

Data extracted at 07:01:19 on 01/11/2022

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	30/11/2022
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	30/11/2022
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	31/12/2022
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)	4-5 (20)	3-2 (6)	Worse	12/10/2021	2 - Service Manager Level	31/10/2022
2535, Dawn Lee	Staff wellbeing	4-5 (20)		4-4 (16)	4-2 (8)	Not yet changed	05/08/2021	3 - Care Group Level	29/12/2022
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	30/11/2022
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	04/11/2022
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	30/11/2022
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	30/11/2022
2609, Kelly Barker	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	30/11/2022
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	14/10/2022
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	16/11/2022
2605, Tim Rycroft	Redbox Recording	4-3 (12)	4-3 (12)	4-4 (16)	3-2 (6)	Worse	17/01/2022	4 - Directorate	25/11/2022
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	14/11/2022
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	31/12/2022
2660, Emma Burke	Increased demand on Paediatric Complex Needs Service, increased waiting times, backlog	4-4 (16)		4-4 (16)	3-2 (6)	Not yet changed	11/10/2022	1 - Local	20/10/2022
2661, Emma Burke	Reduced staffing level due to retirement	4-4 (16)		4-4 (16)	3-2 (6)	Not yet changed	11/10/2022	1 - Local	10/12/2022
2627, Anne Marie Dorrington	Loss of connectivity across the district effecting patient care .	4-4 (16)	3-4 (12)	4-4 (16)	3-1 (3)	Worse	11/04/2022	2 - Service Manager Level	29/11/2022
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	27/12/2022

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Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
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
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
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	11/12/2022
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	14/10/2022
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	25/11/2022
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	31/01/2023
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, Ian Beattie	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
2655, John Hiley	Library Temperature Control	4-4 (16)		4-3 (12)	1-2 (2)	Not yet changed	12/09/2022	1 - Local	01/12/2022
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	09/01/2023
2102, Kelly Barker	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	07/11/2022
2451, Bernard Hughes	Psychological Therapy capacity	4-5 (20)	4-5 (20)	3-3 (9)	3-2 (6)	Better	30/12/2020	1 - Local	07/01/2023
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	30/09/2022
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	04/11/2022
2597, Kelly Barker	Harm to staff or members of the public as a result of violence	5-3 (15)	5-3 (15)	3-3 (9)	3-3 (9)	Better	15/12/2021	4 - Directorate	10/01/2023
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	08/10/2022

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In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
2370, Kelly Barker	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	30/11/2022

Key Organisational Risks: 2022/2023

List 1: Risks with current Risk Rating of 15+

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	2
<b>Risk Number:</b>	2544	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	12/08/2021	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-5 (25)	<b>Current Risk Rating</b> 5-4 (20)	<b>Target Risk Rating</b> 5-2 (10)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>							
BCP for HV and School nursing to temporarily pause some aspects of service							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
3	Development of staff nurses into SCPHN posts.	31/03/2023	Dawn Lee	The Grow Our Own project is now well established and new students for this year have started on their journey. This is a clear part of our workforce plan and will be included in a new suite of workforce information that will be presented to Commissioners at the next mobilisation meeting.  Date Entered : 30/09/2022 15:59 Entered By : Dawn Lee			
4	Announcement of the Re-procurement of the 0-19 service	31/03/2023	Dawn Lee	A business case and options appraisal has been written and presented to EMT and then into Trust Board. The new 0-19 service specification has been shared and initial meeting with PH Commissioners will be completed on 7.10.22. Ambition is to ready the service for mobilisation against the new spec in January 2023, ready the service for reprocurement and, if at all possible, avoid reprocurement. Work is ongoing			

Date Entered : 30/09/2022 16:02  
Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
30/09/2022	30/11/2022	All actions reviewed

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	2
<b>Risk Number:</b>	2546	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	12/08/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-5 (25)	<b>Current Risk Rating</b> 5-4 (20)	<b>Target Risk Rating</b> 5-3 (15)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
Secondments out of service (LA/TL).							
Agreed alterations to the MESCH programme (1 family per HV)							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Ongoing recruitment of B5s and B4s			31/03/2023	Dawn Lee	Our workforce plan continues and we have backfilled all B4 and B5 posts successfully to allow new SCPHN training places to commence  Date Entered : 30/09/2022 15:47 Entered By : Dawn Lee	
2	MESCH steering to review progress			31/03/2023	Dawn Lee	The CAG reviewed the MECSEH options paper and they have supported an extension which will allow us to position ourselves to prepare for roll out of the project across all of the localities. Meetings and planning ongoing.  Date Entered : 30/09/2022 15:48 Entered By : Dawn Lee	
3	Bradford 0-19 re-procurement			31/03/2023	Dawn Lee	A business case / options paper has been prepared and a first discussion has been completed at EMT. Next step will be Trust Board. In the meantime transformation in Ops work will commence to position ourselves positively	

for any reprocurement, although the ultimate aim will be to avoid reprocurement of the service, if at all possible.

