

Data extracted at 07:01:02 on 01/03/2023

In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
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
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	09/04/2023
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	24/02/2023
2621, Peter Garland	accessibility to services	4-4 (16)		4-4 (16)	2-3 (6)	Not yet changed	10/03/2022	1 - Local	01/05/2023
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	07/03/2023
2605, Tim Rycroft	Redbox Recording	4-3 (12)	4-3 (12)	4-4 (16)	3-2 (6)	Worse	17/01/2022	4 - Directorate	15/02/2023
2610, Alix Jeavons	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	10/03/2023
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	28/04/2023
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	24/02/2023
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	24/02/2023
2046, Gaynor Toczek	Organizational / individual practice not consistent with good information governance	4-3 (12)	4-3 (12)	5-3 (15)	5-2 (10)	Worse	20/06/2018	4 - Directorate	16/04/2023
2534, Phillipa Hubbard	Visibility of vulnerable families	5-3 (15)	5-3 (15)	5-3 (15)	4-3 (12)	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	09/04/2023
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	24/02/2023
2504, Suzanne Hall	MATs	3-5 (15)	3-5 (15)	3-5 (15)	3-4 (12)	Static	03/01/2021	3 - Care Group Level	10/03/2023
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	15/02/2023
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	08/02/2024
2679, Tracy Firth	Poor level of medical cover due to limited resources	4-5 (20)		3-5 (15)	3-3 (9)	Not yet changed	04/01/2023	1 - Local	05/03/2023
2653, Suzanne Hall	Lack of commissioned service for adults with learning disabilities who need ongoing prescribing monitoring	3-5 (15)	3-5 (15)	3-5 (15)	1-2 (2)	Static	23/08/2022	1 - Local	31/03/2023

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In order of highest current risk ratings

Ref, Owner	Risk Title	Initial	Last Review	Current	Target	Trend Now	Input Date	Risk Level	Next Review
	for ADHD OR need an assessment for ADHD								
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	10/04/2023
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	12/03/2023
2569, Rachel Howitt	Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams	4-4 (16)	4-4 (16)	4-3 (12)	3-2 (6)	Better	12/10/2021	2 - Service Manager Level	28/04/2023
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	16/04/2023
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	09/04/2023
2451, Bernard Hughes	Psychological Therapy capacity	4-5 (20)	4-5 (20)	3-3 (9)	3-2 (6)	Better	30/12/2020	1 - Local	25/04/2023
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	31/03/2023
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	09/05/2023
2627, Anne Marie Dorrington	Loss of connectivity across the district effecting patient care .	4-4 (16)	3-4 (12)	3-3 (9)	3-1 (3)	Better	11/04/2022	2 - Service Manager Level	30/03/2023
2681, Richard Priestley	Cemetery Road - High levels of stock, PPE and Wheelchairs impacting on safe working practices within building.	4-4 (16)	4-4 (16)	3-3 (9)	2-3 (6)	Better	10/01/2023	1 - Local	28/02/2023
2564, Emma Kergon	Poor connectivity affecting timely access to health records	4-4 (16)	4-4 (16)	3-3 (9)	3-3 (9)	Better	23/09/2021	2 - Service Manager Level	30/04/2023
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
2547, Dawn Lee	Service contribution to child protection	4-5 (20)	4-4 (16)	4-2 (8)	4-2 (8)	Better	12/08/2021	3 - Care Group Level	28/02/2023
2680, Suzanne Hall	Fire Escape at Waddiloves unsafe for use	4-4 (16)	3-2 (6)	3-2 (6)	1-1 (1)	Static	05/01/2023	1 - Local	06/03/2023

Key Organisational Risks: 2022/2023

List 1: Risks with current Risk Rating of 15+

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	4	
<b>Risk Number:</b>	2672	<b>Risk Owner:</b>	Mike Woodhead	<b>Date Entered:</b>	29/11/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-4 (20)	<b>Current Risk Rating</b> 5-4 (20)	<b>Target Risk Rating</b> 2-1 (2)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
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 &amp; effective way. The hazards include:</p> <ul style="list-style-type: none"> <li>*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</li> <li>*Inflexible space</li> <li>*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</li> <li>*No secured source of funding to proceed with Lynfield Mount Redevelopment Plans</li> </ul>		<p>The consequences of the above hazards include:</p> <ul style="list-style-type: none"> <li>*Impacts upon privacy &amp; dignity</li> <li>*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)</li> <li>*Impacts upon Infection Prevention (e.g. cohorting &amp; isolation areas/space)</li> <li>*Impacts upon Out of Area Bed usage</li> <li>*Impacts upon safety</li> <li>*Impacts upon financial &amp; environmental sustainability</li> <li>*Impacts upon service user experience</li> <li>*Impacts upon staff wellbeing, recruitment and retention</li> <li>*Impacts upon organisational reputation</li> </ul>				
<b>Existing Control Measures:</b>							
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	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.  Date Entered : 29/11/2022 10:29 Entered By : Mike Woodhead
2	Lobby local and regional influencers	31/03/2023	Mike Woodhead	There has been a programme of local/regional lobbying for several years. Recently, we have shared updated reports

				<p>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> <p>Date Entered : 29/11/2022 10:32 Entered By : Mike Woodhead</p>
3	Lobby national influencers	31/03/2023	Mike Woodhead	<p>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.</p> <p>Date Entered : 29/11/2022 10:34 Entered By : Mike Woodhead</p>
6	Raise issue of gap in strategic capital funding sources with a view to influencing future options.	31/03/2023	Mike Woodhead	<p>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.</p> <p>Date Entered : 29/11/2022 10:44 Entered By : Mike Woodhead</p>
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	<p>Programme of works on track for completion within agreed timescales.</p> <p>Date Entered : 29/11/2022 13:42 Entered By : Kelly Barker</p>
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
/ /		27/02/2023		

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	1	
<b>Risk Number:</b>	2677	<b>Risk Owner:</b>	Mike Woodhead	<b>Date Entered:</b>	21/12/2022	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-5 (20)	<b>Target Risk Rating</b> 2-5 (10)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
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			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		15/01/2023					

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2589	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	20/11/2021	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Consent for EHCPs and Tribunals in relation to SEND		Lack of consent being received from the LA to BDCFT in relation to EHCPs and Tribunals for SEND		The consequence of no consent is that BDCFT is unable to share information into a statutory and legal process for children with SEND. Children's needs will not be met. BDCFT will be in breach of Code of Practice which could result in legal action. Corporate reputation will be impacted on.			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Risks escalated to Director of Nursing Exec Lead for SEND , the DCO at the CCG and at the SEND Strategic Partnership Board. LA are now fully informed of the changes in their working that has impacted on consent not being provided to BDCFT. Response is expected urgently given the pending SEND inspection.		31/03/2023	Dawn Lee	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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
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.				

