

## Appendix 2: Significant Risks (Risks on the corporate risk register >12)

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee	Description	Next review date	Initial risk level	Residual Risk level	Existing control measures	Current mitigation	Target date	Current Risk Level
<b>Principal risk 1 Failure to maintain the quality of patient services</b>												
3211	07/02/2018	Shannon, Sandra	National Target	Quality	There is a risk to patient safety from not delivering the national standards for cancer patients.	15/10/2018			Comply with national reporting requirements externally. Reporting in place through Divisional Performance Review and Finance & Performance Committee to Board of Directors. Weekly tracking process at patient level. 62 day breach review panel to undertake clinical harm review.	Focus continues on clearing backlogs and undertaking additional elective activity. The cancer improvement programme continues. RCA of all 62 day breaches is undertaken with review at the clinical harm review panel. Additional recovery plans are in place for 2ww LGI and dermatology.	31/10/2018	
3169	13/12/2017	Gill, Bryan	Business Continuity	Quality	There is a risk that the treatment of patients may be delayed due to the growing number of medicinal products, sourced on contracts, showing as out of stock with suppliers.	28/09/2018			Regional shortages system put in place alerting Trusts to potential shortages and updating on when lines will come back into stock. Regional and national contracting strategies to try to ensure multiple suppliers or each product. Regional and national contracting strategies to assist new market entry.	National work continues to try to source medication currently in short supply. Guidance is also expected in the autumn as to stock management in the run up to Brexit. Current NHE England Commercial Medicines Unit guidance is not to stock pile locally.	30/09/2018	
3240	15/05/2018	Shannon, Sandra	Escalated from Governance Committee	Quality	There is a risk that patients may suffer clinical harm as a result of a process failure in the RTT pathway.	15/10/2018			The patient cohort has been identified. It is the responsibility of Corporate Access Team to review the non RTT process failure list and implement the appropriate actions including updating EPR and moving the patient onto the correct workflow so the next steps in pathway can be implemented. The current rate of clearance is insufficient to meet the number of weekly additions to the list which requires further remedial action.	A clinical harm review process is in place. There is no evidence at present of any clinical harm 10/7/18 - weekly review of all process failures in place. Included as part of the elective care recovery plan. Recruitment has commenced for an increased validation team	31/10/2018	
3047	06/02/2017	Fedell, Cindy	Trust Wide Risk	Quality	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.	28/09/2018			Careful attention to support on call schedule, cross-skilling, and documentation. Business continuity plans.	10 AUG 2018: Specifications for procurement progressing. Updates to business continuity plans being done. 10 JUL 2018: Business continuity plans progressing in conjunction with recently appointed resilience manager.	31/12/2020	
3104	31/05/2017	Fedell, Cindy	Trust Wide Risk	Quality	There is a risk of total or partial failure of the telephony system. This may impact on the ability to deliver clinical services.	28/09/2018			Best endeavours support and maintenance contract currently in place, reviewed annually.	Business continuity plan scheduled for approval in Sep 2018. Options appraisal for aged equipment expected end Sep 2018.	29/03/2019	

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3013	07/12/2016	Fedell, Cindy	Business Continuity	Quality	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.	28/09/2018			Current firewall. Engagement with NHS Digital CareCert scheme in order to undertake external security assessment and give report and recommendations. Regular security penetration testing undertaken as part of annual Information Governance plan.	On-going cyber plans are progressing. BTHFT has signed up to an NHS Digital scheme of external readiness review.	31/03/2019	
2284	26/03/2014	Fedell, Cindy	Risk Management Steering Group	Quality	There is a risk of harm resulting from duplicate patient records on ICE	28/12/2018			Awareness and training of clinicians.	Work progressing on solution for sexual health (HIV) services.	29/03/2019	
2417	16/09/2014	Gill, Bryan	Governance and Risk Committee	Quality	There is a risk of patient harm due to diagnostic tests not all being reviewed and acted upon in a timely manner	21/12/2018			The 10 recommendations proposed by the Task and Finish Group in 2015 were circulated to the Deputy Divisional Clinical Directors for discussion at the Specialty Governance meeting. Assurance on local failsafe mechanisms in place is required in lieu of an electronic solution. Secure email facility developed at specialty level.	September 2018: Risk review recognised the increase benefits of diagnostic tests linking into EPR [PACS, Blood sciences} however on going delays to microbiology and histopathology linkage means the risk continues although all diagnostic tests are visible in ICE. Risk score adjusted to reflect improvements. Review of risk been undertaken by Director of Governance and agreed at IGRC on the 20/07/2018 to retain risk on CRR pending results of the review.	29/03/2019	
