

## RISK ASSESSMENT FORM

<b>Clinical Board:</b>	Children and Women's	<b>Location of Risk:</b>	Generic Health Visiting Service
<b>Directorate:</b>	Children, Young People and Families' health services	<b>Date Initial Form Completed:</b>	02/03/22
<b>Care Group:</b>	EI&P	<b>Date Reviewed:</b>	06/03/23
<b>Department:</b>	Generic Health Visiting Service	<b>CYPFHS Risk Ref:</b>	03

<b>Risk Title</b>
Staffing within Cardiff and Vale Generic Health Visiting Service.

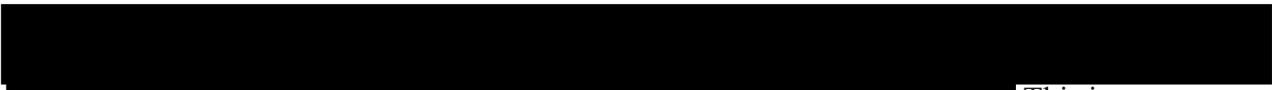
<b>Description of Risk:</b>
<p><b><i>Explain risk</i></b>  <i>Set the scene / provide brief relevant background information start by writing "There is a risk that...."</i></p> <p><b><i>Cause / Source / Event</i></b>  <i>Due to.....</i></p> <p><b><i>Impact / Consequence</i></b>  <i>Resulting in .....</i></p> <p>Staffing risk assessment updated to ensure the clinical board are aware of the full picture across our service and the measures that we currently have in place.</p> <p>There is a risk due to ongoing prolonged unsafe staffing levels within the Generic Health Visiting Service. A review of the previous risk assessment, dated 11/1/23, has been completed due to the increasing staffing challenges. Following Clinical Board approval, Band 6 Health Visitor vacancy money has been converted to 5x WTE Band 5 Community Public Health Nurses and 4 WTE Assistant Practitioner posts, leaving a vacancy total of 8.48 WTE Band 6 Health Visitor posts. 5.68 are now live on TRAC, further 2.8 to be added. Reduced staffing plan remains in place and will be reviewed with new Senior Nurse. A new Senior Nurse has been appointed, start date pending.</p> <div style="text-align: center;">  <p>ALL WALES - SOPS APRIL 2020 (3).pdf</p> </div> <p>Due to the vacancies, in addition to maternity leave and sickness, we are no longer able to deliver The Healthy Child Wales Programme (HCWP) in its entirety. We will be prioritising the youngest and most vulnerable clients, using Welsh Levels of Care, to support professional judgement and to minimise the risk within this targeted population.</p> <p>With the reduced staffing plan in place staff feedback is generally positive however concerns exist regarding those children that are not currently being seen. Staff continue to voice concerns over their health and well-being; stress levels continue to rise amongst staff due to workloads, increasing numbers of safeguarding cases and the increase in vulnerability, which continues to have a significant impact on retention rates. Stress risk assessments have highlighted that work load pressures are a significant contributor to this with demands identified as being excessive workloads due to covering and picking up vacant caseloads. Attrition is the highest it has ever been, with staff leaving the profession or retiring early.</p>

There has been no change to the health visiting service delivered to outside areas of Cardiff. There was an agreement that Cwm Taf would fund 0.8 wte Health Visitors to support with the delivery of the service and their families in this area. However, the number of children living in the area is increasing due to the development of the Parc Canol Surgery, Creigiau, which is a satellite for Church Village (see inserted invoice from Cmw Taf, which has not been authorised). A meeting is required to agree the service going forward. New Senior Nurse will arrange a meeting to agree the service going forwards once in post.



CT Invoice.pdf

The number of children that are being supported by the C & V Health Visiting staff are as follows  
Caerphilly 114, Newport 130, RCT 145 in total 389, equivalent to 1.6 wte Health Visitors.



This is an identified community of interest; however, the expectation is that the already depleted generic health visiting service will pick up these clients. This continues to have a significant impact on service delivery and staff wellbeing.

Enhanced overtime rates are attracting staff which is helping with service delivery. However, it is unknown how long these rates will remain.

Score Risk <u>without</u> Current Controls (Initial Risk Score)						
Consequence	4	X	Likelihood	4	=	Risk Rating 16

Controls in Place:
1. Bank Health Visitors (Internal) and enhanced overtime hours.
<div style="text-align: center;">             Draft 4 HCWP Core            Contacts Generic HV J         </div>
2. Generic Health Visiting Service Reduced staffing plan.
3. Teams have been restructured again this month and staff being moved to ensure equity in gaps across all areas. This has impacts negatively on staff morale.
4. Successful recruitment of five Band Five Community Public Health Nurses (six-month competency-based training required) and four Band 4 Assistant Practitioners. Health Visitor vacancies of 5.68 WTE remain.
5. Signposting staff to The Employee Wellbeing service/ Occupational Health. 1:1 to support staff. Staff wellbeing survey completed, and results collated to be shared with staff. People and Culture and members of the Executive Board to meet with staff.
6.
7.

Assurances:
1. Positive feedback regarding the introduction of CPHN nurses. As a result a further cohort of CPHNs has been recruited and will start on 24/4/23.
2. A reduced staffing plan remains in place.
3.
4.
5.

**Score Risk with Current Controls (Current Risk Score)**

Consequence	4	X	Likelihood	4	=	Initial Risk Rating	16
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Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

Gaps in Controls:	
1.	Unable to introduce external bank staff due to health visitor training matrix requirements.
2.	Despite the movement of staff to ensure equity, every team will continue to have a deficit. Sickness and maternity leave exacerbate the situation.
3.	Not enough student Health Visitor numbers enrolling on the course.
4.	Supporting staff health & wellbeing. Health Visitors are voicing their concerns and are experiencing high anxiety.
5.	Agreement between the different Health Boards to review delivery of service and financial contributions to the service.
6.	
7.	

Gaps in Assurance:	
1.	The availability and allocation of university places for the SCPHN.
2.	There are not enough staff to cover the gaps across the service.
3.	
4.	
5.	

Actions Required to reduce risk rating:	Action Lead	Target Completion Date
1. Monthly meetings with staff to review the staffing plan.	Management team	Monthly
2. Recruiting to Band 5 posts.		
3. Home visits up to 15mths prioritised, corporate caseload approach for 27mth and 3.5 yr contact.		
4.		

Notepad:
<i>Put any supporting relevant information here that does not sensibly fit in the other sections, but you feel is useful.</i>
Completed HV principles impact assessment (nurse staffing act).

Considering all of the information you have on the controls and assurances how would you rate the risk when the actions are completed (Target Risk Score):							
Consequence	4	X	Likelihood	3	=	Target Risk Rating	12

Main Risk Type: <i>please highlight one only</i>				
Clinical Care/Quality	Communication/PR	Compliance with Standards	Corporate Governance	Estates
Financial	Health & Safety	Information Governance	Infection Control	Legal

Safeguarding	Security	Social Care	Strategic	Workforce
Service				

**Signature of Assessor** [REDACTED]

**Date of Assessment** 02/12/22

**Risk Owner (Service)** [REDACTED]

**Signature of Clinical Board Director**

**Date**

