

Data extracted at 07:01:22 on 01/09/2022

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	30/09/2022
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	30/09/2022
2579, Rugare Musekiwa	Insufficient capacity to meet service needs.	4-5 (20)	4-5 (20)	4-5 (20)	3-2 (6)	Static	25/10/2021	2 - Service Manager Level	03/09/2022
2535, Dawn Lee	Staff wellbeing	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	05/08/2021	3 - Care Group Level	30/09/2022
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	30/09/2022
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	30/09/2022
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	30/09/2022
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	30/09/2022
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	10/09/2022
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	30/09/2022
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	02/09/2022
2621, Peter Garland	accessibility to services	4-4 (16)		4-4 (16)	2-3 (6)	Not yet changed	10/03/2022	1 - Local	07/10/2022
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	14/09/2022
2605, Tim Rycroft	Redbox Recording	4-3 (12)	4-3 (12)	4-4 (16)	3-2 (6)	Worse	17/01/2022	4 - Directorate	20/08/2022
2610, Kelly Barker	Core and PMHW waiting list size	5-3 (15)	4-4 (16)	4-4 (16)	4-3 (12)	Static	28/01/2022	3 - Care Group Level	15/08/2022
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	31/08/2022
2578, Rugare Musekiwa	Quality of system response to highlighted issues affecting children in care	4-3 (12)	4-3 (12)	4-4 (16)	2-2 (4)	Worse	25/10/2021	2 - Service Manager Level	03/10/2022
2577, Rugare Musekiwa	Insufficient staffing for Initial Health Assessments	5-3 (15)	5-3 (15)	4-4 (16)	2-3 (6)	Worse	25/10/2021	2 - Service Manager Level	03/09/2022
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	30/09/2022
2597, Tafadzwa Mugwagwa	Harm to staff or members of the public as a result of violence	5-3 (15)		5-3 (15)	5-2 (10)	Not yet changed	15/12/2021	4 - Directorate	21/06/2022
2598, Suzanne Hall	Staff Shortages in Older Peoples Mental Health services	3-5 (15)		3-5 (15)	2-5 (10)	Not yet changed	24/12/2021	2 - Service Manager Level	04/11/2022

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Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
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	15/11/2022
2611, Naomi Holdsworth	IAPT Waiting Lists	3-5 (15)	3-5 (15)	3-5 (15)	3-3 (9)	Static	15/02/2022	1 - Local	07/10/2022
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
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	02/09/2022
2504, Suzanne Hall	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	04/11/2022
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	10/09/2022
2648, Amanda Robinson	safeguarding team staff sickness	3-5 (15)		3-5 (15)	2-3 (6)	Not yet changed	02/08/2022	2 - Service Manager Level	16/08/2022
2649, Amanda Robinson	increase in statutory reviews requiring BDCFT Safeguarding team contributions	3-5 (15)		3-5 (15)	3-4 (12)	Not yet changed	02/08/2022	2 - Service Manager Level	01/09/2022
2653, Suzanne Hall	Lack of commissioned service for adults with learning disabilities who need ongoing prescribing monitoring for ADHD OR need an assessment for ADHD	3-5 (15)	3-5 (15)	3-5 (15)	1-2 (2)	Static	23/08/2022	1 - Local	21/11/2022
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	07/10/2022
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	09/12/2022
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	31/10/2022
2556, Rugare Musekiwa	Impact of dual recording on capacity	4-4 (16)	4-4 (16)	4-3 (12)	3-2 (6)	Better	09/09/2021	2 - Service Manager Level	31/12/2022
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	03/09/2022
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	30/09/2022
2517, Laura Frost	Staffing Issues Bracken Ward	4-4 (16)	4-4 (16)	4-2 (8)	3-3 (9)	Better	12/07/2021	1 - Local	07/09/2022
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	01/10/2022

Key Organisational Risks: 2022/2023

List 1: Risks with current Risk Rating of 15+

Risk Level:	3 - Care Group Level					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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Sufficiency of resource	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.	31/03/2023	Dawn Lee	This years students are now in consolidation period, Next years students for the SCPHN course are recruited and many are our B5s which support the Grow our Own initiative. we will need to review our current position and progress against our recruitment plan. Date Entered : 07/07/2022 07:38 Entered By : Dawn Lee			
4	Announcement of the Re-procurement of the 0-19 service	31/03/2023	Dawn Lee	Since the last report PH Commissioner have announced that the re-procurement of the 0-19 service has been delayed taking us until the end of March 24. This bid team met yesterday and we will now mobilise against a transformation plan over the course of the next 12 months. Date Entered : 07/07/2022 07:40 Entered By : Dawn Lee			

Risk Owner's Last Review	Next Review	Overall Risk Update
07/07/2022	30/09/2022	Items reviewed given most recent news of tender delay

Risk Level:	3 - Care Group Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Capacity to deliver partnership programmes		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	31/03/2023	Dawn Lee	We will be reviewing all B4 and B5 capacity against our recruitment plan, especially as a number of B5s have now been awarded places on the SCPHN course. Date Entered : 07/07/2022 08:11 Entered By : Dawn Lee			
2	MESCH steering to review progress	31/03/2023	Dawn Lee	With regards to MECSEH an options paper is to go to the Commissioning Advisory Group at BSB. This includes all ideas worked p by DL, EL and shared with MH. Awaiting outcome and this will determine next steps as part of our new transformation plan for the next 12 months Date Entered : 07/07/2022 08:15 Entered By : Dawn Lee			
3	Bradford 0-19 re-procurement	31/03/2023	Dawn Lee	We have notified that the re-procurement has now been delayed so we are working to a new timeframe of end of March 2024. Bid team met yesterday and a new transformation plan will be worked up for the next 12			

months.

