						Current ratio				<u>D</u>										
ID no.	Date raised	Area Raised by	Initial risk score	Corporate objective	Risk description	Previous rating	Likelihood	Impact	Risk Score (1-25)	Target ratir	Target completion date	n Completed mitigating actions	Mitigating actions in progress	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments	Close Down Status
BD001	1.12.23.	Director of Partnership, Impact and delivery	15	in population health	A lack of programme capacity at place will impact on our ability to deliver on key objectives and accountabilities which will result in potential reputational damage to the ICB and the Place Partnership and disengagement of partners.	New	3	4	12	8	30.3.23.	efficiencies are required. Some recruitment to vacant posts has been completed through staff being slotted in and recruitment to priority posts. Recruitment o remaing posts has started.	ICB working with LBBD to explore the development of a joint structure that aligns our teams to strengthen the commissioning team capacity to respond to our business priorities.	Sharon Morrow	Sharon Morrow	Executive Group	No	Added to the CPPO risk register		
BD002	1.12.23.	Executive Group	12	in population nealth	If there is a reduction in clinical and care professional leadership (CCPL) at place, this could lead to poor decision making, services being developed without proper clinical involement and could ultimately result in poor outcomes for residents.	New	4	3	12	9	30.3.23.	ICB agreement to delay the reductions to April 2024 in order to ensure we have time to review the current structure and make an informed decision. B&D proposal drawn up that enables the resource to be flexed across priority areas. NELFT have agreed to fund 1 session/week for the mental health CPPL.	NEL ICB has convened a system-wide group to consider how to make the most of the CCPL workforce across the system.	Rami Hara	Rami Hara	Executive Group	No	Added to the CPPO risk register		
BD003	1.12.23.	SEND Area Board	16	To support outcomes in population health and healthcare	The capacity in CYP therapy services is insufficient to meet the increasing demand for CYP with SEND, which is growing faster that GLA predictions. This will results in poor health outcomes for our CYP, increased health inequalities, increased cost of long-term care and inability to retain staff managing high caseloads.	New	4	4	16	8	30.6.23.	In business case for additional tricrapy capacity was	Business case to be resubmitted in the 24/25 planning round for recurrent funding.	Sharon Morrow/ Melody Williams	Ronan Fox/ Mohammad Mohit	SEND Area Board	No			
BD004	3.01.2024	Deputy Director Lead for Ageing Well	12	in population health	A review of the High Intensity Service across BHR has identified that the current service is not adequality supporting Barking and Dagenham residents who meet the criteria for the service	New	3	4	12	8	TBC		Task and finish group being set up to develop a new model for 2024/25	Kelvin Hankins	Kelvin Hankins	Adults Group	No			
BD005	3.01.2024	Deputy Director Lead for Ageing Well	16	To support outcomes in population health and healthcare and tackling health inequalities	Barking and Dagenham Place does not currently have a consistent proactive care model across all practices as detailed by NHS England Guidance. As per national guidance a case finding tool should also be in place to support proactive case finding of residents requiring coordinated care, there is currently no tool in place in Barking and Dagenham.	New	4	4	16	8	tbc		Evaluation of pilot and development of a roll out plan for the proactive care model.	Kelvin Hankins	Kelvin Hankins	Adults Group	No			