

All Open Risks with a current scoring of >=15 (as at 17.12.2021)

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)
3380	10/04/2019	Dawber, Karen	Incident Reporting	Quality & Patient Safety Academy	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.	31/12/2021	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	OCTOBER 2021 - Oversight in place and continuing conversations with BDCFT	31/12/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
3489	29/10/2019	Dawber, Karen	Trust Wide Risk	People	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.	31/12/2021	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.	OCTOBER 2021 - We continue to manage on a day to day basis with additional support	31/03/2022	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
3204	15/01/2018	Dawber, Karen	Escalated from Integrated Risk Register Review Meeting	Quality & Patient Safety Academy	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)	31/01/2022	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	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 2021 - COVID Command and control structure remains in place	30/11/2021	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue

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.	31/12/2021	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)	01/12/21 Continued positive impact on waiting list for both 2ww cancer and DMO1, insourcing remains in place and support ISP. 15/10/21 Insourcing plan for Half 2 2021/22 agreed for the next 6 months. This will help to reduce waiting time for patients awaiting an endoscopy.	31/12/2021	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
3627	10/02/2021	Holloway, Mark	Business Continuity	Quality & Patient Safety Academy	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. 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). 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.	31/12/2021	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"> An identified backlog maintenance programme of work has been identified Risk assessments and weighted assessments for backlog risk prioritisation has been undertaken. A current facet survey inspection has been undertaken to identify and allocate funding resources. Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment. 	<ul style="list-style-type: none"> The formal submission on 30th April 2021 of SOC to NHSE/I to seek capital funding for new development this is now being reviewed for progression to a formal business case . The Bradford and Craven Estates strategy has been updated to include the SOC as part of the regional estates strategy plans. The SOC has been provided to the West Yorkshire and Harrogate ICS for support and approval. Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR). Approval at ETM for £1m to support backlog maintenance program in 21/22. Seek additional NHSE/I capital funding resources. 	31/05/2021	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3598	19/10/2020	Dawber, Karen	Escalated from Governance Committee	Quality & Patient Safety Academy	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 tranquillisation on children's ward. Use of Section 5 (2) used inappropriately on the adult wards. This will lead to: Risk to other patients on both adult/children's wards. CYP at risk from other patients on adult wards. Wards trashed. Equipment available in all areas to self-harm despite removing items that are thought to cause harm. Confusion between services regarding responsibility? Child passed around between services. Voice of the child not heard. Child returned to placement/home where the child is alleging abuse Lack of Nurse/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues. Previous risk (child jumped from fire escape 2014, required PICU admission). Not all actions from investigation completed. Staff harmed due to behaviour of child in crisis Child harmed due to provision of prescribed drugs (rapid tranquillisation and restraint)causing a mental illness when child admitted with MH issues Movement between section orders and lack of understanding between staff of the meaning of these. Deprivation of liberty for CYP.Holding CYP in room	06/02/2022	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(2) Minor	(3) May recur occasionally	<p>Datix where restraint/rapid tranquillisation to be written (to count and realise situation). 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. extra security used when CYP requires 2:1/3:1</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 points removed etc).</p> <p>Estates and facilities called to remove architrave and implements in rooms that child may harm with</p> <p>Abduction policy does ensure door closure/swipe access to prevent child from absconding. Doors strengthened to prevent</p>	<p>Work system wide to develop robust policy and procedure for RT and PR</p> <p>Work with legal team to inform of CYP with challenging behaviour to ensure team work within a pathway confines of law and CYP is not deprived of liberties</p> <p>Update 06/10/2021 RA updated to reflect score of 20 To review Feb 22 - KR</p> <p>December 2021 – no change to previous update provided in Oct 21</p>	06/02/2022	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently

2421	02/10/2014	Wood, Ruth	Directorate Objective	Quality & Patient Safety Academy	<p>There is a risk that the demand for hemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached and is exceeding the available capacity.</p> <p>There is a risk that the renal team will not be able to meet the demand whilst delivering a safe high quality service.</p> <p>Consideration is being given to different options designed to increase capacity through changes to the number of sessions being made available which carry additional risks to the pressure on the staffing establishment.</p> <p>There is a risk that the increased through put of patients through the unit and the increased pressure on the nursing establishment will lead to a poor patient experience. Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses.</p> <p>There is a risk that increasing capacity within the existing estate will increase the wear on the dialysis machines leading to increased maintenance cost.</p> <p>There is additional pressure from the reduction in HD line insertion because of theatre restrictions during the lockdown period and the reduction in transplants.</p> <p>It is likely that some patients will experience clinical deterioration through failure to receive timely dialysis and may require hospital admission. There is insufficient staffing capacity to provide optimal treatment for the current patient base and we could</p>	31/01/2022	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(1) Negligible	(4) Will probably recur, but is not a persistent issue	<p>Patients who cannot be dialysed in a timely way are monitored and clinically managed.</p> <p>Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients.</p> <p>Specialist nurse staffing is augmented by TNT and agency staff</p> <p>Additional staffing capacity has been built into the rota using existing staff.</p> <p>Dialysis machines were prioritised through the capital replacement process and a number of new machines were purchased to reduce the risk of equipment failure placing additional pressure on capacity.</p>	04/11/2021 The level of risk remains the same. A recent loss of facility at Skipton dialysis unit reinforced the vulnerability of the dialysis unit.	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3671	21/06/2021	Azeb, Sajid	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk of serious harm or death of patients due to post COVID departmental demand and operational pressures.</p>	31/01/2022	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	<p>Patient Volume:</p> <ul style="list-style-type: none"> •Urgent and Emergency Care programme board in place looking at service improvement and delivery of strategy. •Weekly oversight of performance and operational response as required. •Command Centre Activation Programme in place •Trust Escalation Plans •SOP for specialty review of patients •24/7 senior manager availability for escalation. •24/7 Command Centre provision for operational support. •System escalation as required •Navigation role at front end. •Medical SDEC available (limitations with capacity) •Consultant at front door undertaking review and streaming. Medical Coordinator role in Amber Zone. •Utilization of primary care appointments. •Re issuing of the SAU and MECS SPs to try and encourage direct referral out of the ED. •Senior doctor to redeploy AAA to review all ambulance waits. •Decant patients to minors waiting area 	11/11/21. Since last update several of the planned mitigations associated with this risk have been completed. The new HDU has opened providing an additional 8 cubicles in which to see patients and reduce crowding. SDEC has also moved into the ED footprint which will facilitate faster flow between ED and SDEC. Additionally, GP streaming capacity onsite has been maximised, with all GP streaming now based in the ED GZ area (no offsite streaming) which is increasing the numbers of patients seen by this service. These three updates all occurred late October/early November so it is recommended the risk is reviewed end of November to see if any adjustment is required to the risk score.	31/10/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3668	14/06/2021	Stott, Carly	Incident Reporting	People	<p>There is a risk of significant delays in maternity theatre cases due to not having a 2nd resident OPD for maternity theatres.</p> <p>Prior to the Covid 19 pandemic the nucleus theatre staffing model did not provide a second ODP for maternity beyond 1pm. Due to the constraints imposed by COVID working, a second OPD was provided until 6pm. This is the preferred model of staffing and significantly reduces risk in maternity. However the requirement to recommence general elective theatre lists in the main hospital means this cannot be maintained and the pre-covid model will be reinstated.</p> <p>In the event that a second maternity theatre is required without a 2nd resident ODP the main theatres are contacted and asked to send an ODP as urgent. There have been incidents in the past where an ODP could not attend as urgent or did not attend as urgent which delayed urgent lifesaving care. Maternity has 2 theatres. 1 theatre is utilised for 3 elective cases each weekday, commencing at 8am, leaving only 1 theatre for emergency cases. Emergency theatre cases take priority and commonly result in the elective list running into the afternoon. When this occurs, there is a situation whereby there is no dedicated ODP to support a second theatre, when required in an emergency. As such, the risk is that the delay in obtaining a second ODP could lead to harm in terms of a delay in category 1 and 2 LSCS. There is no scope to reduce this elective workload and if emergency theatre cases occurred throughout the day, a second ODP would be required.</p>	31/12/2021	High	(4) Major	(3) May recur occasionally	Moderate	(4) Major	<p>(1) Cannot believe that this will ever happen again</p> <p>In the event of the need to open a second theatre in an emergency the anaesthetic team will commence whilst the ODP is on their way from the main hospital. In the interim, there will be senior anaesthetic cover in the afternoon sessions that will be able to facilitate rapid commencement of theatre cases as needed.</p> <p>The acute/emergency 2nd on call ODP will be the acute coordinator or another ODP NOT assigned to clinical duties. They will be available on Ext 3050 in the main. If it isn't the Acute Coordinator, they will be responsible for allocation of the other ODP on a named basis.