Date Entered : 07/07/2022 08:13

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
07/07/2022	30/09/2022	All actions reviewed against news of re-procurement timeline being extended to end of March 24.

Risk Level:	2 - Service Manager Level				Current Version	4	
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 4-5 (20)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Insufficient capacity to meet service needs.	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 and also recommendations from the Intercollegiate guidelines. There is a risk to delivery of a quality service given the caseloads that Nurses are holding.				
Existing Control Measures:							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse & Team Leader have oversight of Nurses caseloads.</p> <p>Allocation tool in place.</p> <p>Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours.</p> <p>Psychology supervision offered to nurses on a monthly basis.</p> <p>Compliance with Clinical supervision</p> <p>Twice weekly safety huddles.</p> <p>Staff wellbeing services available.</p> <p>Team leader has oversight of each team member's caseload/ demand/ allocation and working hours</p>							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	<p>Explore integration with CAMHs workers and Specialist CAMHs LAC.</p> <p>Liase with Finance re funding generated by out of area children to create some more capacity with it. funding</p>		31/12/2022	Rugare Musekiwa	<p>Caseload numbers continue to increase. 2 new Nurses commenced in post but fixed term contracts for 3 are due to end. Conversations on going with Senior managers about retaining these staff members.</p> <p>Date Entered : 04/08/2022 16:01</p>		

Entered By : Rugare Musekiwa

Risk Owner's Last Review	Next Review	Overall Risk Update
04/08/2022	03/09/2022	Caseload numbers continue to increase. 2 new Nurses commenced in post but fixed term contracts for 3 are due to end. Conversations on going with Senior managers about retaining these staff members.

Risk Level:	3 - Care Group Level				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Staff wellbeing	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	31/03/2023	Dawn Lee	Action remains the same. Recently we have made progress regarding recruitment, this has been impacted by staff resignations. Date Entered : 29/07/2022 08:17 Entered By : Dawn Lee			
2	Workforce planning including staff retention	31/03/2023	Dawn Lee	New requests from PN Commissioner with regard to workforce information report following announcement of extension to procure, Same being worked on Date Entered : 29/07/2022 08:19 Entered By : Dawn Lee			
3	Restorative supervision and train the trainers offer	31/03/2023	Dawn Lee	Progress here - securing in post Student lead for children's services. Also we now have completed and EoI for further PNAs to complete training. This will all be completed by 2024.			

				Date Entered : 29/07/2022 08:21 Entered By : Dawn Lee
4	Staff engagement events to take place	31/03/2023	Dawn Lee	Ongoing evets to be delivered Date Entered : 29/07/2022 08:22 Entered By : Dawn Lee
5	The intention to re-procure the 0-19 service in Bradford by PH Commissioners	31/03/2023	Dawn Lee	Received word from PH Commissioners that re-procurement will be delayed until March 24. Although this has not yet been followed up formally and we have not seen any change re contract / specification yet. Date Entered : 29/07/2022 08:23 Entered By : Dawn Lee
Risk Owner's Last Review		Next Review	Overall Risk Update	
29/07/2022		30/09/2022	All actions reviewed and target date extended to March 23 in light of extension to re-procure date	

Risk Level:	3 - Care Group Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Service contribution to child protection		Service contribution to child protection		Risk to safety as expectation that public health nurse can always present all health needs at case conferences etc by representing perspective of other health partners.			
Existing Control Measures:							
BCP in place							
Ongoing negotiations with wider partners including local authority, CCGs and Public health.							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
1	Continue to engage with wider partners to review the guidance on attendance at child protection meetings. Other health partners to be able attend.	31/03/2023	Dawn Lee	We have now recruited to all posts within the School Nursing Vulnerable Children Team therefore we will be mobilizing to separating out the planned HCP work from the acute unplanned CP work, This team will oversee all the ICPCCs and introduce the School Nursing CP Pathway Date Entered : 07/07/2022 07:31 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.	31/03/2023	Dawn Lee	We have recruited to all posts in the School Nursing Vulnerable Children Team. This team will go live in due course and lead on all the acute unplanned work. As the reprocurement of the service has now been delayed therefore a new transformation plan will be devised with the business & innovation team to progress and deliver this Date Entered : 07/07/2022 07:34 Entered By : Dawn Lee			

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	30/09/2022	

Risk Level:	2 - Service Manager Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Poor connectivity affecting timely access to health records		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 (District Nursing, Community Matrons. Domiciliary Dental and podiatry) 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	
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.			30/09/2022	Emma Kergon	Staff are continuing to express issues with connectivity but due to work demands have failed to report. Staff encouraged to recommence reporting when connectivity issues arise. Date Entered : 28/07/2022 17:50 Entered By : Emma Kergon	
3	Pilot work and task and finish group exploring alternative options and solutions to connectivity issues.			30/09/2022	Emma Kergon	staff piloting sim cards continue to express satisfaction with this approach. Currently under review to see if this can be rolled out wider. Date Entered : 28/07/2022 17:51 Entered By : Emma Kergon	
Risk Owner's Last Review		Next Review	Overall Risk Update				
23/09/2021		30/09/2022					