2146	24/09/2013	Gill, Bryan	Corporate Objective	Quality	There is a risk of adequate procedures relating to safer surgery not being in place within a service leading to patient harm	28/09/2018			There was a re-launch of the Safer Procedure workstream in 2015 in line with the publication of the NPSA Alert - National Safety Standards for Invasive Procedures (NatSSIPs). This will be a collaborative piece of work between the Quality Improvement Department and the Improvement Academy with support from NHS QUEST.	Safer procedures collaborative launching on 16/07/2018 with confirmed attendance from all specialities undertaking high risk procedures. Two never events in Maternity in April & May 2018 targeted improvements with Maternity Team now in place.	28/09/2018	
3244	25/05/2018	Fedell, Cindy	Sub Committee Risk Register	Quality	Confusion of patient information location between systems may impact care and treatment, created from move to EPR and backlog of mini pack scanning.	31/10/2018			Scanning bureau will locate and ensure paper medical information is available. Communication in the form of an SOP has been circulated informing staff of the dates when information has not been scanned and the process to retrieve clinical documentation.	Task & Finish group to be initiated to review position and adjust risk assessment and mitigation as needed.	29/03/2019	

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3221	13/03/2018	Shannon, Sandra	CQC Visit	Quality	There is a risk that due to poor environmental conditions and insufficient operational oversight patients are more likely to suffer harm from infection or a never event. This relates specifically to theatres 4,8 and maternity theatres.	15/10/2018			Line management arrangements in place with clear lines of responsibility and accountability SOPs in place	The majority of environmental improvements have been completed and there are only a few minor works to be finished. Theatres 4 and 8 now in use. The theatre improvement programme continues. OD programme is coming to an end, all team leaders have completed coaching and group coaching has been completed with band 6 staff. On-going work on values and behaviours continues with support from GE. Additional ventilation assessments have been undertaken and recommendations provided. The IPC consultant nurse is to meet with the engineer to discuss the assessment findings. A separate project group and implementation plan is being developed for providing additional maternity theatres during the ventilation upgrade.	30/11/2018	
3110	26/06/2017	Gill, Bryan	Business Continuity	Quality	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.	31/10/2018			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. Bi-weekly safety meetings taking place.	Service Quality broadly stabilised and in line with National Standards. Concern raised by PHE regarding quality of Microbiology service. Recent notification of retirement of Consultant Microbiologist[Airedale]is a significant risk from October 2018.Presently exploring the options to mitigate the risk.	31/12/2018	
3060	03/03/2017	Dawber, Karen	Trust Wide Risk	Quality	There is a 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.	30/09/2018			Airedale microbiology will telephone results for MRSA, C diff, faecal culture, norovirus, rotavirus. Results for other alert organisms e.g. ESBL, other resistant organisms, TB would depend on the microbiologists indicating a risk on the Fordman system and then the IPC nurse will have access to this Fordman list - however this is a new system to the microbiologists so they may miss some alerts. This mitigation also diverts IPC nurses from their clinical duties to clerical because of the need for manual data handling.	work progressing to implement upgrade of ICNet as per implementation plan. Contract signed. Expected date of completion is September 2018. mitigation remains in place until then.	30/09/2018	
3270	24/07/2018	Shannon, Sandra	Incident Reporting	Quality, Finance and Performance	There is a risk patient procedures may be delayed because surgical and Non-Theatre Procedures are not booked because of incorrect mapping on CERNER EPR.	10/09/2018			The number of patients who have unprocessed orders on the unknown queue have been identified and a process for dealing with these patients is being identified.	A trust wide action plan is in place to address risk, including the clinical review of potential harm.	31/08/2018	

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<b>Principal risk: 1. Failure to maintain the quality of patient services,</b> <b>Principal Risk: 2. Failure to recruit and retain an effective engaged workforce</b>												
