

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	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. Discussed at IGRC 15.1.18 agreed to be added to CRR.	13/11/2018	15	4	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.	An experienced Directorate Manager has been seconded to provide focused support for improvement. Daily huddles taking place to review all long waiting patients. Additional urology surgical activity is being undertaken to clear backlog.	31/10/2018	16
3222	14/03/2018	Gill, Bryan	External Bodies	Quality	Deterioration in National Sentinal Stroke Audit Programme (SSNAP) performance [from D to E] leading to a risk that Stroke patients are receiving sub-optimal care thereby effecting their outcome.	30/11/2018	15	6	Following a series of detailed discussions the following actions were agreed and implemented. 1]A weekly Stroke Service Improvement Group convened, chaired by the Medical Director. 2]A detailed action plan produced for both immediate and long term improvements.	Work continuing on improvements, latest SSNAP data Apr-June 2018- Overall score of a C. Visit on the 20.09.2018 by the Clinical Director and Business Manager at ELHT to share practice and review their improvement work over the last couple of years.	31/03/2019	12
3134	17/08/2017	Dawber, Karen	Risk Assessment	Quality	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	31/01/2019	15	6	Sharps Injury group meeting. Campaign in place across the Trust. Discussed at Health & Safety Committee	Each ward has now got their own designated disposal areas for sharps containers, this has improved compliance against the number of containers being removed when not suitably signed and sealed.	31/01/2019	12
3188	19/12/2017	Dawber, Karen	Infection Control	Quality	There is a risk that post implementation of EPR staff are not complying with the necessary recording of high impact interventions (HII), risk assessments and individualised care plans in the EPR.	31/12/2018	15	6	Infection control audits are in place. However, there are some issues with this see previous risk.  Ward sisters use care compass to navigate what is outstanding however, potentially if a care plan has not been requested this may not always be visible.  There is an inconsistency in how care plans are requested and generated - this needs further embedding as we continue to implement the EPR	To commence a weekly bulletin to all ward/department nursing staff on measures to improve the use of EPR, which will focus on key areas such as completion of care plans via Care Compass. EPR team members will walk the wards, and a steering group will be established to oversee the work, and will engage with clinically based staff to find the most effective mechanisms for improving practice.	31/12/2018	12

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
3262	10/07/2018	Shannon, Sandra	Escalated from Integrated Risk Register Review Meeting	Quality	There is a risk that the Trust could suffer reputational damage which could impact on patients and staff choosing to come and be treated or to work at BTHFT. This is due to a number of concerns raised by CQC regarding basic care standards, a CQC rating of requires improvement and 2 subsequent never events.	11/12/2018	16	4	A detailed improvement plan has been put in place supported by a robust governance structure. Regular assurance audits are taking place. A "be the best" multidisciplinary steering group has been set up to drive forward improvement against CQC standards, aiming for outstanding rating.	Good progress being made in the Be the Best improvement group. 5 work streams agreed and weekly meetings taking place. good engagement and progress with actions.	01/11/2018	12
3169	13/12/2017	Gill, Bryan	Business Continuity	Quality	There are a growing number of medicinal products, sourced on contracts, showing as out of stock with suppliers.	31/12/2018	12	12	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.	Director of Pharmacy & Emergency Planning Manager met to review any further suggestions for mitigation - no other options available at present. The more serious shortages are currently being managed under ministerial supervision at NHS England. Latest shortage to be reported is Epipen. Continue to work with regional and national colleagues to ensure robust contracts are put in place for medication suppliers.	29/03/2019	15
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	12	8	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.	The programme of sample validation of all pathways has commenced and learning points identified. Additional training needs have been identified and this will be included in the planned care recovery programme. Actions for improvement are monitored through the planned care programme board. A data quality improvement programme is in place.	31/10/2018	12
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.	28/09/2018	20	12	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	12