Risk Level:	3 - Care Group Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Consent for EHCPs and Tribunals in relation to SEND		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	WSOA from the SEND Inspection now available and action plans being worked on with the DCO, this includes the quality of EHCPs. At the trust wide send equality steering group we discussed a system response to issues such as a training plan / schedule and also the tribunals work. Same to be promoted within the system for a full system wide response Date Entered : 29/07/2022 08:35 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
29/07/2022		30/09/2022	Actions reviewed				

Risk Level:	3 - Care Group Level					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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
School Nursing Special Needs Sussex Tool Findings 2021	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	Business case being supported by our Business manager and now also including any possible links to the WSAO from the SEND inspecion as well Date Entered : 29/07/2022 08:32 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
29/07/2022		30/09/2022	All actions reviewed				

Risk Level:	4 - Directorate					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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Organisational risks associated with Out of Area Bed Use (finance, performance & quality)	<ul style="list-style-type: none"> * 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) * COVID related impacts upon communities and their mental health increasing demand & complexity * 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 		<ul style="list-style-type: none"> *insufficient bed capacity within BDCFT bed base resulting in service users being admitted into Out of Area Beds * care not delivered locally therefore continuity and quality of care impacted, service user & carer experience * increased pressure within community services, increased risks being held at community level * increase in complaints & incidents * increased pressure and impacts upon the system and stakeholders * 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 * Unable to meet the NHSE LTP commitment to zero Out of Area placements by end of q4 21/22 * Reputational impacts 				
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			30/03/2023	Kelly Barker	KPO plan developed, 3 RPIWs, 2 Kaizen. Metrics and benefits aligned. Date Entered : 12/07/2022 09:12	

				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).	19/09/2022	Claire Risdon	Contract still in place and being overseen within assurance framework Date Entered : 12/07/2022 09:12 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.	19/09/2022	Kelly Barker	Work with Cygnet around piloting cloud based solution to sharing EPR notes view to commence in August 2022 Date Entered : 12/07/2022 09:14 Entered By : Kelly Barker
Risk Owner's Last Review		Next Review	Overall Risk Update	
12/07/2022		10/09/2022	Actions and mitigation in place and remain relevant. COVID impacts continue to be a key contributor to OOA position.	

Risk Level:	3 - Care Group Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Re-procurement of the Bradford 0-19 contract		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	Review of the tiered model is complete. This is now being used to confirm new service delivery model Date Entered : 29/07/2022 08:27 Entered By : Dawn Lee		
2	Re-procurement process		31/03/2023	Dawn Lee	Reprocurement has now been extended until March 24 although work is ongoing Date Entered : 29/07/2022 08:28 Entered By : Dawn Lee		
3	Close working with Public Health Commissioners		31/03/2023	Dawn Lee	New schedule of meetings and reporting proposed by PH Commissioners Date Entered : 29/07/2022 08:28 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	New model being designed and will be worked up against the possible financial envelope for the new contract		

£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.

Date Entered : 29/07/2022 08:29
Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
29/07/2022	30/09/2022	All actions reviewed

Risk Level:	1 - Local					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Increased demand on Community adult service, increasing referral rates, backlog		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		02/09/2022	Emma Burke	Recruiting locum but not started yet - 1.0wte B7 due to start ? w/c 8/08/22. Vacancies remain in community - band 6 - 0.4 (other band 6 money used for temp band 5 starting sept 22 - March 23. Filled vacant b5 post starting sept 22. Additional staff through locums not covering vacancies as yet therefore no change in severity (as community running under capacity until substantive, fixed term and locums start. Date Entered : 05/08/2022 14:44 Entered By : Emma Burke		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		02/09/2022					

Risk Level:	1 - Local					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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
accessibility to services	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			14/11/2022	Peter Garland	ongoing Date Entered : 08/08/2022 11:46 Entered By : Kelly Barker	
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 will be part of this project group.			01/09/2022	Bernard Hughes		
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				

08/08/2022

07/10/2022

actions ongoing locally and are being taken into place level work mapping and reviewing the current crisis line provision ahead of NHSE mandate to manage lines through 111

Risk Level:	3 - Care Group Level					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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Community nursing services exceeding capacity	<p>Community nursing demand has exceeded capacity for a significant period of time. There has been a lack of investment in community services despite a growing elderly population, and measurable increases in the complexity of people served.</p> <p>Recruitment and retention of qualified nurses remains a challenge for community services which leaves gaps in teams and exacerbates the associated challenges. Retention been impacted by neighboring Trusts offering new pay arrangements & PCN recruitment.</p> <p>COVID-19 has impacted on staff morale and resilience as the workforce are fatigued.</p> <p>Increased pre-reg student placements impacts on service capacity.</p> <p>Support for COVID vaccination centers - 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>			Demand within community nursing services exceeding capacity. Likely to impact on patient safety, quality and ability to deliver the service.			