Date Entered : 30/09/2022 15:50

Entered By : Dawn Lee

Risk Owner's Last Review	Next Review	Overall Risk Update
30/09/2022	30/11/2022	All actions reviewed

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	4	
<b>Risk Number:</b>	2579	<b>Risk Owner:</b>	Rugare Musekiwa	<b>Date Entered:</b>	25/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-5 (20)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse &amp; 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>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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	31/12/2022	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.

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	14
<b>Risk Number:</b>	2569	<b>Risk Owner:</b>	Rachel Howitt	<b>Date Entered:</b>	12/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-5 (20)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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	22/11/2022	Rachel Howitt	ongoing sickness issues consultation now finished - new model agreed process of recruitment and redeployment commenced  Date Entered : 02/09/2022 08:15 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)	22/11/2022	Rachel Howitt	ongoing sickness issues consultation now finished - new model agreed process of recruitment and redeployment commenced  Date Entered : 02/09/2022 08:16 Entered By : Rachel Howitt			

5	Capacity will decrease in October due to: 2 x roles decommissioned through restructure 1 x leaver 1 x long term sick (no return planned) A gap will be inevitable between leaver dates and the substantive recruitment process can be complete - meaning there will be no case handlers within the PAC team	22/11/2022	Rachel Howitt	additional support sourced from PEIT team 3 x mornings, no further resource available from partner providers or taskmaster / bank / agency  successful recruitment into B4 posts on 6/10/22 - however timelag for getting into post will mean gap still exists  Date Entered : 11/10/2022 07:57 Entered By : Rachel Howitt
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>		
/ /	31/10/2022			

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2535	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	05/08/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-2 (8)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
Trust wellbeing offer							
Clinical supervision							
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>					
30/09/2022	29/12/2022	All actions reviewed					

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2547	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	12/08/2021	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-2 (8)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
BCP in place							
Ongoing negotiations with wider partners including local authority, CCGs and Public health.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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	The VCIT team is now well established and the School Nurse Vulnerable Children Team will be going live next week. Meeting with PH Commissioners on 7.10.22 to review the new 0-19 service specification will include a discussion about safeguarding work as well  Date Entered : 30/09/2022 15:54 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	Business case and options appraisal has been written and initial discussions at EMT completed, to progress to Trust Board next. Transformation of the service will continue to ready the service for new specification to progress in January 2023.  Date Entered : 30/09/2022 15:55 Entered By : Dawn Lee		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				

30/09/2022

30/11/2022

Actions reviewed

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2564	<b>Risk Owner:</b>	Emma Kergon	<b>Date Entered:</b>	23/09/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-4 (12)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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.		04/11/2022	Emma Kergon	Staff encouraged to report. Dental experiencing connectivity issues at Kensington and Keighley. Slow connectivity at Keighley is impacting on software used - Media Dent and impacting on work. Concerns escalated.  Date Entered : 28/09/2022 09:58 Entered By : Emma Kergon		
3	Pilot work and task and finish group exploring alternative options and solutions to connectivity issues.		04/11/2022	Emma Kergon	update from pilot group : 28-9-22 (Last Meeting) -Additional data on outstanding laptops and life cycle 5yrs + to be identified- Komi -Additional costs for SIM enabled Laptops to be established- Komi -Target area to be agreed -Will take 3/12 from ordering to delivery -Additional costs to be approved by CPIG (? Cost would not be covered by revenue and capitol funds) -Need to update QUOPS on progression of this work (12-10-22) -Need to agree if focus is the 25% of laptops that are 5yrs +		

Date Entered : 28/09/2022 09:55  
Entered By : Emma Kergon

**Risk Owner's Last Review**

**Next Review**

**Overall Risk Update**

23/09/2021

04/11/2022



<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2589	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	20/11/2021	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	Response to WSOA have now been submitted. Work and meetings completed between 0-19 and DCO. service design underway and transformation will continue  Date Entered : 30/09/2022 15:34 Entered By : Dawn Lee	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
30/09/2022		30/11/2022	Action reviewd and progress being made				

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2590	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	20/11/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Sussex Tool data reviewed in detail and shared with the team.			31/12/2022	Dawn Lee	This academic years Sussex Tool analysis is complete and will inform the business case and also the development of the new SEND team to inreach into the mainstream schools. Work with the DCO ongoing.  Date Entered : 30/09/2022 15:36 Entered By : Dawn Lee	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
30/09/2022		30/11/2022	Actiosn reviewed				