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
2146	24/09/2013	Gill, Bryan	Corporate Objective	Quality	Risk of adequate procedures relating to safer surgery not being in place within a service leading to patient harm	31/12/2018	15	6	SEPT 15: There is a planned re-launch of the Safer Procedure workstream 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. Datix risk No 2147 closed Sept 15 and merged with this risk.	Sept 2018: There has now been successful learning sessions for the Safer procedures collaborative with good engagement from the teams involved. Targeted improvements within maternity services continue.	29/03/2019	12
<b>Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce</b>												
2968	21/07/2016	Shannon, Sandra	Trust Wide Risk	Quality, Workforce	there is a 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.	11/12/2018	12	6	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 rota's.	9.10.18 ID consultants continuing to support microbiology. Additional ID locum posts being recruited to, to enable substantive ID consultants to support the microbiology service with on call and clinical advice.	31/10/2018	12
<b>Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 9. Failure to meet regulatory expectations and comply with laws, regulations and standards</b>												
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	12	6	<p>1. Medical devices;</p> <p>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;</p> <p>All medium and high risk areas for manual handling should have at least 1 key trainer (local induction training, work based competency assessments and refresher training). It has been identified that there is a significant reduction in the number of valid key trainers which is a contributing factor to the low compliance rate for mandatory manual handling training</p>	<p>1. Medical Devices</p> <ul style="list-style-type: none"> <li>A Task and Finish Group has been established to report back to EMT.</li> </ul> <p>2. Manual Handling</p> <ul style="list-style-type: none"> <li>Demonstrate a significant Improvement in the manual handling training figures within the Trust.</li> <li>Improve the manual handling training</li> </ul>	31/12/2021	12

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	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, 4. Failure to maintain financial stability</b>												
3260	25/06/2018	Holden, John	Escalated from Governance Committee	Finance and Performance, Quality	<p>There are 3 key issues for the trust associated with its clinical, medical and financial interdependency with Airedale Foundation Trust (AFT):</p> <ul style="list-style-type: none"> <li>• A lack of understanding of the full depth and breadth of clinical and medical service interactions and dependencies with AFT.</li> <li>• A lack of understanding regarding the underpinning agreements or arrangements in place for clinical and medical service interactions with AFT.</li> <li>• A lack of understanding about the financial impact of the clinical and medical service interactions the trust has with AFT.</li> </ul>	29/03/2019	12	6	<ul style="list-style-type: none"> <li>• Clinical and medical services have a range 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>	. The planned collaboration programme with Airedale Foundation Trust likely to incorporate all secondary services at both Trusts. In time this should help BTHFT to better understand the clinical, medical and financial interdependencies between the two Trusts. This will take into account the independent review into clinical interdependencies between the two Trusts.	31/10/2018	12
<b>Principal risk: 1. Failure to maintain the quality of patient services, 8. Failure to maintain a safe environment for staff, patients and visitors, 9. Failure to meet regulatory expectations and comply with laws, regulations and standards</b>												
3288	27/09/2018	Shannon, Sandra	Escalated from Integrated Risk Register Review Meeting	Health and Safety	There is a risk that the Trust's management of clinical waste will be non-compliant with health care waste management legislation which will result in harm to patients, staff, reputation and the environment following the cessation of the external clinical waste management solution	13/11/2018	15	15	<ul style="list-style-type: none"> <li>• EPRR responsiveness to changing national picture</li> <li>• Suite of SOPs/method statements with training developed and logistics tested</li> </ul>	A detailed contingency plan has been put in place. Additional waste storage containers have been purchased and on site. Full risk assessments have been completed in relation to the storage of all waste streams. Early labelling of anatomical waste was initiated to enable a seamless transition into storage. Porters have been trained in new collection and storage processes. A new contractor has been commissioned by NHSI, although there is a lack of information in relation to the operation of the emergency contract. Trust wide communications have been sent out to improve waste segregation and minimise use of clinical waste storage. Risk and control log and action plan has been developed and is being managed through a operational management group. A strategic approach to external comms has been developed. Regular sitreps are provided to NHSI to ensure that there is a consistent view of emergent risk across the Trusts affected.	27/09/2018	15

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
<b>Principal risk: 2. Failure to recruit and retain an effective engaged workforce</b>												
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	12	4	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	16
<b>Principal risk: 3. Failure to maintain operational performance</b>												
3150	10/10/2017	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 monitor risk rating and therefore impact on reputation and that the Trust will not receive the financial bonus for achieving the standard.	13/11/2018	16	4	ECS Improvement programme in place reporting to the Bradford Improvement Programme. Trust also involved in action on A&E programme.	9.10.18 improvement plan continues. support offered by ECIST and conference call planned for 11.10.18 to discuss. Urgent care staffing paper being developed.	31/12/2018	12
3282	30/08/2018	Horner, Matthew	Board of Directors Meeting	Board of Directors, Major Projects	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	9	4	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	12
3270	24/07/2018	Shannon, Sandra	Incident Reporting	Finance and Performance, Quality	There is a risk that patient harm could be caused where surgical and Non-Theatre Procedures are not booked because of incorrect mapping on CERNER EPR.	13/11/2018	25	5	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 full review of the unknown queue has been undertaken. All patients waiting have had the order status corrected so that they will now correctly appear on the appropriate waiting queue. All 122 records corrected have been sent to clinicians for clinical harm review. If harm is identified as a result of waiting this will be reported through datix. To prevent further build on unknown queue a SOP is being put in place.	31/08/2018	16