Existing Control Measures:

Workforce Developmental (talent management programmes):

- ACP apprentices
- DN SP apprentices
- Nursing Associate apprentices
- Nursing apprentices

Logistical support worker roles embedded.

Lean initiatives developed e.g. MESI doppler purchase, revised wound care templates.

BDCFT Strategic Adults Programme - to support bids for transforming community services monies.

Daily lean management.

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
5	Address estates issues impacting on travel & capacity within community services via safer workspaces group	31/10/2022	James Cooke	<p>Queensbury Health Centre undergoing roof repairs prior to DN's re-occupying their previous room.</p> <p>Ongoing discussions regarding opportunities to occupy space at the Ridge. Needs linking to the estates strategy, and to consider cost implications. May require other estate to be relinquished.</p> <p>Geographical working re-enacted to reduce travel for staff and the associated fuel costs.</p> <p>Transformation progress will inform future estate requirements.</p> <p>Date Entered : 28/07/2022 08:19 Entered By : James Cooke</p>
6	Establish a bespoke temporary HR provision to assist in growing the bank & increase support around long term sickness management.	31/12/2022	James Cooke	<p>Bank recruitment plan ongoing. To review benefits/progress to inform next steps.</p> <p>Date Entered : 15/08/2022 14:10 Entered By : James Cooke</p>
8	Develop proof of concept pilot to test the impact of physio or occupational therapist imbedded with n a community nursing team. Measure activities performed by the practitioner, and the impact on reducing preventable activities in association with the role.,	31/03/2023	Mark Lyles	<p>Unable to recruit suitable AHP's to inform trial.</p> <p>Plan to meet with LA Therapy lead to discuss future opportunities for integrated provision.</p> <p>Date Entered : 28/07/2022 08:21 Entered By : James Cooke</p>
9	Develop proof of concept plan to trail the digital care hub handling district nursing calls for Wharfedale teams. Measure disposition of calls with an aim to reduce the	30/11/2022	Rebecca Rae	<p>Digital Hub Pilot Funding extended until March 2023. Readvertising for 1.3wte B6 staff as existing staff leaving</p>

	need for community teams to perform face to face visits. Pilot may be expanded to offer supervision to HCA's practicing in community.			in Nov 22. Looking to commence pilot late Oct as recruitment process has commenced without delay. Bi-weekly meetings continue with Admin staff & the Digital Hub to ensure all required actions are on track in readiness for the start of the pilot. Date Entered : 31/08/2022 16:15 Entered By : Paula Reilly
10	Explore opportunities to increase skill mix capacity accord community nursing teams.	31/12/2022	James Cooke	Awaiting update from task and finish group members. Date Entered : 30/08/2022 10:53 Entered By : James Cooke
11	Explore options for band 7 clinical nursing role that would support the national trend, local needs and match approaches undertaken by other local Trusts	30/09/2022	Anna Kennedy	transformation programme underway the band 7 role within district nursing will be looked at as part of this programme Date Entered : 13/06/2022 09:26 Entered By : Anna Kennedy
Risk Owner's Last Review		Next Review	Overall Risk Update	
15/08/2022		14/09/2022	Community staffing remain depleted. Recruitment continuing. Transformation programme progressing - move toward creating a band 7 clinical DN role will support retention.	

Risk Level:	4 - Directorate				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Redbox Recording	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		
5	Arrangements to be put in place for First response as recording still required		31/08/2022	Christopher Dixon	Meeting to be arranged to support the transition with documented processes to be agreed Date Entered : 21/07/2022 11:43 Entered By : Delphine Fitouri		
Risk Owner's Last Review		Next Review	Overall Risk Update				
21/07/2022		20/08/2022	Actions updated following SLT presentation, however actions will need to be implemented and documentation published before the risk level can be reduced				

Risk Level:	3 - Care Group Level					Current Version	2
Risk Number:	2610	Risk Owner:	Kelly Barker	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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Core and PMHW waiting list size		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, Amber and Green 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 all RAG rated cases. Increased referrals and staff leaving are main contributing factors to the increased length of wait of allocation of key workers.			
Existing Control Measures:							
<p>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.</p> <p>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.</p>							
Wellbeing checks for patients waiting, as SOP guides on RAG rating.							
Recruitment of additional Social Workers and OT instead of nurses for key worker roles.							
Weekly manual collection of cases waiting to be allocated a key worker from new and from reallocation, RAG rating included. This is to monitor the position.							
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	- 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
9	Sadia Ashiq PMHW Team Lead to continue to advertise rolls.	19/09/2022	Sadia Ashiq	Rolls out continually. Date Entered : 06/07/2022 10:29 Entered By : Sadie Booker
10	Shamila Ahmad to ensure Brathay colleagues come into post smoothly and quickly.	15/08/2022	Shamila Ahmad	SLA completed with CCG. Honorary contracts in progress. Date Entered : 06/07/2022 10:32 Entered By : Sadie Booker
13	To consider single session therapy as a model, with weekend clinics.	15/08/2022	Jennifer Robb	Meeting required to discuss SST model by lead clinicians asap. Date Entered : 06/07/2022 10:44 Entered By : Sadie Booker
14	TWICS to support waiting list review for CAMHS.	19/09/2022	Sadie Booker	Meetings in the diary every 2 weeks. Date Entered : 06/07/2022 10:49 Entered By : Sadie Booker
Risk Owner's Last Review		Next Review	Overall Risk Update	
08/08/2022		15/08/2022	actions all in date, risk stabilized however not reduced.	

