

Open Strategic Risks by Principal Risk (as at 18.06.2021)

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)
<b>Principal risk: 1. Failure to maintain the quality of patient services</b>																		
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.	31/10/2021	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.	14/02/2021 - New build is being considered as part of the Estates major works capital programme and is in the top 10 priority list. 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.	31/10/2021	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.	15/07/2021	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.	16/06/21-Total of 28 patients over 62 days (including x 5 patients over 104 days +) across all specialties. Focused work underway in addressing the remaining backlog of patients on PTL, managing the unmet demand, with a focus on achieving the 28 day Faster Diagnosis Standard (FDS). This is a significant improvement on the peak covid position when we have 179 patient beyond 62 days.	31/07/2021	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.	31/10/2021	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.	17/06/21: Capital programme for 21/22 significantly constrained plan to be developed during 2021 / 22 with estates and operation teams.	31/10/2021	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.	31/07/2021	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, Operations and Informatics DQ team	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.	30/06/2021	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.	26 MAY 21 - no change from April, but there may be some more clarity as services begin to return. At the time of writing the Trust had not experienced any issues relating to the continuity of medicine or medical product supply. Will review in June and keep a watching brief.	31/07/2021	High	(4) Major	(3) May recur occasionally
3047	06/03/2017	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.	21/07/2021	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.	07 JUNE 2021: Risk reviewed, no change to score. Data collection activities underway.	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.	30/07/2021	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.	10 June 2021: Migration commenced at SLH,BRI completion slipped until Aug 21 12 May 2021: Migration commenced at SLH,BRI will be fully complete by July 2021	31/07/2021	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.	31/08/2021	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.	8 Jun 2021: Risk reviewed. No change to the current risk or score	31/03/2022	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) - Includes restraint and deescalation.	30/09/2021	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.	JUNE 2021 - Break away training completed for key personnel, in house training commenced, regular meetings with BDCFT and mental health practitioner in post - likelihood reduced to 4 from 5	30/09/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

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.	30/07/2021	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' and other covid related absence. There is a requirement for contacts to self isolate for 10 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.	30/06/2021	High	(4) Major	(3) May recur occasionally	Moderate	(2) Minor	(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.	13/5/21 - absence related to covid and staff isolating continues to reduce.	30/06/2021	Moderate	(2) Minor	(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																		
3636	01/04/2021	Dawber, Karen	Risk Assessment	People	There is a risk to staff and patient safety due to the Trust healthcare workers not taking the offer of a COVID vaccine and therefore putting patients and colleagues at additional risk.	31/05/2021	High	(4) Major	(3) May recur occasionally	High	(4) Major	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none"> <li>Staff compliance with vaccination uptake = 70 – 86%</li> <li>Infection Control Standard cleaning procedure in place.</li> <li>Contact tracing process established</li> <li>Plentiful supply of various items of PPE, including availability of fit testing kits</li> <li>Instructions and training on use of correct PPE.</li> <li>Occupational health staff process for coronavirus in place</li> <li>Fit testing programme focussing on high risk areas and fit testing trainer sessions booked</li> <li>Powered respirators available in central location</li> <li>PCR Covid staff testing process in place</li> <li>Regional and national enquiries have highlighted that other Trusts have mixed compliance and limited drive for compliance</li> <li>Ability to move staff to area of lower risk</li> </ul>	Improve uptake of vaccination in staff groups through promotion and communication. Ensure staff compliance with right level of PPE. Consideration on one to one basis by staff group of suitability of staff working in AGP and / or Ultra green areas.	30/09/2021	High	(4) Major	(3) May recur occasionally

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3627	10/02/2021	Holloway, Mark	Business Continuity	Quality	<p>If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced.</p> <p>The Trust has identified backlog maintenance and critical risk remedial works calculated at £65m of net cost and circa £90m gross (excluding associated asbestos abatement estimated at a further £30m).</p> <p>Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expedient life expiry of the estate.</p>	31/03/2021	Extreme	(5) Catastrophic	(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	<ul style="list-style-type: none"> <li>•An identified backlog maintenance programme of work has been identified</li> <li>•Risk assessments and weighted assessments for backlog risk prioritisation has been undertaken.</li> <li>•A current facet survey inspection has been undertaken to identify and allocate funding resources.</li> <li>•Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>•Submission of SOC to NHSE/I to seek capital funding for new development.</li> <li>•Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR)</li> <li>•Seek additional NHSE/I capital funding resources</li> </ul>	31/05/2021	Extreme	(5) Catastrophic	(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. 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>	20/09/2021	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	20/09/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue
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Principal risk: 2. Failure to recruit and retain an effective engaged workforce