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	1
<b>Risk Number:</b>	2609	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	25/01/2022	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Organisational risks associated with Out of Area Bed Use (finance, performance & quality)	<ul style="list-style-type: none"> <li>* Requirements around cohorting &amp; isolation within inpatient settings resulting in loss of 10 beds and reduced flow of admissions (creation of isolation areas, closures following outbreaks)</li> <li>* COVID related impacts upon communities and their mental health increasing demand &amp; complexity</li> <li>* 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</li> </ul>			<ul style="list-style-type: none"> <li>*insufficient bed capacity within BDCFT bed base resulting in service users being admitted into Out of Area Beds</li> <li>* care not delivered locally therefore continuity and quality of care impacted, service user &amp; carer experience</li> <li>* increased pressure within community services, increased risks being held at community level</li> <li>* increase in complaints &amp; incidents</li> <li>* increased pressure and impacts upon the system and stakeholders</li> <li>* 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</li> <li>* Unable to meet the NHSE LTP commitment to zero Out of Area placements by end of q4 21/22</li> <li>* Reputational impacts</li> </ul>			
<b>Existing Control Measures:</b>							
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).							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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)	23/01/2023	Kelly Barker	continued programme. Date Entered : 12/10/2022 10:49 Entered By : 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.	23/01/2023	Kelly Barker	ongoing action Date Entered : 12/10/2022 10:48 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).	14/11/2022	Claire Risdon	ongoing Date Entered : 12/10/2022 10:49 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.	23/01/2023	Kelly Barker	work with Cygnet delayed around shared record. Delaying application of COC principles. Re setting time scales. Date Entered : 12/10/2022 10:51 Entered By : Kelly Barker
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>		
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.		

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2617	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	25/02/2022	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Review of the Tiered HV model to inform future service delivery model			31/03/2023	Dawn Lee	As the previous entry, plus gathering some case studies of positive outcomes and working within the HV localities teams in the form of casestudies.  Date Entered : 30/09/2022 15:38 Entered By : Dawn Lee	
2	Re-procurement process			31/03/2023	Dawn Lee	In response to this a business case / options paper has been written and initial conversation at EMT completed 28.9.22. Work to continue to inform Trust Board  Date Entered : 30/09/2022 15:40 Entered By : Dawn Lee	
3	Close working with Public Health Commissioners			31/03/2023	Dawn Lee	Mobilisation meetings continue. The new 0-19 service specification has now been shared and we have reviewed this. Full meeting with PH Commissioners agreed for 7.10.22. The aim being to mobilise to meet the demands of the new specification for January 2023.  Date Entered : 30/09/2022 15:42	

				Entered By : Dawn Lee
4	Potential that staff are unable to fulfil the full requirements of the contract due to financial shortfall i.e. £800K of £1m reduction committed by LA non-recurrently (80%). Although discussions are underway with regards to extending this to March 2022, with shortfall addressed through budget slippage, there remains a risk that this is not supported by BDCFT. Potential that new model implemented in September fails to address system early help agenda, which recurrent additional funding would be predicated upon.	31/03/2023	Dawn Lee	75% of all projects are mobilised against the £1m investment. Recruitment for the final project will commence next week. Workforce piece will commence using the business case / options appraisal and transformation work will progress new modelling to position the service ready for possible reprocurement.  Date Entered : 30/09/2022 15:44 Entered By : Dawn Lee
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>		
30/09/2022	30/11/2022	All actions reviewed		

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2620	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	09/03/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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		14/10/2022	Emma Burke	1.0wte locum started August - impact seen on communication waiting list and all patients waiting since 2021 seen. Update reported for QUOPS monthly in terms of hours, waiting lists targeted and impact. As part of adult community transformation looking at increasing capacity for clinical time, looking at what jobs can be passed to admin, CSW's etc. To look at capacity/recruitment B4's, LSW and clinical staff. EB to meet Andrew Northcliffe re business case.  Date Entered : 27/09/2022 08:58 Entered By : Emma Burke		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		14/10/2022					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2621	<b>Risk Owner:</b>	Peter Garland	<b>Date Entered:</b>	10/03/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
text duty phone, 3 way interpreter, InterpreterNow (BSL), Video calls, Equality Impact Assessment Findings (EqIA) in progress							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				



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

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	5
<b>Risk Number:</b>	2509	<b>Risk Owner:</b>	James Cooke	<b>Date Entered:</b>	23/06/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-4 (12)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-5 (15)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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 &amp; 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
12	Develop a business case for transforming SystmOne to promote leaner working, thereby freeing up capacity and reducing the current 'digital burden' experienced by front line staff.	17/10/2022	James Cooke	Presentations to EMT and TWIC digital AGG providing an overview of the Channel 3 programme evaluation and highlighting future ambitions/requirements.  Date Entered : 17/10/2022 09:50 Entered By : James Cooke
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
17/10/2022		16/11/2022	Staffing shortfalls remain a challenge within district nursing with increased levels of qualified nursing vacancies. Mark Lyles to link with Claire Ingle to explore recruitment options. To also influence a Trust advert for military personnel looking for jobs outside of the armed forces - aim to focus on qualified nurses and nursing apprentices. Community transformation work continuing - this should improve working experience and attract staff. Two draft papers created to cover the winter period. These are aimed at supporting staff retention - these cover paid TOIL and enhanced Saturday shifts.	

