

Open Strategic Risks with a current rating of >=12 (Group by Principal Risk)

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.	15/07/2019	Extreme	Moderate	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.	22/5/19 Cancer improvement plan continues. The Trust is predicted to be compliant with 62 days in April 19. 62 day backlog has reduced to 16. 2WW is compliant for all specialties except breast and LGI and is on track to achieve the agreed trajectory	31/03/2019	High
3222	14/03/2018	Gill, Bryan	External Bodies	Quality	Deterioration in National Sentinel 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.	31/07/2019	Extreme	Moderate	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.	May 2019: Recent staffing challenges in stroke service at BRI has resulted in closure of 8 beds and reduction in the Stroke responder service. This is predicted to impact on the SSNAP outcome which may fall from a level B to C. Decided to continue to keep stroke risk on the SRR. risk rating adjusted in light of new staffing issues impacting on SSNAP achievements.	30/09/2019	High
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.	15/07/2019	High	High	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.	22/05/19 The mitigation plan continues. A weekly process in place to review non RTT process failures and a report is now produced that is reviewed in the weekly planned care delivery group.	30/01/2019	High

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	Moderate	<p>Compliance with National Safety Standards for invasive procedures [NatSSIPs]</p> <p>Implementation of local Safer Procedures Policy [BradSSIPs]</p> <p>Development of speciality checklists and SOP's</p> <p>Raising awareness of risks and impact through a Quality Improvement collaborative.</p>	<p>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.</p> <p>The group will ensure the Trust are performing invasive procedures in line with NatSSIP standards plus the implementation of local Safer Procedures Policy [BradSSIPs]. A Quality Improvement collaborative has been established to drive implementation and raise awareness of risks and impact.</p>	31/03/2020	High
3013	07/12/2016	Fedell, Cindy	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.	28/06/2019	Extreme	High	<p>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.</p>	<p>14 MAY 2019 : Risk reviewed. Planned actions underway.</p>	30/08/2019	High
3380	10/04/2019	Dawber, Karen	Incident Reporting	Quality	There is a risk that patients with a mental health diagnosis may not be treated appropriately due to a lack in staff knowledge/awareness and provision of expert clinical advice (mental health)	30/06/2019	High	High	<p>Liaison psychiatry service for patients who have self-harmed</p> <p>SLA relating to Mental Health Act provisions, which does include scrutiny of section paperwork and provision of training for staff</p> <p>Named nurse for safeguarding adults is a registered mental health nurse and provides advice to wards about available support services</p> <p>BTHFT Pharmacy Services are provided for BDCFT via an SLA</p> <p>Enhanced care guidance in place</p> <p>Awareness raising sessions (including posters, screensavers)</p> <p>Treat as One Audits to identify gaps</p> <p>Policies and procedures in place</p>	<p>April 2019: Audit to be undertaken to identify the extent to which staff are recognising mental health disorders as part of the initial assessment/ clerking. Need to review the current SLA with BDCFT to take account of the requirements identified in the NCEPOD guidance. Training needs analysis to be undertaken Event to be held in May 19 re mental health Seconding a member of staff to the Adult Safeguarding team to provide additional support</p>	30/09/2019	High