3235	14/05/2018	Dawber, Karen	Escalated from Integrated Risk Register Review Meeting	Quality, Workforce	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 high quality and timely care across the wards leading to increased patient complaints, minor safety issues and delays in the patient journey.	31/08/2018			<ul style="list-style-type: none"> <li>•Daily assessment of acuity to ensure agreed staffing levels are met and where they are not what the impact is.</li> <li>•Safety Huddles / Daily RAG / SAFECARE</li> <li>•Clear escalation process in place and followed when agreed staffing levels not met.</li> <li>•Continue with campaigns and recruitment to non-registered roles. Reported via Workforce Committee. recruitment and retention plans</li> <li>•Weekly Chief Nurse Team Meeting</li> <li>•Review of NQB safe and sustainable actions</li> </ul>	To continue with actions currently in place, including recruitment of newly qualified staff in September / October 2018 (Note PIN delay. Monitor effectiveness of plan via workforce committee. Replaces risk ID 2995	30/11/2018	
2968	21/07/2016	Shannon, Sandra	Trust Wide Risk	Quality, Workforce	Risk to delivery of Trust-wide Microbiology Service due to inability to recruit to Consultant Microbiologist posts, retirement Dr Campbell (2015) and Dr Hasnie leaving Sept 2016.	31/10/2018			Control Measures planned: Increase existing Infectious Disease Consultant Physician's PA's by 0.5 and review options for Agency within cap and working collaboratively with Airedale Microbiologists to join the OOH & on-call rotas.	Notice given to resign of AGH consultant mitigation plan for on call in place to maintain 1 in 5 rota. Possible appointments are being pursued however national shortage of microbiologists. WYAAT recognise that microbiology provision is a major risk and is considering a network approach. Joint venture fully aware of issues.	31/10/2018	
3050	13/02/2017	Shannon, Sandra	Escalated from Division	Quality, Workforce	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.	13/08/2018			Recruitment in process. Main theatre on call to help when emergency maternity theatres running. Paper presented to EMT June 2017, await BRP. Theatre staffing approved, recruitment in place / waiting for starters	Over recruitment of midwives was agreed in order to provide additional staff to scrub in theatre. In the meantime enhanced payment of labour ward staff was agreed for staff who will be willing to work in theatre.	31/10/2018	
3263	10/08/2018	Claridge, Tanya	Escalated from Governance Committee	Health and Safety, Workforce	<p>There is a risk of injury to patients, staff and others as a result of:</p> <p>1 Staff inappropriately using medical devices due to staff not receiving appropriate training</p> <p>2 staff not undertaking manual handling tasks correctly due to not receiving appropriate training in manual handling techniques</p> <p>This risk is the amalgamation of risk 1739 &amp; 3017.</p>	03/12/2018			<p>1. Medical devices; Process in place for new medical equipment entering the Trust to ensure adequate training (75% of staff are trained) is undertaken prior to release of equipment to the area.</p> <p>2. Manual handling techniques; Implementation of new model of training (March 2018) following period of extensive review and development.</p>	<p>1. Medical Devices A Task and Finish Group has been established to propose a new methodology for medical device training to be implemented throughout the Foundation Trust.</p> <p>2. Manual Handling The new model of training has been implemented and funding has been identified within the Governance and Corporate Affairs Division for 3 WTE band 4 trainers to facilitate this. It is anticipated that the compliance rate will be 85% by October. In march it was 54%.</p>	31/12/2021	



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<b>Principal risk: 1. Failure to maintain the quality of patient services, 4. Failure to maintain financial stability</b>												
3260	25/06/2018	Holden, John	Escalated from Governance Committee	Finance and Performance , Quality	There is a risk that without full understanding of the depth and breadth of clinical and medical interaction between Airedale NHS Foundation Trust and BTHFT, BTHFT capacity and resources are not used efficiently and that BTHFT does not have full understanding of its leverage regarding the clinical and medical support it provides resulting in clinical/medical governance arrangements and agreements in place that are not fit for purpose, leading to clinical risk and incorrect reimbursement	28/09/2018			<ul style="list-style-type: none"> <li>Clinical and medical services have a range of existing agreements and arrangements (including financial) in place for work that is carried out with AFT which have evolved organically.</li> <li>Risk has been discussed at EMT level with awareness of relevant senior staff including DCDs and DCMs.</li> </ul>	CCG to conduct an external, independent review to map all clinical independencies between BTHFT and AFT, including an assessment of whether exiting arrangements are fit for purpose from a governance perspective. This review will take approximately 3 months to complete with an approximate end date as the end of September. Head of Planning conducting internal review with divisions and finance teams to understand full financial impact of interdependent work.	30/09/2018	