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



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

				Entered By : Kelly Barker
3	Community Mental Health Transformation (Internal work plus Act as One) - linking benefits of community transformation to impacts upon demand for acute care. Benefits realization being mapped in accordance with roll out of transformed models within PCNs (LOS, admission avoidance, reduction in readmission rates)	23/01/2023	Kelly Barker	continued programme. Date Entered : 12/10/2022 10:49 Entered By : Kelly Barker
4	Dynamic review of demand, need and modelling for additional capacity within IS to ensure that contract is not rolled over but is based on anticipated demand in line with impacts being realized from other actions.	23/01/2023	Kelly Barker	ongoing action Date Entered : 12/10/2022 10:48 Entered By : Kelly Barker
5	As the NHS moves back to normal contracting arrangements in 2022/23 discussions with commissioners are required to agree the arrangements for PICU OOA going forward (number of commissioned beds, cost per bed and EPC).	14/11/2022	Claire Risdon	ongoing Date Entered : 12/10/2022 10:49 Entered By : Kelly Barker
7	Work undertaken at place and within the ICS to look at OOA trajectories and definitions relating to reporting. Applying the NHSE definition of continuity of care to our current OOA contract to assess if we are meeting all principles. A paper is being developed in partnership with ICS programme lead to evidence where we meet the principles, what this therefore means in terms of reporting and associated trajectories around reportable OOA.	23/01/2023	Kelly Barker	work with Cygnet delayed around shared record. Delaying application of COC principles. Re setting time scales. Date Entered : 12/10/2022 10:51 Entered By : Kelly Barker
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>		
08/02/2023	09/04/2023	Operational planning and tactical actions being reviewed. Actions to be updated.		

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2617	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	25/02/2022	<b>Strategic Area:</b>	Financial
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Re-procurement of the Bradford 0-19 contract		Failure in the re-procurement process		Loss of the Bradford 0-19 contract, financial impact to the organization, TUPE transfer of staff from BDCFT to a possible new provider, reputational risk to BDCFT			
<b>Existing Control Measures:</b>							
Regular meetings with Business team to build a bid group, produce a win book and prepare for successful re-procurement							
Close and ongoing working with our Public Health Commissioners. We have worked to formalise CMB to include oversight of the £1 investment, to negotiate and redefine the iHSC contract variation reporting and KPIs.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Review of the Tiered HV model to inform future service delivery model		31/03/2023	Dawn Lee	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
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
20/12/2022		28/02/2023	All actions reviewed.	

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2620	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	09/03/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Increased demand on Community adult service, increasing referral rates, backlog		Breaching KPI - 18 week waits. Awaiting over 18 weeks for follow up after triage Long waits for patients to be seen - over 12 weeks		Although patients triaged, we currently (Feb data) have 160 dysphagia patients waiting to be seen and 50% waiting over 12 weeks. Dysphagic adults in community are particularly vulnerable as risk of aspiration and asphyxiation remains unmanaged			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Option appraisal to look at how best to use current vacancies (around 6 sessions b5 equivalent) Capacity -Demand figures to be looked at - referral rate vs capacity (available sessions for clinical work) and what staffing we would need to meet demand		24/02/2023	Emma Burke	Adult Priorities group set up - to rearrange adult team discussion re priorities (cancelled Jan 23 due to sickness) - BAnd 5-6 development posts, dysphagia training band 5's. Push to grow our own keep 2 band 5's Recruitment to band 7 community post and mental health - no applicants. No Band 7 time if look at band 5-6 development posts. KW (band 7 leaved 3rd Feb.- not recruited to. Sickness in team - dec/Jan. Continue with 15 hours of locum - to be reviewed with Michelle Holgate  Date Entered : 30/01/2023 21:08 Entered By : Emma Burke		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		24/02/2023					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2621	<b>Risk Owner:</b>	Peter Garland	<b>Date Entered:</b>	10/03/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
accessibility to services	Unable to access essential services at time of urgent mental health need		Services for acute and chronic mental health needs are accessed by services directly via telephone or clinical referral. Currently there is no option to access be other methods such as SMS messaging or more modern chat services. This disadvantages those individuals that cannot verbalize their concerns, leading to a potential for harm to self, others or further deterioration in their mental state.				
<b>Existing Control Measures:</b>							
text duty phone, 3 way interpreter, InterpreterNow (BSL), Video calls, Equality Impact Assessment Findings (EqIA) in progress							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Identified risk via EqIA meetings and feedback from VCS and service users			01/05/2023	Peter Garland	Follow up meetings with FRS clinical leads and Lisa Wright to discuss how to move forward have taken place Jan 2023, EQIA to be formally submitted to SLT, Lisa is adding to further narrative. Also explored the risk associated with increased demand from certain message based access routes if implemented, this highlighting the need for project support and involvement from wider than clinical team, to fully explore both options and potential consequences. Project group work request submitted Oct 2022, follow up email chasing request sent to Martin B and Delphine Feb 2023.  Date Entered : 09/02/2023 07:49 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
09/02/2023	01/05/2023	Updated action with recent progress, this has mostly been around chasing the project group request. But also the clinical leads in FRS meeting with Lisa Wright and trying to push forward progress. Ultimately the impact of implementing an online text message system into FRS is likely to have such radical impact on demand, it is not a decision that can be made at a service level. Requiring specialists in the communications, IG and data analytics areas to inform decision making. Followed by input at a strategic and financial view point, to balance out the clinical perspective, which has already been established.

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



**Existing Control Measures:**

Workforce Developmental (talent management programmes):

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

Logistical support worker roles embedded.

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

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

Daily lean management.

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
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>
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
05/02/2023		07/03/2023	Transformation changes pending that will impact on demand for qualified nursing including a split of planned and unplanned, the introduction of administrative roles and the creation of a self management function.	