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	2
<b>Risk Number:</b>	2605	<b>Risk Owner:</b>	Tim Rycroft	<b>Date Entered:</b>	17/01/2022	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-3 (12)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
Mandatory annual Data Security and Protection training IG Staff handbook							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
5	Arrangements to be put in place for First response as recording still required			30/11/2022	Christopher Dixon	Risk assessment on-going - delay compared to initial plans for review. Target data changed from end of September to end of November.  Date Entered : 26/10/2022 15:55 Entered By : Delphine Fitouri	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
26/10/2022		25/11/2022	Risk action updated as risk assessment still on-going				

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	2
<b>Risk Number:</b>	2610	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	28/01/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-3 (12)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
All patients (excluding ward patients) are spoken to with 24-48 hours for a CAMHS duty call having been referred into CAMHS. At this point referrals are assessed based on risk and complexity into Red, Amber and Green cases. The cases are placed onto the corresponding w/l on S1 awaiting key worker allocation if considered a Core Team patient. Due to a combination of staff sickness, staff leavers, lack of available workforce, increase in number of Red cases there is a waiting list for Red cases where we are unable to allocate Key workers.							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
7	Sandra Simpson to ensure that the advert for key workers continues to be out for known vacancies, covering leavers.	14/11/2022	Shamila Ahmad	Another staff member has been recruited and one remaining vacancy. A job fair has been arranged locally and CAMHS are to have a stand at the events.  Date Entered : 13/09/2022 15:33 Entered By : Sadie Booker			
9	Sadia Ashiq PMHW Team Lead to continue to advertise rolls.	21/11/2022	Sadia Ashiq	Another staff member recruited. A recruitment fair to be attended. Continue with rolling advert.			

				Date Entered : 13/09/2022 15:39 Entered By : Sadie Booker
13	To consider single session therapy as a model, with weekend clinics.	20/12/2022	Jennifer Robb	3 models have been produced to support waiting list management. Due to discuss with education and CSC the plans for involvement. Require additional funding 500K to support SEND WSOA's and the waiting list management work.  Date Entered : 11/10/2022 09:40 Entered By : Sadie Booker
14	TWICS to support waiting list review for CAMHS.	15/11/2022	Sadie Booker	To reach out to TWICS to support, alongside SEND KPI support.  Date Entered : 13/09/2022 15:40 Entered By : Sadie Booker
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
08/09/2022		14/11/2022	GS added action 13 update on JR behalf	

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	2
<b>Risk Number:</b>	2578	<b>Risk Owner:</b>	Rugare Musekiwa	<b>Date Entered:</b>	25/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-3 (12)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
Designated Doctor, Named Nurse and Team Leader attend weekly triage meetings.							
Nurses prioritise attendance review / care planning meetings							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
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.				



<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	3	
<b>Risk Number:</b>	2577	<b>Risk Owner:</b>	Rugare Musekiwa	<b>Date Entered:</b>	25/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
we have employed GPs's and Paediatrician to support with Initial Health assessments (IHA'S)							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Consideration for recruitment to unfilled post. Need formal commitment to appointment schedule and accountability/ monitoring via dashboard.			31/12/2022	Rugare Musekiwa		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
04/08/2022		31/12/2022	Reliance on GPs and Paediatrician to undertake IHAs but caseload numbers continue to increase against limited existing capacity.				

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2660	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	11/10/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Increased demand on Paediatric Complex Needs Service, increased waiting times, backlog		Delays in patient care leading to deterioration in health, risk of hospitalisation and serious incidents. Long waits will result in onward referral for eg Videofluoroscopy and strategies being put in place Delay in seeing patients may have impact on managing medication Increase in parental anxiety Staff welfare due to large and increasing caseloads		Demand within the complex needs team exceeding capacity Breaching 18 week wait targets and unable to review developing children. Impact on patient safety and quality of care delivered			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Position Paper written and shared with Service Manager - additional data requested and added. To be shared with Deputy Director (Michelle Holgate) and General Manager James Cooke and ? take to clinical board		04/11/2022	Emma Burke			
2	Dysphagia clinics commenced. Dysphagia triage list reduced 60 to 40 however Amber review list increased. To evaluate progress/ waiting times		30/11/2022	Emma Burke			
3	Issues to be brought to paediatric priorities group / separate group		28/10/2022	Emma Burke			
4	Recruitment of possible locum 2 days a week to assist with dysphagia caseload - awaiting.		20/10/2022	Emma Burke			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		20/10/2022					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2661	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	11/10/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Reduced staffing level due to retirement	Reduced staffing levels to meet the demand of the service Loss of experienced staff within small team Dysphagia training is a lengthy process No succession planning			Reduced capacity and experience due to 2 staff members (Band 7/8) retiring next year within an already small team Risk of breaching 18 week waits Likely impact on patient safety and quality of care delivered Staff burnout			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Options Appraisal regarding staffing - meeting booked 25th October			28/10/2022	Emma Burke		
2	Discussions regarding succession planning / staff retention / recruitment / dysphagia cover across service / skill mix / dysphagia training options			30/11/2022	Emma Burke		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		10/12/2022					

