/06/2022	Ikhlaq Ahmed	IA to speak with LG to progress Date Entered : 30/06/2022 14:40 Entered By : Greg Soffe
Risk Owner's Last Review	Next Review	Overall Risk Update		
09/06/2022	09/07/2022	Updated actions		

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:	Thabani Songo	Date Entered:	07/09/2017	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-3 (9)				
Hazard/Causes Of Risk:				Risk Description/Impact/ Consequences, if risk not fully mitigated:			
<p>There is a high number of vacancies and increased staffing demand due to Covid 19 measures on the inpatient wards including Lynfield Mount and Airedale Centre for Mental Health which has the potential to impact on quality. There is an increased reliance on bank and agency staff which can have an impact on service user experience, safety and team morale. There has been a recent priority and focus on recruitment with additional band 5 & 6 nurses recruited.</p>				<p>This could have an impact on;</p> <ol style="list-style-type: none"> 1. Service user experience 2. Safety-service user incidents 3. Team morale 			
Existing Control Measures:							
<ol style="list-style-type: none"> 1. Block booking of agency staff who are inducted, trained and given access to System one for clinical records. 2. Daily bed meeting to review gaps and agency staff covering, monitored during the day to manage unplanned gaps that may occur later in the day. 							
<p>A new system has been implemented to monitor for gaps in staffing which has been uploaded on to SharePoint this allows early identification of gaps for the entire service and a system to ensure the DSN and Clinical Managers are working with Staff Bank to provide cover. The safer staffing escalation procedure is embedded within the site and also specialist services upload their daily staffing figures to the site to enable an overview of all inpatient wards.</p>							
<p>Ongoing recruitment to Band 5 nurse vacancies. Open ended band 5 post on NHS Jobs.</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	<ol style="list-style-type: none"> 1. Monitor through weekly autoroster meetings & daily lean management, plan to cover gaps in staffing and escalate to clinical managers and service manager where a staffing gap cannot be covered 2. Block booking of agency staff plus induction 3. IHTT staff being overbooked and reallocated to cover gaps in staffing if required. 			12/12/2022	Thabani Songo	<p>Daily Safer staffing Comms cell in place, weekly rostering meetings continue</p> <p>Date Entered : 05/05/2022 14:05 Entered By : Kelly Barker</p>	

	4. Rolling recruitment with HR and recruitment events to encourage employment with BDCFT			
4	Mobilisation of Model Roster 3	01/03/2023	Kelly Barker	Mobilisation phase of M3 commenced June 22 - overseen by TWICS and specific programme governance. Date Entered : 06/06/2022 10:16 Entered By : Kelly Barker
Risk Owner's Last Review	Next Review	Overall Risk Update		
06/06/2022	05/08/2022	Daily mitigations remain in place and supporting management of risk. M3 now signed off and moving into mobilization phase,		

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			08/08/2022	Thabani Songo	Action to continue Date Entered : 29/05/2022 09:26 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.	08/08/2022	Thabani Songo	Action to continue Date Entered : 29/05/2022 09:26 Entered By : Thabani Songo
6	Ongoing CCtH transformation across in patients and CMHT	08/08/2022	Thabani Songo	SDS: Inpatient Flow event to be facilitated by the KPO team, planned for week 11th July Date Entered : 29/05/2022 09:25 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	08/08/2022	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:	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			31/07/2022	Greg Soffe	War, War never changes. There is still a travel risk to the Ukraine, Poland, Belarus & Russia. There are regular cyber attacks on national infrastructure. our best plan of action is to keep our heads down and not make ourselves a target. Date Entered : 09/06/2022 11:47 Entered By : Greg Soffe		
12	Implement MFA for staff working Aboard			30/04/2022	Ikhlaq 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					

09/06/2022

07/09/2022

Reviewed actions.

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	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 Date Entered : 23/03/2022 11:10 Entered By : Paula Reilly		
Risk Owner's Last Review		Next Review	Overall Risk Update					
25/05/2022		24/07/2022	Work progress update for Phase 3 anti-ligature works- bedroom doors and windows: Phase3 Bedroom doors are progressing in line with workplan - Step Forward completed, with planned target completion across remaining Moorlands view wards target by end of October (Likely by end of July and Baildon by end of October). And for Bracken ward outstanding for external sliding sash bedroom windows: An order has been placed with the supplier (Polar) to replace all windows on the ward with the external sliding sash type identical to those currently installed on Fern and Heather Wards. Planned installations from 11th July and completion is estimated to be on 15th August.					

