

Open Strategic Risks by Principal Risk (as at 05.11.2020)

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	Azeb, Sajid	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.	31/01/2021	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.	29/10/20 Project manager role being appointed to who will be able to help scope out available options. Additional microbiology monitoring in place to ensure that cleaning standards continue to be achieved.	31/01/2021	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.	29/01/2021	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 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.	29/10/20 Cancer and urgent treatments continue to be prioritised as part of the reset and restart work with the use of the Independent Sector to support elective program. Particular focus on those long wait cancer patients who are either time sensitive or who have already waited beyond 62 days.	31/03/2021	High	(4) Major	(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.	01/04/2021	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.	29/10/20 maximum lab capacity required as part of response to COVID 19 therefore ventilation programme work on hold. Current mitigation plans continue.	01/04/2021	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.	29/01/2021	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 .	29/10/2020 DQ Sessions undertaken in August. Weekly DQ meeting in place chaired by Business Intelligence Team, any specific issues and common themes identified and addressed with GMs and BSMs.	29/01/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue
3047	06/02/2017	Fedeli, Cindy	Trust Wide Risk	Quality	There is a risk that because the legacy Pathology Laboratory Information System (LIMS) fails impacting on the delivery of a timely and efficient Pathology service.	30/11/2020	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.	07 OCT 2020 - Risk continues to be monitored. No change. 07 SEP 2020 - Awaiting full business case approval from NHSI. 10 AUG 2020 - Work on regional LIMS procurement continues at pace.	31/03/2021	High	(4) Major	(2) Do not expect it to happen again but it is possible
3104	31/05/2017	Fedeli, 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.	30/11/2020	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.	07 OCT 2020: On site enabling activities underway. Project on track. 07 Sept 2020: Project commenced, completed by 31 March 2021 10 Aug 2020: Detailed project implementation plan completed. Equipment on site.	31/03/2021	High	(3) Moderate	(3) May recur occasionally
3013	07/12/2016	Fedeli, 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 A cyber security attack could result in a data leak of patient and corporate data.	31/12/2020	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(3) May recur occasionally	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. The Trust has also achieved the ISO27001 accreditation, which ensures the Trust follows best practice in terms of technology, people and process.	04 Nov 2020: Risk reviewed and updated. Score to remain as high. Additional awareness measures in place to mitigate the likelihood of the risk	31/03/2021	High	(3) Moderate	(3) May recur occasionally

[illegible]

[illegible]

3598	19/10/2020	Dawber, Karen	Escalated from Governance Committee	Quality	<p>CYP admitted to children and adult wards in mental health crisis have variation in their practice/care.</p> <p>There is no policy to manage physical restraint and or rapid tranquillisation on children's ward.</p> <p>Use of Section 5 (2) used inappropriately on the adult wards.</p> <p>Risk to other patients on both adult/children's wards. CYP at risk from other patients on adult wards.</p> <p>Wards trashed. Equipment available in all areas to self-harm despite removing items that are thought to cause harm.</p> <p>Confusion between services regarding responsibility? Child passed around between services.</p> <p>Voice of the child not heard. Child returned to placement/home where the child is alleging abuse</p> <p>Lack of Nurse/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues.</p>	10/02/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(2) Minor	(3) May recur occasionally	<p>Datix where restraint/rapid tranquillisation to be written (to count and realise situation).</p> <p>Paediatrician consults with psychiatrist on call who prescribes sedation.</p> <p>Mental Health and wellbeing raised at CYP board (regular agenda item)</p> <p>Trust staff part of system wide task and finish group for CYP in crisis to develop policies</p> <p>Gap analysis completed (NICE Self-harm in over 8s: long-term management Clinical guideline [CG133] Published date: 23 November 2011).</p> <p>Use of 1:1 (Trust floater, CAMH worker). Use of security to detain CYP on any ward.</p> <p>Individual risk assessment completed on admission to prevent harm. Thorough walk through of cubicle and area to prevent self-harm (door locks removed, ligature point removed etc.).</p> <p>Abduction policy does ensure door</p>	Work system wide to develop robust policy and procedure	10/02/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue
3288	27/09/2018	Azeb, Sajid	Escalated from Integrated Risk Register Review Meeting	Health and Safety	<p>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</p>	31/01/2021	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	High	(3) Moderate	(3) May recur occasionally	<ul style="list-style-type: none"> •EPRR responsiveness to changing national picture •Moving & handling and Infection Prevention and Control core training for all staff involved in waste managed •Suite of SOPs/method statements with training developed and logistics tested •Front opening 770 waste carts used for ease of removing bags following M&H assessment •Personal Protective Equipment provided and mandated for all staff involved in required changes in practice •All storage locations risk assessed and mitigation identified. Control measures can be in place within an hour •Internal communication strategy agreed and can be implemented immediately •Policies including waste, H&S, IPC, Moving & Handling, contamination policies published for all staff •Immunisation status of all individuals required to handle clinical waste to support storage verified •Enhanced pest control measures in place where storage containers are located •Waste (Anatomical Waste, Cytotoxic Waste, Medicinal/Pharmaceutical Waste, Sharps and 	29/10/20 All actions listed as per 12/8 update continue 12/8/20 Mitigation plan remains in place. No further guidance received from NHSI and there is no evidence of increased risk during the pandemic.	31/01/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible

