

Risk ID: 1349	Risk owner: Peberdy, John
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Risk description:
 There has been a significant increase in the number of young people admitted to Holly Ward via CAMH without a medical need. Ward being used as a 'place of safety' for these young people however 2 recent incidents have been reported where young people have self harmed whilst on the ward. Risks are as followed - risk to young persons themselves as staff are competent to manage medical needs but have no specific training in mental health (other than general awareness). Risk to other inpatients from potential exposure to behaviour and emotional responses exhibited by young people due to their

Principle Trust Objective:
 Collaborate with other organisations, Provide outstanding care

Date recorded: 28/03/2014

Anticipated completion date: 30/09/2017

Handler: Hughes, Ms Sarah J

Progress:
 [Hughes, Sarah J Ms 28/11/2017 17:18:11] Risk remains unchanged. Attached are the Minutes from the CAMHS Liaison Meeting from 06/11/2017 together with the latest version of the Risk Assessment tool and draft 'Admission and Supervision for CAMHS Patients' being drafted by the Holly Nursing Team. This policy has now had comments from CPFT (shown as tracked changes on this version) and previous feedback from the paediatric consultants which has been incorporated. Feedback is awaited from NWAFT colleagues.

Also attached is the RCA completed by NWAFT for discussion at the next CAMHS meeting. this is the 15year old noted in the entry 22/06/2017. There were 3 CAMHS breaches reported in September all of whom were admitted to Holly Ward and 2 reported in October, only 1 of these was admitted onto Holly.

Assessor's recommendations:
 It has been agreed with CAMHS that they will finance extra staffing should be put in place to support the ward staff for the periods when these young people are on the ward. (this does put some burden on ward staff to undertake the booking of these staff through an agency). It is not always possible to source staff with a mental health qualification or experience and this again only mitigates some risk rather than the total risk. Clinical staff are currently reviewing the pathway with CAMHS team

Scoring				Current: Extreme
Current:	L	C	16	
	Likely - 4	Major - 4		
Target:	Possible - 3	Major - 4	12	
Last:				Change: Increased

Controls in place:
 It has been agreed with CAMHS that they will finance extra staffing should be put in place to support the ward staff for the periods when these young people are on the ward. (this does put some burden on ward staff to undertake the booking of these staff through an agency). It is not always possible to source staff with a mental health qualification or experience and this again only mitigates some risk rather than the total risk. Clinical staff are currently reviewing the pathway with CAMHS team

Risk ID: 1934	Risk owner: Ayres, Mrs Nicola
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Risk description:
 Children Looked After may not receive a medical assessment within 20 working days of first coming into into care and the Trust will not meet its Statutory duty.

Principle Trust Objective:
 2014/16 no. 1 - Quality: Safe services, Provide outstanding care

Date recorded: 26/01/2015

Anticipated completion date: 20/10/2017

Handler: Ayres, Mrs Nicola

Progress:
 [Peberdy, John 03/01/18 11:10:09] Trust still continues to not meet the 20-day target. CQC/Ofsted SEND inspection in 2016 highlighted this issue. Updates provided to Clinical Op's Board and escalated to Trust Board. No improvement there risk score has increased

Assessor's recommendations:
 that this risk is made known and that exceptions are reported/escaletd to senior team and clincial lead as soon as these issues are known

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Possible - 3	Minor - 2	6	Change: Increased
Last:				

Controls in place:
 The numbers into care are being monitored and tracked against the number of clinics available as well as the other children known to require medical input
 Regular meetings taking place with Social Care to track individual children
 Discussion around OOA is taking place
 Unaccompanied Asylum Seekers are offered a bespoke clinic with interpreter

Risk ID: 2637	Risk owner: Peberdy, John
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Risk description:
 There is a risk that this vulnerable group of children's health needs will not be assessed within expected timeframe, therefore impacting upon their well-being.
 There is the risk that this may result with a performance notice

Principle Trust Objective:
 Provide outstanding care

Date recorded: 31/10/2017

Anticipated completion date: 03/01/2018

Handler: Ayres, Mrs Nicola

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Negligible - 1	2	
Last:				Change: No change

Progress:
 [Peberdy, John 03/01/18 11:40:16] This is a repeat of risk of 1934. Therefore close this one as 1934 has been updated and the risk score increased

Assessor's recommendations:
 Staffing review
 Regular meeting with social care to progress outstanding consents, as this has considerable impact upon service. These meetings will be increased in frequency, in response to monthly data reports.

