

Data extracted at 07:00:53 on 01/01/2023

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	28/02/2023
2546, Dawn Lee	Capacity to deliver partnership programmes	5-5 (25)	5-4 (20)	5-4 (20)	5-3 (15)	Static	12/08/2021	3 - Care Group Level	28/02/2023
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
2672, Mike Woodhead	Lynfield Mount Hospital - Estate condition, associated impacts & redevelopment requirements	5-4 (20)	5-5 (25)	5-4 (20)	2-1 (2)	Better	29/11/2022	4 - Directorate	27/02/2023
2677, Mike Woodhead	Increase in Service Provision at the ARAP Hotel	4-5 (20)		4-5 (20)	2-5 (10)	Not yet changed	21/12/2022	4 - Directorate	15/01/2023
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	28/02/2023
2564, Emma Kergon	Poor connectivity affecting timely access to health records	4-4 (16)		4-4 (16)	3-4 (12)	Not yet changed	23/09/2021	2 - Service Manager Level	31/01/2023
2589, Dawn Lee	Consent for EHCPs and Tribunals in relation to SEND	4-4 (16)		4-4 (16)	2-2 (4)	Not yet changed	20/11/2021	3 - Care Group Level	31/01/2023
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	28/02/2023
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	03/01/2023
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	28/02/2023
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	09/12/2022
2621, Peter Garland	accessibility to services	4-4 (16)		4-4 (16)	2-3 (6)	Not yet changed	10/03/2022	1 - Local	01/02/2023
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	11/01/2023
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	04/01/2023
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	23/12/2022
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	23/12/2022
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	31/01/2023
2569, Rachel Howitt	Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced	4-4 (16)	4-4 (16)	4-4 (16)	3-2 (6)	Static	12/10/2021	2 - Service Manager Level	31/01/2023

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Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
	capacity in SI and complaints teams								
2046, Gaynor Toczec	Organizational / individual practice not consistent with good information governance	4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)	Worse	20/06/2018	4 - Directorate	27/12/2022
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	27/02/2023
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	31/01/2023
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
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	09/12/2022
2504, Suzanne Hall	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	27/02/2023
2632, Delphine Fitouri	Cyber Security Risk: Primary & Secondary VPN RequireMFA(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	31/01/2023
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
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	07/01/2023
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
2532, Gillian Brayshaw	Public Health programme requirements	4-5 (20)	4-3 (12)	4-3 (12)	3-3 (9)	Static	05/08/2021	2 - Service Manager Level	28/02/2023
2207, Greg Soffe	Cybersecurity Risk: Whole of Trust	5-3 (15)	5-3 (15)	5-2 (10)	4-2 (8)	Better	09/01/2019	4 - Directorate	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
2533, Gillian Brayshaw	Interface between CAMHs and 0-19 services	5-4 (20)	5-4 (20)	5-2 (10)	5-2 (10)	Better	05/08/2021	2 - Service Manager Level	27/02/2023
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
2572, Emma Kergon	Poor communication impacting on the health provision for new arrivals	4-4 (16)	4-4 (16)	3-3 (9)	4-1 (4)	Better	22/10/2021	1 - Local	31/01/2023
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
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	14/03/2023

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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
2674, Richard Priestley	ACMH production kitchen flooring works to ensure business continuity and compliance with H&S and Food Safety legislation	4-4 (16)		2-1 (2)	2-1 (2)	Not yet changed	06/12/2022	1 - Local	06/01/2023

Key Organisational Risks: 2022/2023

List 1: Risks with current Risk Rating of 15+

Risk Level:	3 - Care Group Level					Current Version	2
Risk Number:	2544	Risk Owner:	Dawn Lee	Date Entered:	12/08/2021	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 5-5 (25)	Current Risk Rating 5-4 (20)	Target Risk Rating 5-2 (10)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Sufficiency of resource	Significant reduction in available resource.		Lack of available resource and capacity to meet demand, in particular those new initiatives eg integration posts, given recruitment challenges to 'hard to recruit to' posts, further impacted by student placements and associated supervision.				
Existing Control Measures:							
BCP for HV and School nursing to temporarily pause some aspects of service							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
3	Development of staff nurses into SCPHN posts.	31/03/2023	Dawn Lee	We have re- modelled public health nursing with a new bottom line of establishment having used the £1m investment from public health to release additional capacity. Entering budget setting now. When the model is approved and signed off then this action can be closed. Date Entered : 21/12/2022 07:44 Entered By : Dawn Lee			
4	Announcement of the Re-procurement of the 0-19 service	31/03/2023	Dawn Lee	Business case not presented to Trust Board as planned. Re-procurement is still on the table. we are mobilising against the new specification from Jan 23. This action will remain live and be updated accordingly re the decision to re-procure. Date Entered : 21/12/2022 07:46 Entered By : Dawn Lee			

Risk Owner's Last Review	Next Review	Overall Risk Update
21/12/2022	28/02/2023	All actions reviewed

Risk Level:	3 - Care Group Level					Current Version	2
Risk Number:	2546	Risk Owner:	Dawn Lee	Date Entered:	12/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-5 (25)	Current Risk Rating 5-4 (20)	Target Risk Rating 5-3 (15)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Capacity to deliver partnership programmes		Capacity to deliver partnership programmes eg MESCH and integrated HV/CSC pilot.		Risk to reputation, service delivery, staff wellbeing in testing further new models of HV service delivery. Significant reduction in staffing.			
Existing Control Measures:							
Secondments out of service (LA/TL).							
Agreed alterations to the MESCH programme (1 family per HV)							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
1	Ongoing recruitment of B5s and B4s	31/03/2023	Dawn Lee	New workforce modelling complete along with workforce and recruitment plan. When this has been signed off then we can close this action as complete. Date Entered : 21/12/2022 07:48 Entered By : Dawn Lee			
2	MESCH steering to review progress	31/03/2023	Dawn Lee	We are currently pursuing with MEC SH Australia and BSB the cost of the licenses for MESCH roll out and also the MEC SH 2 to school programme and have incorporated both into our new HV and School Nursing delivery model. Date Entered : 21/12/2022 07:49 Entered By : Dawn Lee			
3	Bradford 0-19 re-procurement	31/03/2023	Dawn Lee	This paper has not been presented to any of the meetings / boards in the Trust as planned. Re-procurement of 0-19 is still on the table and will need a more detailed discussion by senior managers to enable this risk to be closed as complete or further action.			

Date Entered : 21/12/2022 07:51
Entered By : Dawn Lee

Risk Owner's Last Review

Next Review

Overall Risk Update

21/12/2022

28/02/2023

All actions reviewed. Some can be closed when the new modelling work has been signed off.

Risk Level:	2 - Service Manager Level				Current Version	4	
Risk Number:	2579	Risk Owner:	Rugare Musekiwa	Date Entered:	25/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-5 (20)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Insufficient capacity to meet service needs.	There is a risk that all young people are not in receipt of an equitable service.		Nurse Caseload Size do not comply with safer staffing requirements and also recommendations from the Intercollegiate guidelines. There is a risk to delivery of a quality service given the caseloads that Nurses are holding.				
Existing Control Measures:							
<p>Additional recruitment to Band 6 Posts - currently 8.43 WTE</p> <p>Named Nurse & Team Leader have oversight of Nurses caseloads.</p> <p>Allocation tool in place.</p> <p>Flexible working arrangements in place with no expectation that staff have to work above and beyond working hours.</p> <p>Psychology supervision offered to nurses on a monthly basis.</p> <p>Compliance with Clinical supervision</p> <p>Twice weekly safety huddles.</p> <p>Staff wellbeing services available.</p> <p>Team leader has oversight of each team member's caseload/ demand/ allocation and working hours</p>							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	<p>Explore integration with CAMHs workers and Specialist CAMHs LAC.</p> <p>Liase with Finance re funding generated by out of area children to create some more capacity with it. funding</p>		31/12/2022	Rugare Musekiwa	<p>Caseload numbers continue to increase. 2 new Nurses commenced in post but fixed term contracts for 3 are due to end. Conversations on going with Senior managers about retaining these staff members.</p> <p>Date Entered : 04/08/2022 16:01</p>		

Entered By : Rugare Musekiwa

Risk Owner's Last Review	Next Review	Overall Risk Update
04/08/2022	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.