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	4
<b>Risk Number:</b>	2627	<b>Risk Owner:</b>	Anne Marie Dorrington	<b>Date Entered:</b>	11/04/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-1 (3)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Loss of connectivity across the district effecting patient care .		Loss of patient records - medico -legal issues. Template letter being corrupt, breaching patient confidentiality. Increase stress and anxiety to clinicians.		Template letters could be sent to the wrong person breaching IG policies. The issue can also impact on patient care. Loss of connectivity disrupting patient care including patient records being lost - .Potential for litigation. Staff absence due to increased stress and anxiety.			
<b>Existing Control Measures:</b>							
Staff informed of the issue and have been asked to be vigilant.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
2	Escalated IT issues to Senior Mangers / DD in IT on 6october 2022. Update send 17 October 2022. IT meeting organised for 19/10/2022.			15/11/2022	Anne Marie Dorrington	Further actions added to the action plan . Meeting in 2/52 to review progres.  Date Entered : 25/10/2022 09:54 Entered By : Anne Marie Dorrington	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		29/11/2022					

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	4
<b>Risk Number:</b>	2046	<b>Risk Owner:</b>	Gaynor Toczek	<b>Date Entered:</b>	20/06/2018	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	Initial Risk Rating 4-3 (12)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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				
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>-GDPR action plan implemented during first half of 2018</li> <li>-Information Governance Group meets regularly. SIRO and Caldicott attend.</li> <li>-Data Protection Officer (DPO) appointed</li> <li>-Maintain high levels of IG awareness and training</li> </ul>							
Annual Mandatory training							
Updated Staff IG Handbook							
Updated IG pages on the intranet							
Policies and procedures							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
5	Joint working to enhance the "communicating with patients and service users"			31/12/2022	Gaynor Toczek		
6	Explore new training and advice opportunities			28/02/2023	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)			31/12/2022	Delphine Fitouri	Email communication has started to flow to staff non-compliance on 05/-5/22  Date Entered : 06/05/2022 16:42 Entered By : Delphine Fitouri	

Risk Owner's Last Review	Next Review	Overall Risk Update
28/09/2022	27/12/2022	Overhaul of the IG pages on Connect

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2553	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	18/08/2021	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-1 (5)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
29/07/2022		30/09/2022	Action and progress reviewed				

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	1	
<b>Risk Number:</b>	2598	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	24/12/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 2-5 (10)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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				
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	3	
<b>Risk Number:</b>	2534	<b>Risk Owner:</b>	Phillipa Hubbard	<b>Date Entered:</b>	05/08/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-2 (10)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Visibility of vulnerable families	Visibility of vulnerable families		Identification of 'families of concern' particularly challenging due to restrictions, therefore risk of missing a family.				
<b>Existing Control Measures:</b>							
Tiered model of HV - families of concern should be seen face to face							
Visiting guidance from BCP							
Case load stratification within specialist services							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	2
<b>Risk Number:</b>	2611	<b>Risk Owner:</b>	Naomi Holdsworth	<b>Date Entered:</b>	15/02/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
Weekly report outs monitoring waiting list KPI's Monthly QUOP's meeting monitoring local and national data Monthly caseload management with staff Admin processes							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
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.		05/12/2022	Naomi Holdsworth			
3	Utilisation of SR non recurrent monies to outsource with private provider to support waits and lost capacity.		12/12/2022	Elizabeth Schumacher			
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.		12/12/2022	Elizabeth Schumacher	In development  Date Entered : 12/10/2022 11:20 Entered By : Kelly Barker		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
12/10/2022		11/12/2022	actions ongoing				

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	3
<b>Risk Number:</b>	2533	<b>Risk Owner:</b>	Gillian Brayshaw	<b>Date Entered:</b>	05/08/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-4 (20)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-2 (10)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
Strategic priority integrated children's pathway for BDCFT.							
Continue to receive and screen referrals and sign post to appropriate agency.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		29/09/2022					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	6
<b>Risk Number:</b>	2485	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	10/03/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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. .			14/10/2022	Emma Burke	Band 5-6 development on hold B6 job going out and some B\$ roles Referral criteria has been approved by commissioners and clinical board. SEND action plan requested Patient involvement - Working with Emma Holmes re parent focus groups. To revisit mobilisation at next priorities meeting. Comms plan needed and ? launch October. RTT pilot pre 4's over summer - looking at going forward with RTT's / waiting red children Whole team maanger response needed - at next TM meeting  Date Entered : 27/09/2022 08:54 Entered By : Emma Burke	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		14/10/2022					