Controls in place:
 On-going liaison with social care and escalation to address above. as recently outlined at CCS/CCG performance meeting (25.10.17)
 New LAC lead nurse in post to coordinate work-force, beginning with review of staffing, especially in light of staff member leaving post

Risk ID: 2600	Risk owner: Pratt, Sophia
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Risk description:
 There is a risk to the school nursing service redesign delivery programme due to the staffing situation in the service.

Principle Trust Objective:
 Provide outstanding care

Date recorded: 21/07/2017

Anticipated completion date: 31/12/2017

Handler: Creed, Mrs Marian

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Minor - 2	4	
Last:				Change: No Change

Progress:
 [Pratt, Sophia 28/11/17 16:38:20] Risk rating reviewed following discussion with John Peberdy. Anticipated that this risk will not be resolved by 31.12.17 due to current staffing levels. School nurse service away day 30.11.17 to continue staff involvement in service redesign and planning. Some school nurses have been relocated following discussion to ensure equity of staffing cover across all areas. Rolling recruitment plan to continue.

Assessor's recommendations:
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Controls in place:
 There is evidence (Benson) that the school nursing workforce is able to deliver 50% of the service specification. This impacts on both service delivery and the ability to redesign the service and the ability to retain staff.
 Recruitment (rolling) in place.
 Involvement of staff in service redesign.
 Duty desk set up to control workflow and to give a single point of access to stakeholders.
 To continue to implement and develop the controls as above.

Risk ID: 2615

Risk owner: Barnett, Ms Chris

Risk description:

There is a risk that if the Child Health provider (PROVIDE) do not provide quality data in a timely manner, this will impact upon our ability to deliver the National Childhood Measurement Programme, which is a commissioned mandated service.

Principle Trust Objective:

Collaborate with other organisations, Provide outstanding care

Date recorded: 19/09/2017

Anticipated completion date: 26/01/2018

Handler: Barnett, Ms Chris

Progress:

[Barnett, Chris Ms 13/11/17 13:38:15] 13.11.2017 Further email to Chris Wright, Provide, stating that latest cut of data still showed inaccuracies which prevents correct reports being run from system one by staff. Offered solution of sending weekly list of inaccurate schools for Provide to update on Child Health system in timely way, awaiting confirmation this can progress.

Assessor's recommendations:

Issue escalated to PROVIDE with date requested for resolution
HCP screening administrators have highlighted inaccuracies
Risk shared with commissioenrs

Scoring

				Current: Extreme
Current:	L	C	15	
	Almost Certain - 5	Moderate - 3		
Target:	Possible - 3	Moderate - 3	9	
Last:				Change: No change

Controls in place:

Data provided thus far being checked for quality and inaccuracies, missing schools being highlighted to Provide. Inaccuracies are being collated and sent to Provide on a weekly basis with an expected five day turnaround for amendments.
The screeners are requesting class lists and ethnicity data locally form schools where possible.

Risk ID: 2585	Risk owner: Baker, Alison
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Risk description:
 There is a risk that without a review of the current HCP input and delivery model within the Norfolk MASH that practitioners operate beyond their capacity and professional boundaries and CCS does not provide the expected input into the MASH of being representative of the whole Norfolk health economy, that partner agencies expect.

Principle Trust Objective:
 Be an excellent employer, Collaborate with other organisations, Provide outstanding care

Date recorded: 26/05/2017

Anticipated completion date: 01/01/2018

Handler: Larrington, Ms Sian

Progress:
 [Larrington, Sian Ms 28/12/2017 16:40:57] Norfolk OFSTED inspection feedback (November 2017) identified concerns with current MASH. Final report will be published in February 2018 but Director of Children's Services, NCC has advised that a full review of the MASH will be conducted with partners. In addition the CCG have committed to undertaking a review of the requirements of input into the MASH from the wider health economy. The planned HCP model will continue to be implemented and recruitment is progressing however it is likely that we will need to review this as part of the wider review.