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	2
<b>Risk Number:</b>	2605	<b>Risk Owner:</b>	Tim Rycroft	<b>Date Entered:</b>	17/01/2022	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-3 (12)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>			<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>		
Redbox Recording			Lack of governance for call recording		exposure to data breaches and subsequent fines or substantial compensation. UK GDPR and Data Protection Act 2018		
<b>Existing Control Measures:</b>							
Mandatory annual Data Security and Protection training IG Staff handbook							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
5	Arrangements to be put in place for First response as recording still required			28/02/2023	Christopher Dixon	IG Team to support by starting draft DPIA  Date Entered : 16/01/2023 13:08 Entered By : Delphine Fitouri	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
16/01/2023		15/02/2023	DPIA now due but delayed due to unexpected absence. Target date extended				

<b>Risk Level:</b>	3 - Care Group Level					<b>Current Version</b>	2
<b>Risk Number:</b>	2610	<b>Risk Owner:</b>	Alix Jeavons	<b>Date Entered:</b>	28/01/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 4-3 (12)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Core and PMHW waiting list size	Delays in patient care leading to risk to possible SI. Delays in seeing green and amber cases leading to increasing risk for these YP. Staff welfare due to increased workload.			Red, Amber and Green RAG rated cases are requiring key workers. Due to covid sickness, other staff sickness and a rise in RED rag cases there is a delay in key worker allocation for all RAG rated cases. Increased referrals and staff leaving are main contributing factors to the increased length of wait of allocation of key workers.			
<b>Existing Control Measures:</b>							
All patients (excluding ward patients) are spoken to with 24-48 hours for a CAMHS duty call having been referred into CAMHS. At this point referrals are assessed based on risk and complexity into Red, Amber and Green cases. The cases are placed onto the corresponding w/l on S1 awaiting key worker allocation if considered a Core Team patient. Due to a combination of staff sickness, staff leavers, lack of available workforce, increase in number of Red cases there is a waiting list for Red cases where we are unable to allocate Key workers.							
Wellbeing checks for patients waiting, as SOP guides on RAG rating.							
Recruitment of additional Social Workers and OT instead of nurses for key worker roles.							
Weekly manual collection of cases waiting to be allocated a key worker from new and from reallocation, RAG rating included. This is to monitor the position.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
7	Core Team Leader to ensure that the advert for key workers continues to be out for known vacancies, covering leavers.			21/03/2023	Shamila Ahmad	Advert going out again for a Band 6 x 2. 1 band 5 to interview. Interviews next week. Bob Collins leading on the advert.  Date Entered : 15/02/2023 15:13 Entered By : Sadie Booker	
9	Sadia Ashiq PMHW Team Lead to continue to advertise rolls.			01/03/2023	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	<p>New models for assessment utilising CARM model undertaken from 4th January 2023.</p> <p>Establishing new duty model from 1st March 2023</p> <p>Caseload reviews with PMHWs underway in order to reduce caseloads and support staff.</p> <p>Following caseload reviews will move to utilising guided treatment for those waiting on PMHW waiting list</p>	31/03/2023	Jennifer Robb	<p>Update - 9.02.23</p> <p>CARM assessment clinics having a positive impact on waiting lists for Core CAMHS. update shared with Clinical Board 3.2.23</p> <p>2x new duty team Assistant Psychologists have start dates of 20th feb 2023 and will be inducted and begin to introduce guided treatment. 1x Assistant Psychologist has start date of 6th March to join duty team as well.</p> <p>PMHW waiting list continues to be of high concern, longest waits 76 weeks.</p> <p>Date Entered : 09/02/2023 09:25 Entered By : Jennifer Robb</p>
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
08/02/2023		10/03/2023	Mitigations to support and manage those awaiting support in place and assurance that these are sufficient. New model of delivery of initial assessment and 2nd appointment going live January 2023 to track impacts upon flow and numbers waiting. Risk to be reassessed based on evaluation of model in 3 months time.	

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	3
<b>Risk Number:</b>	2577	<b>Risk Owner:</b>	Rugare Musekiwa	<b>Date Entered:</b>	25/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Insufficient staffing for Initial Health Assessments		Not being able to undertake assessments within statutory expectation.		There is insufficient workforce capacity to undertake initial health assessments in timely manner.			
<b>Existing Control Measures:</b>							
we have employed GPs's and Paediatrician to support with Initial Health assessments (IHA'S)							
<p>1 new GP Medical Advisor has been recruited to undertake IHA's.  1 GP is increasing the number of appointments offered from 2 to 4 per month from March 2023.  AH is spoken with GP's locally and is waiting a response.  Advert for recruitment remains live.</p>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Consideration for recruitment to unfilled post. Need formal commitment to appointment schedule and accountability/ monitoring via dashboard.			28/04/2023	Rugare Musekiwa	Unfilled Post continue to be advertised both internally and externally. A formal commitment to the existing commitment schedule is needed from the system both to creating additional appointments and a waiting list initiative.  Date Entered : 18/01/2023 15:51 Entered By : Andrea Haley	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
18/01/2023		28/04/2023	Reliance on GP Medical Advisors and Pediatrician to undertake IHA's. Numbers coming into care continues to increase - 62 in December 2022 versus limited existing capacity.				

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2660	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	11/10/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Increased demand on Paediatric Complex Needs Service, increased waiting times, backlog		Delays in patient care leading to deterioration in health, risk of hospitalisation and serious incidents. Long waits will result in onward referral for eg Videofluoroscopy and strategies being put in place Delay in seeing patients may have impact on managing medication Increase in parental anxiety Staff welfare due to large and increasing caseloads		Demand within the complex needs team exceeding capacity Breaching 18 week wait targets and unable to review developing children. Impact on patient safety and quality of care delivered			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Position Paper written and shared with Service Manager - additional data requested and added. To be shared with Deputy Director (Michelle Holgate) and General Manager James Cooke and ? take to clinical board		24/02/2023	Emma Burke	Discuss with KB at next 1:1 as not yet shared  Date Entered : 09/02/2023 11:24 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		24/02/2023	Emma Burke	Discussions re clinical role to be vacated by SW on retirement. Band 7's to lead re communication and Dysphagia separately ant their line management shared between adult team manager and clinical lead. Plan in place for clinical time. Awaiting transformation work and structure information until we can manage the team manager role. Locum - to be reviewed with Michelle Holgate  Date Entered : 30/01/2023 21:11 Entered By : Emma Burke		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				