Risk Level:	4 - Directorate				Current Version	4	
Risk Number:	2672	Risk Owner:	Mike Woodhead	Date Entered:	29/11/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-4 (20)	Current Risk Rating 5-4 (20)	Target Risk Rating 2-1 (2)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Lynfield Mount Hospital - Estate condition, associated impacts & redevelopment requirements	<p>Lynfield Mount Hospital is an old estate requiring redevelopment and significant investment to deliver high quality healthcare and address the following hazards and risks in a sustainable, efficient & effective way. The hazards include:</p> <ul style="list-style-type: none"> *Out of date estate design to include, large ward sizes, lack of ensuite bathroom facilities, cruciform shape, insufficient therapeutic space, insufficient staff well being and rest areas *Inflexible space *Deteriorating and failing physical condition of Lynfield Mount Hospital (£68 million backlog maintenance) to include drainage issues (sewage floods) issues with heating systems, escalating maintenance costs *No secured source of funding to proceed with Lynfield Mount Redevelopment Plans 		<p>The consequences of the above hazards include:</p> <ul style="list-style-type: none"> *Impacts upon privacy & dignity *Impacts upon recovery and length of stay - average LOS consistently 10 days higher than national average with environment being a contributor to recovery rates (currently 20 days higher than national average) *Impacts upon Infection Prevention (e.g. cohorting & isolation areas/space) *Impacts upon Out of Area Bed usage *Impacts upon safety *Impacts upon financial & environmental sustainability *Impacts upon service user experience *Impacts upon staff wellbeing, recruitment and retention *Impacts upon organisational reputation 				
Existing Control Measures:							
Outline Business Care updated							
Expression of interest for £90m NHP scheme submitted							
Joint EOI for NHP funding submitted with AGH and BTH							
Maintenance work funded through revenue and capital budgets.							
Contract with Cygnet to address increased OAPs							

Additional staffing and CCTV in place to mitigate impacts upon quality, privacy and dignity impacted upon by the environment.

Additional cleaning and maintenance staffing resourced.

LMH agreed as one of the top capital funding priorities by ICB (place and WY) and Regional NHSE.

Re-look at alternative schemes/options

Ward to board quality assurance and oversight structures in place to identify, manage and action any emerging issues relating to quality and safety within inpatient services. Daily Lean Management, oversight of incident trend and themes, feedback from service users and staff, all triangulated with audit and quality visits, GO see framework and reports up into Quality Safety Committee and Board.

Oversight of occupancy and bed numbers in relation to safer staffing levels available, ability to deliver safe care maintained on a daily basis. Agreement in 2019 to reduce beds on ashbrook from 25 to 21 to mitigate ward size and impacts upon quality, safety and recruitment and retention agreed and enacted.

Capital works undertaken to create cohorting space to support IPC on 3 wards.

Inpatient Clinical Risk Formulation Training and Ligature Risk Training delivered within real time clinical settings with staff teams. Content includes impacts that environment has upon the way risks within the setting presents and therefore the formulation and interventions. Assessment of the environment in the context of the persons clinical presentation and vice versa is dynamically considered and assessed to manage patient safety, privacy and dignity & experience.

Inpatient Services engaged in Quality Improvement Initiatives covering the following areas:

*Sexual Safety

*Reducing restrictive practice

*Improving inpatient flow

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
1	Lobby MPs	31/03/2023	Mike Woodhead	<p>A programme of political lobbying has been underway for several years. Most recently (November 2022) we have shared lobbying material with Naz Shah, Philip Davies, Julian Smith and Robbie Moore; had direct dialogue with a number of them; had agreement from them to undertake a number of activities on our behalf (e.g. Parliamentary Questions, letter to Minister). This action/activity is ongoing on an almost daily basis at the moment.</p> <p>Date Entered : 29/11/2022 10:29 Entered By : Mike Woodhead</p>
2	Lobby local and regional influencers	31/03/2023	Mike Woodhead	<p>There has been a programme of local/regional lobbying for several years. Recently, we have shared updated reports with Regional NHSE and local/WY ICB colleagues and got reaffirmation of their support. Some tensions exist at a very local level in terms of how the LMH bid can be positioned as a priority alongside the AGH RAAC bid.</p>

				Date Entered : 29/11/2022 10:32 Entered By : Mike Woodhead
3	Lobby national influencers	31/03/2023	Mike Woodhead	A programme of lobbying has been underway for several years. Most recently (November 2023) we have shared lobbying materials and sought advice from: Centre for Mental Health, NHS Providers, NHS Confed. All have been supportive, offered helpful quotes for any lobbying materials, and pledged support. Date Entered : 29/11/2022 10:34 Entered By : Mike Woodhead
6	Raise issue of gap in strategic capital funding sources with a view to influencing future options.	31/03/2023	Mike Woodhead	This issue is raised at every opportunity. E.g. in lobbying activities with MPs, local, regional and national influencers. In November, raised in a 1: 1 discussion with the NHSE National Director for Capital. Also instigated a WY ICB debate on the possibility of using ICB operational capital budgets to support smaller strategic schemes. Date Entered : 29/11/2022 10:44 Entered By : Mike Woodhead
7	Capital works scheme nearing completion to install anti ligature windows and door top alarms within high risk ward patient bedrooms - not all bedrooms will be fitted across all wards.	31/03/2023	Kelly Barker	Programme of works on track for completion within agreed timescales. Date Entered : 29/11/2022 13:42 Entered By : Kelly Barker
Risk Owner's Last Review		Next Review	Overall Risk Update	
/ /		27/02/2023		

Risk Level:	4 - Directorate				Current Version	1	
Risk Number:	2677	Risk Owner:	Mike Woodhead	Date Entered:	21/12/2022	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-5 (20)	Target Risk Rating 2-5 (10)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Increase in Service Provision at the ARAP Hotel		Increase in demand on services		Expansion of the ARAP programme within a hotel in Bradford, increase in numbers of upto 250 individuals who are being supported on the ARAP programme. Possibly impacting on all services, predominantly 0-19s and TB screening. With 0 funding to accommodate the increase in service provision required to safely support those hosted in the hotel			
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		15/01/2023					

Risk Level:	3 - Care Group Level				Current Version	1	
Risk Number:	2535	Risk Owner:	Dawn Lee	Date Entered:	05/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-2 (8)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Staff wellbeing	Increase in sickness absence of staff struggling to cope with the impact of COVID on their health, family health whilst transitioning to new model of delivery.		Risk to staff resilience and well-being, as a result of increase in acuity and level of scrutiny of working practices. Impact of reduced staffing is having a significant impact on staff that are in work.				
Existing Control Measures:							
Trust wellbeing offer							
Clinical supervision							
Risk Owner's Last Review	Next Review	Overall Risk Update					
30/09/2022	29/12/2022	All actions reviewed					

Risk Level:	3 - Care Group Level					Current Version	1
Risk Number:	2547	Risk Owner:	Dawn Lee	Date Entered:	12/08/2021	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-2 (8)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Service contribution to child protection		Service contribution to child protection		Risk to safety as expectation that public health nurse can always present all health needs at case conferences etc by representing perspective of other health partners.			
Existing Control Measures:							
BCP in place							
Ongoing negotiations with wider partners including local authority, CCGs and Public health.							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Continue to engage with wider partners to review the guidance on attendance at child protection meetings. Other health partners to be able attend.		31/03/2023	Dawn Lee	Both teams established and performing. we are now working towards KPIs in the new PH Nursing Specification reporting from April 23. Date Entered : 21/12/2022 07:55 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 did not progress to the meetings recorded in the previous entry. New delivery model for Public Health Nursing has been costed and worked on, new bottom line establishment identified. This action will be able to be closed when model signed off. Date Entered : 21/12/2022 07:56 Entered By : Dawn Lee		
Risk Owner's Last Review		Next Review	Overall Risk Update				
21/12/2022		28/02/2023	All actions reviewed.				

