

Strategic Risk Register: BAF Principal Risk Summary
April 2019

		Proposed Overall Risk Rating					Risk Appetite
	Principal Risk	Initial	Residual	Target	Current	Direction	Current
1	Failure to maintain the quality of patient services	16	8	4	12	↔	Minimal
2	Failure to recruit and retain an effective and engaged workforce	15	6	4	12	↔	Cautious/open
3	Failure to maintain operational performance	20	6	6	16	↔	Cautious
4	Failure to maintain financial sustainability	16	10	10	16	↔	Cautious
5	Failure to deliver the required transformation of services	12	8	8	8	↔	Open
6	Failure to achieve sustainable contracts with commissioners	12	6	6	12	↓	Cautious
7	Failure to deliver the benefits of strategic partnerships	12	9	9	12	↔	Seek
8	Failure to maintain a safe environment for staff patients and visitors	12	8	6	8	↔	cautious
9	Failure to meet regulatory expectations and comply with laws, regulations and standards	12	6	4	12	↔	minimal
10	Failure to demonstrate that the organisation is continually learning and improving the quality of care to our patients	12	8	6	8	new	open

Strategic Risk Register: Risks by principal risk April 2019

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	Included on Movement Log
Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce													
3370	13/03/2019	Gill, Bryan	National Guidance	Quality	There is a risk of patient harm due to non-compliance with the Safety Standards for Invasive Procedures in a non-theatre environment.	28/06/2019	High 12	Moderate 4	Compliance with National Safety Standards for invasive procedures [NatSSIPs] Implementation of local Safer Procedures Policy [BradSSIPs] Development of speciality checklists and SOP's Raising awareness of risks and impact through a Quality Improvement collaborative.	March 2019- The safer procedures development group has been established as a sub group of the Patient Safety Sub- Committee [January 2019], its purpose is to review every invasive procedure across all clinical settings against NatSSIPs standards. LocSSIPs will be developed with a checklist that reflects the relevant standards of NatSSIPs specific to that specific procedure across the whole trust.	31/03/2020	High 12	
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.	31/05/2019	Extreme 15	Moderate 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.	29/3/19 The Trust reported compliance with 2WW in February 2019 and is predicted to be compliant in March 19. The only specialty of concern is Breast due to a 30% increase in 2ww referrals. ^2 day backlog has reduced from 160 to 33 this month and the Trust is on track to be compliant with 62 days from April 2019.	31/03/2019	High 12	
3013	07/12/2016	Fedell, Cindy (Inactive User)	Business Continuity	Quality	There is a risk that cyber security attacks to healthcare organisations could increase. 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.	30/04/2019	Extreme 20	High 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.	11 Mar 2019: Risk score not changed, but updated due to legacy systems, action plan, risk assessment attached.	31/05/2019	High 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	High 12	Moderate 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 from 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	Extreme 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	<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 & 3017.</p>	13/05/2019	High 12	Moderate 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>The ergonomics department provides expert advice and complex assessments for the Foundation Trust. However, this is currently undertaken by 1.53 WTE who are also required to facilitate the management of ergonomics, manual handling and training within the organisation.</p>	<p>09/04/2019</p> <p>Little progress made in relation to the medical device training. moving and handling training demonstrating compliance with targets, performance being sustained.</p> <p>it is recommended that this risk is closed and a new risk associated with medical device training in light of the NAMDET/CQC publication undertaken and mitigation managed with a task and finish group</p>	31/12/2021	High 12	
Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance, 2. Failure to recruit and retain an effective engaged workforce, 4. Failure to maintain financial stability, 5. Failure to deliver the required transformation of services, 6. Failure to achieve sustainable contracts with commissioners, 7. Failure to deliver the benefits of strategic partnerships													
3374	28/03/2019	Gill, Bryan	National Guidance	Finance and Performance, Quality	There is a risk that the service will be unable to fully meet the national specification as a haemoglobinopathy centre thereby patients receiving suboptimal care.	30/04/2019	High 12	High 9	<p>Full clinical review undertaken of all patients receiving care from the service</p> <p>External clinical review of the care provided to two patients as a result of the declaration of a serious incident</p> <p>Executive led quality summit process initiated</p> <p>Service level improvement plan developed</p> <p>Clinical specialist expertise and advice secured for more complex patients</p> <p>clinical nurse specialist roles recruited to</p> <p>Engagement with NHS England led Rapid Response review process</p>	28/3/2019 Suite of documentation prepared for rapid response review, and service development plan agreed to mitigate gaps in service provision and range of actions in place to ensure no risk to the clinical safety of patients agreed by Chief Medical Officer, particularly to ensure sustainable clinical leadership of the service. The Trust is currently not able to mitigate the risk below the residual level in relation to its compliance with specialist service standards.	27/09/2019	High 12	

Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance, 4. Failure to maintain financial stability, 9. Failure to meet regulatory expectations and comply with laws, regulations and standards

3359	24/02/2019	Holden, John	Risk Assessment	Finance and Performance, Quality, Workforce	There is a risk that unforeseen implications related to a 'no deal' exit from the EU will have an impact on services provided by the Trust	12/04/2019	High 12	High 12	<p>1)Mitigation in place across all domains identified by NHS E through EPRR channels</p> <p>2)SME group in place to horizon scan and respond to latent/actual risk pre and post exit</p> <p>3)Strong links by SME to regional and national bodies where emergent risks may be identified</p> <p>4)Suite of risk assessments related to the core areas of risk completed</p> <p>5)BCPs being reviewed or developed with Subject matter Experts-many BCPs already reference potential supply issues and are being refreshed</p> <p>6)Board level oversight</p> <p>7)Executive SRO</p> <p>8)Direct links to NHS I and NHSE for each core risk area</p> <p>9)Information sharing between SMEs</p> <p>10)Response group membership identified and TORs drafted, with a focus on horizon scanning for new risks which were previously unforeseen</p>	<p>02/04/2019</p> <p>All mitigation as planned in place. no further escalations from EPRR system. weekly and daily national sitreps being completed. no oscillations in supply identified.</p> <p>29/03/2019</p> <p>EU Exit delayed. target date changed to reflect next planned date (12.4.2019)</p>	12/04/2019	High 12	
------	------------	--------------	-----------------	---	--	------------	---------	---------	---	---	------------	---------	--

Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance, 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

3357	22/02/2019	Dawber, Karen	Infection Control	Quality	There is an infection prevention and control risk because ventilation design and maintenance in several specific locations in the Trust are not compliant with regulatory requirements	14/05/2019	High 12	High 12	<p>8.4.2019 A trust wide IPCC report has been compiled and received by EMT, outlining a number of areas of challenges and concerns in respect of ventilation systems and adherence to HTM guidance. a task and Finish Group has been established to develop options to address the concerns, including individual risk assessments of each area of concern. further recommendations will be made to IGRC in relation to the mitigation at a local level at the May meeting.</p>	<p>22/2/2019 At present the risk is controlled within the limits of the residual risk score</p>	30/04/2019	High 12	
------	------------	---------------	-------------------	---------	--	------------	---------	---------	---	---	------------	---------	--

Principal risk: 1. Failure to maintain the quality of patient services, 4. Failure to maintain financial stability

[illegible]

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	30/04/2019	Extreme 16	Moderate 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	APR 19: The year end cash position, as a result of the measures taken, is £21m. The figure is below the planned value of £28.4m as a result of the non recurrent (non cash measures) taken to support the Income & Expenditure position. The safe curtailment of the capital programme to protect the cash position has partially offset the impact of the non recurrent measures.	31/03/2019	High 12	
2893	19/06/2016	Fedell, Cindy (Inactive User)	Trust Wide Risk	Finance and Performance	There is a risk that there will be an inability to achieve the expected benefits realisation from EPR implementation affecting the organisation's financial position.	28/06/2019	Extreme 20	High 8	EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	09 APRIL 2019: Work continuing against projection to ensure benefits realisation. Mitigation date revised to reflect continued work and current risk score reduced.	28/06/2019	High 12	
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	Extreme 16	High 12	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	Extreme 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	High 12	High 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	High 12	

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>	28/06/2019	High 12	High 8	<p>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.</p>	<p>29/04/2019</p> <p>The strategy and integration team at BTHFT are progressing a revised bid for the hybrid theatre. Engagement with CHFT has been a bit of a challenge. It is planned to go through the WYAAT approval process over the summer. Alternative options will be researched in case central capital funding for the theatre is not forthcoming.</p>	28/06/2019	High 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	<p>There is a financial, reputation and safety risk as the Trust is non-complaint with the Carriage of Dangerous Goods Regulations 2009.</p>	15/03/2019	High 12	Moderate 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>	<p>05/02/2019</p> <p>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.</p>	31/07/2018	High 12	