

Board of Directors: 11.1.18

Agenda Item: Bo.1.18.7

Report from the Integrated Governance & Risk Committee (IGRC)

Held on 11 December 2017

Presented by:	Professor Clive Kay, Chief Executive	Author:	Donna Thompson, Director of Governance & Corporate Affairs
Previously considered by:	Integrated Governance & Risk Committee 11 December 2017		

Key points/ Executive Summary	Purpose:
1. Corporate Risk Register – New Risks added No new risks have been added since the previous report to the Board of Directors.	To note and gain assurance
2. Corporate Risk Register – Risks that have changed in Score Four risks have changed in score since the previous report to the Board of Directors. The details can be found on page 1-2 of the attached Corporate Risk Register Movement Log.	To note and gain assurance
3. Corporate Risk Register – Risks Removed or Closed No risks have been removed or closed since the previous report to the Board of Directors.	To note and gain assurance
4. Divisional risks escalated to the Corporate Risk Register One risk from Women & Children's Division has been escalated to the Corporate Risk Register:- - Nurse staffing on the children's ward and ability to care for sick children and the volume of children. Donna Thompson to provide a paper to the January 2018 Integrated Governance and Risk Committee for further discussion.	To note and gain assurance
5. Corporate Risk Register – Risks Scoring 12 and above The Corporate Risk Register (items scoring 12 or above) that was discussed at the IGRC on 11 December is attached.	To note and gain assurance

Board of Directors: 11.1.18

Agenda Item: Bo.1.18.7

Financial implications:

No

Regulatory relevance: CQC Standards

Monitor:

Risk Assessment Framework

**Equality
Impact /
Implications:**

Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☐

No ☒

If yes, what is the mitigation against this? Any impact on Equality & Diversity addressed through mitigation plans.

Other:

**Strategic
Objective:**

*Reference to
Strategic
Objective(s)
this paper
relates to*

To provide outstanding care for patients

Corporate Risk Register Movement Log

Report date	07/12/2017
Prepared by	Sheridan Osbourne
Prepared for	IGRC 11.12.17

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

NEW RISKS TO CRR										
ID	Date of entry	Division	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Rating (Residual)
			none to report							

CORPORATE RISKS THAT HAVE CHANGED IN SCORE										
ID	Date of entry	Division	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation	Action plan lead	Current Rating	Previous Rating
1257	01/06/2009	Medical Director's Office	Compliance with Core and High Priority Mandatory Training targets are not being achieved resulting in potential clinical risk if staff are not appropriately trained.	Gill, Bryan	16	December 2017- Proposal paper re adjustment to Mandatory training requirements taken to Education & Workforce sub-committee 13/10/2017 & Executive Management Team 21/11/2017 and Quality Committee 29/11/2017 corporate and local risk to be reviewed in line with agreed recommendations from the paper. Approval given. August 2017- Agreed at Workforce and Education Sub-committee to resubmit proposal to adjust Mandatory Training requirements in line with WYAAT Trusts. Further work with blood transfusion group to achieve greater compliance taking place in August 2017. April 2017- The Core Mandatory Training rate of 87% for March 2017 shows an increase in compliance from the previous month and the High Priority Training rate of 74% remains static from the previous month. Work continues around establishing the correct denominators for each of the topics.	29/12/2017	Hudson, Amanda	4	6
2150	20/11/2014	Finance	Ongoing Risk - Annually: Failure to maintain financial stability and sustainability in the current economic climate with the organisation facing continued cost inflation, tariff deflation, regulatory change, increased demand on services and a predicted curtailment of CCG growth funding.	Horner, Matthew	12	Dec 2017: October position reporting off plan I&E variance (both against the original plan and the improvement plan trajectory). Variance against improvement plan associated with income and activity capture, counting and coding - EPR Data quality group identifying and resolving issues with planned resolution date of 9.12.17 (to ensure data recorded for October freeze position). F&P committee discussed November delivery risk, with slippage impacting on subsequent months. Forecast remains on plan, with delivery of improvement plan throughout remainder of year to ensure full value of STF is secured. Delivery of the plan will be managed and monitored through the strengthened financial governance arrangements. Nov 2017:Limited Assurance Audit Report for CIP framework. Plan in place to deliver the actions by Dec 2017 AUG 2017: The Foundation Trust remains on plan at the end of Month 4 but is utilising non recurrent measures to deliver the position. An improvement plan is under development with the aim to sustainably and recurrently deliver the financial control total. APR 2017: The Foundation Trust has submitted a Financial Plan to NHSI that commits to delivering a surplus control total of £2m for the financial year 2017/18, inclusive of £9.8m STF funding. The CIP requirement equates to £20.2m. Delivery of the CIP and income & expenditure plan will be performance managed through the Trust Improvement Committee, Divisional Performance Review Meetings and Divisional Budget Meetings.	31/03/2018	Horner, Matthew	20	16
2236	21/01/2014	Informatics	Paper patient records are not accessible anywhere, anytime. Lack of standard approach to records management and storage or clinical documentation impacting access to full and clear information for treatment.	Fedell, Cindy	8	Dec 2017: Scanning backlog continues and is increasing. There is a risk with consent forms not being available when a patient presents for the procedure due to the backlog. This was raised at EPR Operational Meeting and an options appraisal has been produced. Awaiting information on the upgrade to Evolve which will resolve some of the scanning issues. Due to the scanning backlog the current risk score has been increased. Nov 2017: Access to Evolve continues to be monitored- problems with messages resolved, however there is a scanning backlog which is being worked through currently. Monitoring the level of failed scans, working with the Directorate to ensure that these are visible to clinicians within Evolve. Oct 2017: Risk score reduced due to recent go-live of EPR. Still currently in early life support and so risk remains open to ensure that elements such as scanning of records and access to Evolve can be monitored to ensure working as planned. JUL 2017: EPR work continues on plan. March 2017: Mitigation target date altered to reflect the revised go-live date for BTHFT for EPR.	31/01/2018	Pagan, Kay	8	6

