

Open Strategic Risks by Principal Risk (as at 08.07.2020)

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Risk Level (Initial)	Consequence (initial)	Likelihood (initial)	Risk Level (Residual)	Consequence (residual)	Likelihood (residual)	Existing control measures	Summary of risk treatment plan/mitigation	Target date	Risk level (current)	Consequence (current)	Likelihood (current)
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.	30/06/2020	High	(4) Major	(3) May recur occasionally	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Environmental monitoring and regular maintenance show that the unit meets current cleanliness standards.	22/04/20 a business case is in development for a new aseptic drug production unit. In the meantime the risk mitigation plan continues.	31/01/2020	High	(4) Major	(3) May recur occasionally
3211	07/02/2018	Shannon, Sandra	National Target	Finance and Performance, Quality	There is a risk of patient harm due to long waits for diagnosis and treatment due to not delivering the national cancer waiting time standards .	29/05/2020	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Moderate	(2) Minor	(2) Do not expect it to happen again but it is possible	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.	22/4/2020 The risk of harm has increased during the covid crisis. this is due to a reduction in theatre capacity and also some aerosol generating procedures are not being undertaken. 62 day backlog has increased. There is a daily clinical prioritisation process based on clinical urgency which mitigates some of the risk.	31/03/2019	High	(3) Moderate	(3) May recur occasionally
3313	04/01/2019	Shannon, Sandra	Risk Assessment	Quality	There is a risk of delay to repatriation of Tuberculosis (TB) testing work from Airedale NHS Trust to BTHFT will be delayed due to a lack of autoclave machinery and the ventilation not meeting regulatory standard.	30/06/2020	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Low	(3) Moderate	(1) Cannot believe that this will ever happen again	Currently samples sent to Airedale are being processed within agreed timescales. TB samples are sent sealed and double bagged separate from other samples. There is a robust booking in process at BTHFT and AGH.	22/4/20 the ventilation programme has been put on hold during the covid 19 crisis. In the meantime the current mitigation plan continues.	30/04/2019	High	(2) Minor	(4) Will probably recur, but is not a persistent issue

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.	30/06/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	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 .	21/4/20 Risk mitigation plan continues. There is significantly less activity being done currently which further mitigates this risk.	30/04/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue
3370	13/03/2019	Gill, Dr 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.	31/07/2020	High	(4) Major	(3) May recur occasionally	Moderate	(4) Major	(1) Cannot believe that this will ever happen again	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.	April 2020:This has now moved from the improvement to the assurance phase and there is ongoing work to monitor continuing compliance against NatSSIPs standards.	31/12/2020	High	(4) Major	(2) Do not expect it to happen again but it is possible
3047	06/02/2017	Fedell, Cindy	Trust Wide Risk	Quality	There is a risk that because the legacy Pathology Laboratory Information System (LIM) fails impacting on the delivery of a timely and efficient Pathology service.	31/08/2020	High	(4) Major	(3) May recur occasionally	Moderate	(4) Major	(1) Cannot believe that this will ever happen again	Careful attention to support on call schedule, cross-skilling, and documentation. Business continuity plans.	09 JUN 2020 - Business continuity test for Pathology LIMS booked in for end of June 2020.	31/03/2021	High	(4) Major	(2) Do not expect it to happen again but it is possible
3104	31/05/2017	Fedell, Cindy	Trust Wide Risk	Quality	There is a risk that there may be total or partial failure of the telephony system as the system is end of life, impacting on the operations of the Trust.	31/08/2020	High	(4) Major	(3) May recur occasionally	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Best endeavours support and maintenance contract currently in place, reviewed annually.	13 MAY 2020: Procurement concluded and implementation in planning phase.	31/03/2021	High	(3) Moderate	(3) May recur occasionally