Risk Level:	2 - Service Manager Level					Current Version	1
Risk Number:	2564	Risk Owner:	Emma Kergon	Date Entered:	23/09/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-4 (12)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Poor connectivity affecting timely access to health records		Poor connectivity across the locality and in team bases is delaying access to health records.		Poor timely access to SystmOne and associated health records used by services (District Nursing, Community Matrons. Domiciliary Dental and podiatry) may compromise safe care delivery.			
Existing Control Measures:							
Escalated through report out systems. Teams submitting IR-e's and reporting to service desk to explore if a immediate response could identify and rectify connectivity issues. Working with IT department							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
2	Staff encouraged to report immediately when connectivity issues occur to service desk to see if causes can be identified and solutions found. Where unable staff encouraged to report via IRe.			31/01/2023	Emma Kergon	Staff encouraged to report. Service decision required on Sim cards for DN teams. Recent outages that caused issued to services - comms from IT was helpful and clarified situation. Date Entered : 09/11/2022 10:47 Entered By : Emma Kergon	
3	Pilot work and task and finish group exploring alternative options and solutions to connectivity issues.			31/01/2023	Emma Kergon	Staff encouraged to report. Service decision required on Sim cards for DN teams. Recent outages that caused issued to services - comms from IT was helpful and clarified situation. Date Entered : 09/11/2022 10:48 Entered By : Emma Kergon	
Risk Owner's Last Review		Next Review	Overall Risk Update				
23/09/2021		31/01/2023					

Risk Level:	3 - Care Group Level					Current Version	1
Risk Number:	2589	Risk Owner:	Dawn Lee	Date Entered:	20/11/2021	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 2-2 (4)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Consent for EHCPs and Tribunals in relation to SEND		Lack of consent being received from the LA to BDCFT in relation to EHCPs and Tribunals for SEND		The consequence of no consent is that BDCFT is unable to share information into a statutory and legal process for children with SEND. Children's needs will not be met. BDCFT will be in breach of Code of Practice which could result in legal action. Corporate reputation will be impacted on.			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Risks escalated to Director of Nursing Exec Lead for SEND , the DCO at the CCG and at the SEND Strategic Partnership Board. LA are now fully informed of the changes in their working that has impacted on consent not being provided to BDCFT. Response is expected urgently given the pending SEND inspection.			31/03/2023	Dawn Lee	As part of the response to the SEND Inspection all partners have now submitted improvement actions plans. With regards to consent, the EHCP process, annual reviews and tribunals the majority of the actions are being led by the LA. Where there is a role for BDCFT actions are in place on the Community Children's services Improvement actions plan, against the improvement trajectory set by the inspection team. The LA have also funded newly created posts and teams to support with this work. Date Entered : 22/11/2022 07:16 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
22/11/2022		31/01/2023	Action reviewed and update provided. Next review date to follow the first monitoring visit and feedback from Dec 22.				

Risk Level:	3 - Care Group Level					Current Version	1
Risk Number:	2590	Risk Owner:	Dawn Lee	Date Entered:	20/11/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
School Nursing Special Needs Sussex Tool Findings 2021		The findings of the Sussex Tool completed for the SNSN Service highlight that a capacity demand gap.		Based on the findings of the Sussex Tool the SNSN service is 9 WTE qualified nurses short to meet the complex health needs of clinically vulnerable children within the special schools. The nurse pupil ratio is increasing as is the number of children within the special schools as well as complexity, acuity and child protection.			
Existing Control Measures:							
All mitigatory actions are being taken to assess need on a daily bases, prioritize and allocate resource. Child protection work is always covered impacting on core service delivery.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Sussex Tool data reviewed in detail and shared with the team.			31/12/2023	Dawn Lee	This action will remain on the risk register given that the Sussex Tool calculations are part of the WSOA Improvements from the SEND Inspection and the fact that the Sufficiency plan for Bradford indicates the possible building of a new SEND free school in addition to new children's homes which will all impact resource available within the team to meet demand. Date Entered : 20/12/2022 13:16 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				
20/12/2022		28/02/2023	Risk reviewed and date extended in line with WSOA action plan				

Risk Level:	4 - Directorate					Current Version	1
Risk Number:	2609	Risk Owner:	Kelly Barker	Date Entered:	25/01/2022	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Organisational risks associated with Out of Area Bed Use (finance, performance & quality)	<ul style="list-style-type: none"> * Requirements around cohorting & isolation within inpatient settings resulting in loss of 10 beds and reduced flow of admissions (creation of isolation areas, closures following outbreaks) * COVID related impacts upon communities and their mental health increasing demand & complexity * Due to the national financial arrangements that were established as part of the pandemic, the funding and financial risk for PICU out of area placements transferred to BDCFT 			<ul style="list-style-type: none"> *insufficient bed capacity within BDCFT bed base resulting in service users being admitted into Out of Area Beds * care not delivered locally therefore continuity and quality of care impacted, service user & carer experience * increased pressure within community services, increased risks being held at community level * increase in complaints & incidents * increased pressure and impacts upon the system and stakeholders * Financial implications - The forecast cost of adult out of area placements for 2021/22 is c£7m, inclusive of the 10 beds being prioritised for safely cohorting service users and managing infection risks * Unable to meet the NHSE LTP commitment to zero Out of Area placements by end of q4 21/22 * Reputational impacts 			
Existing Control Measures:							
establishment of Transition and flow team with an oversight lead							
Independent sector beds purchased with Oversight & Assurance framework in place to oversee quality and utilisation							
COVID Monies covering some of the financial pressures associated with OOA Costs							
Daily Lean Management Processes in place alongside SOPs for reporting and escalation relating to identification of risks within the system (patients waiting, delays impacting upon system partners).							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	KPO Improvement Programme - Purposeful admissions & Flow to commence February. Benefits - reductions in LOS, occupied bed days and therefore overall bed utilisation			30/03/2023	Kelly Barker	KPO plan developed, 3 RPIWs, 2 Kaizen. Metrics and benefits aligned. Date Entered : 12/07/2022 09:12	

				Entered By : Kelly Barker
3	Community Mental Health Transformation (Internal work plus Act as One) - linking benefits of community transformation to impacts upon demand for acute care. Benefits realization being mapped in accordance with roll out of transformed models within PCNs (LOS, admission avoidance, reduction in readmission rates)	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
Risk Owner's Last Review		Next Review	Overall Risk Update	
04/11/2022		03/01/2023	Pressures continue with LOS and admission demands increasing. Staffing pressures within the pathway impacting on ability to progress QI work. Flexing QI capacity and putting in management actions to oversee and support improvements to stabilise bed demands across winter.	

Risk Level:	3 - Care Group Level					Current Version	1
Risk Number:	2617	Risk Owner:	Dawn Lee	Date Entered:	25/02/2022	Strategic Area:	Financial
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 2-2 (4)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Re-procurement of the Bradford 0-19 contract		Failure in the re-procurement process		Loss of the Bradford 0-19 contract, financial impact to the organization, TUPE transfer of staff from BDCFT to a possible new provider, reputational risk to BDCFT			
Existing Control Measures:							
Regular meetings with Business team to build a bid group, produce a win book and prepare for successful re-procurement							
Close and ongoing working with our Public Health Commissioners. We have worked to formalise CMB to include oversight of the £1 investment, to negotiate and redefine the iHSC contract variation reporting and KPIs.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Review of the Tiered HV model to inform future service delivery model			31/03/2023	Dawn Lee	We have nearly concluded the modelling of a new HV model based on relational working. To go live for April 23 to replace the tiered approach. Date Entered : 20/12/2022 14:42 Entered By : Dawn Lee	
2	Re-procurement process			31/03/2023	Dawn Lee	No update regarding reprocurement. We are working to mobilise the new public health nursing specification and position ourselves ready as provider of choice. Np update from PH Commissioning yet. Date Entered : 20/12/2022 14:43 Entered By : Dawn Lee	
3	Close working with Public Health Commissioners			31/03/2023	Dawn Lee	Close working continues via the mobilisation meeting and new agenda to be agreed and led by myself. Preparing updates for CHIF on School Nursing and also the 4 x projects for the health overview and scrutiny meeting in Feb 23.	

				Date Entered : 20/12/2022 14:45 Entered By : Dawn Lee
4	Potential that staff are unable to fulfil the full requirements of the contract due to financial shortfall i.e. £800K of £1m reduction committed by LA non-recurrently (80%). Although discussions are underway with regards to extending this to March 2022, with shortfall addressed through budget slippage, there remains a risk that this is not supported by BDCFT. Potential that new model implemented in September fails to address system early help agenda, which recurrent additional funding would be predicated upon.	31/03/2023	Dawn Lee	The final project funded from the £1m investment will go live in Feb 23. When this is achieved this action can be closed as complete. Date Entered : 20/12/2022 14:46 Entered By : Dawn Lee
Risk Owner's Last Review		Next Review	Overall Risk Update	
20/12/2022		28/02/2023	All actions reviewed.	