3057	27/02/2017	Chief Nurse	There is a risk that The Trust is not responding to complaints in a timely manner and ensuring that there is evidence of recommendations being implemented within the Datix system. The impact is poor patient experience and reputation.	Dawber, Karen	12	<p>November 17 - due to controls in place re weekly monitoring, additional clinical staff now in complaints department and referral to QUOC the consequence has been reduced to minor.</p> <p>October 17 Amnesty on complaints responses for 2 weeks prior to EPR and during EPR roll out, has led to a further increase and delays</p> <p>New staffing model being implemented from September onwards, number of complaints falling - hotspot remains surgery. Monitored on a weekly basis - September 2017</p> <p>June 17 - help from PALs to move towards an integrated complaints and PALs team</p> <p>May 2017 - additional review, quality improved, timeliness is still an issue - consequence reduced due to improvement in responses - likelihood increased to 5 as over 50% of complaints are over 30 days.</p> <p>Reviewed 1/4/17 Additional checking and return procedures in place. Roadshows held to look at how best to respond to complaints / good practice.</p> <p>February 2017: Weekly monitoring in place including support to the divisions from the central team. Some improvement being seen, in terms of the total number of complaints overdue. Focused action is underway to improved the quality of complaint responses, in order to reduce turnaround times. Complaint investigators being given protected time. Each division has submitted a recovery action plan. Chief nurse office to provide additional rapid improvement support to the complaints team.</p>	31/10/2017	Bailey, Shelley	10	15
------	------------	-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------	----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------------	----	----

CORPORATE RISKS THAT HAVE BEEN REMOVED / CLOSED

ID	Date of entry	Division	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation	Action plan lead	Current Rating	Residual Rating
			none to report							

Corporate Risk Register - Risks rated at 12 or greater

Report date

07/12/2017

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

ID	Date of entry	Division	Description	Risk lead	Initial Rating	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Residual Rating
2150	20/11/2014	Finance	Ongoing Risk - Annually: Failure to maintain financial stability and sustainability in the current economic climate with the organisation facing continued cost inflation, tariff deflation, regulatory change, increased demand on services and a predicted curtailment of CCG growth funding.	Horner, Matthew	12	<p>Dec 2017: October position reporting off plan I&E variance (both against the original plan and the improvement plan trajectory). Variance against improvement plan associated with income and activity capture, counting and coding - EPR Data quality group identifying and resolving issues with planned resolution date of 9.12.17 (to ensure data recorded for October freeze position). F&P committee discussed November delivery risk, with slippage impacting on subsequent months. Forecast remains on plan, with delivery of improvement plan throughout remainder of year to ensure full value of STF is secured. Delivery of the plan will be managed and monitored through the strengthened financial governance arrangements.</p> <p>Nov 2017:Limited Assurance Audit Report for CIP framework. Plan in place to deliver the actions by Dec 2017</p> <p>AUG 2017: The Foundation Trust remains on plan at the end of Month 4 but is utilising non recurrent measures to deliver the position. An improvement plan is under development with the aim to sustainably and recurrently deliver the financial control total.</p> <p>APR 2017: The Foundation Trust has submitted a Financial Plan to NHSI that commits to delivering a surplus control total of £2m for the financial year 2017/18, inclusive of £9.8m STF funding. The CIP requirement equates to £20.2m. Delivery of the CIP and income & expenditure plan will be performance managed through the Trust Improvement Committee, Divisional Performance Review Meetings and Divisional Budget Meetings.</p>	31/03/2018	Horner, Matthew	20	12