Principal risk: 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

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	31/12/2020	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 is suspected. Psychological support in place for all staff if required	5/10 - Trust wide office capacity review underway, spot check audits continue to take place. Home working policy at final consultation stage.	30/12/2020	High	(3) Moderate	(3) May recur occasionally
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.	29/01/2021	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).	29/10/20 - Endoscopy capacity is being managed as part of the reset and restart plans with capacity being maximised through the use of inhouse and Independent Sector (IS) provider capacity. Capital funding identified and works scheduled for the creation of two additional rooms.	31/03/2021	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	30/11/2020	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	07 OCT 2020: Post EPR upgrade issues are impacting the ability to report monthly and weekly external RTT reports. These are being managed / monitored as priority with EPR supplier.	31/12/2020	High	(3) Moderate	(3) May recur occasionally

3468	11/10/2019	Azeb, Sajid	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.	29/01/2021	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	29/10/2020 All actions ongoing in line with updates below 11/08/2020 All DQ themes found as part of validation are used and incorporated into future training and inductions, short how to video's are being created to retrain users for non complex quick fix recording errors. Bespoke and targeted retraining for those high volume specialties. GM & BSM DQ relaunch scheduled 21/08/2020 along with focused monitoring and CBU correction for those continued errors.	01/04/2021	High	(3) Moderate	(3) May recur occasionally
3585	08/09/2020	Azeb, Sajid	Risk Assessment	Finance and Performance	There is a risk that patients will come to harm due to increased waiting times for diagnosis and treatment as a consequence of insufficient capacity to clear all waiting list backlogs.	30/11/2020	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(3) May recur occasionally	Elective & Surgical Prioritisation SOP is in place to support specialties to be reviewing all patients on inpatient PTL and prioritise the level of surgical priority using national guidance. Specialties are reviewing long waiters and up grading to L2 if clinical need changes. Ultra green pathway in place with priority given to patients whose disease progression is time sensitive. Independent sector provision. Using available capacity at Yorkshire Clinic (YC), Optegra and Westcliffe to provide additional capacity.	29/10/20 Continue to undertake surgical prioritisation of patients waiting for elective procedures, contact will be made with all patients on the waiting list as per national guidance. 8/8/20 The restart and recovery programme has been established. Elective & Surgical Prioritisation SOP is in place to support specialties to be reviewing all patients on inpatient PTL and prioritise the level of surgical priority using national guidance. Specialties are reviewing long waiters and up grading to L2 if clinical need changes. Plans in place to increase diagnostic and treatment capacity including expanding the use of the independent sector. Theatre Prioritisation Process and Governance. Operations Medical Director chairs bi-weekly prioritisation Group to support specialties receive theatre time for cancer, urgent and L2 elective cases. Elective ultra green pathway is being expanded to allow patients to safely receive elective care. Two wards currently open with further capacity to be opened over the next three months.	29/03/2021	High	(4) Major	(3) May recur occasionally
Principal risk: 3. Failure to maintain operational performance, 8. Failure to maintain a safe environment for staff, patients and visitors																		
3538	06/03/2020	Azeb, Sajid	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 normal operational activities	30/11/2020	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	•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	29/10/20 COVID + numbers now at or above levels seen during the first peak. Additional bed capacity has been opened to allow creation of Red capacity within the hospital. Bed modelling undertaken to predict likely demand and help inform actions which include step down of routine elective activity to re-provide medical and nursing teams to inpatient areas. Local Health and Care Gold established. Work ongoing across WYAAT re the use of Nightingale hospital and additional support sought from the independent sector.	27/11/2020	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

