

Appendix 2 - Strategic Risk Register - All open risks - by Principal Risk (December 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) |
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| 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. | 16/12/2020. The final EL written report from November is still to be received however initial feedback is that the overall risk rating has been graded as significant risk due to the condition of the unit and the on-going compromises in workflow, changing facilities and facilities for transfer sanitisation. | 31/03/2021 | High | (4) Major | (3) May recur occasionally |
| 3211 | 07/02/2018 | Azeb, Sajid | 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. | 16/12/20 Continued reduction in the number of long waiting patients over 104 days, at 11 patients as of Sunday 13 December 2020. Reduction in the 62 day PTL backlog at 54 patients as of Sunday 13 December 2020 across all cancer specialties. The 2ww standard continues to be achieved with on-going specialty improvement work to reducing the 62 day backlog supported by the utilisation of Independent sector, CBU clinical and operational review, assigning of patients priority levels. | 31/03/2021 | High | (4) Major | (3) May recur occasionally |
| 3313 | 04/01/2019 | Azeb, Sajid | 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. | 16/12/20: Due to the need to maintain maximum laboratory capacity to meet the testing requirements for Covid 19 current mitigation plans continue. Detailed implementation plan to be developed in January to identify options to enable works to be completed. This will require vacation of the premises. | 01/04/2021 | High | (2) Minor | (4) Will probably recur, but is not a persistent issue |
| 3417 | 02/08/2019 | Azeb, Sajid | 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. | 18/01/2021 | 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 | 18/11/20 Mitigation plan continues. This risk is caused by operational user error when staff do not check the national spine and either make an entry on the wrong patient records or open new records and create a duplicate. There has been a significant amount of training provided to key areas and to individuals when errors are found. The records are corrected immediately the error is found by the EPR back office team as soon as identified. Numbers of errors have significantly reduced and the risk has been mitigated to the lowest possible level. It is recommended that the risk can be de-calculated from the SRR and managed at service level. | 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 | Moderate | (3) Moderate | (2) Do not expect it to happen again but it is possible |
| 3603 | 20/11/2020 | Holden, John | Trust Wide Risk | Board of Directors, Finance and Performance | There is a risk that the Trust fails to anticipate a material impact resulting from the UK's EU Exit on its ability to provide outstanding care for patients. | 31/12/2020 | 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 | Ongoing monitoring of reports of negotiations between HM Government and the EU. Processes in place (via Incident Command Centre arrangements) to receive, review and action the content of technical guidance and information requests from HM Government via NHS England. Group of subject matter experts in place to assess risks and develop business continuity plans for their areas of expertise. These control measures should allow the Trust to plan for the risks associated with EU Exit and act accordingly. However, given that the outcome of the current negotiations between HM Government is unknown and our proximity to the 31 December 2020 then it is prudent to flag this area as a risk. | NOV 2020 - Persist with current control measures, keeping them under review and stepping them up or down as required | 31/12/2020 | Moderate | (3) Moderate | (2) Do not expect it to happen again but it is possible |

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| 3047 | 3104 | 3013 | 3380 | 3169 | 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 | | | | | | | | | | | | | |
| 06/02/2017 | 31/05/2017 | 07/12/2016 | 10/04/2019 | 13/12/2017 | 29/10/2019 | 31/01/2021 | 31/01/2021 | 31/01/2021 | 31/12/2020 | 31/03/2021 | 31/12/2020 | 31/03/2021 | 31/03/2021 | 31/03/2021 | 31/03/2021 | 31/03/2021 | 31/03/2021 | 31/03/2021 |
| Fedell, Cindy | Fedell, Cindy | Fedell, Cindy | Dawber, Karen | Gill, Dr Bryan | Dawber, Karen | | | | | | | | | | | | | |
| Trust Wide Risk | Trust Wide Risk | Business Continuity | Incident Reporting | Business Continuity | Trust Wide Risk | | | | | | | | | | | | | |
| Quality | Quality | Quality | Quality | Quality | People, 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. | 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. | 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. | 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) | There is a risk that patients may deteriorate and or receive suboptimal treatment resulting from a growing number of medicinal products, sourced on contracts, showing as out of stock with suppliers. | There is a risk that staff will have a poor experience (leading to reduced health and wellbeing, reduced retention rates, reduced performance and increased risk of errors) due to reduced staffing levels and the need to move staff. | | | | | | | | | | | | | |