2892	19/06/2016	Informatics	EPR - Reduced productivity and activity from staff whilst training and implementation of the EPR system is completed could result in an unintended reduction in income impacting on the organisation's financial position.	Fedell, Cindy	20	<p>15 NOV 2017: EPR Steady State declared with some known clinics not back to full productivity. Plans being put in place to add back in volume from go-live reduction.</p> <p>11 OCT 2017 - EPR went live 24 Sep 2017 with planned reduction in clinics. Volumetrics now being monitored and interventions being taken.</p> <p>18 SEP 2017 - A reduction in out-patient clinics has been planned and costed. Expected volumetrics, along with several other data quality indicators, are planned to be reported daily to be corrected and escalated to Silver Command and Executive Directors. However data quality issues from other Trusts' go-lives indicate that data quality issues from data entry will occur and take time to correct and reduce, thus delaying accurate contract reporting.</p> <p>JUN 2017: Review of clinic schedule and assessment of capacity combined with support plans for Go-Live in progress.</p> <p>MAY2017: Benefit profiles and plans being updated for resubmission of FBC in July 2017.</p> <p>Update 3/1/17: Divisions are preparing for frontloading activity through the operational readiness plans- however need a go-live date. Draft training plan and schedule circulated to minimise impact of End User Training on productivity and activity.</p> <p>Risk being monitored through EPR Programme Board, EPR Transformation Board and EPR Operational Readiness Board which all have finance representation. All Divisions have action plans which are being monitored through to Operational Readiness Board.</p>	29/12/2017	Saunderson, Terri	20	10
2893	19/06/2016	Informatics	EPR - Inability to achieve the expected £5m FYE benefit realisation due to delay in "Go live" for the EPR system and a change in the NHS landscape affecting the organisation's financial position.	Fedell, Cindy	20	<p>15 NOV 2017: Benefits realisation will now be planned.</p> <p>11 OCT 2017: EPR went live 23 Sep 2017.</p> <p>18 SEP 2017: No further update. To be updated three months post Go-Live.</p> <p>JUL 2017: Business case updated and submitted.</p> <p>MAY 2017: Benefit profiles and plans being updated for resubmission of FBC in July 2017.</p> <p>Update 3/1/17: Developing more detailed plans with the critical leads to ensure benefit realisation and identify potential additional benefits both financially and quality benefits.</p> <p>Risk being monitored through EPR Programme Board, EPR Transformation Board and EPR Operational Readiness Board which all have finance representation. There is also an EPR benefits lead for the programme who is undertaking a detailed review of the realisable benefits to assess viability.</p>	30/03/2018	Smith, Chris	20	10

2151	24/09/2013	Finance	Ongoing Risk - Annually: The requirement to maintain equilibrium between financial sustainability and delivering safe quality services is compromised by the economic challenge faced and the increasing internal and external demands to improve the quality and safety of the services provided.	Horner, Matthew	12	<p>DEC 2017: The exhaustion of the non recurrent measures places all the emphasis on delivery of the recurrent and sustainable initiatives within the improvement plan. To maintain the equilibrium it is imperative that a QIA & FIA complements all initiatives. Quick wins will be implemented immediately and for other initiatives where the relationship between the money, quality and safety may be compromised a risk based assessment will be undertaken based on the completed QIA and FIA.</p> <p>AUG 2017: With the financial plan currently being heavily supported in the short term by non recurrent measures, the requirement to source sustainable and recurrent savings plans has intensified and as such the importance of robust application of the approved QIA and FIA process has also intensified. The draft clinical strategy sets out the aspirations of the Foundation Trust, which will need to appropriately aligned to the Trusts financial planning parameters.</p> <p>APR 2017: Delivery of the control total requires the Trust to identify CIP's of £20.2m. A revised Quality Impact Assessment and Financial Impact Assessment process has been introduced for 2017/18, to ensure greater rigour is placed on the evaluation and implementation process for CIPs. It is recognised that wider challenges other than delivering CIPs (if not managed effectively) could impact on quality and the safe delivery of services. Where issues arise an informed decision will be taken that will include a quality and safety impact assessment.</p>	31/03/2018	Horner, Matthew	16	12
2995	28/10/2016	Chief Nurse	There is a risk that we will not be able to staff the wards to the optimal levels due to vacancies, short term sickness absence and maternity leave resulting in inability to maintain optimal nurse staffing levels across the FT.	Dawber, Karen	20	<p>October 17 new starters in place, ward staffing reviewed, roll out of safe care continues</p> <p>August 17 - in light of discussions at committee and that we are not due any new starters (in large numbers) until September likelihood has been increased to 5.</p> <p>June 2017 - Vacancy rate has now reached 15%. HCA recruitment positive. 92 RN's due to commence in September 2017. Continue to use bank and agency</p> <p>May 2017: Recruitment drive in place, NQN recruited to commence in September. SAFECARE in process of roll out. Daily staffing RAG continues to be completed. We continue to safely staff wards but may not always achieve planned staffing levels</p>	31/10/2017	Scales, Ms Sally	16	12