Risk Level:	2 - Service Manager Level					Current Version	10
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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams	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			05/09/2022	Rachel Howitt	new model ready with HR and staffside agreement - consultation to commence w/c 11 July 2022 band 2 admini sourced from taskmaster to assist cover, however other team member due for sick leave (elective surgery) so capacity remains challenged Date Entered : 08/07/2022 08:54 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)			05/09/2022	Rachel Howitt	consultation on new model structure commences 11/7/22 capacity remains challenging Date Entered : 08/07/2022 08:55 Entered By : Rachel Howitt	
Risk Owner's Last Review		Next Review	Overall Risk Update				

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31/08/2022

Risk Level:	2 - Service Manager Level				Current Version	2	
Risk Number:	2578	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	Current Risk Rating 4-4 (16)	Target Risk Rating 2-2 (4)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Quality of system response to highlighted issues affecting children in care	There is a risk that a care plan is sub-optimal due to a lack of collaboration between professionals / MDT and that response are reactive to events rather than through established arenas to jointly work on service / quality improvement plans		If collaborative working is not strengthened , there is a risk that partners do not pull together effectively to deliver the best services that the children in our care deserve.				
Existing Control Measures:							
Designated Doctor, Named Nurse and Team Leader attend weekly triage meetings.							
Nurses prioritise attendance review / care planning meetings							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Explore option for Named Nurse/ CIC nurse to attend Parenting Panel. Explore opportunity for an integrated request and presentation of needs to Joint Funding Panel.		31/12/2022	Rugare Musekiwa			
Risk Owner's Last Review		Next Review	Overall Risk Update				
04/08/2022		03/10/2022	There is an increased risk now due to inconsistent commitment for undertaking of Initial health assessments by partners in the Acute Trusts. This has been discussed in partnership meetings and is being followed up by the Commissioners and Senior Managers.				

Risk Level:	2 - Service Manager Level				Current Version	3	
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 4-4 (16)	Target Risk Rating 2-3 (6)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Insufficient staffing for Initial Health Assessments	Not being able to undertake assessments within statutory expectation.		There is insufficient workforce capacity to undertake initial health assessments in timely manner.				
Existing Control Measures:							
we have employed GPs's and Paediatrician to support with Initial Health assessments (IHA'S)							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Consideration for recruitment to unfilled post. Need formal commitment to appointment schedule and accountability/ monitoring via dashboard.			31/12/2022	Rugare Musekiwa		
Risk Owner's Last Review		Next Review	Overall Risk Update				
04/08/2022		03/09/2022	Reliance on GPs and Paediatrician to undertake IHAs but caseload numbers continue to increase against limited existing capacity.				

Risk Level:	4 - Directorate					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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Organizational / individual practice not consistent with good information governance	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					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Re-procurement of Wakefield 0-19 contract		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	Transition meetings continue for the TUPE transfer date of 30.9.22. Work streams are progressing some issues remain regarding S1 are being worked through. Date Entered : 29/07/2022 08:14 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
29/07/2022		30/09/2022	Action and progress reviewed				

Risk Level:	4 - Directorate					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Harm to staff or members of the public as a result of violence		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	<p>"No force first" progress report has been to this month private board and clinical board and well received.</p> <p>The impact of the "no force first" has been very positive with reduction in use of restraints. This work is monitored through the positive proactive care group.</p> <p>Date Entered : 25/07/2022 13:30 Entered By : Tafadzwa Mugwagwa</p>	
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	<p>Review of inpatient workforce model has been progressing well and the Model roster 3 business case has been through all governance process and now agreed to move into implementation.</p> <p>The goal and vision surrounding the Model Roster 3 work is that BDCFT Acute & PICU inpatient services will have a financially sustainable workforce model that delivers safe, high quality, purposeful and effective care. This will see the current MDT expand to offer the full range of recovery focused activities and interventions across the 7 days, maximising opportunities to recover quicker and make a safe transition home sooner. Discharges will be facilitated</p>	

across the 7 days, discharges that have been planned, co-produced and supported by the service user, their families, community teams and pathways.

Date Entered : 25/07/2022 13:26
Entered By : 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				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Staff Shortages in Older Peoples Mental Health services	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			
7	to recruit and manage sickness	12/10/2022	Suzanne Hall	plans are in place but will review until people in post and return from sick			

Date Entered : 06/08/2022 16:05
Entered By : Suzanne Hall

Risk Owner's Last Review	Next Review	Overall Risk Update
06/08/2022	04/11/2022	recruitment still taking place on the wards for band 5 nurses and band 6 on DAU

Risk Level:	4 - Directorate				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Visibility of vulnerable families	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	31/03/2023	Dawn Lee	Review of F2F contacts continues and whilst we are seeing improvements against our KPIs and BCP. We are especially stretched with regards to staffing, due to unplanned sickness across the teams. Date Entered : 17/08/2022 07:29 Entered By : Dawn Lee			
2	Ongoing recruitment to improve and widen skill mix	31/03/2023	Dawn Lee	Our workforce and recruitment remains in place. We have now mobilised 2 out the 4 projects against the £1m investment. The 3rd project is recruited to and will go live in Sept 22. The 4th project - we have gone live with new HV duty 15.8.22 and will evaluate in 4 weeks. The Grown our own project continues to see B5s succesfully securing places on the SCPHN course. Band 6 recruitment remains a challenge and we are still seeing colleagues leave the service all exit interviews are being collated and reviewed. 121 conversations are taking place with any			

colleague who expresses a desire to leave.