2944	16/08/2016	Azeb, Sajid	Business Continuity	Finance and Performance, People, Quality	Because of staffing vacancies there is a risk that the current staffing model in theatres will not be able to support the Trusts requirement with the restart of elective surgical lists following the COVID – 19 pandemic response. There is a risk that theatre sessions will be understaffed, with short notice cancellations of planned surgical treatments. Since 2016 there has been a recognised shortfall in theatre staff with a high number of vacancies which have proven difficult to recruit into. Compared to the beginning of the pandemic there has been a reduction in qualified staff by 21 WTE equating to % of pre-COVID elective capacity. There is currently a high rate of sickness in the staffing group and no surplus to cover leading to a significant risk of same day cancellations. Staff morale is recognised to be low pre COVID and with staff having been moved around a number of different staffing locations within theatres and Critical Care this has deteriorated further. There has been intense pressure on theatre staff over an extended period with a risk that a significant number of staff are looking to leave. There has been a successful recruitment drive with a number of staff returning to theatre.	30/06/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently	Low	(2) Minor	(1) Cannot believe that this will ever happen again	An ODP apprenticeship scheme has been introduced to create additional staffing in hard to recruit areas although currently they remain supernumerary. Agency staff are recruited whenever possible TNR rates have been increased for theatre staff Weekly meetings are in place to review theatre lists and manage the clinical risk to patients caused by any cancellations Urgent, acute and cancer patients are prioritised.	17/05/2021 Ongoing recruitment initiatives into vacancies. Changes to the leadership model and intensive work with existing staff to improve staff well being. Advertising on NHS jobs. Capped agency requests are regularly made. TNR rates for own theatre staff have been increased. Attempts to manage and reduce sickness which also impacts on the risk. There has been a successful recruitment drive with 30 staff members expected to start in the summer of 2021 however overseas applicants cannot enter the country because of the current travel restrictions.	31/07/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
<b>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</b>																		
3561	16/06/2020	Campbell, Pat	National Guidance	People	There is a risk that the organisation does not provide a safe working environment for staff during the COVID pandemic	30/06/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(2) Minor	(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	13/5/21 - challenges remain, workshop held re approach going forwards	30/06/2021	High	(3) Moderate	(3) May recur occasionally
<b>Principal risk: 3. Failure to maintain operational performance</b>																		
3615	17/12/2020	Rice, Paul	Business Continuity	Finance and Performance	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: • The on-site hosted data centres are end of life and require replacement or outsourcing • Elements of the physical wired data network are gradually becoming end of life and will require replacement • The wireless network becomes end of life in 2021/22 and will require replacement • Elements of IT devices implemented as part of the deployment of EPR are becoming end of life and will require replacement over time	31/08/2021	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>	08 Jun 2021: New data centre equipment procured and on site. To be fully migrated to new environment by 1 Oct 2021.	31/07/2022	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.	30/09/2021	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).	17/06/21 - Service review undertaken against GRS full update and action plan to be shared at Moving to Outstanding meeting 22/6/21	30/09/2021	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	09/07/2021	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	7 JUNE 2021: 3 known issues with external mandatory reports – National Waiting List - submitting 3 of 4 sections, diagnostics section under development with planned delivery in next 1 week - NHS E made aware through COO - no penalties for non-compliance 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. Regional CIO forum decided not to update PPM1 but wait for PPM+ functionality - no timeframes from LTHFT (supplier) as to when this will be developed yet	31/10/2021	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.	31/07/2021	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	17/03/2021 - A review of DQ has been commissioned by Chief Operating officer and Director of Informatics to understand size and scope of work programme along with enhancing the supporting governance structure. A task and finish group has been established, discussions have been held with NHSE/I colleagues to alert them of the issues being experienced. Plan of action to address being developed.	31/10/2021	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

Principal risk: 3. Failure to maintain operational performance, 8. Failure to maintain a safe environment for staff, patients and visitors, 9. Failure to meet regulatory expectations and comply with laws, regulations and standards