| High | High | Extreme | High | High | High | High | High | High | High | High | High | High | High | High | High | High | High | High |
| (4) Major | (4) Major | (5) Catastrophic | (4) Major | (3) Moderate | (3) Moderate | (4) Will probably recur, but is not a persistent issue | (3) May recur occasionally | (3) May recur occasionally | (3) Moderate | (3) Moderate | (3) Moderate | (3) May recur occasionally | (2) Do not expect it to happen again but it is possible | (2) Do not expect it to happen again but it is possible | (2) Do not expect it to happen again but it is possible | (2) Do not expect it to happen again but it is possible | (2) Do not expect it to happen again but it is possible | (2) Do not expect it to happen again but it is possible |
| Moderate | Moderate | High | High | High | Moderate | | | | | | | | | | | | | |
| (4) Major | (3) Moderate | (3) Moderate | (4) Major | (3) Moderate | (2) Minor | | | | | | | | | | | | | |
| (1) Cannot believe that this will ever happen again | (2) Do not expect it to happen again but it is possible | (3) May recur occasionally | (2) Do not expect it to happen again but it is possible | (3) May recur occasionally | (2) Do not expect it to happen again but it is possible | | | | | | | | | | | | | |
| Careful attention to support on call schedule, cross-skilling, and documentation. Business continuity plans. | Best endeavours support and maintenance contract currently in place, reviewed annually. | 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. | Liaison psychiatry service for patients who have self-harmed SLA relating to Mental Health Act provisions, which does include scrutiny of section paperwork and provision of training for staff Named nurse for safeguarding adults is a registered mental health nurse and provides advice to wards about available support services BTHFT Pharmacy Services are provided for BDCFT via an SLA Enhanced care guidance in place Awareness raising sessions (including posters, screensavers) Treat as One Audits to identify gaps Policies and procedures in place | Regional shortages system put in place alerting Trusts to potential shortages and updating on when lines will come back into stock. Regional and national contracting strategies to try to ensure multiple suppliers or each product. Regional and national contracting strategies to assist new market entry. | Daily staffing huddles to review actual v planned staffing against acuity levels on each area. Use of professional judgement to supplement the information from SafeCare. Use of temporary staffing (bank / agency) where available to cover gaps in staffing rotas. Newsletter for staff to provide an update on all measures being taken to improved staffing, which included an "etiquette for staff being moved" Recruitment and retention plan in place and the Trust is now a member of the NHSI cohort 5 recruitment and retention collaborative. | | | | | | | | | | | | | |
| 09 DEC 2020: Risk reviewed. No change to score. | 16 DEC 2020: Project is reporting a revised completion date of early May 2021 due to supplier delays caused by COVID. | 07 Dec 2020: Risk reviewed. No change to the current risk or score | OCT 2020 - MH nurse appointed await start date. Increase in numbers of patients attending with MH issues. Significant incidents noted. Risk likelihood increased | October 2020: COVID- DHSC's Commercial Medicine Unit is actively seeking stocks to manage the next wave of the virus. The central team are supported by the Regional Pharmacy Procurement Specialists (RPPS) who actively engage with the trusts in their region. Visibility of stock in all hospitals is available centrally and stock is moved as needed. The central team are also developing treatment protocols to give clinicians first, second and third line alternatives for ICU meds. However, there is concern that supplies of one of the first line agents may be stretched, so this remains a risk. | October 2020 - risk reviewed and increased significantly. Command and control in place in relation to COVID | | | | | | | | | | | | | |
| High | High | High | Extreme | High | Extreme | High | High | High | High | High | High | High | High | High | High | High | High | High |
| (4) Major | (4) Major | (3) Moderate | (4) Major | (3) Moderate | (4) Major | | | | | | | | | | | | | |
| (2) Do not expect it to happen again but it is possible | (3) May recur occasionally | (3) May recur occasionally | (4) Will probably recur, but is not a persistent issue | (4) Will probably recur, but is not a persistent issue | (5) Will undoubtedly recur, possibly frequently | | | | | | | | | | | | | |

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| 3204 | 15/01/2018 | Dawber, Karen | Escalated from Integrated Risk Register Review Meeting | People, Quality | There is a risk that reduced staffing levels due to vacancies, sickness and additional capacity will have a negative impact on patient experience of care and outcomes (e.g. patient safety, patient outcomes and patient experience). This risk is being impacted by COVID (October 2020) | 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 | October 2020 - COVID Command and control structure Daily safety huddles Daily RAG rating of staffing Optimal and minimum safety levels set Clinical site team presence 24/7 On call arrangements Clear escalation at divisional, local and corporate levels Exec level discussions prior to additional capacity being utilised Winter room in operation Clear escalation policies Utilisation of staff bank and agency Monitoring of datix / incidents QuoC and corporate safety huddles | OCTOBER 2020 - escalated to strategic RR due to additional COVID pressures | 31/03/2021 | Extreme | (5) Catastrophic | (4) Will probably recur, but is not a persistent issue |