Principal risk: 4. Failure to maintain financial stability											
3554	04/06/2020	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	31/12/2020	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	OCT 20 - The financial framework for the period 1 Oct 20 to 31 Mar 21 has been introduced that allocates a breakeven financial target at an organisational level, which is consolidated up to a place and ICS quantum. Delivery of the target allocated to BTHFT currently produces a financial gap that without delivery of £4m CIP will be challenging. Any shortfall will directly impact on the cash position. Given the current situation regarding Covid inpatients, the identification and implementation of CIP's is difficult. The Trust will need to rely on the use of non recurrent opportunities and underspends that will likely result from the challenge to deliver the planned levels of elective activity. The systems (both at place and ICS level) have established a number of principles to support organisations/places to deliver a balanced position at the ICS level. The risk share arrangements will need to address both the cash and income and expenditure challenge. The relatively strong cash position can cover a level of deficit but this would subsequently limit cash availability for capital investment in future years.
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.	31/12/2020	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	OCT 20 - The financial framework for the period 1 Oct 20 to 31 Mar 21 has been introduced that allocates a breakeven financial target at an organisational level, which is consolidated up to a place and ICS quantum. Delivery of the target allocated to BTHFT currently produces a financial gap that without delivery of £4m CIP will be challenging. Any shortfall will directly impact on the cash position. Given the current situation regarding Covid inpatients, the identification and implementation of CIP's is difficult. The Trust will need to rely on the use of non recurrent opportunities and underspends that will likely result from the challenge to deliver the planned levels of elective activity. The systems (both at place and ICS level) have established a number of principles to support organisations/places to deliver a balanced position at the ICS level. The risk share arrangements will need to address both the cash and income and expenditure challenge. The relatively strong cash position can cover a level of deficit but this would subsequently limit cash availability for capital investment in future years. The position will be reported regularly through the Executive Team Meetings, Finance and Performance Academy, Regulation Committee and Board of Directors.
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.	31/12/2020	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.	OCT 20 - The financial regime for the remainder of the year has been implemented. The Trust continues to experience high levels of Covid admissions which is impacted on the ability to deliver the restart programme and as such the evaluation of innovations and new ways of working cannot be fully assessed. There is no evidence of quality or safety being compromised as a result of the financial position reported.
									(2) Do not expect it to happen again but it is possible		

Principal risk: 7. Failure to deliver the benefits of strategic partnerships

3516	06/01/2020	Holden, John	Corporate Strategy and Objectives	Board of Directors	There is a risk that as a system we fail to deliver seamless, integrated care for the people of Bradford District and Craven if the Trust does not effectively influence implementation of the Strategic Partnering Agreement and other elements of local system integration (e.g. Community Partnerships and Primary Care Networks).	31/12/2020	High	(3) Moderate	(3) May recur occasionally	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible	Signed up to the Strategic Partnering Agreement Active participation in Health and Care Partnership Board and associated governance groups. Extensive collaboration between BTHFT clinicians and system partners.	3/11/20 All seven Act as One transformation programmes have provided initial project plans, timetables and baseline measures to the Health and Care Partnership Boards. However the October Health and Care Partnership Board was cancelled due to Covid-19 pressures. Work has started to review the Strategic Partnering Agreement.	31/03/2021	High	(3) Moderate	(3) May recur occasionally
Principal risk: 8. Failure to maintain a safe environment for staff, patients and visitors																		
3142	07/02/2017	Azeb, Sajid	Risk Assessment	Health and Safety	There is a risk to staff safety in E Block SLH, in that the upper floors are understrength for the current usage of the building. This is due to excessive loads of medical records and poor physical integrity of the building.	31/01/2021	Extreme	(5) Catastrophic	(3) May recur occasionally	Low	(2) Minor	(1) Cannot believe that this will ever happen again	Whilst not in imminent danger of collapse, no further loads are to be placed on the floors in their current condition A structural survey and report was commissioned by E&F to determine the structural integrity of the floors of E Block. The report has found that the floors are significantly understrength for the current usage of the building and recommends a significant reduction in the loads placed on the upper floors or immediate structural repairs / works to support the floors. Condition of building to be monitored until a solution is found / funded	29/10/20 The tender for off site storage solution continues. 11/8/20 The tender is now progressing. In the meantime all mitigation has been implemented and risk reduced to the lowest manageable level.	31/01/2021	High	(5) Catastrophic	(2) Do not expect it to happen again but it is possible
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																		
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)- closed 7/9/2020 and Risk ID 3540 (fit testing)	31/12/2020	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	October 2020 - increasing numbers of cases and population risk. Likelihood increased to 3	31/03/2021	Extreme	(5) Catastrophic	(3) May recur occasionally
2841	24/03/2016	Azeb, Sajid	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.	31/01/2021	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	29/10/20 Review of waste rooms undertaken to ensure that they are fit for purpose. Posters on display identifying correct waste segregation practices. Waste manager working with ward teams to train and support staff.	31/01/2021	High	(4) Major	(2) Do not expect it to happen again but it is possible