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3561	16/06/2020	Campbell, Pat	National Guidance	Workforce	There is a risk that the organisation does not provide a safe working environment for staff during the COVID pandemic	31/07/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(3) May recur occasionally	Social distancing and hygiene education in place across all staff groups Individual staff risk assessments undertaken for high risk staff (as defined by the NHS) and mitigation in place in relation to individual risk factors Range of risk assessments and associated actions to ensure correct PPE is worn in clinical areas Detailed cohorting plan to ensure safe management of COVID patients Increased cleaning Increased informatics infrastructure to enable remote working Face to face meetings are the exception-by default are web based Outbreak analysis tool to enable rapid assessment of areas where cross infection of staff in suspected. Psychological support in place for all staff if required	Team level office and shared space COVID secure checklist to be developed Team level office and shared space COVID secure checklist to be approved Team level office and shared space COVID secure checklist to be completed across all teams and risks mitigated COVID secure action plans to mitigate in place and recorded on Datix where areas are not COVID secure Outcome of COVID secure checklists to collated and analysed in the context of this risk by 6th July 2020. Clear guidance to be issued in relation to the use of Face Masks COVID secure Risk assessments of communal estate e.g. front doors, lifts, concourse, shops, stair cases etc Review of Trust-wide home working policy and procedures Review of Driving for work policy and procedures	06/07/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	
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.	30/06/2020	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently	Low	(1) Negligible	(1) Cannot believe that this will ever happen again	•The Service has implemented a working group to respond to the key actions- on line to deliver •Got agreed action plan led by COO, to validate and provide working patient tracking list. •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).	22/4/20 Waiting times have increased during the covid 19 crisis. This is because endoscopy procedures are not being undertaken due to the risk to clinicians from aerosol generating procedures. Reducing waiting times will form part of the Covid-29 recovery plan.	30/11/2018	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	
2683	02/12/2015	Fedeli, Cindy	Escalated from Integrated Risk Register Review Meeting	Audit and Assurance	There is a risk that poor quality of external data submissions (including national clinical audit) will result in action against the Trust	31/08/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(2) Minor	(2) Do not expect it to happen again but it is possible	There are a variety of systems in place through informatics and other teams to understand the quality of data submissions. This does not extend to all data submissions	09 JUN 2020: Work on the improvement plan continues and is tracking to schedule. 11 MAR 2020: External reporting assurance programme progressing with focus now on quality of external audits - now National Data Opt-Out compliant as a trust, known DQ/other issues with certain mandatory reports are highlighted in the monthly Informatics Performance report.	30/10/2020	High	(3) Moderate	(3) May recur occasionally	

3468	11/10/2019	Shannon, Sandra	Trust Wide Risk	Quality	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; Delays to treatment. Sharing incorrect information with patients. Using incorrect information to make decisions about patient care. Patients attending unnecessary appointments. Staff anxiety from being unable to prevent or fix errors. Admin or clinical time spent correcting errors. Loss of income from missing or un-coded activity. Reputational harm from reporting inaccurate data / performance.	30/06/2020	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	High	(3) Moderate	(3) May recur occasionally	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. 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. 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. DQ error clearance – where errors are not	22/2/20 18 week waiting list analysis has been undertaken which identified some opportunities for validation improvement. During the covid 19 crisis there has been ongoing validation of waiting lists. The team are currently reviewing and correcting any DQ issues elated to patients who have been seen during wither f2F or virtually during the covid crisis. Re-establishing the DQ improvement programme will form part of the covid recovery plan.	01/04/2020	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	
Principal risk: 3. Failure to maintain operational performance, 8. Failure to maintain a safe environment for staff, patients and visitors																			
3538	06/03/2020	Shannon, Sandra	Escalated from Integrated Risk Register Review Meeting	Finance and Performance, Quality	There is a risk that the COVID-19 outbreak will impact on the ability of the Trust to sustain operational performance	29/05/2020	High	(4) Major	(3) May recur occasionally	High	(4) Major	(2) Do not expect it to happen again but it is possible	•Business continuity plan in place in relation to supply chain and routine horizon scanning of areas of potential risk •Business continuity plan in place in relation to pharmaceutical supply chain •Business continuity plans in place across operational delivery teams and corporate enabling teams •Command and control in place and mechanisms for identifying latent and or emergent risk in relation to all hazards in place •National command and control infrastructure operational •Detailed operational level risk assessment in place	21/4/2020 Risk being managed through a number of executive led work streams, full 7 day command and control in place. Daily gold conference call within all workstreams and all actions/risks tracked and decision log maintained. Essential activity is prioritised, with a clinical prioritisation process for cancer and is based on clinical urgency and impact of time of disease progression. Independent sector is being utilised for clinical activity and for outpatients we have increased the use of digital technology to create virtual clinics as well as advice and guidance to GP services. There is ongoing system wide communications through sliver and gold conference calls and as system of mutual aid is in place for staffing and PPE. Work as stated to plan for sustainability and re-escalation, with an established system in place to respond to national alerts.	31/05/2020	High	(4) Major	(3) May recur occasionally	
Principal risk: 4. Failure to maintain financial stability																			
3554	04/06/2020	Horne, 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	31/08/2020	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	"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. Reporting arrangements to Finance & Performance Committee on the cash and liquidity, with trajectories and projections signposting risks and corrective action	The COVID19 Financial Regime secures a breakeven position until at least 31.7.20. As such this risk is maintained at the residual level. Guidance on the regime post 31.7.20 is expected which may impact on the risk rating	31/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	