</p> <p>There is a plan to allocate a pager to the ODP so the team in maternity can 'bleep' the 2nd on call ODP. The process for this will be shared from the theatre co-ordinators early next week which will be accompanied by a flow chart to mitigate any potential issues with the first port of call.</p>	22.10.2021 The risk still remains. The service is still awaiting the outcome from the business case. General Manager, Theatres & Day Case contacted for an update regarding actions above.	31/12/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3357	22/02/2019	Holloway, Mark	Infection Control	Quality & Patient Safety Academy	<p>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.</p>	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	High	(4) Major	<p>(2) Do not expect it to happen again but it is possible</p> <p>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 COVID 19 Update March /April 2020 - Additional safeguards in place in all theatres in relation to PPE and AGP's. This includes labour ward. Additional risk assessments have been completed and managed through COVID 19 command and control structure. Due to Covid 19 the consequence has been increased from 3 to 4 Planned validation and inspections of all departments which fall under the remit of HTM 03 All reports from validation & inspection noted through Ventilation Steering Group and Trust IPCC. Microbiology air sampling undertaken for any aseptic areas with failed ventilation (i.e. theatres, interventional radiology etc.) Any failed reports escalated by Estates to Divisional Leads to allow local risk</p>	<p>JULY 2021 - PAPER APPROVED BY ETM TO CLOSE THIS RISK FOLLOWING THE COMPLETION OF THE MATERNITY THEATRE PROJECT. AFTER WHICH INADEQUATE VENTILATION WILL BE COVERED BY RISK 3627 - CRITICAL INFRASTRUCTURE RISK. PAPER ATTACHED TO DATIX AS A DOCUMENT FOR REFERENCE.</p>	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3585	08/09/2020	Azeb, Sajid	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk that patients come to harm because an increase in the length of patient waiting times resulting from of insufficient elective capacity. As a response to the COVID – 19 pandemic, many of the services offered at Bradford Teaching Hospitals NHS Foundation Trust are currently running at a reduced capacity.</p> <p>Capacity has been reduced by changes in working practice to ensure COVID – security for patients and staff and a reduction in the available workforce through sickness absence and shielding.</p> <p>Some services had a significant back log of patients prior to the pandemic. Services have been unable to offer some treatment as the risk to patients from cross infection was too high or because staff were diverted to other high priority areas. As a result patient waiting lists have increased further.</p> <p>As a result, for some patients the extended waiting time will be significant leading to poorer clinical outcomes or more extensive treatments.</p> <p>Plans to reinstate services and increase capacity are being put in place but could be delayed if there is a resurgence in COVID – 19 transmission and hospital admissions.</p> <p>This risk is applicable to all service areas including elective pathways and follow ups.</p>	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	High	(4) Major	<p>(2) Do not expect it to happen again but it is possible</p> <p>The Trust has developed a restart and a recovery programme including:</p> <ul style="list-style-type: none"> • Elective & Surgical Prioritisation. An SOP is in place to support specialties in 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. • Theatre Prioritisation Process and Governance. Operations Medical Director chairs weekly prioritisation Group to support specialties receive theatre time for cancer, urgent and L2 elective cases. • Elective ultra green pathway. Trust has developed a dedicated pathway to allow patients to safely receive elective care. Two wards currently open with further capacity to be opened over the next three months. • Independent sector provision. Using available capacity at Yorkshire Clinic (YC), Optegra and Westcliffe to provide additional capacity. <p>Plans have identified timeframes for treating P1 & P2 patients in house.</p>	09/12/2021 - Approval received from Board for resource in to the first half of 2021/22 to support outsourcing and in sourcing. Contracts in place with IS providers and further work being undertaken with AGH to deliver additional elective capacity. Prioritisation meetings have increased in frequency to improve the agility of the process.	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3546	28/04/2020	Jepps, Helen	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk that during the CoVid -19 outbreak a number of children and young adults will require care with some requiring intensive care (potentially requiring invasive and domiciliary (LTV)ventilation) on the children's ward</p> <p>1. Admission of young adults to the children's ward. Children from the age of 14 are currently given a choice of care location (children's or adult ward). All young adults from the age of 16 are admitted to an adult ward unless the child is known to the paediatricians and the child has complex needs, when the child is admitted to the children's ward. During CoVid-19 young adults may be cared for on the children's ward. These young adults will be admitted with a different need requirement (social and physical) to those of children and they may make different demands on children's nurses.