

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
Principal risk: 1. Failure to maintain the quality of patient services												
3211	07/02/2018	Shannon, Sandra	National Target		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		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		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:</p> <p>Audit to be undertaken to identify the extent to which staff are recognising mental health disorders as part of the initial assessment/ clerking.</p> <p>Need to review the current SLA with BDCFT to take account of the requirements identified in the NCEPOD guidance.</p> <p>Training needs analysis to be undertaken</p> <p>Event to be held in May 19 re mental health</p> <p>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
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												
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"> Two consultants linking to HIV/ID/ACU and support to microbiology Leave the service 17/04/19 & 22/04/19 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 	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 & 14 F/u's. TB weekly capacity- 2 New & 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
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, 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												5.
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</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 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 LHT 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.</p> <p>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, meet regulatory expectations and comply with laws, regulations and standards											9. Failure to	
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">•All security staff receive 4 day certified physical intervention training and ongoing annual refresher.•At policy development Physical intervention training was developed, however no funding has been identified to deliver•Police can be utilised to assist with a physical intervention (risk to life).•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)•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•Conflict resolution training received has been reviewed against standards and is now compliant, this does not address existing staff	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 & 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, meet regulatory expectations and comply with laws, regulations and standards											9. Failure to	

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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>	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&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
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-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