Date Entered : 17/08/2022 07:33

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
17/08/2022	15/11/2022	All risks reviewed

Risk Level:	1 - Local					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
IAPT Waiting Lists		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.		19/09/2022	Kelly Barker	ongoing Date Entered : 08/08/2022 12:23 Entered By : Kelly Barker		
Risk Owner's Last Review		Next Review	Overall Risk Update				
08/08/2022		07/10/2022	xyla contract now mobilised and cases starting to flow from September onwards. This will impact on waits going into October				

Risk Level:	2 - Service Manager Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Interface between CAMHs and 0-19 services		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					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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Reduced staffing levels within the core paediatric service due to vacancies	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. .			02/09/2022	Emma Burke	Recruiting locums - again only wanting a couple of days - delay in receiving go ahead to recruit over cap -Michelle Holgate approved but gone higher. vacancies remain and locum time not covering substantive vacancies. Hoping locum can start 2 days w/c 08/08 and another 26/09 for 9 hours a week Date Entered : 05/08/2022 14:55 Entered By : Emma Burke	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		02/09/2022					

Risk Level:	3 - Care Group Level					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
MATs		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			19/10/2022	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.			19/10/2022	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 furnishngs. Date Entered : 06/06/2022 11:16	

				Entered By : Chris North
5	Extended locum Medic funding	19/10/2022	Chris North	Additional locum consultant and assistant psychology provision based at OP Airewharfe 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		
06/08/2022	04/11/2022	risk remains but plans in place to reduce risk		

Risk Level:	4 - Directorate				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Cyber Security Risk: Primary & Secondary VPN Require MFA (CONFIDENTIAL)	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	31/08/2022	Peter Callaghan	Deploying to some windows 10 machines Date Entered : 21/07/2022 11:41 Entered By : Greg Soffe			
4	Investigate limiting access to the VPN from within the UK.	31/08/2022	Greg Soffe	There is no evidence that the VPN is being maliciously accessed from outside of the UK Date Entered : 21/07/2022 11:44 Entered By : Greg Soffe			

5	Implement password Blacklist	31/08/2022	Ikhlaq Ahmed	Delayed until printer issues are fixed within the Servers team. Date Entered : 28/07/2022 15:02 Entered By : Greg Soffe
7	Investigate implementation of MFA on VPN servers.	31/08/2022	Ikhlaq Ahmed	Meeting organised next week. Date Entered : 28/07/2022 15:01 Entered By : Greg Soffe
Risk Owner's Last Review		Next Review	Overall Risk Update	
11/08/2022		10/09/2022	All Actions have been delayed due to printer incidents that have occurred over the last 2 weeks	

Risk Level:	2 - Service Manager Level					Current Version	1
Risk Number:	2648	Risk Owner:	Amanda Robinson	Date Entered:	02/08/2022	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 2-3 (6)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
safeguarding team staff sickness		currently the Wakefield Named Nurse is off sick, as well as other staff members being off sick with Covid and other illness		Staff sickness is impacting on the ability to contribute to Childrens Partnership workstreams for Wakefield. Also impacting on provision of safeguarding supervision for 0-19 services including Family Nurse Partnership nurses. There are times when the increased work demands are higher than the staff capacity to meet these demands. The SG team is currently able to meet statutory requirements and contribute relevant health information to Strategy Discussions (required for decision making when a child has been referred to Children's Social Care), however, any further sickness or increase in demand would impact on this.			
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Currently supporting Wakefield statutory functions by employing bank staff - specialist practitioner approx 2 days a week. A Named Nurse in Bradford to provide SG supervision for Family Nurse Partnership staff. Bradford SG team staff supporting as need emerges - discussed daily at joint DLM.		22/08/2022	Amanda Robinson	in addition, I am arranging additional admin staff hours via the staff bank to support admin functions Date Entered : 08/08/2022 13:57 Entered By : Amanda Robinson		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		16/08/2022					

Risk Level:	2 - Service Manager Level					Current Version	1
Risk Number:	2649	Risk Owner:	Amanda Robinson	Date Entered:	02/08/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-4 (12)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
increase in statutory reviews requiring BDCFT Safeguarding team contributions		increase demand on the safeguarding team capacity.		There's been a significant increase in the number of serious child abuse cases, adult abuse cases and domestic homicides across Bradford and Wakefield. This requires significant staff resource in terms of contributing to statutory reviews, report writing, attending meetings, compiling actions plans, supporting services to implement actions, developing and delivering specific training, providing evidence to Partnerships of implementing recommendations and improving practice,			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	<p>prioritising service focus on meeting the statutory safeguarding requirements, assessing need daily. Aware this is a 'Place' based issue impacting on all partner agencies.</p> <p>Liaising with Phil and Grainne and updating weekly.</p> <p>Considering recruiting more hours at Band 6 posts when Band 7 staff leaves in August.</p>			17/10/2022	Amanda Robinson	<p>linking in with SI team for example to share information gathering for cases with internal and external review processes.</p> <p>Date Entered : 08/08/2022 14:03 Entered By : Amanda Robinson</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		01/09/2022					