Assessor's recommendations:
 Review to be completed within time scales
 Staff to be involved in review and redesign
 Ongoing communication with MASH partner agencies and commissioners

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Minor - 2	4	
Last:				Change: No change

Controls in place:
 Agreement with commissioners and Norfolk designated team that a review should take place of HCP input into the Norfolk MASH to be completed by September 2017
 Workshop with staff to plan review input into MASH. Staff requested to only work contracted hours
 Letter sent to all MASH partners and wider agencies to inform of intentions to review input and advise of hours that HCP practitioners will be operational
 New rota to be implemented for practitioners from June 2017, ongoing review to assess effectiveness and impact
 Draft model to be shared with staff on 27/06 for review and input
 Draft options discussed at staff workshop 17/07/17
 Options agreed by Head of Service, Named Nurse and Head of Safeguarding to be shared with safeguarding lead nurses and leadership team on 19/09/17 and 20/09/17 before discussions with commissioners in October 2017

Risk ID: 2484

Risk owner: Freake, Mr Robert

Risk description:

Two sets of four condensing boilers serve part of the hospital with heating and hot water. The areas include Trafford Inpatient and Peckover Endoscopy wards. One set (4 boilers) have been condemned/deemed obsolete leaving only 4 boilers working to carry the load. There is a risk that one or more of the remaining four (out of 8) condensing boilers could fail leaving remaining boilers unable to handle the winter load.

Principle Trust Objective:
Provide outstanding care

Date recorded: 24/10/2016

Anticipated completion date: 20/12/2016

Handler: Cuckow, Mrs Mandy

Progress:

[Freake, Robert Mr 16/11/17 11:27:20] Contingency plan being developed as part of the reconfiguration project that allows installation of temporary boiler in case of failure of existing boiler(s) prior to replacement within the programme.

Assessor's recommendations:

Replace obsolete set of four boilers and use remaining set of four as working back up - Quote provided by single contractor to QE Estates of £46,536.66 excl. vat.

Scoring				Current: High
Current:	L	C	12	
	Possible - 3	Major - 4		
Target:	Rare - 1	Major - 4	4	
Last:				Change: No Change

Controls in place:

The four remaining boilers are being closely monitored by estates.

Risk ID: 2558	Risk owner: Peberdy, John
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Risk description:
 There is a risk to the timely implementation of the new service specification for HCP 0-19 Service in Cambs.

Principle Trust Objective:
 Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care

Date recorded: 15/03/2017

Anticipated completion date: 30/03/2018

Handler: Creed, Mrs Marian

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Possible - 3	Moderate - 3	9	
Last:				Change: Decreased

Progress:
 [Gidi, Taff 03/01/2018 11:49:18] Risk being updated by the Service Director to reflect JCU collaboration with CPFT.

Assessor's recommendations:
 A recruitment drive for school nursing commenced 8/5/17. However this will not have an immediate impact as there will be a time lapse of circa 3 months to get new recruits into post.
 Agencies have been consider but there are no school nurses available locally.
 Currently there has been no resource available from the HCP clinical specialist team and this needs to be followed through.

Controls in place:
 An assessment has taken place and the service has decided that in order to implement projects in Tranche for 1 of the programme the school nursing projects will be prioritised and the resource to implement will come from across the 0-19 service, not just school nursing. The lack of resource in school nursing and the need to use health visiting resource to implement the school nursing projects will have a negative impact on the implementation of the timing and delivery of the health visiting projects and will delay parts of this implementation.

Risk ID: 2659	Risk owner: Foley, Mrs Anne
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Risk description:
 There is a risk that the financial modelling for Bedfordshire Community Services may be inaccurate which will result in inability to deliver the services effectively or exceeding the financial envelope. For example: non-pay costs may be higher than plan; EPUT may have entered into commitments not identified at ITPD/ITCD; SLA costs from EPUT do not reflect costs of delivering IT service.

Principle Trust Objective:
 Be a sustainable organisation, Provide outstanding care

Date recorded: 20/12/2017

Anticipated completion date: 01/04/2018

Handler: Simpson, Faye

Progress:
 [Gidi, Taff 03/01/18 11:46:13] Updated to reflect that the risk relates to Bedfordshire Community Services

Assessor's recommendations:
 Daily calls to pursue due diligence information, Chief Executive briefing for escalation.

