

Open Strategic Risks with a Current Rating of 12 or over (as at 6 January 2020)

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>												
3203	16/01/2018	Shannon, Sandra	External Bodies		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.	31/01/2020	High	Moderate	Environmental monitoring and regular maintenance show that the unit meets current cleanliness standards.	3/12/19 Risk mitigation plan in place as described below. The affected room air filters have been replaced. One of the cytotoxic isolator fans has now failed and it cannot be replaced until 23rd Dec, so chemotherapy is being prepared in an alternative aseptic isolator at BRI until then.	31/01/2020	High
3417	02/08/2019	Shannon, Sandra	Escalated from Governance Committee		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.	31/01/2020	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 .	3/12/19 Risk mitigation plan continues. CPBS staff have received additional training on registration of patients. There has been a significant improvement in the number of errors made. Mitigation for risk 3468 also applies to this risk.	30/12/2019	High
3013	07/12/2016	Fedell, Cindy	Business Continuity		There is a risk that cyber security attacks to healthcare organisations could impair the clinical and business operations of the Trust.	31/01/2020	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.	04 DEC 2019: Risk reviewed, score maintained. Target date for implementation updated.	31/03/2020	High

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3260	25/06/2018	Holden, John	Escalated from Governance Committee	Finance and Performance, Partnerships, Quality	<p>There is a risk that there is:</p> <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> <p>These 3 issues result in the following areas of risk:</p> <ul style="list-style-type: none"><li>• Risk that without full understanding of the depth and breadth of clinical and medical interaction, BTHFT capacity and resources are not used efficiently</li><li>• 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</li><li>• Possibility there are clinical/medical governance arrangements and agreements in place that are not fit for purpose, leading to potential clinical</li></ul>	31/12/2019	High	Moderate	<ul style="list-style-type: none"><li>• Clinical and medical services have a range of 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>	21/11/2019	The production of a joint clinical strategy, and the work being undertaken to create this by the end of December, should make the interdependencies clearer. There continues to be a risk that areas where AFT is struggling have not yet surfaced, and that these areas become a focus of the programme, this is being addressed between the two respective chief executives.	31/03/2020	High
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													
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	31/01/2020	Extreme	High	<ul style="list-style-type: none"><li>• EPRR 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>	3/12/19 Mitigation plan continues. No further response from NHSI. A recent internal Audit report showed significant improvement in waste management processes. A number of recommendations were made which will be managed through the Trust waste control group.	27/09/2018	High	

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.	31/01/2020	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>	3/12/19. Interview is planned for 6/12/19 to appoint an additional consultant gastroenterologist. Approval has also been given to open a sixth endoscopy room and undertake additional sessions to clear the surveillance backlog.	30/11/2018	High	
3468	11/10/2019	Shannon, Sandra	Trust Wide Risk	Quality	<p>There is a risk that staff not following or being able to follow the correct process for recording activity or patient pathway steps on EPR which results in incorrect or missing information will cause;</p> <p>Delays to treatment.</p> <p>Sharing incorrect information with patients.</p> <p>Using incorrect information to make decisions about patient care.</p> <p>Patients attending unnecessary appointments.</p> <p>Staff anxiety from being unable to prevent or fix errors.</p> <p>Admin or clinical time spent correcting errors.</p> <p>Loss of income from missing or un-coded activity.</p> <p>Reputational harm from reporting inaccurate data / performance.</p>	31/01/2020	Extreme	High	<p>Knowledge and training – induction training has been partially updated following learning from errors but SOP's and reference materials require review. Some “how to” videos, guides and additional SOP's produced for additional support.</p> <p>Issue resolution – focus is on correcting at source but the existing model has several gaps, particularly the operational knowledge needed to do this but also the central capacity to deal with existing volume of enquiries and corrections. There is a multi-department meeting every two weeks which reviews issues and themes. This supports the change prioritisation process and provides updates for knowledge and training, whilst also taking corrective action wherever appropriate.</p> <p>Oversight – some KPI are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.</p> <p>DQ error clearance – where errors are not</p>	<p>3/12/19. Increase the operational capacity and ability to correct and prevent errors at source.</p> <p>3/12/19 An initial proposal for improving the operational responsiveness discussed at the EPR DQ improvement delivery group and with Directors of Ops. Proposal to be reviewed at next Ops SLT (12/12/19) The proposal will then be escalated to Trust SLT for approval of funding.</p>	01/04/2020	Extreme	
Principal risk: 4. Failure to maintain financial stability													