<b>Principal risk: 2. Failure to recruit and retain an effective and engaged workforce</b>												
3112	06/07/2017	Campbell, Pat	Corporate Objective	Workforce	Failure to ensure that all eligible non-medical staff have an appraisal. There is a risk that staff will not feel valued or engaged and will be unclear re their role, priorities and how this fits into the overall Trust objectives. There is a risk that turnover rates will increase if staff do not get feedback with no focus on their personal development and staff potentially not realising their full potential.	28/09/2018			Launch of 'Time to Talk' campaign in February which continues to be promoted through global email, education updates and conversations with leaders and staff. Simplified paperwork to aid the process and make more meaningful for both parties. Promotion of self service and continued work to ensure data reporting is robust. Targeted HR support in key areas.	New approach for 2019 agreed by EMT. Compliance plan in place to reach 95% completed appraisals by Dec 2018, two weekly performance monitoring in place.	28/12/2018	
3281	30/08/2018	Horner, Matthew	Board of Directors Meeting	Board of Directors, Major Projects	The risk of reputational damage as a result of the Foundation Trust progressing with the proposal to create a Wholly Owned Subsidiary to provide Estates and Facilities services.	31/10/2018			The development of a comprehensive Programme Management structure to include a detailed communications plan that will ensure continued engagement with key stakeholders, staff groups and staff side representatives throughout the development phase.	The development of a comprehensive Programme Management structure to include a detailed communications plan that will ensure continued engagement with key stakeholders, staff groups and staff side representatives throughout the development phase.	31/03/2019	
<b>Principal risk: 3. Failure to maintain operational performance</b>												
3150	06/10/2017	Shannon, Sandra	Trust Wide Risk	Finance and Performance	There is a risk that failure to achieve the Emergency Care access standard of 90% by September 18 and 95% by April 19 will result in the NHS I risk rating and therefore impact on reputation and that the Trust will not receive the financial bonus for achieving the standard.	15/10/2018			ECS Improvement programme in place reporting to the Bradford Improvement Programme. Trust also involved in action on A&E programme.	Funding has been approved for the expanded urgent care model. The Director of Urgent Care is now in post and will provide more senior leadership. Development of the revised staffing model is in progress and options for expansion of the assessment capacity is being developed. The business case for development of a Command Centre was approved.	31/12/2018	

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3261	10/07/2018	Fedell, Cindy	Trust Wide Risk	Finance and Performance	There is a reputational risk caused by the inability to submit data to derive mortality and other clinical comparator data immediately post implementation of the Electronic Patient Record (EPR) due to administrative data quality issues.	31/10/2018			The data has since been submitted but was not available nationally for a period of eight months and this may have a reputational impact.	Data has since been submitted but there remains the risk of reputational or other damage to the Trust as a result.	31/10/2018	
2683	02/12/2015	Claridge, Tanya	Escalated from Integrated Risk Register Review Meeting	Audit and Assurance	There is a risk that poor quality of external data submissions (including national clinical audit) will result in action against the Trust	28/09/2018			There are a variety of systems in place through informatics and other teams to understand the quality of data submissions. This does not extend to all data submissions	The risk has been assessed as reduced as the organisation now has relatively comprehensive intelligence in relation to the nature and quality of external data submissions being made. This represents a significant step towards mitigating this risk. A procedural document is being drafted and will be presented to the Executive Management team. The implementation of the expectations within the procedural document will represent a significant control of this risk. There is a delay to the full mitigation of this risk.	30/03/2018	
3282	30/08/2018	Horner, Matthew	Board of Directors Meeting	Major Projects, Board of Directors	The risk of service disruption resulting from Trade Unions balloting members to recommend the commencement of industrial action as a result of the Foundation Trust Board of Directors approving the decision to create a Wholly Owned Subsidiary for the provision of Estates and Facilities services.	31/10/2018			The development of a comprehensive Programme Management structure to include a detailed communications plan that will ensure continued engagement with key stakeholders, staff groups and staff side representatives throughout the development phase.  The development of a resilience/business continuity plan in the event of planned industrial action	The development of a comprehensive Programme Management structure to include a detailed communications plan that will ensure continued engagement with key stakeholders, staff groups and staff side representatives throughout the development phase.  The development of a resilience/business continuity plan in the event of planned industrial action	31/03/2019	