</p> <p>2. The provision of intensive care for children and young adults on the children's ward</p> <p>Children and young adults requiring intensive care should be managed in a PICU or ICU respectively with dedicated standardised equipment, skilled medical and nursing expertise. There are normally two children's stabilisation spaces at on Ward 30/32, children are usually jointly managed in stabilisation by the anaesthetist and the paediatrician with care from a stabilisation competent nurse (nurse to patient ratio 1:1) until Embrace arrives to transfer the child to a PICU (embrace arrive within 180 minutes maximum). With a likely lack of PICU and adult ICU capacity during CoVid-19 children's services are</p>	31/01/2022	High	(4) Major	(3) May recur occasionally	Moderate	(2) Minor	<p>(3) May recur occasionally</p> <ol style="list-style-type: none"> 1. Ventilator training provided by anaesthetist to medical and nursing staff 2. Band 7 to cover 7 days a week 3. Daily huddles to optimise communication 4. Knowledge files for staff 5. Telephone numbers available for Embrace/PICU 6. Double middle grade cover until 23.00 during week 7. Advice line Embrace/PICU consultant 8. Access to anaesthetist BTHFT if not face to face then by phone. 9. Access and help from Neonatologists to assist with intubation 10. Equipment (ventilator and consumables) available 11. Pharmacy and Physio available 	Dec 21 December 2021 – risk assessment in process of being re reviewed as surge not as expected	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3711	18/11/2021	Louch, Jackie	Business Continuity	Quality & Patient Safety Academy, People	There is a risk that Children will deteriorate /come to harm due to lack of staff capacity to manage an increasing caseload across Y&H(both volume and complexity plus large range or rare disorders requiring intense dietetic monitoring and intervention) There is a risk to staff health and wellbeing and to skilled staff retention. Staff are autonomous practitioners with many years training and experience to deliver the skill set needed who are increasingly the senior decision maker in acute cases for In and Outpatients across the region- where MDT support is limited. There is a risk of no cover when unplanned absence eg sickness occurs on top of planned leave - this is a very small team-resulting in staff having to be called for advice on their time off which is unsustainable	17/02/2022	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently	High	(4) Major	(3) May recur occasionally	Caseload review to understand complexity and time needed to manage Impact of additional caseloads transferred in with no extra resource by Manchester consultants eg Dewsbury and Airedale and of Newborn Screening Programme Session with QI team to review working processes Workforce and Job planning to maximise clinical time available Supporting staff to work virtually where appropriate to reduce travel time (Equipment provided) Networked with other regional centres to benchmark and compare ways of working Wellbeing offers & support for team in place	Map capacity and demand identify and complete a business case for additional capacity and leadership capacity required (NHSE funding) Link with consultant dietitian at Northern national hub (MCH) to benchmark and review protocols and ways of working /share learning Seek support from Regional consultant leads and local MDT plus Paeds Quality lead Increasing admin support to team to release some ADP time to better support team Develop agreed Processes and SOPs to manage safely when staffing is depleted for any reason or no cover Establish who can lead this once Kirsten Foster leaves at end Dec 21	31/12/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3538	06/03/2020	Azeb, Sajid	Escalated from Integrated Risk Register Review Meeting	Finance and Performance, Quality & Patient Safety Academy	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.	31/12/2021	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"> •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 	15/09/21: Risk position unchanged. Mitigation listed at 15/04 remains in place. Ward reconfiguration work is progressing and wards 20/21 scheme due for completion in Nov 21 and ED Isolation suite in Sep 21 which will increase capacity for Winter and support flow. Winter Plan 21/22 now developed in draft to be operational from the start of October. 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 deployed to manage fourth wave being experienced.	31/12/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3540	30/03/2020	Dawber, Karen	Infection Control	Quality & Patient Safety Academy	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	31/12/2021	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	<p>CONTINUES TO BE A RISK - FIT TESTING AVAILABEL 7 DAYS PER WEEK BUT SUPPLY OF MASKS IS VARIABLE LEADING TO CONSTANT NEED TO RETEST STAFF</p> <p>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.</p> <p>Frontline staff have been fit tested as per original protocols</p> <p>Posters in clinical areas on fit check process, as an alternative, if not fit test available in extremis</p> <p>All staff trained to do a fit check when donning PPE</p> <p>Fit testing in place 7 days per week</p> <p>National infection prevention and control measures in place</p>	August - continued pressure with doctor change over and new starters, fit testing demand continues	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3696	18/08/2021	Azeb, Sajid	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	<p>There are a number of significant risks to the organisation arising from the age and condition of the pharmacy aseptic unit. The risks are specifically:-</p> <ol style="list-style-type: none"> 1. A patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. A reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit. 3. A risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales. <p>The risk arises from the due to:-</p> <ol style="list-style-type: none"> 1. The unit being almost 25 years and no longer up to current design standards. 2. The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour. 3. The poor design of said pipework meaning it is impossible to satisfactorily test the integrity of the terminal HEPA filters due to leak paths of unknown origin. 