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24/02/2023



<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2661	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	11/10/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-4 (16)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Reduced staffing level due to retirement		Reduced staffing levels to meet the demand of the service Loss of experienced staff within small team Dysphagia training is a lengthy process No succession planning		Reduced capacity and experience due to 2 staff members (Band 7/8) retiring next year within an already small team Risk of breaching 18 week waits Likely impact on patient safety and quality of care delivered Staff burnout			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
1	Options Appraisal regarding staffing - meeting booked 25th October	24/02/2023	Emma Burke	Plan for clinical time arranged but awaiting transformation/structure conversations before planning management time. Discussion had 19th Jan re plan for communication and dysphagia roles. Communication work to be joined with Core paediatric service. Transformation ongoing  Date Entered : 30/01/2023 21:15 Entered By : Emma Burke			
2	Discussions regarding succession planning / staff retention / recruitment / dysphagia cover across service / skill mix / dysphagia training options	31/03/2023	Emma Burke	Further discussions required as part of SLT transformation when aware of structures, service delivery options  Date Entered : 09/02/2023 11:28 Entered By : Emma Burke			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		24/02/2023					

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	4	
<b>Risk Number:</b>	2046	<b>Risk Owner:</b>	Gaynor Toczek	<b>Date Entered:</b>	20/06/2018	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-3 (12)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 5-2 (10)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Organizational / individual practice not consistent with good information governance	Organizational / individual practice not consistent with good information governance		Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage				
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>-GDPR action plan implemented during first half of 2018</li> <li>-Information Governance Group meets regularly. SIRO and Caldicott attend.</li> <li>-Data Protection Officer (DPO) appointed</li> <li>-Maintain high levels of IG awareness and training</li> </ul>							
Annual Mandatory training							
Updated Staff IG Handbook							
Updated IG pages on the intranet							
Policies and procedures							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
5	Joint working to enhance the "communicating with patients and service users"		31/03/2023	Gaynor Toczek	Terms of reference for the Information Governance Group updated. Privacy notice has been updated. Target date extended for 3 months to capture changes and any other improvements to be made.  Date Entered : 16/01/2023 12:50 Entered By : Delphine Fitouri		

6	Explore new training and advice opportunities	28/02/2023	Sarah Briggs	Transfer ownership from Gaynor to Sarah Briggs Date Entered : 16/01/2023 12:51 Entered By : Delphine Fitouri
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)	31/03/2023	Delphine Fitouri	Target date extended to further remind staff and managers Date Entered : 16/01/2023 12:45 Entered By : Delphine Fitouri
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
16/01/2023		16/04/2023	Escalation of low training numbers via Risk and Compliance risk and AAA reports to QUOPs meeting. Training offering under review. Refreshed Privacy Notice in place	

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	3
<b>Risk Number:</b>	2534	<b>Risk Owner:</b>	Phillipa Hubbard	<b>Date Entered:</b>	05/08/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 4-3 (12)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Visibility of vulnerable families		Visibility of vulnerable families		Identification of 'families of concern' particularly challenging due to restrictions, therefore risk of missing a family.			
<b>Existing Control Measures:</b>							
Tiered model of HV - families of concern should be seen face to face							
Visiting guidance from BCP							
Case load stratification within specialist services							
Move to the relational team model and Gap analysis around the number of required staffing levels outlined in the new service specification							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Monthly review of face to face and virtual contacts			31/03/2023	Dawn Lee	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

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	2
<b>Risk Number:</b>	2611	<b>Risk Owner:</b>	Naomi Holdsworth	<b>Date Entered:</b>	15/02/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
IAPT Waiting Lists		Long waiting lists at both Step 2 and Step 3		Longer wait for clients More complaints Breach of NHSE IAPT KPI waiting times, for assessment and treatment			
<b>Existing Control Measures:</b>							
Weekly report outs monitoring waiting list KPI's Monthly QUOP's meeting monitoring local and national data Monthly caseload management with staff Admin processes							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Set up a monthly waiting list meeting, to review outliers breaching 3 month KPI target		13/03/2023	Naomi Holdsworth	ongoing  Date Entered : 06/06/2022 10:18 Entered By : Kelly Barker		
2	Remind staff of IAPT criteria for suitability of clients to ensure we are not going above threshold.		05/12/2022	Naomi Holdsworth			
3	Utilisation of SR non recurrent monies to outsource with private provider to support waits and lost capacity.		12/12/2022	Elizabeth Schumacher			
4	MHIS allocation to increase IAPT access rates - recovery plan in development to ensure current commissioned levels are maintained to then support expansion to revised levels as agreed with CCG.		12/12/2022	Elizabeth Schumacher	In development  Date Entered : 12/10/2022 11:20 Entered By : Kelly Barker		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
08/02/2023		09/04/2023	downward trajectory on waits as a result of tactical interventions and actions				

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	6
<b>Risk Number:</b>	2485	<b>Risk Owner:</b>	Emma Burke	<b>Date Entered:</b>	10/03/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 2-2 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Reduced staffing levels within the core paediatric service due to vacancies		Reduced staffing levels within the core paediatric service due to vacancies		Patients not seen / risk of breaching 18 week wait target Increased pressure on staff as lengths of waiting lists increase Reduced support available for less experienced staff Reduced staff available to cover new commissioned sessions Unknown impact of not seeing patients. Staff will leave and find other jobs			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
2	Action plan - saved to TEAMS page Develop terms of reference for band 5/6 development posts - Karen, Louise, Ruth. Action: Explore additional needs of HR/staff bank - Emma to list. Utilise 'all staff' time out session on the 21th April - aim to focus on staff morale. , update staff on progress, understand issues & priorities, support from master coach (Carla Smith). . James, Emma, Shirley & Marnie to establish a waiting list task and finish group. .			24/02/2023	Emma Burke	No further progress Paediatric priorities group to meet 31st Jan - update following meeting Band 5-6 development posts ? to be looked at within Adult service and transfer information. Review of locums with Michelle Holgate - mid/late Feb  Date Entered : 30/01/2023 21:04 Entered By : Emma Burke	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		24/02/2023					

<b>Risk Level:</b>	3 - Care Group Level				<b>Current Version</b>	3	
<b>Risk Number:</b>	2504	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	03/01/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-4 (12)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
MATs	Existing waiting lists for assessment, diagnosis, treatment and review in OPMHS Memory Assessment Services exacerbated by limits on face to face assessments due to impact of covid and COVID restrictions			Risk of acute presentations due to deterioration whilst awaiting diagnosis and treatment, increased carer stress as a result of acute presentations and deterioration in mental health, risk of admission to hospital or 24 hour care.			
<b>Existing Control Measures:</b>							
Provision of remote assessment to portions of waiting list via telephone and video-link as suitable and appropriate. Domestic assessments in full PPE where no other option feasible							
Monthly monitoring of the waiting list at OP QUOPs and by email reporting to General Mgr							
Outsourcing of a further 200 cases to a Private Provider							
Additional capacity of 1 clinic per week provided via temporary (1 year) recruitment of GPwSI							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Additional locum consultant and assistant psychology provision based at OP Airewharfe CMHT to provide additional assessment and diagnostic capacity for period of 6 months			09/03/2023	Suzanne Hall	ongoing Date Entered : 07/01/2023 13:57 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			09/03/2023	Suzanne Hall	ongoing	