<b>Principal risk: 3. Failure to maintain financial stability</b>												
3236	14/05/2018	Shannon, Sandra	Cost Improvement Programme/Financial Balance	Finance and Performance	There is a risk that the data quality issues that have arisen since the implementation of Cerner EPR will impact on the Trusts ability to accurately record activity and as a consequence impact on the income expected.	15/10/2018			EPR SOPs in place. Training provided for staff on the correct application of EPR to record activity. Additional support for DQ improvement is being provided by an external consultancy - Cymbio.	Implementation of the data quality improvement plan continues. There is a better understanding of the causes of DQ errors and actions required to correct. A training plan is in place. Weekly monitoring of DQ errors and corrections. A POD level review of all specialties in progress to ensure all activity is accurately recorded on Cerner.	30/11/2018	

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3251	08/06/2018	Horner, Matthew	Trust Wide Risk	Finance and Performance	The Trust has insufficient cash & liquidity resources to sustainably support the underlying Income & Expenditure run rate	31/10/2018			1. The cash & liquidity position is managed and monitored by the cash committee with updates provided to the Finance & Performance Committee. 2. Curtailment of the Capital programme in 2018/19 to limit the cash outlay 3. Continued sourcing of cash releasing efficiencies 4. Additional measures taken to improve financial control in the immediate and longer term 5. Updated reporting arrangements to Finance & Performance Committee on the cash and liquidity, with trajectories and projections signposting risks and generate corrective action	All existing mitigations remain in place	31/03/2019	
2893	19/06/2016	Fedell, Cindy	Trust Wide Risk	Finance and Performance	EPR - Inability to achieve the expected benefits realisation affecting the organisation's financial position.	28/09/2018			EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	Bradford Improvement Programme plans are progressing this work as it aligns to the revised transformation plans.	31/08/2018	
3248	08/06/2018	Horner, Matthew	Corporate Objective	Finance and Performance	Failure to maintain financial stability and sustainability in the current economic climate with the Trust facing a continued financial challenge associated with cost inflation, increased demand for services and Commissioner affordability.	31/10/2018			1. 2018/19 Bradford Improvement Programme governance and performance management arrangements - to performance manage delivery of the CIP. Divisional CIP trackers in place with fortnightly updates reported internally and to NHS Improvement. 2. Divisional Performance Management & Review meetings - to performance manage delivery of the planned run rates (following the budget re-set exercise undertaken for 18/19) 3. Standing Financial Instructions and Scheme of Delegation	Continued monitoring & management of BIP improvement target through BIP Programme Board and Steering Group. Run rate performance managed through integrated Divisional monthly Performance Review Meetings. Escalation process introduced for Divisions/Directors.	31/03/2019	
3249	08/06/2018	Horner, Matthew	Corporate Objective	Finance and Performance	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.	31/10/2018			The updated governance arrangements introduced as part of the Bradford Improvement Programme have strengthened the Quality Impact Assessment and CIP evaluation and approval gateway process.	The QIA and gateway process as part of the BIP programme continue to ensure the appropriate evaluation is undertaken.	31/03/2019	
3046	03/02/2017	Fedell, Cindy	Changes in legislation	Finance and Performance	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.	29/03/2019			Moved software products to a more streamlined architecture in order to minimise the risk and reduce costs.	Licensing reconciliation activities on-going but no major issues are apparent at the current time.	29/03/2019	

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3154	23/10/2017	Shannon, Sandra	External Bodies	Quality, Finance and Performance	There is a financial and reputational risk to the Trust following the loss of JAG accreditation	30/09/2018			<ul style="list-style-type: none"> <li>•The Service has implemented a working group to respond to the key actions- on line to deliver</li> <li>•Got agreed action plan led by COO, to validate and provide working patient tracking list.</li> <li>•An action plan is in place to address the failure to meet JAG targets. The AP is to be implemented in 3 – 6 months.</li> </ul>	<p>Work is still continuing to validate patient data. The current mitigation still provides partial assurance.</p> <p>Validated data was sent to JAG. The data did not meet JAG criteria so BTHFT has not been given accreditation. As a result the risk was reassessed.</p>	30/11/2018	