3012	07/12/2016	Finance	Ongoing Risk - Annually: The Trust has insufficient cash & liquidity resources to sustainably support the underlying Income & Expenditure run rate	Horner, Matthew	16	<p>DEC 17: Delivery of the improvement plan will secure the planned cash and liquidity positions (albeit, risks have already been identified in the deliverability of the required value by 31.3.18). Delivery of the plan will be managed and monitored through the strengthened and extended performance management arrangements.</p> <p>AUG 17: The underlying income and expenditure run rate is adversely impacting on the Foundation Trusts Liquidity position. The improvement plan (currently under development) is targeted to improve the run rate and as such cease the downward trajectory in the liquidity position. A continuation of the current trend will require a range of alternative decisions to protect the cash and liquidity position (for example, deferring planned developments, deferring or stopping capital developments and management of the working capital position via the cash committee).</p> <p>APR 17: The financial plan submitted to NHSI produces a liquidity metric rating of 2 under the use of resources assessment. Liquidity falls to a negative 1 day by the end of the financial year which assumes the income & expenditure (I&E) plan, inclusive of 100% STF funding and the capital plan are delivered in full. Performance of the I&E position will be managed via Divisional Performance Reviews and budget meetings. The capital programme will be managed via the Capital Committee and the cash/liquidity position will be managed via the cash committee. Any adverse imbalance within the I&E position will negatively impact on the cash/liquidity position which will result in actions taken to curtail the commitment of cash (e.g curtailment of the capital programme or the commitment of revenue costs).</p>	31/03/2018	Horner, Matthew	16	6
------	------------	---------	----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------------	----	---

2561	12/05/2015	Informatics	Recruiting and securing contractors in the Business Intelligence (formerly Corporate Information) difficult in the region. Contractual reporting and day-to-day operational information may be impacted. Ability to support performance and improvements can be challenging.	Fedell, Cindy	16	<p>6 DEC 2017: Review of structure and job roles underway as posts remain difficult to fill. Recruitment activities continue.</p> <p>15 NOV 2017: Plans continue</p> <p>11 OCT 2017: Interim leadership arrangements remain in place as planned. Recruitment options actively being explored. New tools, in particular EPR, being incorporated into work, stabilising working practices.</p> <p>JUL 2017: Senior Informatics Consultant now in place to ensure successful delivery through EPR go-live. Review of team working and development needs being planned. Reporting Manager role re-advertised with interest expected.</p> <p>MAY 2017: Alternate leadership arrangements being made.</p> <p>MAR 2017: Recruitment to most posts completed and team almost staffed. Leadership team in process of coming into post. Risk will be mitigated once leadership team is in place. Work continuing with NHSE, University, and neighbouring Trusts to ensure skill set development in region to support ongoing need.</p>	30/03/2018	Hollings, David	16	6
3142	30/08/2017	Estates and Facilities	A structural survey and report was commissioned by E&F to determine the structural integrity of the floors of E Block. This was due to the amount of medical records stored in the building. The report has found that the floors are significantly understrength for the current usage of the building and recommends immediate structural repairs / works to support the floors. This will cost a significant amount of money and to do the works, records and staff need to vacate the building. The building is a listed building so permission would need to be sought from the Local Authority. Costs will be in the region of £200k.	Thompson, Donna	15	<p>October 2017: Business Case to be produced</p> <p>The best and safest solution is to vacate the building, however space needs to be found to house the current notes</p> <ul style="list-style-type: none"> • Paper produced & discussions held with Execs, scoping exercise to be carried out to determine what is required. • Paper produced. Several properties found in local area available for rent which will house E Block records – communicated to execs. • Further advised to devise a longer term plan to move all records off site. <p>E&F concerned that potential structural issues remain - to be discussed at CRAG.</p>	30/11/2017	Featherstone, Paul	15	2