				Date Entered : 07/01/2023 13:58 Entered By : Suzanne Hall
6	continue with MAC, try to start nurse diagnosing, better triage and data cleansing	20/03/2023	Suzanne Hall	nurse diagnosing to start this month, triage and data cleansing has started  Date Entered : 07/01/2023 14:01 Entered By : Suzanne Hall
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>		
06/08/2022	10/03/2023	risk remains but plans in place to reduce risk		

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	2	
<b>Risk Number:</b>	2632	<b>Risk Owner:</b>	Delphine Fitouri	<b>Date Entered:</b>	06/05/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-3 (15)	<b>Target Risk Rating</b> 1-1 (1)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Cyber Security Risk: Primary & Secondary VPN Require MFA (CONFIDENTIAL)	Cyber Security Risk: Access to our VPN solution is only protected by Single Factor Authentication. Although this system is currently scheduled replacement, It has been highlighted BY NHSD Cyber that due to recent attacks on NHS infrastructure this is no longer secure enough and needs to upgraded to MFA Multifactor authentication.		The risk is that malicious actors can gain access to our internal systems by only using a compromised or Phished username and password credential.				
<b>Existing Control Measures:</b>							
Require Strong passwords							
Phishing defense							
Block external malicious countries networks							
Block published command and control							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
1	Implement "Always on VPN" with MFA implemented	01/03/2022	Peter Callaghan	Always on VPN is now being deployed to staff in digital services. this is good and we hope to start rolling it out to all staff very soon.  Date Entered : 03/02/2023 15:27 Entered By : Greg Soffe			
5	Implement password Blacklist	01/03/2023	Ikhlaq Ahmed	We are still waiting for Servers resource prioritization  Date Entered : 16/01/2023 13:18			

				Entered By : Greg Soffe
7	Investigate implementation of MFA on VPN servers.	01/03/2023	Ikhlaq Ahmed	This has been delayed due to Christmas. we will pursue this with servers and networks teams.  Date Entered : 16/01/2023 13:19 Entered By : Greg Soffe
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
16/01/2023		15/02/2023	Reviewed and updated actions	

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	1
<b>Risk Number:</b>	2649	<b>Risk Owner:</b>	Amanda Robinson	<b>Date Entered:</b>	02/08/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-4 (12)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
increase in statutory reviews requiring BDCFT Safeguarding team contributions		increase demand on the safeguarding team capacity.		There's been a significant increase in the number of serious child abuse cases, adult abuse cases and domestic homicides across Bradford and Wakefield. This requires significant staff resource in terms of contributing to statutory reviews, report writing, attending meetings, compiling actions plans, supporting services to implement actions, developing and delivering specific training, providing evidence to Partnerships of implementing recommendations and improving practice,			
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	prioritising service focus on meeting the statutory safeguarding requirements, assessing need daily. Aware this is a 'Place' based issue impacting on all partner agencies. Liaising with Phil and Grainne and updating weekly. Considering recruiting more hours at Band 6 posts when Band 7 staff leaves in August.		17/10/2022	Amanda Robinson	linking in with SI team for example to share information gathering for cases with internal and external review processes.  Date Entered : 08/08/2022 14:03 Entered By : Amanda Robinson		
2	significant rise in the number of statutory reviews initiated across the Bradford District,		31/12/2022	Amanda Robinson	continues to be significant number of adult, child and domestic homicide statutory reviews within Bradford. The safeguarding team continues to prioritise provision of statutory requirements within BDCFT - training, supervision, advice and support, but is experiencing the impact from the increase in workload 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
/ /	08/02/2024	

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	1
<b>Risk Number:</b>	2679	<b>Risk Owner:</b>	Tracy Firth	<b>Date Entered:</b>	04/01/2023	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Poor level of medical cover due to limited resources		Following the retirement of Consultant AP in october 2022, South and West OPMH have had limited access to medical support for a large area of clinical patch. Locum consultant cover was in place for a few weeks but this ended 25.11.2022 and medical lead has been unable to secure further locum support since then. This will worsen further on the 24th of February 2023 when remaining Consultant MC leaves the trust . This will leave only staff grade JR to provide all inpatient and outpatient support		Risk to service users due to not being able to access appropriate medical reviews as needed Risk to remaining medical and community staff due to extra pressures on them Risk of increased need for inpatient beds due to service users not being able to see medical colleagues when needed.			
<b>Existing Control Measures:</b>							
All new referrals to uncovered sector discussed weekly in MDT meeting and graded re risk and need to see medical colleague							
All service users held under care coordination to be discussed and if routine, non urgent follow appointment offered, this to be discussed and agreed to cancel so that new referral, more urgent service user who does not have medical cover due to shortage, can be seen by remaining medical colleagues							
To discuss with senior leads options to start nurse led assessment appointments for newly referred service users under the sector we no medical cover.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	New referrals to the vacant consultant patch to be discussed in the weekly MDT- risk rated and offered review by other medical colleagues			10/03/2023	Tracy Firth	Ongoing attempts to gain locum cover has been unsuccessful Permanent post advertisement has not secured any applicants  Date Entered : 11/01/2023 15:54 Entered By : Tracy Firth	

2	Team leader has discussed and agreed with team and medical colleagues that any client held under care coordination if stable will have follow medical reviews rearranged - this will free up clinical time for medical reviews of more acute/urgent clients	10/03/2023	Tracy Firth	This is ongoing and each time a follow up appointment is cancelled an IRe will be completed  Date Entered : 11/01/2023 15:57 Entered By : Tracy Firth
3	Team leader to liaise with senior leads re support to commence some nurse led assessments to minimise risk of clients deteriorating prior to medical colleagues being able to offer assessment	10/03/2023	Tracy Firth	ongoing- meetings planned to formalise- will need agreed pathway and assessment process. Agreed locally that we will set up a weekly MDT meeting to review the referrals, assessments and ongoing support needed  Date Entered : 11/01/2023 15:59 Entered By : Tracy Firth
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
/ /		05/03/2023		