Risk Level:	1 - Local					Current Version	1
Risk Number:	2620	Risk Owner:	Emma Burke	Date Entered:	09/03/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-3 (9)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Increased demand on Community adult service, increasing referral rates, backlog		Breaching KPI - 18 week waits. Awaiting over 18 weeks for follow up after triage Long waits for patients to be seen - over 12 weeks		Although patients triaged, we currently (Feb data) have 160 dysphagia patients waiting to be seen and 50% waiting over 12 weeks. Dysphagic adults in community are particularly vulnerable as risk of aspiration and asphyxiation remains unmanaged			
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Option appraisal to look at how best to use current vacancies (around 6 sessions b5 equivalent) Capacity -Demand figures to be looked at - referral rate vs capacity (available sessions for clinical work) and what staffing we would need to meet demand		23/12/2022	Emma Burke	Locum now leaving earlier due to personal reason. Discussions with Mental Health teams re further funding to make KW post more attractive and increase provision to MH wards EB to meet CS 23/11/22 and Older People Mental Health discussion on 5th December re funding/budget for DAU provision. Date Entered : 22/11/2022 12:41 Entered By : Emma Burke		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		09/12/2022					

Risk Level:	1 - Local					Current Version	1
Risk Number:	2621	Risk Owner:	Peter Garland	Date Entered:	10/03/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 2-3 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
accessibility to services	Unable to access essential services at time of urgent mental health need			Services for acute and chronic mental health needs are accessed by services directly via telephone or clinical referral. Currently there is no option to access be other methods such as SMS messaging or more modern chat services. This disadvantages those individuals that cannot verbalize their concerns, leading to a potential for harm to self, others or further deterioration in their mental state.			
Existing Control Measures:							
text duty phone, 3 way interpreter, InterpreterNow (BSL), Video calls, Equality Impact Assessment Findings (EqIA) in progress							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Identified risk via EqIA meetings and feedback from VCS and service users			01/02/2023	Peter Garland	Work request made to Service desk to commission an IT solution as part of a work group, no reply received. Date Entered : 09/11/2022 08:08 Entered By : Peter Garland	
2	Project group to be established that will look at interim solutions such as Relay, access to BLS, IT support. Transformation monies will be used to project manage the alignment of 111 and BDCT crisis numbers which will be part of this project group.			01/09/2022	Bernard Hughes		
3	ICS lead to be approached by GM to provide possible solutions from their experiences, that could be implemented locally.			01/09/2022	Bernard Hughes		
Risk Owner's Last Review		Next Review	Overall Risk Update				

09/11/2022

01/02/2023

Work request made to Service desk to commission an IT solution as part of a work group, no reply received.

Risk Level:	3 - Care Group Level					Current Version	5
Risk Number:	2509	Risk Owner:	James Cooke	Date Entered:	23/06/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-4 (12)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-5 (15)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Community nursing services exceeding capacity	<p>Community nursing demand has exceeded capacity for a significant period of time. There has been a lack of investment in community services despite a growing elderly population, and measurable increases in the complexity of people served.</p> <p>Recruitment and retention of qualified nurses remains a challenge for community services which leaves gaps in teams and exacerbates the associated challenges. Retention been impacted by neighboring Trusts offering new pay arrangements & PCN recruitment.</p> <p>COVID-19 has impacted on staff morale and resilience as the workforce are fatigued.</p> <p>Increased pre-reg student placements impacts on service capacity.</p> <p>Support for COVID vaccination centers - impacted on fatigue and reduced capacity.</p> <p>PCN alignment has impacted on travel implications with wider geographical coverage required from individual teams.</p> <p>Short term impact of increased COVID related 'isolations'</p>			Demand within community nursing services exceeding capacity. Likely to impact on patient safety, quality and ability to deliver the service.			

Existing Control Measures:

Workforce Developmental (talent management programmes):

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

Logistical support worker roles embedded.

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

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

Daily lean management.

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
6	Establish a bespoke temporary HR provision to assist in growing the bank & increase support around long term sickness management.	31/07/2023	James Cooke	<p>Work now focused on utilising previous vaccinators and employing via staff bank - potential limitations where staff do not possess a driving license.</p> <p>Additional sickness absence support recruited for a further 12 months with the aim of reducing sickness absence rates.</p> <p>Date Entered : 29/12/2022 10:38 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 need for community teams to perform face to face visits. Pilot may be expanded to offer supervision to HCA's practicing in community.	31/03/2023	Rebecca Rae	<p>The digital hub has a provisional go live date of 5/12/22</p> <p>Date Entered : 28/11/2022 09:29 Entered By : Paula Reilly</p>
10	Explore opportunities to increase skill mix capacity accord community nursing teams.	31/12/2023	James Cooke	<p>Transformation programme informing skill mix roles that include the use of admin; pharmacy technicians and AHP's.</p> <p>Date Entered : 29/12/2022 10:42 Entered By : James Cooke</p>

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.	01/04/2023	James Cooke	<p>Presentations to EMT and TWIC digital AGG providing an overview of the Channel 3 programme evaluation and highlighting future ambitions/requirements.</p> <p>Date Entered : 17/10/2022 09:50 Entered By : James Cooke</p>
13	Subcontract with Routes Health Care to provide additional planned capacity for the OOH district nursing service over the winter.	31/12/2023	Anna Kennedy	<p>Initial discussions undertaken. Quality visit undertaken to head quarters Draft SLA developed Registered as non-recurrent (underspend) funding scheme</p> <p>Plan to develop non-qualified medicine administration governance to support the mainstreaming of this approach within BDCFT in the future. Discussion with Tess Fawcet to ensure compatibility with procurement rules.</p> <p>Date Entered : 15/11/2022 12:22 Entered By : James Cooke</p>
Risk Owner's Last Review		Next Review	Overall Risk Update	
12/12/2022		11/01/2023	Continued pressures across services. Restorative work continuing. Routes contract signed off to support out of hours activity. Work ongoing with the LA to explore enhanced home care contracts. Recruitment event arranged for January. Exploratory work continuing with regards to utilizing vaccinators over winter. Potential additional system strain as Manorlands hospice closes due to a lack of medical cover - request for hospice staff to undertake shifts in community.	

Risk Level:	4 - Directorate					Current Version	2
Risk Number:	2605	Risk Owner:	Tim Rycroft	Date Entered:	17/01/2022	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Redbox Recording	Lack of governance for call recording		exposure to data breaches and subsequent fines or substantial compensation. UK GDPR and Data Protection Act 2018				
Existing Control Measures:							
Mandatory annual Data Security and Protection training IG Staff handbook							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
5	Arrangements to be put in place for First response as recording still required			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	
Risk Owner's Last Review		Next Review	Overall Risk Update				
26/10/2022		25/11/2022	Risk action updated as risk assessment still on-going				

Risk Level:	3 - Care Group Level					Current Version	2
Risk Number:	2610	Risk Owner:	Kelly Barker	Date Entered:	28/01/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 4-4 (16)	Target Risk Rating 4-3 (12)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Core and PMHW waiting list size	Delays in patient care leading to risk to possible SI. Delays in seeing green and amber cases leading to increasing risk for these YP. Staff welfare due to increased workload.			Red, Amber and Green RAG rated cases are requiring key workers. Due to covid sickness, other staff sickness and a rise in RED rag cases there is a delay in key worker allocation for all RAG rated cases. Increased referrals and staff leaving are main contributing factors to the increased length of wait of allocation of key workers.			
Existing Control Measures:							
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.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
7	Sandra Simpson to ensure that the advert for key workers continues to be out for known vacancies, covering leavers.			31/12/2022	Shamila Ahmad	Vacancy are ongoing within Core teams and regular reviewed - current vacancies are One WTE x Band 5 and core team manager - out to advert will continue to review this as part of core team, Date Entered : 07/11/2022 12:30 Entered By : Shamila Ahmad	
9	Sadia Ashiq PMHW Team Lead to continue to advertise rolls.			23/01/2023	Sadia Ashiq	Recruit fairs have happened, social worker education session on CAMHS has occurred. Interviews in place with	

				4 candidates. Date Entered : 07/12/2022 16:21 Entered By : Sadie Booker
13	To consider single session therapy as a model, with weekend clinics.	16/01/2023	Jennifer Robb	New model to start in Jan 23 Date Entered : 07/12/2022 16:23 Entered By : Sadie Booker
Risk Owner's Last Review		Next Review	Overall Risk Update	
28/12/2022		04/01/2023	Actions all in place and appropriate. Impacts from reviewed actions anticipated by end of q4 22/23.	

