

Open Strategic Risks by Principal Risk (as at 12.02.2021)

ID	Date of entry	Risk Lead	Source of risk	Assuring Academy	Description	Next review date	Risk Level (Initial)	Consequence (initial)	Likelihood (initial)	Risk Level (Residual)	Consequence (residual)	Likelihood (residual)	Existing control measures	Current 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	Finance and Performance	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.	9/2/21 Final EL report from November received showing that the unit has been classified as a significant risk. Inspection visit undertaken by COO and Director of Estates and Facilities. Agreed plan to add feasibility and location of a new unit to an external company the Trust has engaged to review site occupancy.	31/03/2021	High	(4) Major	(3) May recur occasionally
3211	07/02/2018	Azeb, Sajid	National Target	Finance and Performance	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.	31/03/2021	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.	11/01/21 Focus continues on addressing clearing the backlog with weekly cancer access huddles to review long waiting patients. The 2ww standard continues to be achieved with the number of patients over 62 days at 52 as of Monday 11 January 2021, and 10 patients over 104 days. Service development funding received through Cancer Alliance to support the delivery of key priorities including earlier and faster diagnosis in GI pathways, rapid diagnostic centre for NSS and tele - dermatology implementation.	31/03/2021	High	(4) Major	(3) May recur occasionally
3313	04/01/2019	Azeb, Sajid	Risk Assessment	Finance and Performance	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	Finance and Performance	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.	31/03/2021	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-escalated from the SRR and managed at service level. 29/10/20 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,	11/02/2021 - Ongoing Monitoring, number of errors reduced but still not an acceptable sustainable level therefore no change to risk categorisation	26/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
3603	20/11/2020	Holden, John	Trust Wide Risk	Regulation and Assurance Committee	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.	31/03/2021	High	(4) Major	(3) May recur occasionally	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 21 DECEMBER - possibility of no deal appears increasingly likely and as a result the current risk score has been reassessed to 4x3=12 18 JANUARY - a deal was in fact agreed, however this does not entirely eliminate the risk. As a result, a "watching brief" regarding the existing risk treatment plan remains in place and will do so until 31 March.	31/12/2020	High	(4) Major	(3) May recur occasionally
3047	06/02/2017	Rice, Paul	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.	31/03/2021	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.	08/02/2021: Draft implementation plan shows High Level Design, Low Level Design, Dashboard and Testing activities running to end March 2022, with the first Trust (LTH) live in July 2022. Revised target date for implementation (which was contract signature) - although this is still an estimate and needs further planning.	01/08/2022	High	(4) Major	(2) Do not expect it to happen again but it is possible

3104	31/05/2017	Rice, Paul	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.	31/03/2021	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.	08 FEB 2021: Project is tracking to May 2021 completion date.	31/05/2021	High	(4) Major	(3) May recur occasionally
3013	07/12/2016	Rice, Paul	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.	31/03/2021	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.	08 Feb 2021: Risk reviewed. No change to the current risk or score	31/03/2021	High	(3) Moderate	(3) May recur occasionally
3380	10/04/2019	Dawber, Karen	Incident Reporting	Quality	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)	31/03/2021	High	(4) Major	(3) May recur occasionally	High	(4) Major	(2) Do not expect it to happen again but it is possible	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  OCT 2020 - Close working with BDCFT and Act as one programme. Plans to develop psychiatrist on call telemedicine link to enable closer working.	JANUARY 2021 WE ARE SEEING INCREASING NUMBERS OF VERY UNWELL PATIENTS REQUIRING SPECIALIST INPUT AND SUPPORT. LINKS ARE IN PLACE WITH MENTAL HEALTH PROVIDER BUT THESE ARE NOT CONSISTENT IN APPLICATION. MENTAL HEALTH PRACTITIONER NOW IN POST. RESTRAINT TRAINING REVIEWED AND ACTIONS PUT IN PLACE TO LOOK AT ADDITIONAL INFRASTRUCTURE TO SUPPORT AND DEESCALATE. RISK LIKELIHOOD ESCALATED DUE TO INCREASING NUMBERS OF PATIENTS AND SEVERITY OF ILL HEALTH  PLAN TO REVIEW CLINICAL SUPPORT TO RAPID RESPONSE IF PATIENT REQUIRES RESTRAINT	31/03/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently

3169	13/12/2017	Smith, Dr Ray	Business Continuity	Quality	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.	31/03/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(3) May recur occasionally	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.	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. EU Exit- Medicine legislation including product licencing has still not been agreed between the EU and the UK. The implications of this may mean issues with access to new medicines.	31/03/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue
Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 3. Failure to maintain operational performance, 8. Failure to maintain a safe environment for staff, patients and visitors																		
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.	31/03/2021	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.	05/02/21 - comms continue re need to social distance and to encourage staff to do testing, absence figures remain under close review.	31/03/2021	High	(4) Major	(3) May recur occasionally
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																		
3489	29/10/2019	Dawber, Karen	Trust Wide Risk	Quality	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.	31/03/2021	High	(3) Moderate	(3) May recur occasionally	Moderate	(2) Minor	(2) Do not expect it to happen again but it is possible	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.	JANUARY 2021 - STAFF REMAIN UNDER A HUGE AMOUNT OF PRESSURE AND INFRASTRUCTURES ARE IN PLACE TO MONITOR / REACT AND RESPOND. INCREASING AND SUSTAINED NUMBERS OF COVID PATIENTS REQUIRING CRITICAL CARE / NIV IMPACTING ON THE AVAILABILITY OF STAFF. MITIGATION PLANNED IN NEXT 4 WEEKS - 41 HCA'S INTERVIEWED WITH A VIEW TO JOB OFFERS, OVERSEAS RECRUITMENT COMMENCED, 70 3RD YEAR STUDENTS TO COMMENCE 12 WEEK CLINICAL PAID PLACEMENTS. THIS WILL BE AN ONGOING ISSUE AND WILL NOT BE FULLY MITIGATED UNTIL PANDEMIC SIGNIFICANTLY IMPROVES ON A NATIONAL LEVEL.	30/06/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently

3204	15/01/2018	Dawber, Karen	Escalated from Integrated Risk Register Review Meeting	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)	31/09/2021	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	JANUARY 2021 - THE STAFFING LEVELS REMAIN REDUCED DUE TO ONGOING PANDEMIC IT WILL BE DIFFICULT TO REDUCE RISK FURTHER WHILST PATIENT NUMBERS AND PANDEMIC REMAIN. ALL ACTIONS IN PLACE TO MINIMISE IMPACT ON PATIENT SAFETY AND QUALITY	31/09/2021	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
<b>Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance</b>																	
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.	30/06/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently	High	(4) Major	(2) Do not expect it to happen again but it is possible  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	JANUARY 2021 - RISK REDUCED TO LIKELIHOOD OF 2 - WHILE STILL REMAINS CQC INADEQUATE FOR WELL LED SUGGEST LEAVE ON SRR. ALL MITIGATION IN PLACE AND RUNNING WELL	31/03/2021	High	(4) Major	(2) Do not expect it to happen again but it is possible
<b>Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance, 5. Failure to deliver the required transformation of 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</b>																	
3467	10/10/2019	Azeb, Sajid	Risk Assessment	Finance and Performance	There is a risk that patients may come to harm due to delays in the diagnostic pathway due to insufficient endoscopy capacity.	31/03/2021	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)	9.2.21. All 6 rooms fully operational. Utilization remains varied due to multifactorial issues e.g. positive results, staffing, patient compliance. The service continues to utilize capacity at the independent sector (YC) and has agreed a subcontract with Westcliffe of weekly group of patients and an additional 1200 to assist in backlog clearance. The service are also commenced (1.2.21)a subcontract with Medicam, agreed bulk of 400 patients and weekly 80-100. Capital work to allow the creation of two additional endoscopy rooms on going, however no start date TBC. Endoscopy option paper for discussion at EMT w/c 15.2.21	31/03/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
<b>Principal risk: 1. Failure to maintain the quality of patient services, 3. Failure to maintain operational performance, 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</b>																	