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	6
<b>Risk Number:</b>	2653	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	23/08/2022	<b>Strategic Area:</b>	People
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-5 (15)	<b>Target Risk Rating</b> 1-2 (2)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Lack of commissioned service for adults with learning disabilities who need ongoing prescribing monitoring for ADHD OR need an assessment for ADHD		Lack of appropriate service means people with learning disabilities are not getting the support they need to manage their ADHD or get an ADHD assessment - this may result in poor quality care, inappropriate treatment options or misdiagnosis.		There is currently no service commissioned to support adults with learning disabilities who also have ADHD and need medication monitoring for this. There is currently no service commissioned to support adults with learning disabilities to have an ADHD assessment. The learning disabilities team at Waddiloves is currently getting referrals for both these needs but are not commissioned to provide this support and therefore people are not getting a service.			
<b>Existing Control Measures:</b>							
Unable to put controls in place as no service commissioned to meet this need - at present referrals are being declined.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	Informed senior managers & medical director of referrals being received but inability to pick these up as no commissioned service Ongoing issue - meeting with Suzanne Hall & Dr Lawson 13th dEc 2022 to discuss further			31/03/2023	Victoria Donnelly	no further information at this stage - Suzanne Hall continues to investigate if a commissioned service and if so where it sits  Date Entered : 31/01/2023 13:44 Entered By : Victoria Donnelly	
2	Suzanne Hall investigating if commissioned service via senior managers			31/03/2023	Suzanne Hall	as above - Suzanne continues to speak with senior managers regarding if this is a commissioned service and if so via which team  Date Entered : 31/01/2023 13:43 Entered By : Victoria Donnelly	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		31/03/2023					



**Key Organisational Risks: 2022/2023**

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

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

1	<p>1. Monitor through weekly autoroster meetings &amp; daily lean management, plan to cover gaps in staffing and escalate to clinical managers and service manager where a staffing gap cannot be covered</p> <p>2. Block booking of agency staff plus induction</p> <p>3. IHTT staff being overbooked and reallocated to cover gaps in staffing if required.</p> <p>4. Rolling recruitment with HR and recruitment events to encourage employment with BDCFT</p>	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>
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
08/08/2022		10/04/2023	M3 mobilising. Rapid t&f group to address incentives established with EMT approval. Now mobilising	

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2254	<b>Risk Owner:</b>	Ian Beattie	<b>Date Entered:</b>	28/05/2019	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 3-5 (15)	<b>Current Risk Rating</b> 3-4 (12)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
High Demand, occupancy rates and OOA within inpatient services	<ul style="list-style-type: none"> <li>*high occupancy levels across acute inpatients services. All wards consistently above the recommended 85% occupancy level</li> <li>*high demand for inpatient beds</li> <li>*COVID IPC arrangements impacting upon bed availability and flow</li> <li>*bed management guidance that supports use of leave beds to accommodate admissions</li> </ul>		<ul style="list-style-type: none"> <li>*inability to deliver safe and effective care to all patients admitted to the wards</li> <li>*inability to maintain patient flow and admit patients to an appropriate bed in a timely manner</li> <li>*reliance on use of leave beds resulting in patients on leave potentially not having a bed to return to</li> <li>*additional burden on staff due to high occupancy</li> <li>*increase in incidents</li> <li>*increase in concerns &amp; complaints</li> <li>*impact on quality of care</li> <li>*inability of staff to be released to attend supervision, training, CPD</li> <li>*key quality assurance activity decreases</li> <li>*increase in staff sickness</li> <li>*impact on staff morale</li> <li>*increase reliance on bank and agency staffing</li> <li>*impact on recruitment and retention</li> <li>*use of OOA beds</li> <li>*financial &amp; reputational impact</li> </ul>				
<b>Existing Control Measures:</b>							
<ul style="list-style-type: none"> <li>*daily call out information regarding admission and discharges</li> <li>*daily bed escalation discussion</li> </ul>							
IS contracted beds to offset capacity lost due to IPC arrangements. Oversight & Assurance Framework in place to oversee quality & safety of service users within OOA beds.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	*daily review of occupancy, acuity and associated staffing levels. Staffing levels changed to ensure clinical demands and acuity is being met		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	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>	
11/01/2023		12/03/2023	all action relevant, Demand continues to be high with increased length of stay. less issues with covid although still on occasions can impact on beds.	

<b>Risk Level:</b>	2 - Service Manager Level					<b>Current Version</b>	18
<b>Risk Number:</b>	2569	<b>Risk Owner:</b>	Rachel Howitt	<b>Date Entered:</b>	12/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 4-3 (12)	<b>Target Risk Rating</b> 3-2 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Potential for non-compliance with NHS complaints regulations and NHS SI framework due to reduced capacity in SI and complaints teams	Reduced capacity to investigate and respond to complaints and concerns in a timely manner due to sickness and reliance on bank staff (and therefore inconsistent capacity)			Risk of being unable to offer immediate allocation of complaints for investigation, leading to a poor patient experience and risk of being unable to meet response timescales as per complaints policy and process which could result in further complaints and referral to the PHSO and/or CQC. Risk of subsequent regulatory sanctions if timescales of NHS regulations are breached and reputational damage Risk of delay in utilising patient safety learning from complaints in a timely and therefore meaningful way and possible missed opportunities for triangulation with other safety related intelligence			
<b>Existing Control Measures:</b>							
Head of Patient Safety, Compliance and Risk (HoPS) picking up the oversight of team Temporary changes made to SI team roles and Risk Manager stepping to redistribute some workload							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
2	Development work within team to identify improvements in process that can free up capacity and resource. Work with HoN to identify collaboration to speed up current open cases to improve capacity and avoid backlogs			03/04/2023	Rachel Howitt	progress as before  Date Entered : 21/02/2023 11:24 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)			03/04/2023	Rachel Howitt	progress as before  Date Entered : 21/02/2023 11:25 Entered By : Rachel Howitt	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		28/04/2023					

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	3	
<b>Risk Number:</b>	2207	<b>Risk Owner:</b>	Greg Soffe	<b>Date Entered:</b>	09/01/2019	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-2 (10)	<b>Target Risk Rating</b> 4-2 (8)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Cybersecurity Risk: Whole of Trust		IT / Clinical systems affected by a cyber incident, originated from within or from outside the organisation		Critical impact on IT and clinical system access, impacting on clinical and administrative activities			
<b>Existing Control Measures:</b>							
<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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
9	Review gap analyst of Cyber Essential accreditation areas of improvement	31/08/2021	Greg Soffe	Action completed  Date Entered : 04/11/2021 16:51 Entered By : Delphine Fitouri			
11	Monitor National Cyber security Guidance	01/07/2023	Greg Soffe	The War and UK's involvement in it has become prolonged. We need to remain cautious.  Date Entered : 16/01/2023 13:36 Entered By : Greg Soffe			
13	Monitor National risk of power supply outage during the energy crisis	01/10/2023	Greg Soffe	The energy Supply crisis is starting to subside coming into winter with the UK having removed it's reliance on Russian Gas. however we need to remain cautious due to the war in Ukraine  Date Entered : 16/01/2023 13:34 Entered By : Greg Soffe			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				

16/01/2023

16/04/2023

Reviewed and updated actions.