Scoring				Current: High
Current:	L	C	12	
	Possible - 3	Major - 4		
Target:	Possible - 3	Major - 4	12	
Last:				Change: New risk

Controls in place:
 Due diligence requested, commissioner support for due diligence in place, CEO escalation process in place, ELFT & CCS sign-off planned for 23 January 2018. Detail asap of SLA scope and associated costs from EPUT required. Work through the detail with EPUT

Risk ID: 2475	Risk owner: Peberdy, John
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Risk description:
 There is a risk that there will be insufficient QIS/RN's to cover shifts on SCBU to safe staffing standards and BAPM standards as there are currently 2.99wte (headcount 5) staff on maternity leave and 1.94wte (head count 3)staff on long term sick.

Principle Trust Objective:
 Provide outstanding care

Date recorded: 11/10/2016

Anticipated completion date: 29/12/2017

Handler: Hughes, Ms Sarah J

Progress:
 [Hughes, Sarah J Ms 28/11/2017 17:31:54] Risk remains unchanged however 3 band 5 registered nurses (non QIS) have all commenced employment and are currently on induction within the unit. The unit continues to rely on substantive staff undertaking excess hours and utilisation of bank staff to ensure safe staffing levels are maintained.

Assessor's recommendations:
 None
 Cots (number and acuity) will need to be restricted - initially on a shift by shift basis - but this may need to become a more formal and permanent arrangement.

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Moderate - 3	6	
Last:				Change: No Change

Controls in place:

1. Increased utilisation of bank and agency and overtime
2. Robust Recruitment monitored through an Action Plan with HR
3. Open Advert for recruitment of bank staff
4. Embedded SBAR Escalation Process to enable staff to use clinical decision making and risk assessment to manage cot capacity and demand on a shift by shift basis restricting admissions as appropriate.
5. Robust sickness and absence management by unit manager.

Risk ID: 2630

Risk owner: Vickers, Dr David

Risk description:

Due to a lack of capacity at a senior level in the Clinical Medicines Team:
1. There is a risk that the Medicines Optimisation Strategy will fail to be delivered.
2. There is a risk that the Trust will be exposed to decisions made by external agencies without Trust involvement due to failure to be fully engaged with agencies outside the Trust, STP etc.
3. The Trust could also be at risk of missed opportunities because of failure to be fully engaged externally.

Principle Trust Objective:

Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care

Date recorded: 24/10/2017

Anticipated completion date: 31/10/2018

Handler: Darvill, Ann

Progress:

[Gidi, Taff 18/12/17 13:20:48] The risk has been referred to the Medical Director for review.

Assessor's recommendations:

Support the recruitment of a band 8c chief pharmacist

Scoring				Current: High
Current:	L	C		
	Possible - 3	Major - 4	12	Change: Decrease
Target:	Rare - 1	Minor - 2	2	
Last:			16	

Controls in place:

Support from the Medical Director for current band 8b, including attendance at the Local Intelligence networks for controlled drugs.
Prioritisation of meetings attended.
Maximum efficiency, co-ordination, careful planning and delegation where possible, of activities undertaken, such as quarterly reports, site visits etc.
Standard operating procedures are in place, and a number of audits are undertaken as regularly as feasible, to provide some assurance of safe practice.

Risk ID: 2491 **Risk owner: Chenery, Mrs Kim**

Risk description:
 There is a risk we will not meet our KPI's due to being short in 180 hours-per-week in health visiting hours across Fenland. This impacts on our ability to undertake the HCP, including safeguarding and also negatively impacts on staff morale. We currently have 3 x full time HV vacancies in Wisbech and 1 x 0.8WTE vacancy in Doddington. There is also a full-time Health Visitor on secondment to the safeguarding team.

Principle Trust Objective:
 Be an excellent employer, Collaborate with other organisations, Provide outstanding care

Date recorded: 07/11/2016

Anticipated completion date: 21/02/2017

Handler: Cochrane, Mrs Rebecca

Progress:
 [Cochrane, Rebecca Mrs 14/12/2017 11:40:21] This risk was handed over to Kim Chenery Area Manager for 0-19 HCP in Huntingdon.
 Agency staff are now being used in teams in Fenland due to shortage of health visitors.
 Business Impact assessment has been triggered in both Wisbech and Doddington. Please find attached.
 Senior Health visitor moves to Doddington from Ely to provide leadership to the team

Assessor's recommendations:
 Updating Datix monthly
 Team manager to continue to liaise with other agencies (Safeguarding, midwifery, GPs etc)
 QEWTT to be completed monthly.