Risk Level:	1 - Local					Current Version	3
Risk Number:	2653	Risk Owner:	Suzanne Hall	Date Entered:	23/08/2022	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 1-2 (2)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Lack of commissioned service for adults with learning disabilities who need ongoing prescribing monitoring for ADHD OR need an assessment for ADHD		Lack of appropriate service means people with learning disabilities are not getting the support they need to manage their ADHD or get an ADHD assessment - this may result in poor quality care, inappropriate treatment options or misdiagnosis.		There is currently no service commissioned to support adults with learning disabilities who also have ADHD and need medication monitoring for this. There is currently no service commissioned to support adults with learning disabilities to have an ADHD assessment. The learning disabilities team at Waddiloves is currently getting referrals for both these needs but are not commissioned to provide this support and therefore people are not getting a service.			
Existing Control Measures:							
Unable to put controls in place as no service commissioned to meet this need - at present referrals are being declined.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Informed senior managers & medical director of referrals being received but inability to pick these up as no commissioned service			31/10/2022	Victoria Donnelly	No update as yet from managers Date Entered : 30/08/2022 10:06 Entered By : Victoria Donnelly	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		21/11/2022					

Risk Level:	3 - Care Group Level					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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Workforce- Vacancy and additional shift requirements	<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.</p> <p>There is an increased reliance on bank and agency staff which can have an impact on service user experience, safety and team morale.</p> <p>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.</p> <p>The safer staffing escalation procedure is embedded within the site and also specialist services upload their daily staffing figures to the site to enable an overview of all inpatient wards.</p>							
Ongoing recruitment to Band 5 nurse vacancies. Open ended band 5 post on NHS Jobs.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	

1	<p>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</p> <p>2. Block booking of agency staff plus induction</p> <p>3. IHTT staff being overbooked and reallocated to cover gaps in staffing if required.</p> <p>4. Rolling recruitment with HR and recruitment events to encourage employment with BDCFT</p>	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	Mobilisation of Model Roster 3	01/03/2023	Kelly Barker	<p>Mobilisation phase of M3 commenced June 22 - overseen by TWICS and specific programme governance.</p> <p>Date Entered : 06/06/2022 10:16 Entered By : Kelly Barker</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Risk Owner's Last Review</th> <th style="width: 20%;">Next Review</th> <th colspan="3">Overall Risk Update</th> </tr> </thead> <tbody> <tr> <td>08/08/2022</td> <td>07/10/2022</td> <td colspan="3">M3 mobilising. Rapid t&f group to address incentives established with EMT approval. Now mobilising</td> </tr> </tbody> </table>					Risk Owner's Last Review	Next Review	Overall Risk Update			08/08/2022	07/10/2022	M3 mobilising. Rapid t&f group to address incentives established with EMT approval. Now mobilising		
Risk Owner's Last Review	Next Review	Overall Risk Update												
08/08/2022	07/10/2022	M3 mobilising. Rapid t&f group to address incentives established with EMT approval. Now mobilising												

Risk Level:	2 - Service Manager Level				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Public Health programme requirements	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	09/12/2022	Gillian Brayshaw	Recruited to a screening team that deliver on audiology and NCMP. Continue to deliver safeguarding and SEND offer. Date Entered : 04/08/2022 10:43 Entered By : Greg Sawiuk			
2	BCP health visiting service offer agreed to be delivered from 26th July 2021	09/12/2022	Gillian Brayshaw	Review of BCP completed July 2022 and improved service offer shared with commissioners. Plan to review in December against staffing capacity. Date Entered : 04/08/2022 10:45 Entered By : Greg Sawiuk			
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		09/12/2022					

Risk Level:	2 - Service Manager Level				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
High Demand, occupancy rates and OOA within inpatient services	<ul style="list-style-type: none"> *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 		<ul style="list-style-type: none"> *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 				
Existing Control Measures:							
<ul style="list-style-type: none"> *daily call out information regarding admission and discharges *daily bed escalation discussion 							
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	31/10/2022	Thabani Songo	Action to continue Date Entered : 08/08/2022 22:22 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.	31/10/2022	Thabani Songo	Action to continue Date Entered : 08/08/2022 22:22 Entered By : Thabani Songo
6	Ongoing CCtH transformation across in patients and CMHT	31/10/2022	Thabani Songo	Action to continue Date Entered : 08/08/2022 22:23 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	31/10/2022	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				Current Version	2	
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 4-3 (12)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Impact of dual recording on capacity	<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.							
We are now inputting directly on to the clinical record in a timely manner. NIVS data is now being uploaded daily by the child health team.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	To mitigate risk of compromise in quality and timely record keeping.			31/12/2022	Rugare Musekiwa	<p>Documentation now being done directly on to the record. Service have now procured an econsent platform to be implemented in Sept 2022</p> <p>Date Entered : 03/08/2022 16:14 Entered By : Rugare Musekiwa</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/12/2022					