<b>Risk Level:</b>	4 - Directorate					<b>Current Version</b>	5
<b>Risk Number:</b>	2102	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	15/05/2018	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 5-2 (10)	<b>Target Risk Rating</b> 5-1 (5)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Risk of Harm due to ligature within inpatient services		Risks associated with bedroom doors and windows within inpatient settings that had been identified as high risk, utilising the trust ligature risk assessment framework.		Risk of service user harm through ligature.			
<b>Existing Control Measures:</b>							
-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							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
7	Programme of works underway to replace bedroom doors and windows in key bedrooms across all wards assessed as ' high risk' within new ligature risk assessment framework, and introduce other measures such as new anti-barricade mechanism and patient call alarms, following recent approval by the Trust Board.			19/06/2023	Kelly Barker	Programme plan complete. Agreement to review remaining high risk rated areas and agree phase 4 works as part of remaining capital and capital for 23/24. Works being modelled and agreed via LERS and CPIG.  Date Entered : 08/02/2023 12:57 Entered By : Kelly Barker	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
08/02/2023		09/04/2023	Phase 3 complete. Programme to review remaining high risks and priorities phase 4 works to further reduce risks across 23/24.				



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

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

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

Action No.	Actions required to address any gaps in controls	Target Date	Owner	Action Progress
2	Emma van der Gucht is considering other waiting list initiatives for other therapy waiting lists with modality leads	31/03/2023	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		
25/01/2023	25/04/2023	Actions ongoing		

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	5
<b>Risk Number:</b>	2572	<b>Risk Owner:</b>	Emma Kergon	<b>Date Entered:</b>	22/10/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 4-1 (4)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Poor communication impacting on the health provision for new arrivals		Lack of communication to BDCT regarding Afghan relocation scheme (ARAP) and other HO schemes.		Poor communication channels may result in care delays or, clients needs being missed.			
<b>Existing Control Measures:</b>							
Attending fortnightly ARAP meeting at Cedar court- with wider MDT. Children's and Adults representation from BDCT at meeting along with Overseas Project Visitor Implementation Manager.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Preparing paper for Senior leadership team 8th Dec to escalate concerns to cover communication/ finance/ funding/ safeguarding / service demand		31/03/2023	Emma Kergon	Deputy Director of Nursing (GE) aware and supporting. Concerns raised to ICB regarding funding streams and support- awaiting meeting date.  Date Entered : 30/01/2023 08:52 Entered By : Emma Kergon		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		31/03/2023					

<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	2	
<b>Risk Number:</b>	2597	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	15/12/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 5-3 (15)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Harm to staff or members of the public as a result of violence		Risk of violence towards staff and/or members of the public whilst within our inpatient or community sites		Risk of serious harm as a result of violence			
<b>Existing Control Measures:</b>							
Violence and aggression risk assessments							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
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	Recruitment to plan on going alongside model development, training and support.  Date Entered : 12/10/2022 10:56 Entered By : Kelly Barker	
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
08/02/2023		09/05/2023	Risk score target achieved. To agree appropriate committee to review and close.				

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	5	
<b>Risk Number:</b>	2627	<b>Risk Owner:</b>	Anne Marie Dorrington	<b>Date Entered:</b>	11/04/2022	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 3-1 (3)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Loss of connectivity across the district effecting patient care .	Loss of patient records - medico -legal issues. Template letter being corrupt, breaching patient confidentiality. Increase stress and anxiety to clinicians.		Template letters could be sent to the wrong person breaching IG policies. The issue can also impact on patient care. Loss of connectivity disrupting patient care including patient records being lost - .Potential for litigation. Staff absence due to increased stress and anxiety.				
<b>Existing Control Measures:</b>							
Staff informed of the issue and have been asked to be vigilant.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
2	Escalated IT issues to Senior Mangers / DD in IT on 6october 2022. Update send 17 October 2022. IT meeting organised for 19/10/2022.	30/03/2023	Anne Marie Dorrington	Some problems still persist with the system further measures been taken : 1. Macrons being enabled. 2. IT to visits site where issues are the worst see it the problems as they happen.  Date Entered : 20/02/2023 08:17 Entered By : Anne Marie Dorrington			
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		30/03/2023					

<b>Risk Level:</b>	1 - Local					<b>Current Version</b>	2
<b>Risk Number:</b>	2681	<b>Risk Owner:</b>	Richard Priestley	<b>Date Entered:</b>	10/01/2023	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Cemetery Road - High levels of stock, PPE and Wheelchairs impacting on safe working practices within building.		High levels of stock, PPE and Wheelchairs		Site visit 10/1/2023 it was observed high levels of stock, PPE and Wheelchairs within Cemetery Road Warehouse, the stock levels prevent safe use of Forklift Truck and general safe access and egress within building. This may also impact on fire safety			
<b>Existing Control Measures:</b>							
<p>Contacted BTHFT and requested that further new wheelchair deliveries cease until existing stock levels are reduced either through disposal/scrappage or issue to Service User.</p> <p>Surplus PPE to be distributed to charity by EWS team as a matter of urgency.</p> <p>Use of forklift to cease until excess stock can be removed/relocated.</p> <p>Further deliveries to be rejected</p>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>			<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>	
1	<p>Contact BTHFT and requested that further new wheelchair deliveries cease until existing stock levels are reduced either through disposal/scrappage or issue to Service User.</p> <p>Surplus PPE to be distributed to charity by EWS team as a matter of urgency.</p> <p>Use of forklift to cease until excess stock can be removed/relocated.</p> <p>Further deliveries to be rejected</p>			27/01/2023	Richard Priestley	<p>Stock levels of PPE are slowly reducing in small volumes - distributed a number of pallets to local charities.</p> <p>H&amp;S and Fire Audit took place 9/2/2023 (awaiting report) time diarised for debrief from H&amp;S/Fire.</p> <p>Requested for BTHFT to approve % surplus refurbished chairs to be issued to charity - awaiting response - being pursued by EWS team.</p> <p>Stock levels and safety within building continue to be managed via Action Plan.</p> <p>Weekly KPI report being developed to support</p>	

management of wheelchair stock levels.