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

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

Risk Level:	1 - Local					Current Version	1
Risk Number:	2660	Risk Owner:	Emma Burke	Date Entered:	11/10/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
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			
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
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	SW added additional information to paper - Speak with KB manager to see if shared wider. Date Entered : 08/11/2022 12:17 Entered By : Emma Burke		
2	Dysphagia clinics commenced. Dysphagia triage list reduced 60 to 40 however Amber review list increased. To evaluate progress/ waiting times		23/12/2022	Emma Burke	Triage list improving and now also have locum 2 days a week Date Entered : 08/11/2022 12:17 Entered By : Emma Burke		
3	Issues to be brought to paediatric priorities group / separate group		28/10/2022	Emma Burke	Manager on leave at last meeting so not discussed - Meeting today. Date Entered : 08/11/2022 12:16 Entered By : Emma Burke		
4	Recruitment of possible locum 2 days a week to assist with dysphagia caseload - awaiting.		20/10/2022	Emma Burke	EB has been off sick - will look into recruitment of locum		

Date Entered : 08/11/2022 11:31
Entered By : Emma Burke

Risk Owner's Last Review

Next Review

Overall Risk Update

/ /

23/12/2022

Risk Level:	1 - Local					Current Version	1
Risk Number:	2661	Risk Owner:	Emma Burke	Date Entered:	11/10/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
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			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Options Appraisal regarding staffing - meeting booked 25th October			02/12/2022	Emma Burke	EB off sick for this meeting. Rearranged for 29/11/22 - options appraisal Date Entered : 08/11/2022 12:19 Entered By : Emma Burke	
2	Discussions regarding succession planning / staff retention / recruitment / dysphagia cover across service / skill mix / dysphagia training options			30/11/2022	Emma Burke		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		23/12/2022					

Risk Level:	2 - Service Manager Level				Current Version	4	
Risk Number:	2627	Risk Owner:	Anne Marie Dorrington	Date Entered:	11/04/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-1 (3)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
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.				
Existing Control Measures:							
Staff informed of the issue and have been asked to be vigilant.							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
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.		31/01/2023	Anne Marie Dorrington	Further system update to take place 17/1/2022. 4 letter templates now affected , these to be reloaded. Follow up meeting confirmed for Jan 2023. Date Entered : 21/12/2022 07:52 Entered By : Anne Marie Dorrington		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/01/2023					

Risk Level:	2 - Service Manager Level					Current Version	16
Risk Number:	2569	Risk Owner:	Rachel Howitt	Date Entered:	12/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-4 (16)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams	Reduced capacity to investigate and respond to complaints and concerns in a timely manner due to sickness and reliance on bank staff (and therefore inconsistent capacity)			Risk of being unable to offer immediate allocation of complaints for investigation, leading to a poor patient experience and risk of being unable to meet response timescales as per complaints policy and process which could result in further complaints and referral to the PHSO and/or CQC. Risk of subsequent regulatory sanctions if timescales of NHS regulations are breached and reputational damage Risk of delay in utilising patient safety learning from complaints in a timely and therefore meaningful way and possible missed opportunities for triangulation with other safety related intelligence			
Existing Control Measures:							
Head of Patient Safety, Compliance and Risk (HoPS) picking up the oversight of team Temporary changes made to SI team roles and Risk Manager stepping to redistribute some workload							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
2	Development work within team to identify improvements in process that can free up capacity and resource. Work with HoN to identify collaboration to speed up current open cases to improve capacity and avoid backlogs			31/01/2023	Rachel Howitt	New case handlers and Complaints Manager in post Gaps remain in admin (currently partially covered with agency), investigator vacancy and long term sickness (case handler). Gap still exists whilst new team trains and embeds Date Entered : 15/12/2022 09:21 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)			31/01/2023	Rachel Howitt	New case handlers and Complaints Manager in post Gap still exists whilst new team trains and embeds but plans can now be developed for quality improvement in the new year Date Entered : 15/12/2022 09:19 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	31/01/2023	Rachel Howitt	New case handlers and Complaints Manager in post Gaps remain in admin (currently partially covered with agency), investigator vacancy and long term sickness (case handler). Gap still exists whilst new team trains and embeds Date Entered : 15/12/2022 09:20 Entered By : Rachel Howitt
Risk Owner's Last Review	Next Review	Overall Risk Update		
/ /	31/01/2023			

Risk Level:	4 - Directorate					Current Version	4
Risk Number:	2046	Risk Owner:	Gaynor Toczek	Date Entered:	20/06/2018	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-3 (12)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Organizational / individual practice not consistent with good information governance		Organizational / individual practice not consistent with good information governance		Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage			
Existing Control Measures:							
<ul style="list-style-type: none"> -GDPR action plan implemented during first half of 2018 -Information Governance Group meets regularly. SIRO and Caldicott attend. -Data Protection Officer (DPO) appointed -Maintain high levels of IG awareness and training 							
Annual Mandatory training							
Updated Staff IG Handbook							
Updated IG pages on the intranet							
Policies and procedures							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
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

Risk Level:	2 - Service Manager Level				Current Version	1	
Risk Number:	2598	Risk Owner:	Suzanne Hall	Date Entered:	24/12/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 2-5 (10)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Staff Shortages in Older Peoples Mental Health services	Potentially service delivery failure Service may have to adopt BCP and reduce service Patients might not be seen Wards may not be safely staffed Increased falls on the wards due to shortages of OT & AHP specialists Lack of ward activities due to reduced availability of AHPs Patients may be admitted to Acute Trusts		High levels of vacant posts across all services, impacted further by sickness levels				
Existing Control Measures:							
Constant monitoring of vacancies Constant monitoring of sickness levels							
Rolling adverts for recruitment							
constant skill mixing and looking for new ideas on how to change staffing structures and bring in different professions							
Looking at different skill mix to fill the gaps							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
6	Request summary of OP CMHT vacant posts to explore options and consider skill mix review	30/06/2022	Suzanne Hall	Jointly reviewed and posts out to advert or in the process of being recruited. Date Entered : 28/01/2022 08:05 Entered By : Bev Knaggs			
7	to recruit and manage sickness	12/10/2022	Suzanne Hall	staff are now back from sickness will be back on track by Jan 22			

Date Entered : 29/11/2022 15:44
Entered By : Suzanne Hall

Risk Owner's Last Review	Next Review	Overall Risk Update
29/11/2022	27/02/2023	vacancies on DAU but new plans in place for development posts

Risk Level:	4 - Directorate					Current Version	3
Risk Number:	2534	Risk Owner:	Phillipa Hubbard	Date Entered:	05/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 5-2 (10)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Visibility of vulnerable families		Visibility of vulnerable families		Identification of 'families of concern' particularly challenging due to restrictions, therefore risk of missing a family.			
Existing Control Measures:							
Tiered model of HV - families of concern should be seen face to face							
Visiting guidance from BCP							
Case load stratification within specialist services							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Monthly review of face to face and virtual contacts			31/03/2023	Dawn Lee	New public health nursing specification to commence Jan 23 and remodelling and workforce work underway that will reconfigure the bottom line of SCPHNs within the service and establish smaller relational teams. This will be introduced from Jan 23 - March 23. Date Entered : 25/11/2022 07:30 Entered By : Dawn Lee	
2	Ongoing recruitment to improve and widen skill mix			31/03/2023	Dawn Lee	All 4 projects are mobilised and the capacity release is being calculated and will be evidenced for the mobilisation meeting. Date Entered : 25/11/2022 07:31 Entered By : Dawn Lee	
Risk Owner's Last Review		Next Review	Overall Risk Update				