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Likely - 4	Moderate - 3	12	Change: Increased
Last:				

Controls in place:
 An advert has been out on NHS jobs for all vacancies for last 6 weeks. So far we have had one applicant who will be interviewed on 22nd Nov
 Vacancies have been advertised in comms cascade and Facebook.
 Staff have been asked not to visit families with identified safeguarding issues IF there is no identified health issue. This is difficult to qualify and therefore we have said if there is no identified piece of work with SMART outcomes then HVs do not need to be involved. Families are being reassessed monthly by a HV contacting named Social worker to see if changes have occurred in family circumstances. HVs are encouraged to refer to other agencies who may be better placed to do work.
 Mandated visits have been reduced to visiting vulnerable families. Communication between other agencies has been formalised to mitigate risk and monthly meetings take place with midwives and health visitors and team manger liaises with midwifery team.
 Child health clinic frequency have been reviewed and some clinics have reduced or closed. These are staffed by Community Nursery nurses with a Health visitor available by phone should support be needed. One year checks were to be taken over by Health visitors, but this has had to be put on hold and these are continued to be done by Nursery nurses. Record keeping is not being done within 24 hours, even with laptops staff are struggling to write up notes in the recommended time and often work over their hours.
 Staff are feeling under pressure and worry for their registration with NMC.
 Team manager has met with safeguarding team, both Anthea Boulton and Caroline Halls to discuss risk. There has been a review meeting booked and specialist HV for vulnerable families will also attend.

Risk ID: 2346	Risk owner: Bunn, Mrs Julie
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Risk description:
 Reduced HCP 0-19 Team Manager capacity within Canbs City & South team due to LTS and newly appointed team Manager in post 4 1 16

Principle Trust Objective:
 Be an excellent employer, Be a sustainable organisation, Provide outstanding care

Date recorded: 14/03/2016

Anticipated completion date: 28/01/2018

Handler: Bunn, Mrs Julie

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Negligible - 1	2	
Last:				Change: No Change

Progress:
 [Gidi, Taff 03/01/2018 12:44:37] Risk referred to the Service Director for review.

Assessor's recommendations:
 Increased bank support
 reduction in delivering service objectives - allocation to wider 0-19 HCP management team

Controls in place:
 Prioritisation of line management responsibilities
 weekly allocation meeting - updated weekly action log
 discussion at Area Manager 1:1's
 Peer support from other locality Team Managers and service lead
 weekly TM supervision
 2 days bank TM support from 18 2 16 - due for review 24 3 16

Risk ID: 2655

Risk owner: Bunn, Mrs Sarah

Risk description:

There is a risk that patients will be admitted to secondary care when their condition could be treated/supported within the community
There is a reputational risk that the long term aim of a reduction in avoidable hospital admissions is not achieved
There is a risk that the service KPI will not be achieved
There is a risk that low morale causes further resignations

Principle Trust Objective:

Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care

Date recorded: 11/12/2017

Anticipated completion date: 10/12/2018

Handler: Bunn, Mrs Sarah

Progress:

[Gidi, Taff 18/12/17 13:33:56] Risk updated to be tagged to the Luton Clinical Operational Board instead of the Board.

Assessor's recommendations:

review of working practices to support further integration
workforce review to be completed
Explore systems approach to enhancing at home first model.

Scoring				Current: High
Current:	L	C		
	Likely - 4	Moderate - 3	12	Change: Increased
Target:	Rare - 1	Minor - 2	2	
Last:				

Controls in place:

Skill mix review undertaken to support employment of health coach(es)
Regular meetings and updates for community matrons
on going recruitment campaign
comms campaign in place to support the AHF ethos

Risk ID: 2489	Risk owner: Peberdy, John
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Risk description:
 There is a risk that children and young people referred with musculoskeletal conditions will breach 18 weeks wait as there is no substantive or sustainable service available at present. There is a risk that children and young people who have undergone orthopaedic surgery or had acute injuries will have poorer outcomes due to lack of expertise in the service and the service not being set up to manage this number of urgent referrals. There is a risk that children and young people with musculoskeletal conditions will not receive the same level of

Principle Trust Objective:
 Be an excellent employer, Be a sustainable organisation, Provide outstanding care

Date recorded: 31/10/2016

Anticipated completion date: 29/09/2017

Handler: Taylor, Jacqui

Progress:
 [Taylor, Jacqui 30/11/2017 09:55:40] Negotiations continue with the CCG and this is being considered within the JCU Physiotherapy review currently in process.