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	3
<b>Risk Number:</b>	2504	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	03/01/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-4 (12)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
06/08/2022		04/11/2022	risk remains but plans in place to reduce risk	



<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	2	
<b>Risk Number:</b>	2632	<b>Risk Owner:</b>	Delphine Fitouri	<b>Date Entered:</b>	06/05/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 1-1 (1)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
Require Strong passwords							
Phishing defense							
Block external malicious countries networks							
Block published command and control							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Implement "Always on VPN" with MFA implemented		09/12/2022	Peter Callaghan	Test on-going. Some automatic connection instabilities have resolved themselves a week ago. Root cause unknown. Further testers to be recruited to support testing and preparing for roll out. Windows 11 updates also seems to work well to accommodate AlwaysonVPN on Windows 11 devices. Target date extended to mid-December  Date Entered : 26/10/2022 16:02		

				Entered By : Delphine Fitouri
5	Implement password Blacklist	01/12/2022	Ikhlaq Ahmed	This has not been prioritised by the servers team as yet due to staff availability. I will pursue with MN on his return  Date Entered : 26/10/2022 16:54 Entered By : Greg Soffe
7	Investigate implementation of MFA on VPN servers.	01/12/2022	Ikhlaq Ahmed	I have been in contact with Ikhlaq regarding Graham taking an interest in this. and will set up a meeting in the next week  Date Entered : 26/10/2022 16:51 Entered By : Greg Soffe
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
26/10/2022		25/11/2022	Reviewed and updated actions.	

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2649	<b>Risk Owner:</b>	Amanda Robinson	<b>Date Entered:</b>	02/08/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-4 (12)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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,			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	prioritising service focus on meeting the statutory safeguarding requirements, assessing need daily. Aware this is a 'Place' based issue impacting on all partner agencies. Liaising with Phil and Grainne and updating weekly. Considering recruiting more hours at Band 6 posts when Band 7 staff leaves in August.			17/10/2022	Amanda Robinson	linking in with SI team for example to share information gathering for cases with internal and external review processes.  Date Entered : 08/08/2022 14:03 Entered By : Amanda Robinson	
2	significant rise in the number of statutory reviews initiated across the Bradford District,			31/12/2022	Amanda Robinson	continues to be significant number of adult, child and domestic homicide statutory reviews within Bradford. The safeguarding team continues to prioritise provision of statutory requirements within BDCFT - training, supervision, advice and support, but is experiencing the impact from the increase in wokload associated with high number of reviews. time available to implement learning and audit/evidence improvement is restricted.  Date Entered : 24/10/2022 08:38 Entered By : Amanda Robinson	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		01/09/2022					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	3
<b>Risk Number:</b>	2653	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	23/08/2022	<b>Strategic Area:</b>	People
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 1-2 (2)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>							
Unable to put controls in place as no service commissioned to meet this need - at present referrals are being declined.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		21/11/2022					

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	1989	<b>Risk Owner:</b>	Thabani Songo	<b>Date Entered:</b>	07/09/2017	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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 &amp; 6 nurses recruited.</p>			<p>This could have an impact on;</p> <ol style="list-style-type: none"> <li>1. Service user experience</li> <li>2. Safety-service user incidents</li> <li>3. Team morale</li> </ol>			
<b>Existing Control Measures:</b>							
<ol style="list-style-type: none"> <li>1. Block booking of agency staff who are inducted, trained and given access to System one for clinical records.</li> <li>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.</li> </ol>							
<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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	

1	<p>1. Monitor through weekly autoroster meetings &amp; 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>31/01/2023</td> <td colspan="3">M3 mobilising. Rapid t&amp;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	31/01/2023	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	31/01/2023	M3 mobilising. Rapid t&f group to address incentives established with EMT approval. Now mobilising												

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	1	
<b>Risk Number:</b>	2532	<b>Risk Owner:</b>	Gillian Brayshaw	<b>Date Entered:</b>	05/08/2021	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 4-3 (12)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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.				
<b>Existing Control Measures:</b>							
Negotiations with PH commissioners that aware we are currently in BCP. Negotiated what we can and cant deliver.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		09/12/2022					

