

RISK ASSESSMENT FORM

Clinical Board:	Children and Women	Location of Risk:	Health Visiting Service-Generic
Directorate:	CYPFHS	Date Form Completed:	11/1/23

Risk Title
Staffing within Cardiff and Vale Generic Health Visiting Service.

Description of Risk:

Staffing risk assessment updated to ensure the clinical board is aware of the full picture across our service and the measures that we currently have in place.

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 2 December 2022, has been completed due to the increasing staffing challenges. Following Clinical Board approval, Band 6 Health Visitor vacancy money has been converted to 6 x WTE Band 5 Community Public Health Nurses and 2.6 WTE Assistant Practitioner posts, leaving a vacancy total of 2.44 WTE Band 6 Health Visitor posts. These posts are now live on TRAC. A review of service delivery has been considered and, at this moment in time, a further review of delivery of service is required in line with the All Wales Health Visiting SCPHN SOP for Management of Caseloads during Periods of Reduced Staffing (attached).



ALL WALES - SOPS
APRIL 2020 (3).pdf

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.


Staff are voicing 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. Having exhausted all other control measures, the next possible control measure is to reduce the service provision. Attrition is the highest it has ever been, with staff leaving the profession or retiring early.

Historically, the Health Visiting service has delivered a service 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.




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 generates significant additional work, which further impacts the delivery of the HCWP and our ability to comply with our standards of practice.

Consequence	4	X	Likelihood	5	=	Risk Rating	20
-------------	---	---	------------	---	---	-------------	----

Controls in Place:

1. Bank Health Visitors (Internal) and enhanced overtime hours.
2. Generic Health Visiting Service Reduced staffing plan.

 Draft 4 HCWP Core
 Contacts Generic HV J
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. Recruitment of further Band Five Community Public Health Nurses (six-month competency based training required) and Band 4 Assistant Practitioners. Health Visitor vacancies of 2.44 WTE remain.
5. Vacancies for above new posts due to go live on TRAC.
6. 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.

Score Risk with Current Controls (Current Risk Score)

Consequence	4	X	Likelihood	4	=	Initial Risk Rating	16
-------------	---	---	------------	---	---	---------------------	----

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 in short staffing, every team will remain at least 20% down. Short-term sickness exacerbates 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. Flying Start expansion has impacted on workload in generic health visiting, as less health visitors are available to undertake GP attached child health clinics.
6. Agreement between the different Health Boards to review delivery of service and financial contributions to the service.

Assurances:

1. Recruitment took place for Band 5 Community Public Health Nurses and they have now been introduced into the service. There has been positive feedback and clear progression within the competency framework. This has provided us with the evidence to recruit further vacancies for this post through Band 6 vacancy money. The introduction of skill mix and “grow your own” Health Visitors are essential to maintain and develop the service. Communication with People and Culture to raise our profile at recruitment events.
2. A reduced staffing plan has been drafted for consideration by the Board.

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.

Actions Required to reduce risk rating:	Action Lead	Target Completion Date
1. Clinical Board approval of the Reduced Staffing Plan	PD	19/1/23
2. Monthly meetings with staff to review the staffing plan.	Management team	monthly

Notepad:

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 tick one only</i>				
<input checked="" type="checkbox"/> Clinical Care/Quality	<input type="checkbox"/> Communication/PR	<input type="checkbox"/> Compliance with Standards	<input type="checkbox"/> Corporate Governance	<input type="checkbox"/> Estates
<input type="checkbox"/> Financial	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Information Governance	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Legal
<input type="checkbox"/> Safeguarding	<input type="checkbox"/> Security	<input type="checkbox"/> Social Care	<input type="checkbox"/> Strategic	

Signature of Assessor

Date of Assessment

Risk Owner

Signature of Clinical Board Director

Date