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
3154	23/10/2017	Shannon, Sandra	External Bodies	Finance and Performance, Quality	<p>There is a financial and reputational risk to the Trust following the deferral of JAG accreditation pending the completion of key actions for the Endoscopy unit. Following revisit, all key actions achieved except the Trust is unable to provide waiting time data. The Trust has been unable to provide DMO1 data since implementation of EPR.</p> <p>Validated data has been sent to JAG however the Trust has not demonstrated compliance with agreed waiting times.</p> <p>Risks to the organisation are;</p> <ul style="list-style-type: none"> <li>•Financial, failure to achieve best practice tariff.</li> <li>•Reputational, loss of reputation</li> </ul>	13/11/2018	20	1	<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. (A separate risk assessment is being undertaken to assess the risk to patients from extended waiting times).</li> </ul>	9.10.18 the outstanding waiting list validation and correction has been completed. GE continue to provide support to increase booking and optimise capacity.	30/11/2018	15
<b>Principal risk: 4. 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.	13/11/2018	25	6	<p>EPR SOPs in place and training provided for staff on the correct application of EPR to record activity.</p> <p>DQ improvement project established with senior membership from all appropriate teams. Additional support for DQ improvement is being provided by an external consultancy - currently Cymbio.</p>	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 in progress to ensure all activity is accurately recorded on Cerner.	30/11/2018	12



ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
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	16	6	JUNE 18: 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	AUG 18: All existing mitigations remain in place 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	31/03/2019	16
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	20	10	EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	10 JUL 2018: Bradford Improvement Programme plans are progressing this work as it aligns to the revised transformation plans.	31/08/2018	20
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	16	12	JUNE 18: 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	AUG 18: 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	16

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
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	12	9	JUNE 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.	AUG 2018: The QIA and gateway process as part of the BIP programme continue to ensure the appropriate evaluation is undertaken.	31/03/2019	12
<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	12	6	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.	10 AUG 2018: Data quality action plan continues to be managed and tracked weekly.	29/03/2019	16
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	16	6	JUNE 18: 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	AUG 18: Data quality improvement plan in place to validate capture, count and coding of chargeable commissioner activity. June mitigations remain in place.	31/03/2019	16



ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
<b>Principal risk: 7. Failure to deliver the benefits of strategic partnerships</b>												
3091	24/04/2017	Holden, John	Board of Directors Meeting	Partnerships	<p>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.</p> <p>WYHP: West Yorks &amp; Harrogate Health &amp; Care Partnership WYAAT: West Yorks Assoc of Acute Trusts</p>	29/03/2019	12	8	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.	October 2018. The finalised MoU went to BTHFT's September board for sign off. Feedback from the board was that the System Oversight and Assurance Group should include representatives from each of the six "places", and a compromise solution has been proposed which incorporates this feedback. It is now proposed that the MoU will be formally signed off at the System Leadership Executive Group meeting on 6th November. BTHFT will continue to have influence over the function, interoperability and membership of the groups being set up as a part of the MoU. The Governance of WYAAT is being reviewed this month (October), including chairing arrangements.	31/10/2018	12
<b>Principal risk: 8. Failure to maintain a safe environment for staff, patients and visitors, 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.	01/11/2018	16	6	<p>All clinical waste in high risk areas consigned as 'yellow' waste</p> <p>Re-training of waste staff on correct consignment of waste</p> <p>Changes to waste disposal rooms at maternity and ENT to allow better segregation</p>	12/9/2018 Re-assessment not fully complete due to redevelopment of a related business continuity plan. Significant progress is being made in the use of yellow bags. Due to be completed by 30/9/2018.	30/04/2018	12
<b>Principal risk: 9. Failure to meet regulatory expectations and comply with laws, regulations and standards</b>												
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	12	6	<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>	14/8/2018 TARGET DATE FOR MITIGATION EXCEEDED 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	31/07/2018	12