| 3531 | 19/02/2020 | Dawber, Karen | CQC Visit | Quality | There is a risk that due to our above average still birth rate, reduced 1 to 1 care in labour rate and a CQC rating of Requires improvement that members of the public and external stakeholders may lose confidence in the service. | 31/12/2020 | Extreme | (4) Major | (5) Will undoubtedly recur, possibly frequently | High | (4) Major | (2) Do not expect it to happen again but it is possible | From January 2020: standing item on Board agenda; metrics added to board and quality dashboard; monthly reporting to quality committee; quarterly reporting as per MIS standards. Regular contact with CQC and reports provided on a monthly basis for assurance | September 2020 - Risk reduced to likelihood of 3 - positive assurance, improved metrics, TV focus and internal audit opinion | 31/03/2021 | High | (4) Major | (3) May recur occasionally |
| 3467 | 10/10/2019 | Azeb, Sajid | Risk Assessment | Quality | There is a risk that patients may come to harm due to delays in the diagnostic pathway due to insufficient endoscopy capacity. | 31/01/2021 | Extreme | (4) Major | (5) Will undoubtedly recur, possibly frequently | High | (4) Major | (2) Do not expect it to happen again but it is possible | 3/12/19. A plan has been developed to clear the surveillance backlog. See control measures for risk 3154 (operational, administrative and performance controls) Consultant and senior nurse review of all Datix reports related to delays in diagnosis, and subsequent clinical review to evaluate harm to patients Application of Trust Incident policy where harm is identified Trust Quality Oversight System Appointment of additional colorectal consultant post (approved by BoD) | 16/11/2020 Endoscopy capacity and throughput forms part of Reset and Restart actions, all existing rooms are now fully operational, however full utilisation remains an issue due to multifactorial issues e.g. positive results, staffing, patient compliance. The service continues to use modular theatres due to sufficient air flow exchanges, allowing increased efficiency and reduced downtime. The service continues to utilise capacity at the independent sector including Westcliffe ISP. On going discuss with CCG re sub-contract. Capital work planned for early 2021-on track, this to include upgrades to air flow. | 31/03/2021 | Extreme | (4) Major | (5) Will undoubtedly recur, possibly frequently |
| 3560 | 09/06/2020 | Campbell, Pat | Trust Wide Risk | People | There is a risk that we will be unable to safely staff the organisation due to the impact of 'test and trace'. There is a requirement for contacts to self isolate for 14 days with no exceptions for healthcare staff. This may result in areas of the Trust having less availability of staff to deliver the Trust objectives as areas already have higher absence rates due to Covid than normal. | 31/12/2020 | High | (4) Major | (3) May recur occasionally | Moderate | (3) Moderate | (2) Do not expect it to happen again but it is possible | Adherence to social distancing both inside and out of work Clear communication to staff re the tracing programme and a reminder of their personal responsibility. Ongoing rotational communications as reminders to staff. | 29/10/2020 Updated with Karen Dawber and Pat Campbell. Increasing numbers of staff impacted by test and trace. 1 x staff outbreak in Dermatology resulting in some loss of service (routine). OH report inconsistent advice through national track and trace system to staff. Risk likelihood increased to 3. | 31/12/2020 | High | (4) Major | (3) May recur occasionally |
| 3357 | 22/02/2019 | Dawber, Karen | Infection Control | Quality | There is a risk that we are not fully compliant with revised regulatory requirements for ventilation within theatres leading to an increased risk of infection. | 31/12/2020 | Extreme | (4) Major | (4) Will probably recur, but is not a persistent issue | High | (3) Moderate | (4) Will probably recur, but is not a persistent issue | UPDATE - OMS Theatre programme on track UPDATE July 2020 - Timescales in place in relation to new theatre build - some slippage due to COVID - steering group restarted and clear revised timescales provided as part of OMS programme update. Oversight now part of OMS programme - no adverse outcomes or evidence of increased harm reported | Risk operational lead transferred to Mark Holloway April 2020 - Additional risks in relation to COVID 19 are being managed via the command structure | 31/03/2021 | Extreme | (4) Major | (4) Will probably recur, but is not a persistent issue |

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| 3598 | 19/10/2020 | Dawber, Karen | Escalated from Governance Committee | Quality | <p>There is a risk that 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 tranquilisation on children's ward. Use of Section 5 (2) used inappropriately on the adult wards. This will lead to:</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> | 10/02/2021 | High | (3) Moderate | (4) Will probably recur, but is not a persistent issue | Moderate | (2) Minor | <p>(3) May recur occasionally</p> <p>Datix where restraint/rapid tranquilisation to be written (to count and realise situation). 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> | 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 |