3060	03/03/2017	Chief Nurse	There is a high risk that patients with alert organisms will not be isolated or have other appropriate management leading to increased cross infection to others due to the lack of a fully functioning infection control reporting system. With previous lab arrangements with Leeds there was an automatic feed to the IPC surveillance and management software system ICNet. The feed has not been built prior to the change of microbiology lab to Airedale on 1st March 2017. Therefore the IPC team will have very poor information about alert organisms to ensure that correct IPC practices are in place.	Dawber, Karen	20	The risk will resolve once a reliable ICNet feed from Fordman is established Update May 2017: Near miss, regarding MRSA bacteraemia result. Need to rethink mitigation - urgent meeting with IT required. Update May 17: Unable to reboot system following shut down of IT systems - software is out of date and cannot be security patched. Update June 2017 - has been rebooted but Fordman link not operational September 2017 - Option appraisal completed by Dave G (IT) - with Director of informatics. Reports still not complete with Airedale, now asking for a report on every blood culture and ICT will filter. System embedded re MRSA and C diff	31/12/2017	Griffith, Dave	15	6
2157	24/09/2013	Finance	Ongoing Risk - Annually: Failure to deliver the obligations within the NHS standard acute contract will result in the application of financial penalties and/or the failure to recover planned income. This will include a failure to deliver specific indicators relating to specific targets/qualitative requirements and/or failure to deliver agreed indicators within the CQUIN schedule. The qualitative nature of the indicators will adversely impact on both the quality of services provided and the patient experience.	Horner, Matthew	8	DEC 2017: The CQUIN steering group has been re-established in Q3 to monitor and manage delivery of the CQUIN indicators. Concerns regarding data quality (DQ) and performance against contract indicators (in particular the key access standards) has prompted the proposed re-introduction of monthly Contract Management Board meetings (currently running on an alternate month basis), to ensure full transparency is shared across all appropriate parties and to jointly resolve issues. The DQ issues are discussed and resolved at the data quality group (introduced following the implementation of EPR) and chaired by the interim Deputy Director of Operations. AUG 2017: The formalised contract management processes for 2017/18 are in operation with the appropriate levers/mechanisms being applied by both the provider and commissioner. APR 2017: All commissioner contracts have been agreed and signed for the financial year 2017/18, inclusive of the appropriate schedules and penalty regime. Performance against delivery of the various elements within the contract will be reported through the Divisional Performance Review and budget meetings. There is regular monitoring and performance management of the indicators and activity plans with in-built triggers both internally and externally through the commissioner contract reporting and meeting structures. Early discussions with the CCG's and NHSE highlighting risk areas and where necessary invoking the appropriate contract levers. Internal reporting and governance arrangements are in place for delivery and management of the CQUIN indicators with regular performance reporting to the Performance committee/Board of Directors identifying actions and mitigations.	31/03/2018	Horner, Matthew	15	6

2908	03/05/2016	Division of Governance and Operations	Ability to recruit and deploy adequate medical staff throughout the day to manage the demands of the Accident & Emergency Department	Thompson, Donna	20	<p>Nov 2017: Continue to utilise middle grade locum medical staff to support the ED with senior decision makers out-of-hours. ANPs are also being sourced to support the department</p> <p>Aug 2017: Review of clinical staffing within the ED undertaken. Outcomes to be reviewed by Executive team in context of learning from other similar units and the other improvement measures being implemented.</p> <p>May 2017: Approved temporary additional staffing to support delivery of the emergency care standard and recruitment is ongoing.</p> <p>Feb 2017: Approved a plan to expand consultant and middle grade staff. Further demand and capacity model being worked up.</p>	31/01/2018	King, Susan	15	6
2991	21/10/2016	Informatics	EPR - Inability to fulfil contractual obligation in relation to information, reports, standards, etc following implementation of EPR. Loss of confidence in the Trust from other healthcare organisations leading to damage to organisational reputation.	Fedell, Cindy	12	<p>15 NOV 2017: Final reports nearing completion.</p> <p>11 OCT 2017: EPR went live 24 Sep 2017. DM01 report still in progress. Work on data quality post EPR in place.</p> <p>18 SEP 2017: Significant work has been completed to test and review the data flows from EPR through contract income, including acceptance by recipients. One report on the Diagnostic Target (DM01) is still in progress. Additional training has been completed, bespoke expert support, a swat team, and an updated Cymbo Data Quality Dashboard is in place to mitigate issues reporting. However data quality issues from other Trusts' go-lives indicate that data quality issues from data entry will occur and take time to correct and reduce, thus delaying accurate contract reporting.</p> <p>JUL 2017: Score updated due to lessons learned at CHFT. Work is underway to try and mitigate some of the issues experienced by CHFT.</p> <p>JUN 2017: Work continues to plan and a senior informatics consultant with EPR experience has been contracted to oversee.</p> <p>MAY 2017: Updated plans in place and being executed as per EPR Reporting Board and detailed review presented to Performance Committee. Update 13/02/17: Reporting workstream have set up a board to which Trust representation is required. This is to provide assurance that the reports will be generated at go-live and also to ensure that reports can be designed as required.</p>	29/12/2017	Hollings, David	15	6