<b>Principal risk: 5. Failure to deliver the required transformation of services</b>												
2380	22/08/2014	Gill, Bryan	Directorate Objective	Finance and Performance	<p>Pending a decision from NHS England regarding the status of BTHFT as an arterial centre the Trust continues to operate a non-compliant vascular service.</p> <p>Because of our non-compliant status there is a risk that our services might no longer be commissioned and the trust will lose vascular (arterial) surgery.</p>	31/10/2018			<p>A vascular strategy and business case for a hybrid theatre has been developed and given provisional approval pending the decision by NHS England.</p> <p>The Trust continues to be involved in discussions with NHS England and other local NHS Trusts to positively influence the decision making process.</p>	<p>July 2018:Ongoing dialogue with NHS England. Expecting formal decision by November 2018. New vascular network board structure being put in place.</p>	31/12/2018	
<b>Principal risk: 6. Failure to achieve sustainable contracts with commissioners</b>												
2991	21/10/2016	Fedell, Cindy	Trust Wide Risk	Finance and Performance	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.	28/09/2018			Established current reporting requirements and working through design/test of reports. Manual process in place and backup via data warehouse to ensure any reports than cannot be run by the system are generated whilst problem is rectified to ensure business continuity. Reporting Board in place.	<p>Data quality action plan continues to be managed and tracked weekly.</p> <p>Risk reviewed and score increased due to the fact that data quality issues are impacting the ability to correctly report our activity. Correction plan in place by COO.</p>	29/03/2019	



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3250	08/06/2018	Horner, Matthew	Corporate Objective	Finance and Performance	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.	31/10/2018			1. Regular monitoring and performance management of the indicators and activity plans with in-built triggers both internally and externally through the contract reporting and meeting structures and through internal performance review meetings with Divisions. 2. Early discussions with the CCG's and NHSE highlighting risk areas and where necessary invoking the appropriate contract levers. 3. Internal reporting arrangements in place for both contractual and CQUIN indicators with monthly performance reporting to the Performance committee/Board of Directors identifying actions and mitigations. 4. Monthly CQUIN steering group in place to monitor and manage delivery of in year indicators	Data quality improvement plan in place to validate capture, count and coding of chargeable commissioner activity. June mitigations remain in place	31/03/2019	
<b>Principal risk: 7. Failure to deliver the benefits of strategic partnerships</b>												
3255	11/06/2018	Holden, John	Board of Directors Meeting	Partnerships	There is a risk that the lack of agreement between the two trusts (Bradford Teaching Hospitals NHS Foundation Trust, BTHFT and Airedale Foundation Trust, AFT) on the nature and scope of collaboration will result in extensive delays or the programme bring brought to an end, the programme does not fit into the strategic needs of the Trust or transformation does not occur to an extent that is valuable	28/09/2018			For the 3 key areas within this risk, the following control measures are in place 1. Ongoing conversations occur between senior exec leadership across the two organisations to get agreement on collaboration scope 2. BTHFT Partnerships committee oversees the strategic direction of the programme including scope, and how the trust should seek to act if scope is not acceptable 3. Full joint programme management and governance between BTHFT and AFT has been established and oversees the day to day operation of the programme to ensure its successful delivery. Staff roles assigned to oversee the delivery of the programme with scope for increased resource if required.	Further meetings between AFT and BTHFT CEOs and execs have occurred, resulting in an agreed strategic direction for the collaboration which is line with BTHFT's aims. Now entering a process with NHSE/I to see if resource can be made available to support this agreed strategic direction (which will require programme and OD management)	28/09/2018	
3090	24/04/2017	Holden, John	Board of Directors Meeting	Partnerships	There is a risk that local (ie Bradford) integrated care proposals destabilise existing BTHFT arrangements without compensatory benefits for service users.  In signing the Alliance Agreement (and related documents)the Trust could commit itself to developments further downstream which may create unforeseen financial and operational risks, and impact on staffing and facilities (especially at community sites).	28/09/2018			BTHFT is represented at Exec level on the current governance groups ie Bradford Accountable Care Board and its Out of Hospital Programme Board, also the Bradford Provider Alliance Integrated Management Board.	The local "place" is designing a new framework and agreement for collaboration and decision making at a local level. This work has been discussed in partnership committee and BTHFT is fully participating in the oversight (exec level BHCPB)) and drafting groups (senior managers) that are managing this new framework and agreement.	28/09/2018	