3555	04/06/2020	Horner, Matthew	Corporate Objective	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 System/Place affordability.	31/08/2020	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	1. Continued evolution of the Clinical Business Unit Structure with associated accountability and performance management framework (inclusive of budgetary management framework) 2. Establishment of a CIP steering group (not operational during COVID period) 3. Standing Financial Instructions, Scheme of Delegation, internal financial control environment	The COVID19 Financial Regime secures a breakeven position until at least 31.7.20. As such this risk is maintained at the residual level. Guidance on the regime post 31.7.20 is expected which may impact on the risk rating	31/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
3556	04/06/2020	Horner, Matthew	Corporate Objective	Finance and Performance, Quality	There is a risk that Trust is unable to maintain equilibrium between financial sustainability and delivering safe quality services resulting from the economic challenge faced and the increasing internal and external demands to improve the quality and safety of the services provided.	31/08/2020	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	The governance arrangements associated with the implementation of Cost Improvement Plans include a robust Quality Impact Assessment/evaluation process.	The COVID19 Financial Regime secures a breakeven position until at least 31.7.20. As such this risk is maintained at the residual level. Guidance on the regime post 31.7.20 is expected which may impact on the risk rating. Until such time as the Regime is changed CIPs are not being pursued/explored.	31/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
Principal risk: 5. Failure to deliver the required transformation of services, 7. Failure to deliver the benefits of strategic partnerships																		
3395	09/05/2019	Holden, John	Governance and Risk Committee	Partnerships	There is a risk that: •BTHFT continues to operate a non-compliant vascular service for an extended period pending validation of the WYAAT arterial centre decision and delays in the operationalisation of a robust WYAAT single vascular network, meaning our vascular (arterial) surgery services are potentially no longer commissioned. This will have a reputational & financial impact. •Not fulfilling the national service specifications, not establishing a robust single West Yorkshire vascular network or no longer completing arterial surgery results in quality and operational pressures including: potential patient harm including loss of life, poor patient experience, de-stabilising impacts of CHFT operational and financial pressures and negative impacts on BTHFT staff.	31/08/2020	High	(2) Minor	(4) Will probably recur, but is not a persistent issue	Moderate	(2) Minor	(3) May recur occasionally	May 2019: Verbal support for proposed 2 arterial centres. Vascular services Board established for WYAAT. Following purdah for May's local elections, NHSE will start a 12 week public engagement and consultation, following this it is expected that a final decision will be made by NHSE. Ongoing discussions through WYAAT to source capital funding for a hybrid theatre at BRI. On-going discussions with CHFT on their operational pressures and discussion through WYAAT strategy and ops when appropriate. Discussions with partners at the West Yorkshire Vascular Joint Service Board. Operational planning for Vascular implementation within BTHFT to take note of the operational pressures at CHFT. BTHFT representatives are highly engaged in the operational group, vascular board and the update group which will update both the	01/07/20: The WYIHOSC ratified the proposed model in May 2020 to have two arterial centres (in Leeds and at BTHFT). Work is now underway to operationalise this decision through the development and delivery of staffing and care models.	31/08/2020	High	(2) Minor	(4) Will probably recur, but is not a persistent issue
Principal risk: 7. Failure to deliver the benefits of strategic partnerships																		
3255	28/06/2018	Holden, John	Board of Directors Meeting	Partnerships	There is a risk that: 1. Issues arise due to lack of agreement between the two trusts (BTHFT and AFT) on the nature and scope of collaboration 2. Collaboration proceeds with a scope that BTHFT does not believe is optimal for improving services or fulfilling its clinical strategy 3. Collaboration proceeds in line with a scope acceptable to BTHFT but does not improve services to a level acceptable to the Trust	31/08/2020	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	For the 3 key areas within this risk, the following control measures are in place 1. Ongoing conversations occur between senior exec leadership across the two organisations to get agreement on collaboration scope 2. BTHFT Partnerships committee oversees the strategic direction of the programme including scope, and how the trust should seek to act if scope is not acceptable 3. Joint programme management and governance between BTHFT and AFT has been established and oversees the day to day operation of the programme to ensure its successful delivery. Staff roles assigned to oversee the delivery of the programme with scope for increased resource if required.	01/07/20 - no update, work on this programme has been put on hold while both Trusts focus on the response to the Covid-19 pandemic	30/06/2020	High	(3) Moderate	(3) May recur occasionally