25/11/2022

31/01/2023

Both actions reviewed

Risk Level:	1 - Local					Current Version	2
Risk Number:	2611	Risk Owner:	Naomi Holdsworth	Date Entered:	15/02/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-3 (9)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
IAPT Waiting Lists		Long waiting lists at both Step 2 and Step 3		Longer wait for clients More complaints Breach of NHSE IAPT KPI waiting times, for assessment and treatment			
Existing Control Measures:							
Weekly report outs monitoring waiting list KPI's Monthly QUOP's meeting monitoring local and national data Monthly caseload management with staff Admin processes							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Set up a monthly waiting list meeting, to review outliers breaching 3 month KPI target		13/03/2023	Naomi Holdsworth	ongoing Date Entered : 06/06/2022 10:18 Entered By : Kelly Barker		
2	Remind staff of IAPT criteria for suitability of clients to ensure we are not going above threshold.		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		
Risk Owner's Last Review		Next Review	Overall Risk Update				
12/10/2022		11/12/2022	actions ongoing				

Risk Level:	1 - Local					Current Version	6
Risk Number:	2485	Risk Owner:	Emma Burke	Date Entered:	10/03/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 2-2 (4)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Reduced staffing levels within the core paediatric service due to vacancies	Reduced staffing levels within the core paediatric service due to vacancies			Patients not seen / risk of breaching 18 week wait target Increased pressure on staff as lengths of waiting lists increase Reduced support available for less experienced staff Reduced staff available to cover new commissioned sessions Unknown impact of not seeing patients. Staff will leave and find other jobs			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
2	Action plan - saved to TEAMS page Develop terms of reference for band 5/6 development posts - Karen, Louise, Ruth. Action: Explore additional needs of HR/staff bank - Emma to list. Utilise 'all staff' time out session on the 21th April - aim to focus on staff morale. , update staff on progress, understand issues & priorities, support from master coach (Carla Smith). . James, Emma, Shirley & Marnie to establish a waiting list task and finish group. .			23/12/2022	Emma Burke	No further Information. LMc remains off sick. Looking at recruitment - need whole service approach Date Entered : 22/11/2022 12:39 Entered By : Emma Burke	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		09/12/2022					

Risk Level:	3 - Care Group Level					Current Version	3
Risk Number:	2504	Risk Owner:	Suzanne Hall	Date Entered:	03/01/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-4 (12)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
MATs		Existing waiting lists for assessment, diagnosis, treatment and review in OPMHS Memory Assessment Services exacerbated by limits on face to face assessments due to impact of covid and COVID restrictions		Risk of acute presentations due to deterioration whilst awaiting diagnosis and treatment, increased carer stress as a result of acute presentations and deterioration in mental health, risk of admission to hospital or 24 hour care.			
Existing Control Measures:							
Provision of remote assessment to portions of waiting list via telephone and video-link as suitable and appropriate. Domestic assessments in full PPE where no other option feasible							
Monthly monitoring of the waiting list at OP QUOPs and by email reporting to General Mgr							
Outsourcing of a further 200 cases to a Private Provider							
Additional capacity of 1 clinic per week provided via temporary (1 year) recruitment of GPwSI							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Additional locum consultant and assistant psychology provision based at OP Airewarfe CMHT to provide additional assessment and diagnostic capacity for period of 6 months			09/03/2022	Suzanne Hall	ongoing plans to address the wait times Date Entered : 29/11/2022 16:02 Entered By : Suzanne Hall	
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.			09/03/2023	Suzanne Hall	ongoing plans to address the wait times Date Entered : 29/11/2022 16:01 Entered By : Suzanne Hall	
5	Extended locum Medic funding			09/03/2022	Suzanne Hall	ongoing plans to address the wait times	

				Date Entered : 29/11/2022 16:00 Entered By : Suzanne Hall
6	continue with MAC, try to start nurse diagnosing, better triage and data cleansing	20/01/2022	Suzanne Hall	Plans in place for the above, currently sorting funding and discussing plans with teams Date Entered : 29/11/2022 15:38 Entered By : Suzanne Hall
Risk Owner's Last Review	Next Review	Overall Risk Update		
06/08/2022	27/02/2023	risk remains but plans in place to reduce risk		

Risk Level:	4 - Directorate				Current Version	2	
Risk Number:	2632	Risk Owner:	Delphine Fitouri	Date Entered:	06/05/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-3 (15)	Target Risk Rating 1-1 (1)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Cyber Security Risk: Primary & Secondary VPN Require MFA (CONFIDENTIAL)	Cyber Security Risk: Access to our VPN solution is only protected by Single Factor Authentication. Although this system is currently scheduled replacement, It has been highlighted BY NHSD Cyber that due to recent attacks on NHS infrastructure this is no longer secure enough and needs to upgraded to MFA Multifactor authentication.		The risk is that malicious actors can gain access to our internal systems by only using a compromised or Phished username and password credential.				
Existing Control Measures:							
Require Strong passwords							
Phishing defense							
Block external malicious countries networks							
Block published command and control							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	Implement "Always on VPN" with MFA implemented		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
Risk Owner's Last Review		Next Review	Overall Risk Update	
26/10/2022		25/11/2022	Reviewed and updated actions.	

Risk Level:	2 - Service Manager Level					Current Version	1
Risk Number:	2649	Risk Owner:	Amanda Robinson	Date Entered:	02/08/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 3-4 (12)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
increase in statutory reviews requiring BDCFT Safeguarding team contributions		increase demand on the safeguarding team capacity.		There's been a significant increase in the number of serious child abuse cases, adult abuse cases and domestic homicides across Bradford and Wakefield. This requires significant staff resource in terms of contributing to statutory reviews, report writing, attending meetings, compiling actions plans, supporting services to implement actions, developing and delivering specific training, providing evidence to Partnerships of implementing recommendations and improving practice,			
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	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		
3	increase demand on the safeguarding team capacity.		31/01/2022	Amanda Robinson	Continuing high number for statutory reviews and scopings for statutory reviews across the District as a result of children and adult experiencing significant harm or death. The SG team no longer provides a safeguarding function		

for Wakefield after the 0-19 s migrated across to a new employer. This has slightly reduced the workload associated with the reviews, but it remains significantly high. Continuing to provide core service in terms of training, supervision, consultations and advice and support.

Date Entered : 12/12/2022 12:54
Entered By : Amanda Robinson

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	01/09/2022	

Risk Level:	1 - Local					Current Version	5
Risk Number:	2653	Risk Owner:	Suzanne Hall	Date Entered:	23/08/2022	Strategic Area:	People
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-5 (15)	Target Risk Rating 1-2 (2)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Lack of commissioned service for adults with learning disabilities who need ongoing prescribing monitoring for ADHD OR need an assessment for ADHD		Lack of appropriate service means people with learning disabilities are not getting the support they need to manage their ADHD or get an ADHD assessment - this may result in poor quality care, inappropriate treatment options or misdiagnosis.		There is currently no service commissioned to support adults with learning disabilities who also have ADHD and need medication monitoring for this. There is currently no service commissioned to support adults with learning disabilities to have an ADHD assessment. The learning disabilities team at Waddiloves is currently getting referrals for both these needs but are not commissioned to provide this support and therefore people are not getting a service.			
Existing Control Measures:							
Unable to put controls in place as no service commissioned to meet this need - at present referrals are being declined.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Informed senior managers & medical director of referrals being received but inability to pick these up as no commissioned service Ongoing issue - meeting with Suzanne Hall & Dr Lawson 13th dEc 2022 to discuss further			30/01/2023	Victoria Donnelly	Raised at Clinical Board - advised to contact Shelley Russell as WY ADHD lead. Shelley replied and have forwarded email to Suzanne Hall & Dr L Lawson for further discussion as they see fit on 8th November 2022 Date Entered : 08/11/2022 11:23 Entered By : Victoria Donnelly	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/01/2023					

List 2: Risks with initial Risk Rating of 15+ (excludes Risks with current Risk Rating of 15+)

Risk Level:	3 - Care Group Level					Current Version	1
Risk Number:	1989	Risk Owner:	Thabani Songo	Date Entered:	07/09/2017	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-3 (9)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Workforce- Vacancy and additional shift requirements	<p>There is a high number of vacancies and increased staffing demand due to Covid 19 measures on the inpatient wards including Lynfield Mount and Airedale Centre for Mental Health which has the potential to impact on quality.</p> <p>There is an increased reliance on bank and agency staff which can have an impact on service user experience, safety and team morale.</p> <p>There has been a recent priority and focus on recruitment with additional band 5 & 6 nurses recruited.</p>			<p>This could have an impact on;</p> <ol style="list-style-type: none"> 1. Service user experience 2. Safety-service user incidents 3. Team morale 			
Existing Control Measures:							
<ol style="list-style-type: none"> 1. Block booking of agency staff who are inducted, trained and given access to System one for clinical records. 2. Daily bed meeting to review gaps and agency staff covering, monitored during the day to manage unplanned gaps that may occur later in the day. 							
<p>A new system has been implemented to monitor for gaps in staffing which has been uploaded on to SharePoint this allows early identification of gaps for the entire service and a system to ensure the DSN and Clinical Managers are working with Staff Bank to provide cover.</p> <p>The safer staffing escalation procedure is embedded within the site and also specialist services upload their daily staffing figures to the site to enable an overview of all inpatient wards.</p>							
Ongoing recruitment to Band 5 nurse vacancies. Open ended band 5 post on NHS Jobs.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	