2417	16/09/2014	Medical Director's Office	Risk of patient harm due to diagnostic tests not all being reviewed and acted upon in a timely manner	Gill, Bryan	15	<p>December 2017: Following the implementation of EPR there are some areas including Radiology where there is a direct link for results to be accessed by clinicians and a workflow to provide prioritisation of results but in other diagnostic areas this is still not available and work is continuing to ensure that there is a seamless system throughout. Final phase of linkage to pathology results due in January 2018.</p> <p>June 2017: There remain a small number of diagnostic test results in which there is a delay in dealing with the result. The risk will be mitigated further following the implementation of EPR as this will demonstrate which results have not been reviewed and allow an escalation procedure to be enacted.</p>	29/06/2018	Elliott, Dr Leeanne	12	12
2547	14/04/2015	Division of Governance and Operations	Failure to implement robust systems and processes to manage the Trust's Non-RTT cohort leading to the possibility of patient harm and reputational risk	Thompson, Donna	15	<p>Aug 2017: SOPs are still actively followed and governance arrangements are in place. Turnover of administrative staff in the corporate access team has led to a worsened position with regard to the number of weekly validations. This will improve with recruitment. Clinical review is slow in some specialties. Divisions are actively managing this position. Post-EPR there will be the ability to trace the source of errors with correctly coding a patients status thus reducing the error rate.</p> <p>May 2017 brief report requested which describes the governance arrangements that are now in place to provide assurance of the systems and processes to manage our non RTT cohort.</p> <p>March 2017: governance arrangements in place and need embedding.</p> <p>February 2017: developing revised governance arrangements with exception reporting to EMT being developed</p>	29/12/2017	Saunderson, Terri	12	3
3068	15/03/2017	Estates and Facilities	The Trust is non-complaint with the Carriage of Dangerous Goods	Thompson, Donna	12	<p>Aug 2017: A task & finish group has been set up with ToR and reporting to the H&S Committee. An action plan to address the areas of non-compliance is being managed by the group. A further audit will be undertaken by an external competent person in November 2017.</p> <p>A task and finish group is being set up to deliver an action plan to implement the appropriate remedial action.</p>	30/11/2017	Wilson, Craig	12	6

3091	24/04/2017	Strategy and Integration	There is a risk that decisions of the West Yorkshire & Harrogate Health & Care Partnerships (previously the "Sustainability & Transformation Plan/Partnership" (STP)), lead to enforced actions (e.g changes in pathways of care or consolidation of support services) which the Board might consider are not in the best interests of the local patient population or which could create clinical, financial, operational or other regulatory difficulties for BTHFT, including the ability to deliver CIPs and meet control totals.	Holden, John	12	November 2017: Continued participation in collaborative work e.g proposed development of a WY-wide clinical strategy (to improve prospects of attracting national capital funds). Acute collab programme with Airedale FT progressing; plans for clinical summit. September 2017: Publication of refreshed BTHFT clinical services strategy setting out clear direction of travel and new, clarified vision & strategic objectives. Head of Policy appointed with clear focus on acute collaboration, to manage risks, coordinate activity and exploit opportunities July 2017: Clarified and improved tracking of variety of WYAAT & STP projects; discussed regularly by Execs in new dedicated EMT "partnerships" sessions	01/02/2018	Holden, John	12	8
3110	26/06/2017	Medical Director's Office	Following the successful formation of the new Pathology service (IPS Ltd) with Airedale hospital from January - March 2017, risk has now changed to the ability to maintain an effective pathology service.	Gill, Bryan	12	October 2017: performance improved with turn around times in line with expectation. Outstanding issues in microbiology and serology being worked through with relevant clinical services. August 2017-Number of Datix incidents showing signs of falling, ongoing challenges remain in Microbiology. IPST working with clinicians to resolve concerns regarding turnaround times. Bi- weekly safety meetings taking place. Overall impression service has stabilised. June 2017: Governance systems have become operational with IPS Board and Operational group. Recruitment of Managing Director and Clinical Director in the last 2 months. Workload challenges in Microbiology have required an increase in Laboratory Staff adding risk and costs to the Joint Venture Partnership. Significant engagement activities taking place with all staff groups across the Trust. Ongoing issues being slowly resolved but some outstanding issues remain in relation to turn around times for some specialities. Biweekly safety meetings taking place.	30/03/2018	Elliott, Dr Leeanne	12	4
3132	17/08/2017	Division of Governance and Operations	Risks are not being adequately managed or escalated due to Divisions not being consistent or fully understanding the management and escalation of risk	Thompson, Donna	12	Risk and assurance team are working with the Divisions to improve the understanding and management of risk. NHSI are seeking support for the Trust to expedite the improvements. A learning and development forum has been set up to improve the understanding of risk management. Dashboard is being developed to monitor qualitative improvement	30/03/2018	Claridge, Tanya	12	4
3134	17/08/2017	Chief Nurse	There is a risk that sharps are not being disposed of correctly leading to a potential for patient and staff harm due to needle stick injuries	Dawber, Karen	12	Sharps Injury group meeting. Campaign in place across the Trust. Discussed at Health & Safety Committee	29/12/2017	Franklin, Sue	12	6