| 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 | People | <p>There is a risk that the organisation does not provide a safe working environment for staff during the COVID pandemic</p> | 31/12/2020 | High | (3) Moderate | (4) Will probably recur, but is not a persistent issue | High | (3) Moderate | <p>(3) May recur occasionally</p> <p>Social distancing and hygiene education in place across all staff groups</p> <p>Individual staff risk assessments undertaken for high risk staff (as defined by the NHS) and mitigation in place in relation to individual risk factors</p> <p>Range of risk assessments and associated actions to ensure correct PPE is worn in clinical areas</p> <p>Detailed cohorting plan to ensure safe management of COVID patients</p> <p>Increased cleaning</p> <p>Increased informatics infrastructure to enable remote working</p> <p>Face to face meetings are the exception-by default are web based</p> <p>Outbreak analysis tool to enable rapid assessment of areas where cross infection of staff in suspected.</p> <p>Psychological support in place for all staff if required</p> | <p>20/11- continued spot checks, office reviews and communications happening re safe working/social distancing etc 5/10 - Trust wide office capacity review underway, spot check audits continue to take place. Home working policy at final consultation stage.</p> <p>12/8 update - checklists developed, approved and deployed with audits/spot check assurance processes in place. Mask wearing in line with government guidance.</p> <p>Review of all Health and safety policies underway. Team level office and shared space COVID secure checklist to be developed</p> <p>Team level office and shared space COVID secure checklist to be approved</p> <p>Team level office and shared space COVID secure checklist to be completed across all teams and risks mitigated</p> <p>COVID secure action plans to mitigate in place and recorded on Datix where areas are not COVID secure</p> | 30/12/2020 | High | (3) Moderate | (3) May recur occasionally |
| Principal risk: 3. Failure to maintain operational performance | | | | | | | | | | | | | | | | | |
| 3154 | 23/10/2017 | Azeb, Sajid | External Bodies | Finance and Performance, Quality | <p>There is a financial and reputational risk to the Trust following the deferral of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation.</p> | 29/01/2021 | Extreme | (4) Major | (5) Will undoubtedly recur, possibly frequently | Low | (1) Negligible | <p>(1) Cannot believe that this will ever happen again</p> <p>•The Service has implemented a working group to respond to the key actions- on line to deliver</p> <p>•Got agreed action plan led by COO, to validate and provide working patient tracking list.</p> <p>•An action plan is in place to address the failure to meet JAG targets. The AP is to be implemented in 3 – 6 months.</p> <p>(A separate risk assessment is being undertaken to assess the risk to patients from extended waiting times).</p> | <p>18/11/20. There is no longer a financial risk relating to non compliance with JAG as the Trust has moved to a fixed income contract. Therefore the additional best practice tariff is no longer applicable. Due to the pandemic, waiting times have increased and the trust is unlikely to meet Jag standards within the next 12 months. The department continues to submit the global rating scores as an indicator of quality. The majority of Trusts have seen an increase in endoscopy waiting times and therefore the reputational impact currently through not achieving JAG standard is minimal. It is recommended that this risk is de-escalated from the SRR and managed at a service level.</p> | 31/03/2021 | Moderate | (3) Moderate | (2) Do not expect it to happen again but it is possible |

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| 3142 | 07/02/2017 | Holloway, Mark | Risk Assessment | Quality | 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. | 31/01/2021 | High | (5) Catastrophic | (2) Do not expect it to happen again but it is possible |
| 3540 | 30/03/2020 | Dawber, Karen | Infection Control | People, Quality | There is a risk that the Trust is not compliant with HSE/Manufacturer's guidance in relation to fit testing FFP3 masks leading to inadequate protection for staff resulting in harm, litigation and/or prosecution | 31/12/2020 | 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 Frontline staff have been fit tested as per original protocols Posters in clinical areas on fit check process, as an alternative, if not fit test available in extremis All staff trained to do a fit check when donning PPE Fit testing in place 7 days per week National infection prevention and control measures in place Staff advised that if they have not been fit tested they should not work in AGP areas Staffing Matron and site team to check staff have passed a fit test before moving to AGP area | October 2020 New masks being issued that will require staff to be retested Sept 2020 - regular fit testing clinics in place | 31/03/2021 | Extreme | (4) Major | (4) Will probably recur, but is not a persistent issue |
| 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 |