£50K has been identified as temporary monies from the CCG to provide locum cover for this service but identified locum is not available until 1 January 2017. Looking into alternative arrangements prior to then.

CUHFT have agreed to take the acute referrals in their area.

No new surgical referrals from Hinchingsbrooke at present - Nicola Brady (Therapy Service Manager) aware of current situation.

Assessor's recommendations:
 As above but risk remains in longer term. Shorter terms risk of breaching managed with locum in post.

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Unlikely - 2	Minor - 2	4	Change: Increased
Last:				

Controls in place:
 Orthopaedic Surgeons at Hinchingsbrooke have been informed with regards to inability to respond to 2-4 week referrals and concerns regarding acute care. They are considering whether they should continue to do paediatric surgery. They have been asked to make advance referrals ahead of surgery to allow appropriate response times. Advance referrals now coming in allowing us to respond in a more timely fashion. CYP Clinical Lead has explored skill set within current physiotherapy team but unable to provide comprehensive and competent service. Also has approached CCS MSK adult and CHUFT Paeds MSK with regards to funding them to do the work but neither have capacity. Has found a suitably qualified locum to support this client group in the short term but this is not a sustainable option.

Risk ID: 2607	Risk owner: Hughes, Ms Sarah J	Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Provide outstanding care
Risk description: There is a risk that the levels of RNC's will be insufficient to maintain agreed safe staffing numbers and to maintain a RNC:patient ratio of 1:6 on Holly Ward affecting service delivery and patient safety. Despite robust recruitment processes the ward is experiencing further vacancies, maternity leaves and long term sickness issues.		Date recorded: 25/08/2017
		Anticipated completion date: 28/02/2018
		Handler: Hughes, Ms Sarah J

Progress: [Hughes, Sarah J Ms 28/11/2017 17:40:23] The registered nursing workforce continues to rely on bank and agency to support minimal staffing levels on the inpatient ward. Current vacancies - 2.6wte band 5 registered nurses - out to advert. 1.0wte HCA for OPD - offers made to two candidates wanting part time hours. 1.0wte ward clerk - shortlisted completed today. 1.0wte band 5 registered nurse has gone onto maternity leave mid November. Short notice sickness on 13 and 14/11/2017 led to restriction of admission overnight causing breaches in ED and cancellation of 2 elective admissions the following morning. Two formal letters have been received by the trust regarding this from NWAFT.
Assessor's recommendations: we have already converted band 5 monies into band 6 posts to address the skill mix as newly qualified and junior workforce in place. We have recruited a Clinical Educator to further support training and development of the junior staff. we are working with our HR partners to explore further recruitment initiatives. we would also like to explore initiatives for increasing our bank nursing workforce however recent organisational changes have resulted in the de-centralisation of a bank system leading to more pressure on senior nurses at ward level. We are currently exploring options for agreements for the utilisation of the NWA Bank staff.

Scoring				Current: High
Current:	L	C	12	
	Likely - 4	Moderate - 3		
Target:	Likely - 4	Moderate - 3	12	
Last:				Change: No change

Controls in place: Recruitment initiatives with comprehensive preceptorship package for newly qualified staff. Establishment of an SBAR Escalation tool to ensure that staff assess the risk and utilise clinical decision making skills to manage capacity and demand. this is currently being reviewed with our colleagues from NWA to determine if bed capacity can be more flexible when staffing falls below minimum agreed safe staffing levels. Further criteria have now been developed and implemented to manage patient safety when the demand for high dependency/1:1 nursing is above contracted levels leading to further reduction of bed numbers. management of sickness and absence. utilisation of bank and agency staff

Risk ID: 2666

Risk owner: Foley, Mrs Anne

Risk description:

There is a risk that the supply chain contracts for Bedfordshire Community Services are not agreed in time for the contract start date, causing disruption or potential quality impact to day 1 services

Principle Trust Objective:

Be an excellent employer, Collaborate with other organisations

Date recorded: 21/12/2017

Anticipated completion date: 01/04/2018

Handler: Simpson, Faye

Progress:

[Gidi, Taff 03/01/18 11:16:18] updated to reflect that this risk is in relation to Bedfordshire Community Services

Assessor's recommendations:

Confirm staff bases and register on ordering system.