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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> <p>Lack of Nurse/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues.</p>	26/02/2021	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 tranquilisation 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
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>	31/03/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(3) May recur occasionally	<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 is suspected.</p> <p>Psychological support in place for all staff if required</p>	14/01/21 re-iteration of rules on the back of national lockdown, continued comms and reviews. Plan being developed for Daisybank.	31/03/2021	High	(3) Moderate	(3) May recur occasionally
Principal risk: 3. Failure to maintain operational performance																		
3615	17/12/2020	Rice, Paul	Business Continuity	Finance and Performance	<p>There is a risk of failure of core elements of the trusts IT infrastructure as they become end of life and unsupportable over time. There is currently no confirmed funding to facilitate the required refresh programme:</p> <ul style="list-style-type: none"><li>• The on-site hosted data centres are end of life and require replacement or outsourcing</li><li>• Elements of the physical wired data network are gradually becoming end of life and will require replacement</li><li>• The wireless network becomes end of life in 2021/22 and will require replacement</li><li>• Elements of IT devices implemented as part of the deployment of EPR are becoming end of life and will require replacement over time</li></ul>	28/02/2021	High	(4) Major	(3) May recur occasionally	Moderate	(4) Major	(1) Cannot believe that this will ever happen again	<ul style="list-style-type: none"><li>• Supplier maintenance contracts in place</li><li>• Internal and external tests undertaken</li><li>• Regular reviews of individual risk elements</li><li>• Testing of business continuity plans</li><li>• Internal audits and external reviews</li></ul>	<p>08 FEB 2021: Capital identified</p> <p>08 JAN 2021 - 5 year capital planning underway.</p> <p>1. Update to the Informatics 5 year capital plan</p> <p>2. Individual risk assessments updated and stratified</p> <p>3. Realistic replacement plan produced</p> <p>4. Capital funding requests made</p> <p>5. Implementation of replacement strategy subject to available funding</p>	31/03/2022	High	(4) Major	(3) May recur occasionally

3154	23/10/2017	Azeb, Sajid	External Bodies	Finance and Performance	There is a financial and reputational risk to the Trust following the deferral of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation.	31/03/2021	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).	9.2.21 No changes to financial risk as detailed below. Waiting times have increased, additional capacity from ISP in place, as detailed in risk ID 3467. There is no plans at present to undertake further JAG visit due to current Covid situation. Endoscopy option appraisal for discussion at EMT w/c 15.2.21.	31/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
2683	02/12/2015	Rice, Paul	Escalated from Integrated Risk Register Review Meeting	Finance and Performance	There is a risk that poor quality of external data submissions (including national clinical audit) will result in action against the Trust	28/02/2021	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	08 JAN 2020: 3 known issues with external mandatory reports: RTT: recent EPR upgrade left inability to report fully in Sep-20, successfully submitting incomplete position since Oct-20 (missing complete info). Plan to be in position to submit full return and re-start weekly version Jan/Feb-21 CSDS: New national mandatory report Community Services Dataset, paused due to COVID work (no penalties for non-compliance, not urgent) COSDV9: non-compliant with new cancer services outcomes v9 requirements – same position for all regional Trusts using PPM1. LTHFT (supplier of PPM1) have advised they will not update PPM1 to enable recording of the new data items for v9.	30/04/2021	High	(3) Moderate	(3) May recur occasionally
3468	11/10/2019	Azeb, Sajid	Trust Wide Risk	Finance and Performance	There is a risk that staff are 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.	01/03/2021	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	13/01/2021 All actions and long term solution developments ongoing in line with the previous updates and plans shown below, however progress is slower than anticipated due to the impact of COVID. A refocus session with BI, Performance and E&D training team arranged for end of January 21. Validation effort continues and focus remains on the high risk DQ indicators. A short briefing paper is being compiled to identify the size of the issue with additional options put forward to help mitigate the risk.	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.	31/03/2020	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.	11/02/21 Continue with clinical prioritisation of patients. Agreement reached with Independent Sector to dedicate capacity for P2 patients. Currently back on ward 25 (Due to electrical fire)limiting bed capacity for ultra green pathway plans being made to move to a larger ward to facilitate increased elective throughput.	29/03/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
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	There is a risk that the COVID-19 outbreak will impact on the ability of the Trust to sustain normal operational activities	31/03/2021	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	•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	11/02/21: All mitigations remain in place. Elective activity via super green ward currently on ward 25 due to electrical fire limiting elective throughput on main site. Work underway to create a plan to transfer out of this ward. Increase of P2 operating at the independent sector. Further contracts being agreed with Westcliffe and Mediscan to support clinical activity.	31/03/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
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	31/03/2021	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 30.9.20, which maintains a static position with regards the Trusts Cash and Liquidity position. As such this risk is maintained at the residual level. Guidance and the financial control total relating the regime post 30.9.20 is expected which may impact on the risk rating.	31/03/2021	High	(3) Moderate	(3) May recur occasionally
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.	31/03/2021	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 30.9.20. As such this risk is maintained at the residual level. Guidance and the financial control total relating the regime post 30.9.20 is expected which may impact on the risk rating.	31/03/2021	High	(3) Moderate	(3) May recur occasionally