1	<p>1. Monitor through weekly autoroster meetings & daily lean management, plan to cover gaps in staffing and escalate to clinical managers and service manager where a staffing gap cannot be covered</p> <p>2. Block booking of agency staff plus induction</p> <p>3. IHTT staff being overbooked and reallocated to cover gaps in staffing if required.</p> <p>4. Rolling recruitment with HR and recruitment events to encourage employment with BDCFT</p>	10/04/2023	Thabani Songo	<p>Daily Safer staffing Comms cell in place, weekly rostering meetings continue</p> <p>Date Entered : 28/12/2022 11:32 Entered By : Thabani Songo</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&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												

Risk Level:	2 - Service Manager Level				Current Version	2	
Risk Number:	2254	Risk Owner:	Ian Beattie	Date Entered:	28/05/2019	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 3-5 (15)	Current Risk Rating 3-4 (12)	Target Risk Rating 3-3 (9)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
High Demand, occupancy rates and OOA within inpatient services	<ul style="list-style-type: none"> *high occupancy levels across acute inpatients services. All wards consistently above the recommended 85% occupancy level *high demand for inpatient beds *COVID IPC arrangements impacting upon bed availability and flow *bed management guidance that supports use of leave beds to accommodate admissions 		<ul style="list-style-type: none"> *inability to deliver safe and effective care to all patients admitted to the wards *inability to maintain patient flow and admit patients to an appropriate bed in a timely manner *reliance on use of leave beds resulting in patients on leave potentially not having a bed to return to *additional burden on staff due to high occupancy *increase in incidents *increase in concerns & complaints *impact on quality of care *inability of staff to be released to attend supervision, training, CPD *key quality assurance activity decreases *increase in staff sickness *impact on staff morale *increase reliance on bank and agency staffing *impact on recruitment and retention *use of OOA beds *financial & reputational impact 				
Existing Control Measures:							
<ul style="list-style-type: none"> *daily call out information regarding admission and discharges *daily bed escalation discussion 							
IS contracted beds to offset capacity lost due to IPC arrangements. Oversight & Assurance Framework in place to oversee quality & safety of service users within OOA beds.							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
1	*daily review of occupancy, acuity and associated staffing levels. Staffing levels changed to ensure clinical demands and acuity is being met		20/03/2023	Thabani Songo	Staffing review meetings increased to a minimum of twice daily to respond winter staffing pressures. Date Entered : 08/11/2022 09:33 Entered By : Kelly Barker		

7	Programme of KPO/QI work across 22/23 planned. Three RPIW events scheduled to focus on improvements across the pathway with resulting impacts upon los and experience.	31/03/2023	Kelly Barker	Sponsor Development Session held in April 22. 3 RPIWs planned across 22/23. Challenges around staffing impacting on planned work. Adapting and flexing the KPO approach. Areas of focus redefined with focus to remain on improving recovery and experience to avoid delays and Longer LOS. Date Entered : 08/11/2022 10:09 Entered By : Kelly Barker
4	Daily Call out around quality measures to ensure key quality & safety activities are being undertaken and escalation to general manager where impacts noted.	20/03/2023	Thabani Songo	to continue Date Entered : 08/11/2022 09:58 Entered By : Kelly Barker
6	Ongoing CCtH transformation across in patients and CMHT	20/03/2023	Thabani Songo	tx on going Date Entered : 08/11/2022 09:59 Entered By : Kelly Barker
2	Introduction PIPA model across all wards	19/07/2019	Kelly Barker	
Risk Owner's Last Review		Next Review	Overall Risk Update	
08/11/2022		07/01/2023	Significant challenges relating to staffing levels which is impacting upon flow and also taking forward QI work at pace. Taking a flexible approach with KPO capacity and taking QI tools to teams and targeting specific areas to support flow.	

Risk Level:	2 - Service Manager Level				Current Version	2	
Risk Number:	2556	Risk Owner:	Rugare Musekiwa	Date Entered:	09/09/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-2 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Impact of dual recording on capacity	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.			
Existing Control Measures:							
Risk to delivery and quality of record keeping.							
Amount of work needing to be transferred for S1 to the NIVs Child health system.							
We are now inputting directly on to the clinical record in a timely manner. NIVS data is now being uploaded daily by the child health team.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	To mitigate risk of compromise in quality and timely record keeping.			31/12/2022	Rugare Musekiwa	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	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/12/2022					

Risk Level:	1 - Local					Current Version	1
Risk Number:	2655	Risk Owner:	John Hiley	Date Entered:	12/09/2022	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 4-3 (12)	Target Risk Rating 1-2 (2)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
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>			
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
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		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		01/12/2022					

Risk Level:	2 - Service Manager Level				Current Version	2	
Risk Number:	2532	Risk Owner:	Gillian Brayshaw	Date Entered:	05/08/2021	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-5 (20)	Current Risk Rating 4-3 (12)	Target Risk Rating 3-3 (9)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Public Health programme requirements		Meeting PH programme requirements and ad hoc requests eg NCMP, audiology BIB measurement yr1		Risk to meeting contractual obligations, due to limited capacity to deliver programmes, given impact of current restrictions.			
Existing Control Measures:							
Negotiations with PH commissioners that aware we are currently in BCP. Negotiated what we can and cant deliver.							
Risk Owner's Last Review	Next Review	Overall Risk Update					
//	28/02/2023						

Risk Level:	4 - Directorate				Current Version	3	
Risk Number:	2207	Risk Owner:	Greg Soffe	Date Entered:	09/01/2019	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-2 (10)	Target Risk Rating 4-2 (8)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Cybersecurity Risk: Whole of Trust		IT / Clinical systems affected by a cyber incident, originated from within or from outside the organisation		Critical impact on IT and clinical system access, impacting on clinical and administrative activities			
Existing Control Measures:							
<p>-Cyber Security Team has been established with 2 permanent resources recruited and in post</p> <p>-Processes being established to review external cyber threat notification (CareCert) sent weekly by NHS Digital.</p> <p>-Vulnerability scanning using OpenVAS</p>							
Achievement of Cyber Essential and Cyber Essential + accreditation							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
9	Review gap analyst of Cyber Essential accreditation areas of improvement	31/08/2021	Greg Soffe	Action completed Date Entered : 04/11/2021 16:51 Entered By : Delphine Fitouri			
11	Monitor National Cyber security Guidance	31/07/2022	Greg Soffe	War, War never changes. There is still a travel risk to the Ukraine, Poland, Belarus & Russia. There are regular cyber attacks on national infrastructure. our best plan of action is to keep our heads down and not make ourselves a target. Date Entered : 09/06/2022 11:47 Entered By : Greg Soffe			
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

Risk Level:	4 - Directorate					Current Version	5
Risk Number:	2102	Risk Owner:	Kelly Barker	Date Entered:	15/05/2018	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 5-2 (10)	Target Risk Rating 5-1 (5)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Risk of Harm due to ligature within inpatient services		Risks associated with bedroom doors and windows within inpatient settings that had been identified as high risk, utilising the trust ligature risk assessment framework.		Risk of service user harm through ligature.			
Existing Control Measures:							
<ul style="list-style-type: none"> -Ligature Risk Assessments conducted at a minimum every 12 months or immediately following any adaptations to service environment -Design of inpatient environments (with the exception of DAU) in line with HBN03 -Action outcomes from ligature risk assessments are reviewed at Ops service Quality & Safety meetings and reported monthly by exception to LERs Group 							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
7	Programme of works underway to replace bedroom doors and windows in key bedrooms across all wards assessed as ' high risk' within new ligature risk assessment framework, and introduce other measures such as new anti-barricade mechanism and patient call alarms, following recent approval by the Trust Board.			05/12/2022	Kelly Barker	<p>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.</p> <p>Date Entered : 12/10/2022 11:15 Entered By : Kelly Barker</p>	
Risk Owner's Last Review		Next Review	Overall Risk Update				
08/09/2022		07/11/2022	<p>All the windows have now been replaced at Airedale so that work is now complete.</p> <p>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.</p>				

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.