Scoring

Current:	L	C	16	Current: Extreme
	Likely - 4	Major - 4		
Target:	Possible - 3	Major - 4	12	
Last:				

Controls in place:

CHS Mobilisation Steering Group to seek assurance on progress monthly. Escalation process agreed. EFLT/CCS responsible for ensuring safe services day 1

Risk ID: 2608 **Risk owner: Hughes, Ms Sarah J**

Risk description:
 There is a risk to the security of the children, families, staff and confidential information due to the Fob Access System within the Children's Unit no longer being fit for purpose. There is also a clinical risk as new personnel may not be issued with fobs and therefore unable to access the Unit without being 'let in' in emergency situations.

Principle Trust Objective:
 Be an excellent employer, Provide outstanding care

Date recorded: 25/08/2017

Anticipated completion date: 30/11/2017

Handler: Hughes, Ms Sarah J

Progress:
 [Hughes, Sarah J Ms 28/11/2017 17:44:08] There has been no feedback or quotation received from the contractor who undertook the site visit on 24/10/2017 despite correspondence to Sandra Davidson. Escalated to Chris Leonard.

Assessor's recommendations:
 The access control system should be replaced; ideally the Service should use the same system as Hinchingsbrooke Hospital, and potentially be patched into their access control system

Scoring				Current: High
Current:	L	C	12	
	Possible - 3	Major - 4		
Target:	Rare - 1	Moderate - 3	3	Change: New risk
Last:				

Controls in place:
 System for issuing fobs is in place but some fobs have been lost or are untraceable now due to the age of the system.
 Staff are informed of security measures at induction. Staff receive Safeguarding and IG training as part of mandatory training requirement.

Risk ID: 2667

Risk owner: Foley, Mrs Anne

Risk description:

There is a risk that as a result of inaccurate TUPE lists, the incoming provider is unable to plan appropriately, which may result in poor service delivery.

Principle Trust Objective:

Be an excellent employer, Provide outstanding care

Date recorded: 21/12/2017

Anticipated completion date: 01/04/2018

Handler: Simpson, Faye

Progress:

Assessor's recommendations:

Revised TUPE lists due by 15th December - fortnightly call with EPUT booked in the diaries and CEO escalation procedure being put in place. Regular joint HR workstream dates being agreed. Sensitivity analysis on pay costs.

Scoring

Scoring				Current: High
Current:	L	C	12	
	Possible - 3	Major - 4		
Target:	Unlikely - 2	Major - 4	8	Change: New risk
Last:				

Controls in place:

CHS Mobilisation Steering Group to assure and review progress on monthly basis. Escalation process agreed.

Risk ID: 2670	Risk owner: Foley, Mrs Anne
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Risk description:
 There is a risk that Service continuity may be compromised during transition in Bedfordshire Community Services due to attrition of staff, impacting on quality and safety of patient care

Principle Trust Objective:
 Be an excellent employer, Be a sustainable organisation

Date recorded: 21/12/2017

Anticipated completion date: 01/04/2018

Handler: Simpson, Faye

Progress:
 [Gidi, Taff 03/01/18 11:08:27] Risk updated to show that this refers to Bedfordshire Community Services transition.

Assessor's recommendations:
 ELFT to second staff from other services where needed. Agree and implement robust joint comms plan with current provider, regular staff engagement and email enquiry address, Current ELFT staff in Bedfordshire will be briefed to help welcome new services.

Scoring				Current: High
Current:	L	C	12	
	Possible - 3	Major - 4		
Target:	Unlikely - 2	Major - 4	8	
Last:				Change: New risk

Controls in place:
 CHS Mobilisation Steering Group to review progress on monthly basis. Clear HR and mobilization plans. Escalation process agreed. ELFT/CCS Project Board will manage transition. Both organisations have good staff retention rates (known as good employers)