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3551	19/05/2020	Dawber, Karen	National Guidance	Quality	There is a risk that we will not be able to monitor and control infection during the COVID19 pandemic, leading to avoidable harm to patients and staff. Also see risk ID 2542 (Hand sanitizer) and Risk ID 3540 (fit testing)	22/06/2020	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	High	(5) Catastrophic	(2) Do not expect it to happen again but it is possible	The NHSE Board Assurance (infection control) has been reviewed and we have measured ourselves against the standards. The evidence and gaps in assurance have been documented and will be used to populate and control this risk	The National Board Assurance Framework for infection control has been worked through and will be the base document to keep abreast of national and local policy. The Board Assurance Framework for infection control will be monitored on a monthly basis and updated prior to Board and/or regulation committee.	31/07/2020	Extreme	(5) Catastrophic	(3) May recur occasionally
2841	24/03/2016	Shannon, Sandra	Legal requirement	Health and Safety	There is a risk that the Trust is failing in its statutory duty of care in relation to management of healthcare waste due to poor waste segregation practice and could face prosecution for breach of H&S legislation.	30/06/2020	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	High	(4) Major	(2) Do not expect it to happen again but it is possible	All clinical waste in high risk areas consigned as 'yellow' waste Re-training of waste staff on correct consignment of waste Changes to waste disposal rooms at maternity and ENT to allow better segregation	31/3/2020 Work continues to support staff in relation to the safe segregation of waste. Additional work has been undertaken in relation to the management of clinical waste and the organisation's response to the COVID Pandemic. Risk score unchanged, target date for implementation of mitigation amended to 30/9/2020.	30/09/2020	High	(4) Major	(2) Do not expect it to happen again but it is possible
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	There is a financial, reputation and safety risk as the Trust is non-compliant with the Carriage of Dangerous Goods Regulations 2009.	30/06/2020	High	(4) Major	(3) May recur occasionally	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	All relevant departments within the Trust have been made aware of the serious breaches identified above. 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.	30/4/20 The DGSA Report was submitted to Health, Safety and Resilience Committee on the 17th December. The Committee requested that a gap analysis to be undertaken between 2018 and 2019 audit and shared with the Committee in March (March 11). The next steps is to share the gap analysis/ action plans with the appropriate groups and/or individuals that it affects but some of these are currently suspended due to COVID19.	31/07/2018	High	(4) Major	(3) May recur occasionally