Risk Level:	4 - Directorate				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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Cybersecurity Risk: Whole of Trust		IT / Clinical systems affected by a cyber incident, originated from within or from outside the organisation		Critical impact on IT and clinical system access, impacting on clinical and administrative activities			
Existing Control Measures:							
<p>-Cyber Security Team has been established with 2 permanent resources recruited and in post</p> <p>-Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital.</p> <p>-Vulnerability scanning using OpenVAS</p>							
Achievement of Cyber Essential and Cyber Essential + accreditation							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
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					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Risk of Harm due to ligature within inpatient services		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:							
<p>-Ligature Risk Assessments conducted at a minimum every 12 months or immediately following any adaptations to service environment</p> <p>-Design of inpatient environments (with the exception of DAU) in line with HBN03</p> <p>-Action outcomes from ligature risk assessments are reviewed at Ops service Quality & Safety meetings and reported monthly by exception to LERs Group</p>							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
7	Programme of works underway to replace bedroom doors and windows in key bedrooms across all wards assessed as ' high risk' within new ligature risk assessment framework, and introduce other measures such as new anti-barricade mechanism and patient call alarms, following recent approval by the Trust Board.			31/07/2022	Tafadzwa Mugwagwa	<p>Full approval has been received for phase 3. Work on schedule. In addition, all ligature risk assessments have been reviewed utilising new app that has been developed by the team, the outputs of which have been reviewed by the LERs group identifying significant reduction in ligature risks as a result of phase 1 and 2 works. Agreement reached within the LERs group to reduce the risk score</p> <p>Date Entered : 23/03/2022 11:10 Entered By : Paula Reilly</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update				
25/05/2022		24/07/2022	<p>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).</p> <p>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.</p>				

Risk Level:	1 - Local				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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Psychological Therapy capacity	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.			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.			
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 18 weeks (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>							

Bid for additional therapy resources agreed for city and North CMHps and DBT. Posts recruited into and have come into post in recent weeks.

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				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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
loss of tender process to provide 0-19	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.			30/09/2022	Margaret Appleyard	There have been some staff who have moved to new roles in BDCFT however as we now know the new service provider is in the NHS we expect this movement to slow down Date Entered : 26/07/2022 17:58 Entered By : Margaret Appleyard	
5	review of nominal role to identify capacity to provide full healthy child programme			01/09/2022	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	29/09/2022	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	31/08/2022	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		
04/08/2022		03/09/2022		Service working within Business continuity plan, reduced provision due to staffing capacity. Difficulties recruiting continue, and staff awaiting further information regarding model and structure regarding move to new service.

Risk Level:	1 - Local					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Poor communication impacting on the health provision for new arrivals		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			30/09/2022	Emma Kergon	Support from Deputy director of Nursing sought- G.Eloi and meeting to be held in early September to explore wider strategic view with stakeholders. Date Entered : 28/07/2022 17:56 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				
/ /		30/09/2022					

Risk Level:	1 - Local					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)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Staffing Issues Bracken Ward		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	ongoing Date Entered : 20/07/2022 14:14 Entered By : Laura Frost	
8	Bracken ward to be included in model roster 3 workstream to review staffing			30/09/2022	Laura Frost	ongoing Date Entered : 20/07/2022 14:14 Entered By : Laura Frost	
Risk Owner's Last Review		Next Review	Overall Risk Update				
08/08/2022		07/09/2022	reviewed, no updates, all mitigations in place				

Risk Level:	4 - Directorate					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)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Continuity of service delivery during the COVID-19 Pandemic	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	Staffing sickness levels have been on a steady rise as we witnessed surge in community covid infections. However in the last week feels stable and towards the end of this week sickness appears to have stabilised.	

Staffing is monitored through daily lean management, BCP activated, command structures in place.

Date Entered : 25/07/2022 13:17
Entered By : Tafadzwa Mugwagwa

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				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)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Research Grant Management	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		
5	Review of finance department will inform level/type of support for R&D. Awaiting outcome.		30/09/2022	Claire Risdon			
3	Non recurrent resources have been agreed to provide additional support into Finance up to 31st March 2022.		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		

	Workload will be assessed during this period, with an evaluation completed in February 2022 to ascertain the additional demands on the department. Any associated cost pressure will be aligned into the Business Planning process and prioritised accordingly.			<p>solution.</p> <p>In addition, existing staff were not sure this kind of agency support would be an effective addition to the team, requiring constant supervision in this complicated work. Business case solutions to be reviewed in April.</p> <p>Date Entered : 13/04/2022 11:33 Entered By : John Hiley</p>
4	R&D reviewing Business Case in the light of earlier actions.	01/05/2022	John Hiley	<p>Revised plan requested to be reviewed after Financial Year end by Finance Colleagues.</p> <p>Date Entered : 13/04/2022 11:30 Entered By : John Hiley</p>
Risk Owner's Last Review	Next Review	Overall Risk Update		
10/06/2022	01/10/2022	GS updated as discussed with SS.		