3399	22/05/2019	Horner, Matthew	Corporate Objective	Finance and Performance	There is a risk that the Trust has insufficient cash & liquidity resources to sustainably support the underlying Income & Expenditure run rate	31/12/2019	High	Moderate	<p>MAY 19:</p> <ol style="list-style-type: none"> <li>1. The cash &amp; liquidity position is managed and monitored by the cash committee with updates provided to the Finance &amp; Performance Committee.</li> <li>2. Curtailment of the Capital programme in 2019/20 to limit the cash outlay (if required)</li> <li>3. Continued sourcing of cash releasing efficiencies</li> <li>4. Additional measures taken to improve financial control in the immediate and longer term</li> <li>5. Updated reporting arrangements to Finance &amp; Performance Committee on the cash and liquidity, with trajectories and projections signposting risks and generate corrective action</li> </ol>	<p>OCT 19: The mitigations remain in place to protect the cash and liquidity position. The Trust is currently forecasting a 'best case' delivery of the control total, but current run rates require an improvement to deliver the planned liquidity rating and projected cash balance. The recovery plans expected early November will determine the level of assurance/next steps.</p> <p>AUG 19: The mitigations remain in place to protect the cash and liquidity position. The Trust is currently forecasting a 'best case' delivery of the control total.</p>	31/03/2020	Extreme
3509	11/12/2019	Horner, Matthew	Trust Wide Risk	Finance and Performance	There is a risk that the options available to BTHFT with regard BHFML carry a degree of financial risk which pose a risk to the delivery of the Trusts Financial Plan	31/12/2019	Extreme	Moderate	<ul style="list-style-type: none"> <li>•The financial risk in 2019/20 of not establishing BHFML in 2019/20 could impact the income and expenditure position by up to £8.2m</li> <li>•The Trust Board of Directors is fully sighted on the risks associated with the current status of the Project</li> <li>•A three month pause has been instigated to evaluate the proposals tabled by Unison with an expectation these will be reviewed by the Board of Directors in January 2020</li> <li>•Updates on progress will be provided to each intervening meeting of the Board of Directors and Major Projects Committee</li> </ul>	<p>On-going engagement and workshops with Unison to explore and jointly develop and evaluate the alternative options</p> <p>Regional and National engagement with regulators and the ICS to determine the financial arrangements</p>	31/12/2019	Extreme
3400	22/05/2019	Horner, Matthew	Corporate Strategy and Objectives	Finance and Performance	There is a risk that the Trust Fails 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.	31/12/2019	High	Moderate	<p>MAY 19:</p> <ol style="list-style-type: none"> <li>1. The introduction of the Care Group Structure with associated accountability and performance management framework (inclusive of budgetary management framework)</li> <li>2. Continuation of Finance and Performance Oversight Committee (Task &amp; Finish Group) until new performance management arrangements are embedded.</li> <li>3. 2019/20 Bradford Improvement Programme governance and project management arrangements</li> <li>4. Standing Financial Instructions, Scheme of Delegation, internal financial control environment</li> </ol>	<p>OCT 19: The Trust has delivered its financial plan for Quarter 1 and is projecting a 'best case' delivery of the control total. The current run rates pose a challenge to this position, as such and in addition to existing measures, recovery plans have been requested (by early November) from all Care Groups and Departments forecasting on off plan position</p>	31/03/2020	Extreme

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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.	31/01/2020	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>There is an progress report going to the Health and Safety Committee on the 17th December regarding the completed actions from the November 2018 Dangerous Goods Annual Audit by the Health and Safety Sub Groups.</p> <p>4/12/19 Risk mitigation plan continues. The Trust appointed Dangerous Goods Safety Advisor (DGSA) conducted the 2019 Audit mid-November and the Trust is currently awaiting this report. This will be submitted to the Health and Safety Committee for approval and sent to the health and safety sub groups to complete the associated action plan.</p>	31/07/2018	High
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