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.	31/07/2019	High	Moderate	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 1 February 19 to review all options for service provision.	31/10/2018	Extreme
<b>Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 3. Failure to maintain operational performance</b>												
3369	11/03/2019	Shannon, Sandra	Risk Assessment	Quality, Workforce	<p>There is a risk that following the resignation of four Consultants within the Infectious Disease services together with 2 current vacancies within the Microbiology Service that from wc 13-05 2019 that the service cannot function in its current form. This will impact on the following areas Consultant Medical cover to ward 7 and outlying wards, outpatient clinics, HIV, OPHAT and the backfill to Microbiology, including the AMU on call and weekend rota.</p> <p>There are currently 6 WTE funded substantive consultant posts between HIV/ ID and Microbiology, and additional 0.5 WTE Funded post from ACU. There are 2.0 WTE current vacancies within Microbiology.</p> <p>Four consultants are due to leave the service between April and May 2019 and this is outlined below:</p> <ul style="list-style-type: none"> <li>Two consultants linking to HIV/ID/ACU and support to microbiology Leave the service 17/04/19 &amp; 22/04/19</li> <li>One consultant linking to HIV/ID/ACU and support microbiology Retires 30.05.19 and returns to the service just 2 days a week as of</li> </ul>	15/07/2019	Extreme	Moderate	<p>Meeting planned 14.02.19 to discuss microbiology service arrangements BG/SS/PM/BW/SH attending. Email sent to CPBS Booking team to notify them of the current situation. Replacement Business Case completed for: Dr Robinson – Approved submitted for advertisement NHS Jobs – requested for advert to go out to BMJ – costings for this request be arranged Recruitment approval submitted to the finance team for 3 consultants. Retire and Return for Dr McWhinney to be agreed. Locum recruitment has been submitted. Locum for ID/Microbiology secured for 3 months commencing May 2019 Dave Allison. Dr McWhinney to have a conversation with potential Reg delivering clinics for the TB service under the supervision of Dr Hall Respiratory.</p> <p>Clinics / Outpatient Activity: ID Outpatient weekly capacity - 5 new &amp; 14 F/u's. TB weekly capacity- 2 New &amp; 4 F/u's - with the appointment of a Respiratory Consultant,</p>	14/5/19 A detailed action plan has been agreed and is being progressed. Communications have been sent out internally and to commissioners/ GPs to inform of the new arrangements in place.	31/05/2019	Extreme
<b>Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 3. Failure to maintain operational performance, 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</b>												
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.	02/09/2019	High	High	<p>Full clinical review undertaken of all patients receiving care from the service External clinical review of the care provided to two patients as a result of the declaration of a serious incident Executive led quality summit process initiated Service level improvement plan developed Clinical specialist expertise and advice secured for more complex patients clinical nurse specialist roles recruited to Engagement with NHS England led Rapid Response review process</p>	<p>July 2019: Specialised commissioners have determined that we cannot be designated as a specialist centre for Haemoglobinopathy. Letter from Dr David Black 9MD for Spec Com) have asked LTHT to work with us to determine the network arrangements that need to be in place to maintain a local (Bradford service). Discussions due to start shortly. Further response to Peer review required to be submitted by 11th July. Improvements already made and review of progress with the Team planned for 10th July.</p>	27/09/2019	High

Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 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												
3378	05/04/2019	Dawber, Karen	Legal requirement	Health and Safety, Quality, Workforce	There is a risk that due to the lack of appropriate training, situations involving violent and aggressive patients requiring the de-escalation or ultimately restraint will not be managed effectively or safely resulting in harm to patients and/or staff	19/06/2019	Extreme	High	<ul style="list-style-type: none"> <li>All security staff receive 4 day certified physical intervention training and ongoing annual refresher.</li> <li>At policy development Physical intervention training was developed, however no funding has been identified to deliver</li> <li>Police can be utilised to assist with a physical intervention (risk to life).</li> <li>Due to a lack of nominated Physical Intervention Coordinators, a member of the clinical team should lead the physical intervention due to their knowledge of the patient. (see NPSA alert action)</li> <li>Enhance care collaborative work lead by Assistant Chief Nurse (Quality and workforce) focusing on 1:1 care which will incorporate the management of clinically related challenging behaviour and training</li> <li>Conflict resolution training received has been reviewed against standards and is now compliant, this does not address existing staff</li> </ul>	10/5/2019 Rapid response alert in relation to monitoring vital signs issued. task and finish group have met twice, actions to be completed by July 2019.	31/08/2019	Extreme
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 &amp; 3017.</p>	18/07/2019	High	Moderate	<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 Trust is currently 54% compliant with all areas of practical manual handling training including new clinical staff and update sessions.</p>	15/5/2019 task and finish group meeting-clear action plan developed to mitigate risk requiring minimal resource. will ensure compliance with NAMDET standards. due for delivery by 30/9/2019	31/12/2021	High
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 a risk that we are not fully compliant with revised regulatory requirements for ventilation within theatres leading to an increased risk of infection.	30/06/2019	High	High	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.  Planned validation and inspections of all departments which fall under the remit of HTM 03 All reports from validation & inspection noted through Ventilation Steering Group and Trust IPCC. Microbiology air sampling undertaken for any aseptic areas with failed ventilation (i.e. theatres, interventional radiology etc.) Any failed reports escalated by Estates to Divisional Leads to allow local risk assessment and risk mitigation actions Estates department planned testing, validation and maintenance programme Estates department to develop business case	22/2/2019 At present the risk is controlled within the limits of the residual risk score. the risk will only be fully mitigated once capital plans have been developed and implemented	31/03/2020	High
<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 there is: <ul style="list-style-type: none"> <li>• Lack of understanding of the full depth and breadth of clinical and medical service interactions and dependencies with Airedale Foundation Trust (AFT);</li> <li>• Lack of understanding regarding the underpinning agreements or arrangements in place for clinical and medical service interactions with AFT.</li> <li>• Lack of understanding about the financial impact of the clinical and medical service interactions the trust has with AFT.</li> </ul>	27/09/2019	High	Moderate	<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>	27/06/2019  Workshops and meetings continue to be held in the initial specialties that are being considered through the programme. This is helping both Trusts to fully understand the interactions between them. A common understanding of the position in WY&H in some specialties is available through the service profiles completed by WYAAT. This will help to aid the discussions.	27/09/2019	High
<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	15/07/2019	Extreme	High	<ul style="list-style-type: none"> <li>• PRR responsiveness to changing national picture</li> <li>• Moving &amp; handling and Infection Prevention and Control core training for all staff involved in waste managed</li> <li>• Suite of SOPs/method statements with training developed and logistics tested</li> <li>• Front opening 770 waste carts used for ease of removing bags following M&amp;H assessment</li> <li>• Personal Protective Equipment provided and mandated for all staff involved in required changes in practice</li> <li>• All storage locations risk assessed and mitigation identified. Control measures can be in place within an hour</li> <li>• Internal communication strategy agreed and can be implemented immediately</li> <li>• Policies including waste, H&amp;S, IPC, Moving &amp; Handling, contamination policies published for all staff</li> <li>• Immunisation status of all individuals required to handle clinical waste to support storage verified</li> <li>• Enhanced pest control measures in place where storage containers are located</li> <li>• Waste ( Anatomical Waste, Cytotoxic Waste, Medicinal/Pharmaceutical Waste, Sharps and</li> </ul>	14/5/19 Mitigation plan continues as detailed below. No further update on national plan.	27/09/2018	High	
<b>Principal risk: 2. Failure to recruit and retain an effective engaged workforce, 3. Failure to maintain operational performance</b>													
3350	04/02/2019	Horner, Matthew	Board of Directors Meeting	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.	31/07/2019	High	Moderate	<p>"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.</p> <p>The development of a resilience/business continuity plan in the event of planned industrial action"</p>	<p>"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.</p> <p>The development of a resilience/business continuity plan in the event of planned industrial action"</p> <p>APR 19 - Interim Directors appointed into Managing Director and Finance Director roles to lead on implementation plan</p> <p>APR 19 - Further round of staff briefing sessions delivered by interim chief executive to update on progress following NHS Improvement pause.</p> <p>MAY 19: Individual team briefing sessions ongoing with senior management team in E&amp;F</p>	01/10/2019	Extreme	
<b>Principal risk: 2. Failure to recruit and retain an effective engaged workforce, 7. Failure to deliver the benefits of strategic partnerships</b>													