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3091	24/04/2017	Holden, John	Board of Directors Meeting	Partnerships	There is a risk that decisions of WYHP and/or WYAAT lead to enforced actions which the Board might consider are not in the best interests of the local patient population, or which could impact adversely on BTHFT operations/finance/service viability and so hinder delivery of clinical strategy.  WYHP: West Yorks & Harrogate Health & Care Partnership WYAAT: West Yorks Assoc of Acute Trusts	28/09/2018			BTHFT contributed to the development of the original STP and has been actively represented on various governance groups (eg STP Leadership Forum, WYAAT Committee in Common) policy/professional groups (eg Medical Directors Group, Directors of Finance Group) and in the formulation and monitoring of programmes of work (eg Chair of West Yorks Cancer Alliance Board) etc.	Partnership Committee and S&I team has assessed the new STP MoU for implications on BTHFT delivery of clinical service strategy. The finalised MoU will go to BTHFT's September board.	28/09/2018	
3153	23/10/2017	Holden, John	National Guidance	Partnerships	There is a risk that NHSI's proposals for consolidating pathology services in west Yorkshire around a single Hub (Leeds) and 5 spokes would put at risk the JV for pathology with Airedale NHS FT. This would have significant financial risks (breach of contract) and the trust would lose influence over the future of the pathology service, with adverse consequences for service to patients.	31/10/2018			Two responses submitted to NHSI. First a joint letter from WYAAT CEOs & MDs setting out the existing WYAAT pathology programme and why WYAAT will look at the configuration of services to best suit the population. Second a joint letter from AFT and BTHFT setting out the success of the JV and the implications if this were to be changed.	Jun 18: continuing discussions within WYAAT suggest a possible approach of two networks, based on LTH and the JV, co-operating to cover the whole patch, and provide pathology for West Yorkshire, ideally using a new, common (shared procurement ) LIMS system. CEOs of BTHFT & AFT will meet NHSi lead official on 6 August	31/10/2018	
<b>Principal risk 8: Failure to maintain a safe environment for staff, patients and visitors</b>												
3142	07/02/2017	Shannon, Sandra	Risk Assessment	Health and Safety	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	15/10/2018			None at present.	14/8/18. Project group has been established to progress the off site storage solution and a suitable company identified. The company will now provide options on locations for off site storage. In the meantime no further case notes are being added and on-going culling of records as they pass the retain by date continues. Additional racking has been provided to make the area less crowded and Staff movement into the building is minimised.	31/10/2018	
<b>Principal risk 9: Failure to meet regulatory expectations and comply with laws, regulations and standards</b>												
2841	24/03/2016	Claridge, Tanya	Legal requirement	Health and Safety	There is a risk that the Trust is failing in its statutory duty of care in relation to management of healthcare waste due to poor waste segregation practice and could face prosecution for breach of H&S legislation.	10/09/2018			All clinical waste in high risk areas consigned as 'yellow' waste Re-training of waste staff on correct consignment of waste Changes to waste disposal rooms at maternity and ENT to allow better segregation	14/8/2018 Planned mitigation target date exceeded-request for team to formally re-assess risk by review date of 10/9/2018 Most recent internal audit has shown some improvements, but still significant actions to undertake for the Trust	30/04/2018	

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee	Description	Next review date	Initial risk level	Residual Risk level	Existing control measures	Current mitigation	Target date	Current Risk Level
3068	15/03/2017	Claridge, Tanya	Legal requirement	Health and Safety	There is a financial, reputation and safety risk as the Trust is non-complaint with the Carriage of Dangerous Goods Regulations 2009.	30/09/2018			<p>All relevant departments within the Trust have been made aware of the serious breaches identified above.</p> <p>Corporate health and safety committee have been made aware of the November 2016 report and a task and finish group is to be set up.</p>	<p>14/8/2018 TARGET DATE FOR MITIGATION EXCEEDED</p> <p>The consequence score (major) means that the current risk score is hard to reduce without significant assurance as to the effectiveness of the actions taken. this is not available. The action plan continues and a number of key crucial actions have been completed. A full re-assessment of risk based on current controls in place is undertaken-to be completed by 30/9/2018</p>	31/07/2018	