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2254	<b>Risk Owner:</b>	Ian Beattie	<b>Date Entered:</b>	28/05/2019	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-4 (12)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
High Demand, occupancy rates and OOA within inpatient services	<ul style="list-style-type: none"> <li>*high occupancy levels across acute inpatients services. All wards consistently above the recommended 85% occupancy level</li> <li>*high demand for inpatient beds</li> <li>*COVID IPC arrangements impacting upon bed availability and flow</li> <li>*bed management guidance that supports use of leave beds to accommodate admissions</li> </ul>		<ul style="list-style-type: none"> <li>*inability to deliver safe and effective care to all patients admitted to the wards</li> <li>*inability to maintain patient flow and admit patients to an appropriate bed in a timely manner</li> <li>*reliance on use of leave beds resulting in patients on leave potentially not having a bed to return to</li> <li>*additional burden on staff due to high occupancy</li> <li>*increase in incidents</li> <li>*increase in concerns &amp; complaints</li> <li>*impact on quality of care</li> <li>*inability of staff to be released to attend supervision, training, CPD</li> <li>*key quality assurance activity decreases</li> <li>*increase in staff sickness</li> <li>*impact on staff morale</li> <li>*increase reliance on bank and agency staffing</li> <li>*impact on recruitment and retention</li> <li>*use of OOA beds</li> <li>*financial &amp; reputational impact</li> </ul>				
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>*daily call out information regarding admission and discharges</li> <li>*daily bed escalation discussion</li> </ul>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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	
<b>Risk Owner's Last Review</b>				
<b>Next Review</b>				
<b>Overall Risk Update</b>				
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.		

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2556	<b>Risk Owner:</b>	Rugare Musekiwa	<b>Date Entered:</b>	09/09/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Impact of dual recording on capacity	Increase in amount of work generated by the Flu campaign which could lead into untimely inputting on the clinical record.  Amount of work required to upload data from the S1 record on to the NIVs system.			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.			
<b>Existing Control Measures:</b>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	To mitigate risk of compromise in quality and timely record keeping.			31/12/2022	Rugare Musekiwa	Documentation now being done directly on to the record. Service have now procured an econsent platform to be implemented in Sept 2022  Date Entered : 03/08/2022 16:14 Entered By : Rugare Musekiwa	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		31/12/2022					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2655	<b>Risk Owner:</b>	John Hiley	<b>Date Entered:</b>	12/09/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 1-2 (2)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Library Temperature Control		Extremes of temperature		<p>Temperature control in the Library continues to be dangerously poor. Recent high temperatures caused 2 incidents requiring staff to leave the building, and in one case, the service to operate only remotely. This latter incident was a precautionary measure taken by the library manager.</p> <p>This is a long standing issue that has brought about 2 incidents this summer. We have raised this before, but with limited success.</p>			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Library staff encouraged to leave the building should it become too/hot cold.			01/12/2022	John Hiley		
2	Further conversations with Estates			01/12/2022	John Hiley		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		01/12/2022					

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	3	
<b>Risk Number:</b>	2207	<b>Risk Owner:</b>	Greg Soffe	<b>Date Entered:</b>	09/01/2019	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-2 (10)	<b>Target Risk Rating</b> 4-2 (8)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>-Cyber Security Team has been established with 2 permanent resources recruited and in post</li> <li>-Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital.</li> <li>-Vulnerability scanning using OpenVAS</li> </ul>							
Achievement of Cyber Essential and Cyber Essential + accreditation							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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			
13	Monitor National risk of power supply outage during the energy crisis	01/10/2023	Greg Soffe	With warnings of the national energy grid being affected by the energy supply crisis, we need to be concerned about our ability to deliver services without continuous electrical supply.  Date Entered : 11/10/2022 14:09			

Entered By : Greg Softe

Risk Owner's Last Review	Next Review	Overall Risk Update
11/10/2022	09/01/2023	Updated actions

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	5
<b>Risk Number:</b>	2102	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	15/05/2018	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-2 (10)	<b>Target Risk Rating</b> 5-1 (5)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>-Ligature Risk Assessments conducted at a minimum every 12 months or immediately following any adaptations to service environment</li> <li>-Design of inpatient environments (with the exception of DAU) in line with HBN03</li> <li>-Action outcomes from ligature risk assessments are reviewed at Ops service Quality &amp; Safety meetings and reported monthly by exception to LERs Group</li> </ul>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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.			05/12/2022	Kelly Barker	Programme of works nearing completion and on track. Discussed through LERS potential surplus capital attached to the programme and how this could be used to further improve quality and safety of environments. Agreed end of programme evaluation to be completed with a review of high ligature risk rated areas with associated fixed ligature incidents to scope further potential works e.g. shared bathroom areas at LMH. Task & Finish Group agreed with outputs to feed through LERS, FBIC & Board.  Date Entered : 12/10/2022 11:15 Entered By : Kelly Barker	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
08/09/2022		07/11/2022	All the windows have now been replaced at Airedale so that work is now complete.  The doors - we are on the final ward which is Baildon (in Moorlands View). We have completed 5 doors and have 6 doors left to complete. This is being done in a phased way as door opening sizes need to be increased and of course we need rooms to be available to get in. Staff are working well with the contractors to ensure we stick to programme.				