3556	04/06/2020	Homer, Matthew	Corporate Objective	Finance and Performance	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.	31/03/2021	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 30.9.20. As such this risk is maintained at the residual level. Guidance and the financial control total relating the regime post 30.9.20 is expected which may impact on the risk rating. The innovations and new ways of working introduced during the pandemic will release productivity opportunities. These will be evaluated during the capacity planning work associated with the restart program. There is a risk that the gains will be offset by the infection control measures required to safely treat patients. The gains will also be converted into capacity to address the backlog that has developed throughout the Pandemic and as such may not immediately translate into releasable efficiencies.	31/03/2021	Moderate	(3) Moderate	(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	Regulation and Assurance Committee	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).	31/03/2021	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.	14/12/20  Act as One transformation programmes are continuing. W/C 14 Dec is Act as One Week with briefings every day, open to all staff, about all seven transformation programmes.  NHSE/I consultation on Integrating care: Next steps to building strong and effective integrated care systems across England. Deadline for responses 8 January. Will have implications for place-based integrated care.	31/03/2021	High	(3) Moderate	(3) May recur occasionally
3613	14/12/2020	Holden, John	Trust Wide Risk	Regulation and Assurance Committee	There is a risk that as a system we fail to deliver seamless, integrated care for the people of West Yorkshire and Harrogate if the Trust does not effectively identify and develop opportunities for collaboration and alignment. This may be through relationships with partners in the West Yorkshire Association of Acute Trusts (WYAAT) or West Yorkshire and Harrogate Health and Care Partnership (WYHCP), or through the agreed work programmes.	31/03/2021	High	(3) Moderate	(3) May recur occasionally	High	(3) Moderate	(3) May recur occasionally	<ul style="list-style-type: none"> <li>Chairman's involvement in and leadership of WYAAT Committee in Common</li> <li>CEO involvement in and leadership of ICS and WYAAT programmes</li> <li>Active participation in ICS and WYAAT governance groups at all levels</li> <li>Extensive collaboration between BTHFT clinicians and system partners</li> </ul>	Maintain control measures currently in place.	31/12/2021	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	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.	31/03/2021	Extreme	(5) Catastrophic	(3) May recur occasionally	Low	(2) Minor	(1) Cannot believe that this will ever happen again	<p>Whilst not in imminent danger of collapse, no further loads are to be placed on the floors in their current condition</p> <p>A structural survey and report was commissioned by E&amp;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.</p> <p>Condition of building to be monitored until a solution is found / funded</p>	11/2/21 - There has been a business case that has been produced and which will be presented at the next Board session on 18 March 2021. This paper will underpin the case for moving medical records off site and provide the vehicle for the physical records to be removed. This will reduce the weight load to the building.	30/04/2021	High	(5) Catastrophic	(2) Do not expect it to happen again but it is possible

3540	30/03/2020	Dawber, Karen	Infection Control	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	31/03/2021	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	JANUARY 2021 - WE CONTINUE TO IMPLEMENT FIT TESTING CLINICS - REDUCTION IN AVAILABILITY OF 3M MASKS MEANS WE NEED TO RE TEST HIGH NUMBERS OF STAFF. THIS IS BEING WORKED THROUGH. ALTERNATE FFP3 MASKS ARE IN PLACE FOR SOME STAFF INCLUDING FULL FACE RESP AND CONE MASKS. THE DUPPLY ISSUES RELATET TO THE DUCK BILL 3 M.  THIS WILL REMAIN AN ONGOIGN ISSUE FOR THE DURATION OF THE PANDEMIC OR UNTIL SUPPLY CHAINS ARE STABILISED TO SUPPLIERS NATIONALLY.  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	October 2020 New masks being issued that will require staff to be retested	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)	31/03/2021	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	January 2021 - WE CONTINUE TO MONITOR THIS AS A SIGNIFIACANT AND ONGOING INCIDENT AS PART OF OUR RESPONSE TO COVID 19 - MONTHLY REPORTING TO BOARD / REG COM VIS IPCC BAF CONTINUES, KEY ISSUES DISCUSSED AS PART OF CLINCAL REFERENCE GROUPS.  ALL MITAGATION IS IN PLACE -REALISTICALLY WE WILL NOT REDICE THIS RISK UNTIL THE CURRENT ALERT NATIONAL STATUS REDUCES SIGNIFICANTLY	30/06/2021	Extreme	(5) Catastrophic	(3) May recur occasionally	