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.	31/07/2019	High	Moderate	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. APR 19 - Business case has secured endorsement from NHS Improvement. Re-commencement of project groups including approach to Trades Unions to re-engage in implementation phase MAY 19: Regular newsletter distributed to all staff providing progress updates and information on key issues relating to implementation and specific staffing issues. Regular engagement with key stakeholders (media and members of parliament) to update on progress.	31/07/2019	High
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**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 Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation pending the completion of key actions for the Endoscopy unit.</p> <p>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>	12/08/2019	Extreme	Low	<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>	<p>4/6/19 Resubmission to JAG is planned for October. Although waiting times have improved there are still significant capacity pressures caused by 1. Increase in 2WW referrals, 2. Reduced clinical capacity due to consultant sickness. Both of these are impacting on cancer 2ww performance as the current priority is to clear the backlog of surveillance patients passed their planned see by date as well as recover 2ww performance.</p> <p>There is a very clear admin and clinical pathway in for vetting and clinically triaging the surveillance patients. A workable PTL is now available which makes it much easier to view and manage each waiting list. However, there are still some data quality errors which are being investigated by Informatics.</p> <p>The plan to implement STT colonoscopy will create a requirement for additional endoscopy lists during the implementation phase. AGH have been unable to provide any additional support. In the short term the expansion of the outsourcing contract is being considered.</p> <p>Demand and capacity modelling is also being undertaken again with completion planned for the end of June 19 to inform the longer term plan. An endoscopy summit is also organised for the end of June to explore all options for recovery.</p>	30/11/2018	High
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**Principal risk: 4. Failure to maintain financial stability**

3399	22/05/2019	Horner, Matthew	Corporate Objective	Finance and Performance	The Trust has insufficient cash & liquidity resources to sustainably support the underlying Income & Expenditure run rate	31/07/2019	High	Moderate	MAY 19: 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 2019/20 to limit the cash outlay (if required) 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	MAY 19: 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 2019/20 to limit the cash outlay (if required) 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	31/03/2020	High
2893	19/06/2016	Fedell, Cindy	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.	30/08/2019	Extreme	High	EPR benefits lead for the programme is undertaking a detailed review of the realisable benefits to assess viability.	11 JUNE 2019: Progressing work regarding evidence for quality and safety benefits alongside of the financial benefits. National Audit Office (NAO) audit is visiting at end of June, actions will be addressed following this visit. Target date changed to reflect visit and continued work.	01/11/2019	High
3400	22/05/2019	Horner, Matthew	Corporate Strategy and Objectives	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.	31/07/2019	High	Moderate	MAY 19: 1. The introduction of the Care Group Structure with associated accountability and performance management framework (inclusive of budgetary control framework) 2. Continuation of Finance and Performance Oversight Committee (Task & Finish Group) until new performance management arrangements are embedded. 3.2019/20 Bradford Improvement Programme governance and project management arrangements 4. Standing Financial Instructions, Scheme of Delegation, internal financial control environment	MAY 19: 1. The introduction of the Care Group Structure with associated accountability and performance management framework (inclusive of budgetary control framework) 2. Continuation of Finance and Performance Oversight Committee (Task & Finish Group) until new performance management arrangements are embedded. 3.2019/20 Bradford Improvement Programme governance and project management arrangements 4. Standing Financial Instructions, Scheme of Delegation, internal financial control environment	31/03/2020	High

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 &amp; Harrogate Health &amp; Care Partnership WYAAT: West Yorks Assoc of Acute Trusts</p>	27/09/2019	High	High	<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>27/06/2019</p> <p>WYAAT are planning to hold meetings with members of the executive teams from each of the six Trusts (over the next 2 months), to discuss the service profiles that have been created, to help aid the eventual creation of a clinical strategy for WY&amp;H. To ensure the Trust is well represented in these discussions, a Bradford specialty on a page is being created, and will be discussed with a number of the execs, to ensure a common understanding of how the Trust approaches this discussion. Stacey Hunter, the executive lead for the collaboration with Airedale, will also attend, to ensure that the programme feeds into this process and is aware of the content of the discussions.</p>	27/09/2019	High
<b>Principal risk: 9. Failure to meet regulatory expectations and comply with laws, regulations and standards</b>												
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-compliant with the Carriage of Dangerous Goods Regulations 2009.</p>	15/07/2019	High	Moderate	<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>15/5/2019</p> <p>The risk continues to be managed through the relevant sub-groups of the Health, Safety and Resilience Committee</p>	31/07/2018	High