I am pleased to report that this is on programme and is planned to complete w/c 10 October 2022.

This will then complete all the actions on the risk.

<b>Risk Level:</b>	1 - Local				<b>Current Version</b>	3	
<b>Risk Number:</b>	2451	<b>Risk Owner:</b>	Bernard Hughes	<b>Date Entered:</b>	30/12/2020	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
<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 &amp; 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	31/12/2022	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		
09/10/2022	07/01/2023	actions ongoing		

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2600	<b>Risk Owner:</b>	Margaret Appleyard	<b>Date Entered:</b>	07/01/2022	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 4-5 (20)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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	30/09/2022	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	First meeting to share new structure with staff yesterday 06/09/22, many staff happy with new structure and possibilities for career progression, some staff still concerned until more info shared. Date Entered : 07/09/2022 10:13 Entered By : Margaret Appleyard
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
04/08/2022		30/09/2022	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.	

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	5
<b>Risk Number:</b>	2572	<b>Risk Owner:</b>	Emma Kergon	<b>Date Entered:</b>	22/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 4-1 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
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.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Preparing paper for Senior leadership team 8th Dec to escalate concerns to cover communication/ finance/ funding/ safeguarding / service demand			04/11/2022	Emma Kergon	<p>An additional HO Hotel is being opened up_ the Bankfield-Mecure at Bingley. Large organisational wide MDT meeting attended to discuss. If this is not an ARAP hotel it will be another HO programme- Contingency hotel. Concerns raised by Health/ Education at the ability to support but on reflection if the hotel was a contingency there would be less negotiation - so cautiously it was felt ARAP may be more appropriate and as a Trust we would raise concerns with receiving children under 5 due to pressures of service. Education extremely concerned regarding need of secondary Education therefore each organisation will be escalating their own concerns . Amanda Robinson will be responding from BDCT with a safeguarding perspective. This further highlights the need for a wider strategic approach across all organisations. awaiting outcome decision of Hotel.</p> <p>Date Entered : 27/09/2022 09:01 Entered By : Emma Kergon</p>	
2	Meeting scheduled with Mears 25th November to explore better communication re clients arriving on ACRS scheme into hotels and hostels to ensure BDCT			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.	

are aware in a timely manner and associated health services available to support- TB screening/ HV/ school nursing/ dental etc

Date Entered : 05/01/2022 16:38  
Entered By : Emma Kergon

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	04/11/2022	

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	2
<b>Risk Number:</b>	2597	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	15/12/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
Violence and aggression risk assessments							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	Kelly Barker	<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.			20/03/2023	Kelly Barker	<p>Recruitment to plan on going alongside model development, training and support.</p> <p>Date Entered : 12/10/2022 10:56 Entered By : Kelly Barker</p>	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
12/10/2022		10/01/2023	Overall risk reviewed. Triangulated data and intelligence relating to incidents, downward trend noted over last 3 months. Positive progress around Positive & Proactive interventions and actions. Model roster 3 recruitment and activity commenced. Risk score reduced. To discuss via QuOps and risk and compliance if closure of risk now appropriate.				

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	4
<b>Risk Number:</b>	2517	<b>Risk Owner:</b>	Laura Frost	<b>Date Entered:</b>	12/07/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-2 (8)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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.			
<b>Existing Control Measures:</b>							
Ward Manager recruited and started 19th July.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
8	Bracken ward to be included in model roster 3 workstream to review staffing			31/10/2022	Laura Frost	Ongoing  Date Entered : 08/09/2022 09:45 Entered By : Laura Frost	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
08/09/2022		08/10/2022	reviewed and updated				

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	5	
<b>Risk Number:</b>	2370	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	20/03/2020	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 2-4 (8)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Existing Control Measures:</b>							
<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>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
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	Kelly Barker	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	Kelly Barker	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.

<b>Risk Level:</b>	1 - Local				<b>Current Version</b>	4	
<b>Risk Number:</b>	2527	<b>Risk Owner:</b>	John Hiley	<b>Date Entered:</b>	03/08/2021	<b>Strategic Area:</b>	Reputation
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 2-2 (4)	<b>Target Risk Rating</b> 2-1 (2)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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 &amp; 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>				
<b>Existing Control Measures:</b>							
<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>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
5	Review of finance department will inform level/type of support for R&D. Awaiting outcome.		30/11/2022	Claire Risdon	Review outcome announced in September 2022, but further consultation is required to ensure this is sufficient, and timely, in order to ensure this risk is effectively mitigated.		

Date Entered : 03/10/2022 12:05  
Entered By : John Hiley

Risk Owner's Last Review	Next Review	Overall Risk Update
10/06/2022	30/11/2022	GS updated as discussed with SS.