

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
Principal risk: 1. Failure to maintain the quality of patient services												
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.	30/01/2019	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.	The performance recovery plan is on track. 2WW capacity has been realigned to the increase in demand. The 62 day backlog has significantly reduced and additional activity is being undertaken to reduce overall waiting times. There have been no incidences of patient harm due to extended waiting time.	31/10/2018	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
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.	28/02/2019	12	8	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.	Risk remains a cause for concern especially in light of a possible no-deal Brexit which could add significantly to the risk of a failure of drug supplies. Mitigations are not fully within the trust gift to resolve but the trust is working as part of the WYAAT pharmacy network to maintain supplies.	29/03/2019	15

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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.	28/02/2019	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 validation programme continues in line with the DQ and RTT improvement plan. 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.	30/01/2019	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.	31/03/2019	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
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	29/03/2019	15	9	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.	Planned comprehensive review of all safer procedures standards (BradSips) to be completed by end of January. Risk score to be reviewed against this assessment. Score increased as a precaution until detail known.	29/03/2019	12
Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce												
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.	28/02/2019	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.	Mitigation continues. 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

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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												
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 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 & 3017.</p>	03/12/2018	12	6	<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; 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 • A Task and Finish Group has been established to report back to EMT by end of April 2018 with recommendations. This report is now anticipated to be presented in June.</p> <p>2. Manual Handling A paper was submitted at executive management Team to restructure the training methodology to a core service (the paper was to have 4 manual handling trainers however agreement was for 2).</p>	31/12/2021	12
Principal risk: 1. Failure to maintain the quality of patient services, 4. Failure to maintain financial stability												
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"> • A lack of understanding of the full depth and breadth of clinical and medical service interactions and dependencies with AFT. • A lack of understanding regarding the underpinning agreements or arrangements in place for clinical and medical service interactions with AFT. • A lack of understanding about the financial impact of the clinical and medical service interactions the trust has with AFT. 	29/03/2019	12	6	<ul style="list-style-type: none"> • 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. • Risk has been discussed at EMT level with awareness of relevant senior staff including DCDs and DCMs. 	The independent review has reported in draft form and it clarifies the key Clinical interdependency areas with AFT. This, along with out internal work on the financials has given us strong mitigation against the key areas outlined in the risk description. Once the final report is published it is highly likely this will allow for the residual risk score to be reduced.	31/12/2018	12

Principal risk: 3. Failure to maintain operational performance												
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">•Financial, failure to achieve best practice tariff.•Reputational, loss of reputation	31/01/2019	20	1	<ul style="list-style-type: none">•The Service has implemented a working group to respond to the key actions- on line to deliver•Got agreed action plan led by COO, to validate and provide working patient tracking list.•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).	Performance recovery is on track. The overall waiting list has reduced significantly and waiting times have improved. The department are now able to meet STT 2 week wait cancer standard. Outsourcing of routine FU patients will also support the WL reduction.	30/11/2018	12
3301	14/11/2018	Shannon, Sandra	Trust wide risk	Finance and Performance	<p>There is a risk that failure to achieve the Emergency Care standard of 95% by end March 2019 will result in regulatory action from NHSI with consequent impact on reputation and that the Trust will not receive the 30% Provider Sustainability Funds associated with delivery of the target</p>	31/01/2019	16	12	<p>ECS Improvement programme in place reporting to the Bradford Improvement Programme.</p> <p>Additional monies provided by WYAS to support winter schemes</p>	<p>The urgent care staffing business case will be presented to EMT on 9/1/19. Following the ECIST review a number of recommendations for improvement were made which will be progressed through the Emergency care Improvement Programme. Workshops have been held with the Emergency Department MDT to agree the streaming model and improve ambulance handover. A new senior leadership team has been appointed to ED.</p>	31/03/2019	20
Principal risk: 4. Failure to maintain financial stability												
3236	14/05/2018	Shannon, Sandra	Cost Improvement Programme/Financial Balance	Finance and Performance	<p>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.</p>	28/02/2019	25	8	<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>	<p>DQ recovery is being supported by an external company MBI. The most common DQ error impacting on income (elective admissions being recorded as non elective) have reduced to 30% of the previous error rate. The DQ improvement plan is monitored through the planned care recovery programme. negotiations are on-going with the CCG regarding the final income expected at year end.</p>	30/1/2019	16

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	28/12/2018	16	6	<p>1. The cash & liquidity position is managed and monitored by the cash committee with updates provided to the Finance & Performance Committee.</p> <p>2. Curtailment of the Capital programme in 2018/19 to limit the cash outlay</p> <p>3. Continued sourcing of cash releasing efficiencies</p> <p>4. Additional measures taken to improve financial control in the immediate and longer term</p> <p>5. Updated reporting arrangements to Finance & Performance Committee on the cash and liquidity, with trajectories and projections signposting risks and generate corrective action</p>	The income and expenditure recovery plan targets delivery of the control total and will address a proportion of the underlying run rate that is contributing to the challenging cash and liquidity position. Additional, immediate measures have been approved to protect the cash position, which include a rationalisation of the capital programme for the remainder of the financial year.	31/03/2019	20
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.	31/03/2019	20	10	EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	Financial benefits realised presented to Major Projects Committee on 12 Dec 2018 showing a positive position against plan to date and a reduced financial consequence. Straight line projection shows work needs to continue to ensure realisation of business case value.	31/03/2019	16
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	<p>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.</p> <p>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)</p> <p>3. Standing Financial Instructions and Scheme of Delegation</p>	The finalisation of an urgent financial recovery plan will address the underlying financial position and target delivery of the 2018/19 control total. A strengthening of the overarching governance arrangements covering both financial and performance recovery will focus on both the immediate turnaround and the subsequent stabilisation and sustainability.	31/03/2019	20
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.	31/01/2019	12	9	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.	To further strengthen the assurance process an additional review of initiatives that fall below the threshold for signoff will be undertaken. The quality committee will also receive a report (twice a year) on the process.	31/03/2019	12

Principal risk: 6. Failure to achieve sustainable contracts with commissioners												
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.	Work continues to bring position to conclusion.	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.	28/12/2018	16	6	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 continues to be implemented. Specialty deep dives completed to identify and develop corrective action plans. Consolidation of corrections (both actual and planned) now included in commissioner contract statements. Detailed discussions and negotiations have commenced to address and agree month 6 position with a view to assessing the year end forecast.	31/03/2019	16
Principal risk: 7. Failure to deliver the benefits of strategic partnerships												
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 & Harrogate Health & 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.	The WY&H Health and Care Partnership MoU has been approved by all partners. Informal meetings between the executive directors and the the Head of Policy and Policy Manager are now taking place to ensure that the latest views of the executive directors are incorporated into briefings for the WYAAT and WY&H meetings. The Trust has recently learnt that the capital bid to fund the hybrid theatre, which was prioritised by the STP, has not been successful.	04/01/2019	12

Principal risk: 9. Failure to meet regulatory expectations and comply with laws, regulations and standards												
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	All relevant departments within the Trust have been made aware of the serious breaches identified above. 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.	The role of the task and finish group was revised and areas of duplication were identified across subject matter expert groups. therefore the action plan is being divided out across all the related governance and will be monitored by the non-clinical risk management team and supported by the Transport of dangerous goods advisor. a repeat risk assessment will be completed by the end of November 2018.	31/07/2018	12