Risk Level:	2 - Service Manager Level				Current Version	4	
Risk Number:	2533	Risk Owner:	Gillian Brayshaw	Date Entered:	05/08/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 5-4 (20)	Current Risk Rating 5-2 (10)	Target Risk Rating 5-2 (10)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Interface between CAMHs and 0-19 services	Interface between CAMHs and 0-19 services		Pathways not co-designed and therefore a risk that children won't be seen by most appropriate professional, as CAMHs expectations of 0-19 service may not be realistic				
Existing Control Measures:							
Strategic priority integrated children's pathway for BDCFT.							
Continue to receive and screen referrals and sign post to appropriate agency.							
Continue to meet with commissioners and update them on the school nursing offer, so they are aware what the current service offer is and where there are any gaps.							
Continue to work closely with CAMHS and MHST to develop and provide a clear pathway for referrals for CYP with EWB issues.							
Risk Owner's Last Review	Next Review	Overall Risk Update					
/ /	27/02/2023						

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

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		

Risk Level:	1 - Local					Current Version	5
Risk Number:	2572	Risk Owner:	Emma Kergon	Date Entered:	22/10/2021	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 3-3 (9)	Target Risk Rating 4-1 (4)				
Risk Title:		Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Poor communication impacting on the health provision for new arrivals		Lack of communication to BDCT regarding Afghan relocation scheme (ARAP) and other HO schemes.		Poor communication channels may result in care delays or, clients needs being missed.			
Existing Control Measures:							
Attending fortnightly ARAP meeting at Cedar court- with wider MDT. Children's and Adults representation from BDCT at meeting along with Overseas Project Visitor Implementation Manager.							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Preparing paper for Senior leadership team 8th Dec to escalate concerns to cover communication/ finance/ funding/ safeguarding / service demand			31/01/2023	Emma Kergon	Meeting held with the Home office 7/12/22 to discuss potential increase in ARAP client numbers. This is now being considered by the exec team. Concerns related to staffing and capacity issues raised along with safeguarding and ability to support with no additional funding. It remains an unknown on contingency/ spot booking pressures. Length of stay for Clients in Tong park hotel remains unknown. Date Entered : 13/12/2022 11:05 Entered By : Emma Kergon	
2	Meeting scheduled with Mears 25th November to explore better communication re clients arriving on ACRS scheme into hotels and hostels to ensure BDCT are aware in a timely manner and associated health services available to support- TB screening/ HV/ school nursing/ dental etc			31/01/2022	Emma Kergon	Mears have now agreed to share information but we have not yet received this. Failure to attend last meeting from Mears. Next meeting scheduled for 12.1.22. Date Entered : 05/01/2022 16:38 Entered By : Emma Kergon	
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		31/01/2023					

Risk Level:	4 - Directorate					Current Version	2
Risk Number:	2597	Risk Owner:	Kelly Barker		Date Entered:	15/12/2021	Strategic Area: Quality
Impact x Likelihood:	Initial Risk Rating 5-3 (15)	Current Risk Rating 3-3 (9)	Target Risk Rating 3-3 (9)				
Risk Title:			Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:		
Harm to staff or members of the public as a result of violence			Risk of violence towards staff and/or members of the public whilst within our inpatient or community sites		Risk of serious harm as a result of violence		
Existing Control Measures:							
Violence and aggression risk assessments							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Delivery of 'no force first' programme to create a more trauma informed culture that seeks to enhance the collaborative approach to care.			30/12/2022	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>	
Risk Owner's Last Review		Next Review	Overall Risk Update				
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.				

Risk Level:	4 - Directorate				Current Version	5	
Risk Number:	2370	Risk Owner:	Kelly Barker	Date Entered:	20/03/2020	Strategic Area:	Quality
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 2-4 (8)	Target Risk Rating 2-3 (6)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
Continuity of service delivery during the COVID-19 Pandemic	Covid-19 sustained pandemic			inability to sustain service delivery through the waves of the pandemic which will include safe working staffing levels as a result of increased demand on services			
Existing Control Measures:							
<p>Policies are being adjusted and regularly reviewed The Infection Prevention and Control Clinical Policy has been reviewed and adjusted. HR policies reviewed and adjusted. Clinical Policies are being reviewed Establishment of Ethics Group being considered at Board on March 26 2020 Cross working with other NHS bodies, VCS, Social Care and Local Authority. Bronze, Silver and Gold command positions identified. Business Continuity Plans have been reviewed and updated. PPE Equipment is available to staff who are nursing a patient with Covid-19. Details of how to access are on the trust connect pages</p>							
Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress			
4	Daily review of staff availability/skill mix in wards and teams. Daily assessment of need to close non essential services to redeploy staff if required to clinical areas.	20/07/2022	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
14/12/2022	14/03/2023	COVID 19 infections remain. National direction remains in place around command and control structures being maintained. All actions complete/in place. Command and control structures planned and in place up until April 2023. All relevant escalations and documentation and guidance cascade in place and robust.

Risk Level:	1 - Local				Current Version	4	
Risk Number:	2527	Risk Owner:	John Hiley	Date Entered:	03/08/2021	Strategic Area:	Reputation
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 2-2 (4)	Target Risk Rating 2-1 (2)				
Risk Title:	Hazard/Causes Of Risk:		Risk Description/Impact/ Consequences, if risk not fully mitigated:				
Research Grant Management	Inadequate financial support for Research Grant management		<p>Management of research grants, awarded to projects/programmes led by BDCFT require management outside the scope of the current agreements with our major funder, Clinical Research Network - Yorkshire & Humber (CRN-YH), with whom we hold a contract that includes management of the associated 'Study Support Funding'.</p> <p>Grant funding awarded by the National Institute of Health Research (NIHR) is managed by the project's/programme's lead NHS organisation, and is carefully monitored by NIHR. Problems with this process, including issues related to the regular and detailed reporting, can mean cancellation of the grant, and an inquiry requiring testimony from Trust directors. Moreover, failure to adequately manage one grant significantly reduces the chances of any further award from NIHR funding streams.</p> <p>This funding route is critical for the development of successful research programmes, led by BDCFT related lead researchers, and the realisation of the Trust Research Strategy.</p>				
Existing Control Measures:							
<p>Current NIHR Programme Grant for DIAMONDS financial management is outsourced to the University of York, and reviewed by BDCFT Finance before reporting to NIHR.</p> <p>This is because UoYork is the employer of the Chief Investigator for this programme, and have experience of this activity.</p> <p>The service is currently funded by RCF paid to the Trust to develop capability in research.</p> <p>The arrangement will finish when the programme ends in 2025.</p>							
Action No.	Actions required to address any gaps in controls		Target Date	Owner	Action Progress		
5	Review of finance department will inform level/type of support for R&D. Awaiting outcome.		30/11/2022	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.

Risk Level:	1 - Local					Current Version	1
Risk Number:	2674	Risk Owner:	Richard Priestley	Date Entered:	06/12/2022	Strategic Area:	Regulatory
Impact x Likelihood:	Initial Risk Rating 4-4 (16)	Current Risk Rating 2-1 (2)	Target Risk Rating 2-1 (2)				
Risk Title:	Hazard/Causes Of Risk:			Risk Description/Impact/ Consequences, if risk not fully mitigated:			
ACMH production kitchen flooring works to ensure business continuity and compliance with H&S and Food Safety legislation	Damaged ACMH Kitchen flooring a trip risk, flooring also cannot be cleaned and maintained due to ongoing wear and tear damage due to age.			The existing ACMH kitchen floor is life expired - due to age, and wearteh floor is damaged and beyond economical repair, floor requires replacement - Thi requires capital investment			
Existing Control Measures:							
Capital quotes sourced to replace floor							
Action No.	Actions required to address any gaps in controls			Target Date	Owner	Action Progress	
1	Quotes received and works scheduled for end Jan 2023 works value is £25K + VAT			28/02/2023	Richard Priestley		
Risk Owner's Last Review		Next Review	Overall Risk Update				
/ /		06/01/2023					