3013	07/12/2016	Informatics	There is an increased risk of cyber security attacks to healthcare organisations. Health records and healthcare providers are at risk of cyber attack as demonstrated in recent examples. This could potentially cripple the clinical and business operations of the Trust.	Fedell, Cindy	20	<p>6 DEC 2017: Software security patching process working well. Regular compliance reporting in place.</p> <p>15 NOV 2017: No new incidents. Cyber protection work continues on plan with full compliance to the NHS Digital CareCert Scheme updates.</p> <p>11 OCT 2017: No new incidents.</p> <p>SEP 2017: Revised arrangements in place and continuing to ensure functioning well.</p> <p>JUN 2017: Expedited patching process approved and in place.</p> <p>MAY 2017: Review and updating of cyber protection as needed.</p> <p>MAR 2017: External security assessment reviews completed.</p>	31/01/2018	Scott, Ian	12	12
3040	27/01/2017	Informatics	EPR - Costs have been revised due alterations to go-live dates. Date announced for CHFT as 29/4/17 with BTHFT expected to go-live 3 months later in August 2017. Delay beyond the new go-live dates has the potential to increase costs further, resulting in problems with cost containment.	Fedell, Cindy	12	<p>15 NOV 2017: Finance conducting reconciliation of all final costs.</p> <p>11 OCT 2017: EPR went live 24 Sep 2017. Cost reconciliation being done as Early Life Support continues through Oct 2017.</p> <p>18 SEP 2017: Command and control continues with respect to cost controls. A review has been completed and a reconciliation provided. There is limited contingency left, so the risk will remain through go-live.</p> <p>JUL 2017: Business case updated and submitted.</p> <p>JUN 2017: Financial forecast updated and included in updated EPR Full Business Case to be presented to the Board in Jul 2017.</p> <p>MAR 2017: Regular review of finances in place with EPR Director and Finance. Review of resource needs through go-live drafted and being assessed/resolved in Mar 2017.</p>	29/12/2017	Smith, Chris	12	8
3046	03/02/2017	Informatics	Since the 2010 the enterprise agreement with licensing bodies which was paid for centrally has been devolved to Trust level. The financial risk is considerable and lies with the Trust.	Fedell, Cindy	8	<p>6 DEC 2017: Negotiations with software vendor nearing conclusion with all efforts to minimise financial impact.</p> <p>15 Nov 2017: Work continues.</p> <p>11 OCT 2017: External specialist engaged and reviewing positions. Options via NHS Digital are being explored.</p> <p>JUL 2017: External specialist selected.</p> <p>JUN 2017: Engaged with licensing specialists to review position and recommend license model changes if necessary or negotiate with supplier.</p> <p>MAY 2017: Engaged with licensing specialists.</p> <p>Previous: Liaise with central government bodies for assurance we have the correct licensing in place.</p>	31/01/2018	Hollings, David	12	6