Date Entered : 14/02/2023 09:08

Entered By : Richard Priestley

Risk Owner's Last Review	Next Review	Overall Risk Update
/ /	28/02/2023	

<b>Risk Level:</b>	2 - Service Manager Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2564	<b>Risk Owner:</b>	Emma Kergon	<b>Date Entered:</b>	23/09/2021	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-3 (9)	<b>Target Risk Rating</b> 3-3 (9)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Poor connectivity affecting timely access to health records	Poor connectivity across the locality and in team bases is delaying access to health records.		Poor timely access to SystmOne and associated health records used by services ( District Nursing, Community Matrons. Domiciliary Dental and podiatry) may compromise safe care delivery.				
<b>Existing Control Measures:</b>							
Escalated through report out systems. Teams submitting IR-e's and reporting to service desk to explore if a immediate response could identify and rectify connectivity issues. Working with IT department							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
2	Staff encouraged to report immediately when connectivity issues occur to service desk to see if causes can be identified and solutions found. Where unable staff encouraged to report via IRe.		30/04/2023	Emma Kergon	Staff encouraged to raise concerns as they arise  Date Entered : 21/02/2023 11:09 Entered By : Emma Kergon		
3	Pilot work and task and finish group exploring alternative options and solutions to connectivity issues.		30/04/2023	Emma Kergon	Sim card pilot underway and rolled out to DN teams- not yet with other community teams / specialist services. Risk reduced due to number of staff impacted by sim card roll out  Date Entered : 21/02/2023 11:07 Entered By : Emma Kergon		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		30/04/2023					



<b>Risk Level:</b>	4 - Directorate				<b>Current Version</b>	5	
<b>Risk Number:</b>	2370	<b>Risk Owner:</b>	Kelly Barker	<b>Date Entered:</b>	20/03/2020	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 2-4 (8)	<b>Target Risk Rating</b> 2-3 (6)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>			<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Continuity of service delivery during the COVID-19 Pandemic	Covid-19 sustained pandemic			inability to sustain service delivery through the waves of the pandemic which will include safe working staffing levels as a result of increased demand on services			
<b>Existing Control Measures:</b>							
<p>Policies are being adjusted and regularly reviewed  The Infection Prevention and Control Clinical Policy has been reviewed and adjusted.  HR policies reviewed and adjusted.  Clinical Policies are being reviewed  Establishment of Ethics Group being considered at Board on March 26 2020  Cross working with other NHS bodies, VCS, Social Care and Local Authority.  Bronze, Silver and Gold command positions identified.  Business Continuity Plans have been reviewed and updated.  PPE Equipment is available to staff who are nursing a patient with Covid-19. Details of how to access are on the trust connect pages</p>							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>	<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>			
4	Daily review of staff availability/skill mix in wards and teams. Daily assessment of need to close non essential services to redeploy staff if required to clinical areas.	20/07/2022	Kelly Barker	current sickness and absence has reduced due to COVID this will continued to be monitored daily as part of safer staffing levels. Command structures remain in place but have been reduced to x2 for silver and monthly for Gold this will continue to be reviewed. This has now been stood down for key committee and reporting will be by exception  Date Entered : 12/05/2022 14:25 Entered By : Phillipa Hubbard			
7	Increased sickness levels due to staff resilience, health and wellbeing due to a sustained pandemic and ability to manage current service demand, sickness and absence, track and trace and school absence	20/07/2022	Kelly Barker	Staffing sickness levels have been on a steady rise as we witnessed surge in community covid infections. However in the last week feels stable and towards the end of this week sickness appears to have stabilised.			

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

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

Risk Owner's Last Review	Next Review	Overall Risk Update
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.

<b>Risk Level:</b>	3 - Care Group Level				<b>Current Version</b>	2	
<b>Risk Number:</b>	2547	<b>Risk Owner:</b>	Dawn Lee	<b>Date Entered:</b>	12/08/2021	<b>Strategic Area:</b>	Regulatory
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-5 (20)	<b>Current Risk Rating</b> 4-2 (8)	<b>Target Risk Rating</b> 4-2 (8)				
<b>Risk Title:</b>		<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>			
Service contribution to child protection		Service contribution to child protection		Risk to safety as expectation that public health nurse can always present all health needs at case conferences etc by representing perspective of other health partners.			
<b>Existing Control Measures:</b>							
BCP in place							
Ongoing negotiations with wider partners including local authority, CCGs and Public health.							
<b>Action No.</b>	<b>Actions required to address any gaps in controls</b>		<b>Target Date</b>	<b>Owner</b>	<b>Action Progress</b>		
1	Continue to engage with wider partners to review the guidance on attendance at child protection meetings. Other health partners to be able attend.		31/03/2023	Dawn Lee	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		
<b>Risk Owner's Last Review</b>		<b>Next Review</b>	<b>Overall Risk Update</b>				
/ /		28/02/2023					

<b>Risk Level:</b>	1 - Local				<b>Current Version</b>	2	
<b>Risk Number:</b>	2680	<b>Risk Owner:</b>	Suzanne Hall	<b>Date Entered:</b>	05/01/2023	<b>Strategic Area:</b>	Quality
<b>Impact x Likelihood:</b>	<b>Initial Risk Rating</b> 4-4 (16)	<b>Current Risk Rating</b> 3-2 (6)	<b>Target Risk Rating</b> 1-1 (1)				
<b>Risk Title:</b>	<b>Hazard/Causes Of Risk:</b>		<b>Risk Description/Impact/ Consequences, if risk not fully mitigated:</b>				
Fire Escape at Waddiloves unsafe for use	The fire escape at Waddiloves has been assessed as being unsafe to use by service users, members of public or staff - this means if there was a fire in the building the only escape if on 1st or 2nd floor is via main stairwell.		The fire escape is unsafe for people to travel on due to uneven steps and many areas of corrosion - it is currently waiting on further structural assessment				
<b>Existing Control Measures:</b>							
We are currently not using the fire escape - however this means limited access to escape from the building in the case of a fire.							
<b>Risk Owner's Last Review</b>	<b>Next Review</b>	<b>Overall Risk Update</b>					
/ /	06/03/2023						