3538	06/03/2020	Azeb, Sajid	Escalated from Integrated Risk Register Review Meeting	Finance and Performance, Quality	There is a risk that the inability to maintain normal operational delivery of services due to the impact of the COVID-19 outbreak could lead to patient harm.	31/05/2021	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	<ul style="list-style-type: none"> <li>•Business continuity plan in place in relation to supply chain and routine horizon scanning of areas of potential risk</li> <li>•Business continuity plan in place in relation to pharmaceutical supply chain</li> <li>•Business continuity plans in place across operational delivery teams and corporate enabling teams</li> <li>•Command and control in place and mechanisms for identifying latent and or emergent risk in relation to all hazards in place</li> <li>•National command and control infrastructure operational</li> <li>•Detailed operational level risk assessment in place</li> </ul>	15/04/21: Risk position unchanged. Mitigation listed at 18/03 remains in place. Ward reconfiguration work is progressing and long waiting patients continue to be clinically reviewed and surgical patients P-rating altered in line with a change in clinical urgency. Operational surge plan being development to support management of potential fourth covid surge in May/June 21.	30/06/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
<b>Principal risk: 4. Failure to maintain financial stability</b>																		
3638	15/04/2021	Homer, 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	31/07/2021	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	<p>"MAY 21:</p> <ol style="list-style-type: none"> <li>1. Reporting arrangements to Finance &amp; Performance Academy on the cash and liquidity, with trajectories and projections signposting risks and corrective action (monthly in the finance report and quarterly treasury management reporting updates)</li> <li>2. The cash &amp; liquidity position is managed and monitored by the cash committee with updates provided to the Finance &amp; Performance Academy.</li> <li>2. Curtailment of the Capital programme in 2019/20 to limit the cash outlay (if required)</li> <li>3. Continued sourcing of cash releasing efficiencies</li> <li>4. Additional measures taken to improve financial control in the immediate and longer term</li> </ol>	<p>APR 21</p> <p>The financial regime introduced in 20/21 to manage the Covid pandemic has been rolled forward in to the first half of 21/22. The financial framework for the period 1 Apr 21 to 30 Sep 20 has been introduced that allocates a breakeven financial target at an organisational level, which is consolidated up to a place and ICS quantum. The financial planning guidance allocates a 0.28% efficiency target for the first half of 21/22, which it is anticipated will be managed through underlying run rate or non recurrent measures. The detail of the challenge is not currently known, with the work to establish the financial and activity plan underway. 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 should they arise. The relatively strong cash position can cover a level of deficit.</p>	31/03/2022	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
3639	15/04/2021	Homer, 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.	31/07/2021	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	<ol style="list-style-type: none"> <li>1. Continued evolution of the Clinical Business Unit financial management arrangements and framework, with associated accountability and performance management framework (inclusive of updated budgetary management &amp; service development guidance/principles)</li> <li>2. Establishment of a improvement group (name to be determined but not operational during COVID period)</li> <li>3. Standing Financial Instructions, Scheme of Delegation, internal financial control environment</li> <li>4.Reinstatement of financial governance and control arrangements</li> </ol>	<p>The financial regime introduced in 20/21 to manage the Covid pandemic has been rolled forward in to the first half of 21/22. The financial framework for the period 1 Apr 21 to 30 Sep 20 allocates a breakeven financial target at an organisational level, which is consolidated up to a place and ICS quantum. The financial planning guidance allocates a 0.28% efficiency target for the first half of 21/22, which it is anticipated will be managed through underlying run rate or non recurrent measures. The detail of the challenge is not currently known, with the work to establish the financial and activity plans underway. 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 should they arise. The relatively strong cash position can cover a level of deficit.</p>	31/03/2022	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible

3556	04/06/2020	Horne, 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.	31/07/2021	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.	APR 21- The financial plan for 20/21 has been delivered with no evidence of safety being compromised as a result of the financial position. The financial regime for the first 6 months of 21/22 is a roll forward of the existing framework with block values broadly reflecting the second half of 20/21	31/03/2021	Moderate	(3) Moderate	(2) Do not expect it to happen again but it is possible
<b>Principal risk: 7. Failure to deliver the benefits of strategic partnerships</b>																		
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).	30/06/2021	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.	14/04/21 Strategic Partnering agreement has been reviewed and agreed, and will go to May Board for approval.  The Spring Act as One Festival has launched, focusing on wellbeing.	31/03/2022	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.	30/06/2021	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> Proactive involvement in the development of the system response to the Government's White Paper on the Future of Integrated Care and subsequent legislation, including the structural changes which will be required.	14 April 2021 Board paper to be taken to May Board meeting to outline risks and opportunities within the proposals.	31/03/2022	High	(3) Moderate	(3) May recur occasionally
<b>Principal risk: 8. Failure to maintain a safe environment for staff, patients and visitors</b>																		
3142	07/03/2017	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.	30/06/2021	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	21/05/2021- The business for off site storage has now been awarded and it anticipated that initial meetings to agree a schedule for removal will be held w/c 31 May. The access team will work with estates to provide safe working plan for the storage company staff. It is anticipated that we will need to provide documents including structural surveys and asbestos surveys to support risk assessments for the off site storage firm.	31/10/2021	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	30/06/2021	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	CONTINUES TO BE A RISK - FIT TESTING AVAILABLE 7 DAYS PER WEEK BUT SUPPLY OF MASKS IS VARIABLE LEADING TO CONSTANT NEED TO RETEST STAFF  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 SUPPLY 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 is done 7 days a week	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)	30/06/2021	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	MARCH 2021 - COMPARATIVE COVID INFECTION RATES (HOSPITAL ACQUIRED) SHOWS THAT WE ARE MANAGING AND CONTROLLING INFECTION BETTER THAN PEERS - L REDUCED TO 2	30/06/2021	High	(5) Catastrophic	(2) Do not expect it to happen again but it is possible	