Board of Directors: 7.3.19
Agenda item: Bo.3.19.7

ID	Date of entry	Risk Lead	Source of risk	Assuring Comm(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.	05/03/2019	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.	5/2/19 Significant improvement in 2WW performance but the 62 day RTT remains a challenge for urology. A locum is in place to support the early diagnosis pathway and a new consultant will commence at the end of February. This will enable additional robotic sessions to be provided.	31/03/2019	12
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. This has arisen as staff are not following the correct processes within EPR when recording the next steps in a patient pathway which means that patients may not have the appropriate outcome and follow up. The patients appear on the Non RTT process failure list.	05/03/2019	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.	5/2/19 Work continues to review and reprioritise activities within this pathway cohort, using learning from the validation outputs. Due to the continued level of new additions, overall clearance remains low. Therefore the risk level remains until staff are retrained across all specialties.	30/01/2019	8
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 impair the clinical and business operations of the Trust.	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.	10 JUL 2018: On-going cyber plans are progressing. BTHFT has signed up to an NHS Digital scheme of external readiness review.	31/03/2019	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. The knock on effect of this is:- 1. Potential delays to treatment whilst alternative stock is sourced, which could result in patient harm. 2. Potential unavailability of some lines which can only be sourced from one supplier or where companies all source the raw ingredient from one supplier. 3. Medicines shortages of alternative lines as Trust's all look to source from the remaining suppliers. 4. Increased procurement costs due to buying off contract 5. Increased human resource time in searching out new contracts, order chasing, and processing of multiple smaller orders.	29/03/2019	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.	January 2019: 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	10
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	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.	February 2019: Update paper to IGRC to close this risk once risk assessment completed new risk to be developed focussing on interventional procedures outside the theatre environment. Significant work on-going to develop comprehensive SOP's for said procedures [including improvement collaborative]	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, since the retirement of two consultants in 2015 and 2016.	05/03/2019	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.	5/2/19 There have been a number of resignations form Infectious diseases consultants which will mean there is no mitigation in place to support the shortfall of microbiologists. A meeting has been arranged I February 19 to review all options for service provision.	31/10/2018	16
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	Dawber, Karen	Escalated from Governance Committee	Health and Safety, Workforce	There is a risk of injury to patients, staff and others as a result of: 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 This risk is the amalgamation of risk 1739 & 3017.	31/05/2018	12	6	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. 2. Manual handling techniques; The Trust is currently 54% compliant with all areas of practical manual handling training including new clinical staff and update sessions. 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). I t 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 handing training The ergonomics department provides expert advice and complex assessments for the	5/2/2019 1. Medical devices arrangements to support the governance of medical device training are in the early discussion phase. the management of vacancies and team capacity has been a key factor in the delays associated with this mitigation. reactive remediation is put in place where issues arise to ensure the safety of staff and patients, but this is not ideal or sustainable. this is the area driving the risk level for this risk. 2. Manual handling The team is being established and mandatory moving and handling training rates are significantly improved and the improvement is being sustained.	31/12/2021	6
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	There is a risk that there is: •A lack of understanding of the full depth and breadth of clinical and medical service interactions and dependencies with Airedale Foundation Trust (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. These 3 issues result in the following areas of risk: •Risk that without full understanding of the depth and breadth of clinical and medical interaction, BTHFT capacity and resources are not used efficiently •When in collaboration discussions with AFT, risk that BTHFT does not have full understanding of its leverage regarding the clinical and medical support it provides •Possibility there are clinical/medical governance arrangements and agreements in place that are not fit for purpose, leading to potential clinical risk •Risk the trust is not receiving the correct reimbursement for the services it provides to AFT and is under-imbursed, or that it is being over-imbursed and could lose income if full understanding of financial flows is established. •When in collaboration discussions with AFT, risk	29/03/2019	12	6	•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.	12/12/2018. The independent review of the key Clinical interdependencies with AFT has reported, giving the trust clearer insight of the full depth and breadth of clinical and medical service interactions and dependencies with Airedale Foundation Trust	29/03/2019	12
Principal risk: 2. Failure to recruit and retain an effective engaged workforce, 7. Failure to deliver the benefits of strategic partnerships											
3349	04/02/2019	Horner, Matthew	Board of Directors Meeting	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.	29/03/2019	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.	31/07/2019	12
Principal risk: 3. Failure to maintain operational performance											

3154	23/10/2017	Shannon, Sandra	External Bodies	Finance and Performance, Quality	There is a financial and reputational risk to the Trust following the deferral of Joint Advisory Group on Gastrointestinal Endoscopy (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. Validated data has been sent to JAG however the Trust has not demonstrated compliance with agreed waiting times. Risks to the organisation are; •Financial, failure to achieve best practice tariff. •Reputational, loss of reputation	05/03/2019	20	1	•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).	5/2/19 PTL now in place for endoscopy and staff are able to book directly into Cerner rather than having to book into Unisoft and Cerner. There has been a full waiting list validation and long waiting patients are being outsourced to the private sector.	30/11/2018	12
3301	14/11/2018	Shannon, Sandra	Trust Wide Risk	Finance and Performance	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.	05/03/2019	16	12	ECS Improvement programme in place reporting to the Bradford Improvement Programme. Additional monies provided by WYAS to support winter schemes	6/2/19 The Emergency Care Improvement programme continues. A successful work as one system week was undertaken in January 19. A programme of intensive support has been agreed with ECIST over February and March 19.	31/03/2019	20
Principal risk: 4. Failure to maintain financial stability												

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	29/03/2019	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	JAN 19: (14.1.19)The Financial Recovery Plan encompasses plans to protect the cash position of the Trust (ie £5m cost out measures) and includes measures to safely reduce the Capital Programme in 2018/19 and additional measures to maximise the cash position in year, including the conclusion of negotiations associated with key contracts.	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	8	EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	31 DEC 2018: 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.	29/03/2019	16	12	NOV 18: 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	JAN 19:(14.1.19) Delivery of the approved Financial Recovery Plan and implementation of the £5m cost out measures before 31.3.19. Performance management and oversight of delivery through the CEO led Finance & Performance Oversight Committee	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.	29/03/2019	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.	JAN 2019: (14.1.19) Delivery of the Financial Recovery Plan will be performance managed through the Finance and Performance Oversight Committee, which will include oversight of any applicable QIA	31/03/2019	12
Principal risk: 6. Failure to achieve sustainable contracts with commissioners												
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.	29/03/2019	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	JAN 19: (14.1.19) Conclusion of 18/19 contract negotiations with host commissioner to finalise and agree a forecast income position (in light of the data quality challenges) and to subsequently focus of baseline position of 2019/20.	31/03/2019	12
Principal risk: 7. Failure to deliver the benefits of strategic partnerships												

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	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.	17/1/19 A specific piece of work has been initiated to review the dependencies with CHFT and identify any particular risks which may arise due to unforeseen changes in current arrangements - initial work to conclude by end-January	04/01/2019	12
Principal risk: 9. Failure to meet regulatory expectations and comply with laws, regulations and standards												
3068	15/03/2017	Shannon, Sandra	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.	15/03/2019	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.	05/02/2019 The annual DGSA report has been provided to the Trust (attached in documents). A revised risk assessment will be undertaken in light of the results and will be presented to the Health and Safety Committee in March. at which point this risk will be updated.	31/07/2018	12