Risk Level:	1 - Local	Risk Title:	Psychological Therapy capacity	Current Version	3
Risk Number:	2451	Risk Owner:	Bernard Hughes	Date Entered:	30/12/2020
		Strategic Area:	Financial		
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 3-3 (9)	Target Risk Rating 3-2 (6)		
Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:		
<p>In community settings almost all psychological therapy services are stretched in terms of their capacity and safe governance. Rates of referral and demand far outweigh resource and capacity.</p>			<p>In mental health multidisciplinary services psychological therapists work directly with service users and their families and also offer psychological consultation, training and supervision to MDT colleagues seeking to support all provision to be psychologically informed and skilled. It is those services that are the focus of this paper. In community settings almost all services are stretched in terms of their capacity and safe governance.</p>		
Existing Control Measures:					
<p>Different approaches to managing referrals exist in different services areas, largely dictated by the balance (or imbalance) of capacity and demand.</p> <p>- CMHpS - Psychological services embedded in CMHT. Significant work done to reduce waiting times such that in Nov 2019 only 5% of those referred were waiting more than 18weeks (referral - first therapy). Removal of WL initiatives & Covid 19 (inc. finding new ways of working online) resulted in decline in this situation such that almost all locality teams for all services provided (assessment/formulation, group/skills work and 1-1 therapy) now exceed 18 week target, with many now waiting a year to begin active work.</p>					
<p>Significant waits for all interventions offered (primarily to those with interpersonal difficulties). Staff are working to capacity and waiting lists continue to grow especially with the disruption Covid19 has caused to both group and individual interventions.</p>					
<p>Attempted to get more therapists via band/agency</p>					
<p>Business case for more therapists July 2020</p>					
<p>Increase ration of provision of brief (5 session) therapy model in CMHTs</p>					
<p>VCS support for waiting list</p>					
<p>DBT waiting list only accepting critical new referrals. Waiting list otherwise closed to new referrals.</p>					
<p>5 session DBT Taster offered to all people waiting for DBT therapy. People will then be discharged/signposted if not appropriate.</p>					
<p>Bid for additional therapy resources agreed for city and North CMHps and DBT. Posts recruited into and have come into post in recent weeks.</p>					

Moved referral system for internal therapy referrals from paper referral to a team, to booking clients into immediate consultations with discussions about what clients want and need. Many therapy referrals were inappropriate and only an average of 30% of people starting therapy were finishing therapy. change in service delivery model to be more responsive and offer briefer work to more, thus reducing the number of people sitting on inappropriate waiting lists.

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	12/09/2022	Emma Van Der Gucht	ongoing Date Entered : 05/05/2022 14:31 Entered By : Kelly Barker
Risk Owner's Last Review	Next Review	Overall Risk Update		
05/05/2022	03/08/2022	actions ongoing		

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 wish to move due to loss of Wakefield 0-19 contract.			31/07/2022	Margaret Appleyard	some roles have been identified for staff in Bradford and they have moved over Date Entered : 14/06/2022 08:36 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			31/07/2022	Margaret Appleyard	meetings between staff and commissioners and new provider to commence shortly Date Entered : 14/06/2022 08:38 Entered By : Margaret Appleyard		

5	review of nominal role to identify capacity to provide full healthy child programme	31/07/2022	Margaret Appleyard	completed and new proposal re reducing delivery agreed in the shortterm until staffing improves Date Entered : 14/06/2022 08:39 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	31/07/2022	Margaret Appleyard	continues as above Date Entered : 14/06/2022 08:42 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	31/07/2022	Margaret Appleyard	continue as above Date Entered : 14/06/2022 08:42 Entered By : Margaret Appleyard
Risk Owner's Last Review		Next Review	Overall Risk Update	
14/06/2022		14/07/2022	Staff have now been made aware of new provider and it is now hoped that there will be an improvement in staffing due to remaining within the NHS	

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			31/07/2022	Emma Kergon	Regular data is received from Mears- but not all hotels/ weekly. Will continue to keep this concern until an external/ internal strategy is developed fully including BDCT. Date Entered : 06/06/2022 11:44 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			
/ /		31/07/2022				

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			31/07/2022	Laura Frost	Bed numbers remain at 18 currently, to review the long term position of this, along with patient flow Date Entered : 05/05/2022 18:25 Entered By : Suzanne Hall
5	Review of skill mix on the ward to ascertain need and adjust budget accordingly to allow for appropriate recruitment			31/07/2022	Laura Frost	This work is currently ongoing to review skill mix and numbers of staff to safely manage the agreed number of patients Date Entered : 05/05/2022 18:27 Entered By : Suzanne Hall
8	Bracken ward to be included in model roster 3 workstream to review staffing			30/09/2022	Laura Frost	
9	Rolling band 5 advert for ACMH to aid with recruitment. Bracken ward supporting interviews with Just R recruitment for band 2 and 3 HCSW's.			30/09/2022	Laura Frost	
Risk Owner's Last Review		Next Review	Overall Risk Update			

06/06/2022

06/07/2022

New actions to add regarding recruitment. 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 2-3 (6)		
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.					
Risk Owner's Last Review	Next Review	Overall Risk Update			
14/01/2022	31/07/2022	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:	4 - Directorate		Risk Title:	Continuity of service delivery during the COVID-19 Pandemic		Current Version	5
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 2-4 (8)	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.			20/07/2022	Tafadzwa Mugwagwa	current sickness and absence has reduced due to COVID this will continued to be monitored daily as part of safer staffing levels. Command structures remain in place but have been reduced to x2 for silver and monthly for Gold this will continue to be reviewed. This has now been stood down for key committee and reporting will be by exception Date Entered : 12/05/2022 14:25 Entered By : Phillipa Hubbard	
7	Increased sickness levels due to staff resilience, health and wellbeing due to a sustained pandemic and ability to manage current service demand, sickness and absence, track and trace and school absence			20/07/2022	Tafadzwa Mugwagwa	Covid absence reduced and will continue to be monitored daily and through command structures Date Entered : 12/05/2022 14:27 Entered By : Phillipa Hubbard	

Risk Owner's Last Review	Next Review	Overall Risk Update
07/05/2020	20/07/2022	GS created new version and updated risk wording & score as per LR email.

Risk Level:	1 - Local	Risk Title:	Research Grant Management			Current Version	4
Risk Number:	2527	Risk Owner:	John Hiley	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	
10/06/2022		16/05/2022	GS updated as discussed with SS.	