

Open Strategic Risks with a Current Rating of 12 or over (as at 4 November 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
Principal risk: 1. Failure to maintain the quality of patient services												
3203	16/01/2018	Shannon, Sandra	External Bodies	Quality	There is a risk that the Trust will not be compliant with aseptic and cytotoxic drug production standards due to the age and condition of the current aseptic and cytotoxic facility.	29/11/2019	High	Moderate	Environmental monitoring and regular maintenance show that the unit meets current cleanliness standards.	9/10/19 The unit was last audited against the Quality Assurance of Aseptic Preparation Services Standards (NHS QA Committee 2016) in May 19 and confirmed compliant. The risk to patient safety was assessed as low. Re-audit will be undertaken in November 2020.	31/01/2020	High
3417	02/08/2019	Shannon, Sandra	Escalated from Governance Committee	Quality	There is a risk that patient care and safety may be comprised by having duplicate patient records- multiple records which are produced for the same patient and by the creation of confused (mixed up) patient records- when one patient's record is overwritten with data from another patient's record, creating a combined, inaccurate record.	29/11/2019	High	High	Full root cause analysis is currently performed and feedback given to the relevant managers/departments. Informatics DQ team and EPR PAS have reviewed patient registration guidelines and a new registration SOP has been created. Regular engagement between Informatics DQ Team and Operational Departments Training Team has conducted additional training to specific areas of concern Bi-weekly meetings between Performance, Operations, EPR and Informatics, where issues are raised Informatics have developed two reports- one that identifies potential confused records within EPR and the other identifies duplicate records by searching through for NHS number .	19/9/19 risk mitigation plan remains in place. confused records are corrected immediately whilst duplicates are part of a DQ workload that are cleared as quickly as they can be (both sit with informatics DQ who send the details and corrective actions back to the operational team responsible). A&E and CPBS are the main areas of concern. CPBS have weekly meetings to review the information and disseminate learning. Themes are picked up at emerging issues DQ meeting.	30/12/2019	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 staff not following the correct processes within EPR when recording the next steps in a patient RTT pathway which means that patients may not have the appropriate outcome and follow up.	29/11/2019	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.	19/9/19 risk mitigation plan remains in place. Central validation and dissemination of themes via the emerging issues group in support of process and DQ improvement across the relevant teams.	30/01/2019	High
3013	07/12/2016	Fedell, Cindy	Business Continuity	Quality	There is a risk that cyber security attacks to healthcare organisations could impair the clinical and business operations of the Trust.	30/11/2019	Extreme	High	Technical prevention via 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.	25 OCT 2019: Risk reviewed monthly, score maintained.	31/12/2019	High

[illegible]

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	31/10/2019	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 	<p>October 2019 review with exec lead - agreed to recommend closure of risk and split into 2 separate risks, one physical restraint and second de-escalation training.</p> <p>Task And Finish Group had to be cancelled due to unforeseen circumstances but regular meetings with Head of Non-Clinical Risk and Safeguarding Lead and Security to review the current policy and look at an action plan outside of the Task and Finish Group.</p>	31/10/2019	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>	31/10/2019	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> <p>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>The ergonomics department provides expert advice and complex assessments for the</p>	<p>15/8/2019</p> <p>Actions being completed as per schedule by the task and finish group. centralisation of manuals due for completion early Q3.</p>	31/12/2021	High

[illegible]

[illegible]

[illegible]

[illegible]

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>	29/11/2019	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>31/10/2019 The internal service profiles are almost complete, discussions with CBUs start next week.</p> <p>18/10/2019 Meetings have been arranged between the vast majority of the CBUs for early-mid November, with the strategy and integration team to discuss the WYAAT and internal service profiles and to ensure the Trust has a position on each of the specialties. WYAAT will attend SLT on 19 December to discuss the specialties.</p>	31/10/2019	High
Principal risk: 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												
3278	28/08/2018	Shannon, Sandra	Risk Assessment	Health and Safety	<p>There is a risk of injury to interventional radiology and cardiac catheter lab staff using diagnostic X rays due to them exceeding the new legal limit (2018) for radiation dose to their eye.</p>	29/11/2019	High	High	<p>All staff working with radiation undertake mandatory radiation protection training to ensure that the amount of radiation used is as low as reasonable practicable and that they make full use of shielding and PPE and maximize their distance from the x ray source where ever practicable. Shielding includes; fixed lead glass and lead ply protective screens, ceiling suspended lead Perspex screens, mobile lead screens, couch suspended lead curtains, lead arm boards. PPE includes; lead glasses (issued to classified staff), thyroid shields and lead aprons. (5 staff have been designated as classified workers, and undergo regular medicals with occupational health). Eye doses are continually monitored and staff are regularly made aware of their eye dose. Radiation physics staff visit the departments to ensure that staff are wearing dose meters correctly and observing good radiation practice and dose optimisation. Local rules for use of x – rays clearly state that staff must ensure doses are as low as reasonably practicable.</p>	<p>19/9/19: Monthly eye dose measurements for August are not yet available and some of July's dosimeters have not been returned – staff to be progress chased. Doses continue to be generally lower than in 2018 which suggests doses for the whole of 2019 (and therefore risks) are likely to be less than in 2018. Despite this all the risks listed above remain possible. Verbal feedback is that some staff are still not complying with all recommended measures made to them to reduce eye dose. management action to be taken against staff who remain non compliant. Therefore the risk has been increased again to 12.</p>	28/02/2019	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-complaint with the Carriage of Dangerous Goods Regulations 2009.</p>	29/11/2019	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>19/9/2019 The risk continues to be managed by the Health and safety committee. a significant programme of work particularly in relation to COSHH has commenced following an internal audit. all specialist groups (ie gases/sharps etc) now are managing the actions to ensure compliance with legislation. Target date changed to reflect timescales of action from the latest TDGA audit.</p>	31/07/2018	High