3047	06/02/2017	Informatics	The Pathology Joint Venture is using a Pathology Laboratory Information Management System (LIM) that is only used at one other site, is not well supported by the supplier and the primary support from Airedale is via two people, only one who has significant knowledge of the system. This could impact accessibility of LIM and recovery from any issues.	Fedell, Cindy	12	<p>15 NOV 2017: Plans progressing.</p> <p>11 OCT 2017: Planning team formed to progress.</p> <p>JUL 2017: Demo completed and feedback session being scheduled.</p> <p>JUN 2017: Replacement work started with demo of a leading pathologist information system supplier scheduled in June 2017. Additional resources in place. Basic business continuity plans in place.</p> <p>MAR 2017: Secondary resource in place and being trained, including Instructions on how to restart any of the interfaces provided to IT and Instructions on how to reboot the system provided to IT.</p> <p>Planning on a system reboot test and on a regular basis (timeline currently under discussion). Remote viewer will be developed to allow a fall back system should the ICE (results viewer) link fail.</p> <p>Fullsome business continuity plans being updated in time for transition of last lab service area in Apr 2017 (Histopathology). Will consider options to replace the LIM with a newer, well supported system to be instigated following full Pathology service transfer to the Joint Venture.</p>	31/12/2019	Griffith, Dave	12	4
3050	13/02/2017	Chief Nurse	There is a risk to that women will not receive the correct level of 1 to 1 care in labour due to theatre staffing levels on labour ward. Historically we have only staffed theatres during the day with dedicated scrub staff. This means that in the event of an emergency and planned list or 2 emergencies lists midwives would be expected to scrub, depleting the numbers on the shop floor.	Dawber, Karen	12	<p>On going discussions with surgery to look at a different model</p> <p>Re run of BRP commencing February 2017 for 3 month period</p> <p>Review of out of hours theatres across Trust</p> <p>Main theatre on call to help when emergency maternity theatres running.</p> <p>Staff being recruited too, business case agreed</p>	31/12/2017	Wright, Dr Janet B	12	6
3153	23/10/2017	Division of Anaesthesia, Diagnostics and Surgery	NHSI have written to all Trusts in WY advising that pathology services should be re-organised around a single Hub (Leeds) and 5 spokes. The new JV for pathology with Airedale hospital is put at risk if this plan was enacted. This would have significant financial risks (breach of contract) and the trust would lose the influence over the future of the pathology service.	Holden, John	12	<p>Oct 2017: Two responses submitted to NHSI. Firstly a joint letter from WYAAT CEO's & MD's setting out the work programme from the existing WYAAT pathology programme and why WYAAT will look at the configuration of services to best suit the population. Secondly a joint letter from AFT and the Trust was sent to NHSI setting out the success of the JV and the implications if this was changed.</p>	30/03/2018	Holden, John	12	6

2683	02/12/2015	Division of Governance and Operations	Risk of action against the foundation trust resulting from the quality of external data submissions.	Thompson, Donna	12	<p>Aug 2017: Paper received at EMT describing the measures in place to mitigate the risk. This includes a task & finish group being formed and linking to existing committees, a review of external data submissions will be undertaken to review quality and impact.</p> <p>April 2017: Planned discussion at EMT following review of national audit requirements.</p> <p>February 2017: reviewed all national audit requirements. Risks to be reviewed at EMT</p> <p>January 2017: Work described below is being concluded and then a report will be discussed at Clinical Audit & Effectiveness (26/1/17) and then to EMT</p> <p>Oct 2016: Executive led task & finish group implemented to expedite the work to ensure that all external data submissions are subject to regular review and monitoring and escalation processes are in place for any matters of concern or compliance.</p> <p>July 2016</p> <p>A significant piece of work has now been established through the Effectiveness team to map the details of each national audit submission in terms of capacity, ascertainment and quality of submission and develop appropriate action/mitigation strategies. This work is being assured through the Information Governance Committee.</p>	30/03/2018	Claridge, Tanya	12	4
------	------------	---------------------------------------	------------------------------------------------------------------------------------------------------	-----------------	----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------------	----	---

2841	24/03/2016	Estates and Facilities	Potential of prosecution due to poor segregation and contamination of waste across the organisation	Thompson, Donna	16	<p>Dec 17: New waste rooms completed in ENT block, allowing good segregation of waste.</p> <p>Offensive and medicinal waste rolled out on BRI site, within limitations set by Infection Control</p> <p>Aug 2017: Continued compliance with action plan. Outstanding requirements to be completed by Oct 2017. Staff understanding of the requirements for waste segregation remain a concern. Training to be revisited.</p> <p>April 2017: Action plan implementation ongoing</p> <p>Feb 2017: Audit undertaken. Action plan developed.</p> <p>18 January 2017: To remain on RR until outcome of audit reviewed by IGRC at February meeting</p> <p>January 2017: A significant amount of work has been undertaken in order to reduce the risk. A report and action plan has been received. Recommend that the risk is removed from the Corporate Risk Register and monitored from the local risk register.</p> <p>Oct 2016: non-recurrent bid for financial support to implement training and education particularly in relation to offensive waste stream. Other opportunities for raising awareness in place. Many of the actions now implemented:</p> <p>Implementation of new waste streams</p> <p>Audit and allocation of bins to all wards & departments</p> <p>Improved segregation at maternity & ENT</p> <p>Consideration to Estates work in waste rooms</p> <p>New signage</p> <p>Raised priority to training</p> <p>Communications through global and other networks</p>	30/11/2017	Keasey, Charlotte	12	6
1739	23/11/2012	Division of Governance and Operations	Staff are not trained as per BTHFT policy on medical devices	Thompson, Donna	12	<p>Aug 2017: Process is in place for new medical equipment entering the Trust which ensures adequate training is undertaken prior to use. Proposal being drawn up by Clinical Engineering to address medical equipment in use.</p>	30/03/2018	Threlkeld, Iain	12	4