4. Some of the filter housings being modified by a third party from top entry to side entry 	01/03/2022	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	<p>Environmental Monitoring and SOPs</p> <p>Colleagues working in the unit follow standard operating procedures (SOPs) for all functions undertaken. These SOPs cover all aspects of the operation of the unit but specific to this risk cover the cleaning and environmental monitoring regimens. The SOPs are part of the wider Quality Management System which operates in the unit. The QMS ensures that all products produced are produced according to the SOPs and to the required regulatory standards. Where deviations from the SOPs occur e.g. due to a product failing a final check an official deviation investigation is commenced which includes Corrective and Preventative Actions (CAPA) to minimise the chance of the deviation occurring again. In the event of a change in practice is needed a change control form is raised which ensures that any change is safe and effective, approved by both the production and quality managers and that it is cascaded to all. In relation to this deterioration of the DOP testing results, a change control form was implemented to increase the intensity and frequency of the cleaning of the unit. In</p> <p>Additional steps have been taken to increase cleaning regimens and environmental monitoring. Workload has been reduced to ensure these regimens can be maintained. Contingency plans are being worked up with neighbouring trusts should the unit fail. Clinical teams are being asked to improve / review their workflows in order to support the unit to meet their patients needs. A Review has been commenced to quantify the nature and consequences, in terms of patient care, of a unit failure / shut down. Plans are being developed to identify potential future options for the unit.</p>	31/12/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3473	14/10/2019	Jepps, Helen	Risk Assessment	Quality & Patient Safety Academy	<p>There is risk to Children referred for assessment at the Child Development Service / community services; Potential impact on long term development due to initial delay in assessment and initiation of support services.</p> <p>Impact on schooling and Education.</p> <p>There is also a risk to Children Looked After and awaiting adoption;</p> <p>Delay in IHA may lead to missed opportunity to identify medical needs.</p> <p>Delay in Adoption medical may lead to child missing court date and spending longer than needed in foster care, with financial implications for providers of care.</p> <p>Delay in court date may lead to child losing prospective adoptive parents with massive life long implications.</p> <p>There is risk to the Trust as there may be; Possible reputational damage for Trust as not meeting statutory guidance.</p> <p>Potential for media interest due to court and Judge rulings.</p> <p>There is a risk to staff;</p> <p>Significant demands in all areas of work.</p> <p>Concerns regarding potential impact on staff health at current time.</p> <p>High likelihood of losing staff at present time with associated impact on the service.</p>	10/02/2022	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	<p>Autism pathway developed.</p> <p>Locum in place whilst funding allows (CLA).</p> <p>Action plan formulated with partner agencies for CLA / Adoption work</p> <p>Meetings held with CCG with agreement to jointly submit business case (CLA).</p> <p>Update Nov 2021</p> <p>Capacity has further reduced. Post re-advertised x3</p> <p>There have been improvements in waiting times and adherence to statutory guidance following recent system working in relation to Child Looked After.</p> <p>New monies identified at system level to reduce backlog and sustain position for autism assessments.</p> <p>Plans to implement increase capacity model across system in place.</p> <p>System working group tasked with addressing capacity vs demand mismatch for Child Looked After now completed work.</p> <p>BDCF funded and recruited additional GPSIs to increase capacity.</p> <p>Significant capacity challenges remain within Child Development Service since increase to pre-pandemic level of referrals.</p> <p>Business Case escalated to exec on 4th Nov 2021, awaiting outcome of ask.</p> <p>December 2021 – no change to previous update provided in November</p>	10/02/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3404	31/05/2019	Hollins, Sara	Escalated from Division	People	Minimal staffing levels within all areas of the maternity services not achieved due to vacancies and long and short term sickness levels. Currently impacted further by Covid requirements to isolate. This could impact on; Patient safety Ability to provide 1 to 1 care to all labouring women. Possible closure of beds and services. Patients may require divert for care at another Trust. Staff job satisfaction. Maternity unit reputation.	31/01/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Moderate	(2) Minor	(3) May recur occasionally	WTE establishment Recruitment in progress. Effective use of the managing attendance policy. Effective use of the escalation policy. Requests for Bank staff TNR and Agency. Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement. On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team	28.07.2021 – Birth Rate plus recommended increase of 32.2 WTE to the existing funded establishment. Staffing paper presented to Board in May. Decision to await the outcome of the national funding bid before approving the recommendations. Further paper to be submitted August/September to update following the outcome below. National midwifery funding bid awarded funding for 33.6 WTE (1.4 to support MDT training), recruitment plan in progress to appoint between August and end of the financial year. This is in addition to any vacancy from the current establishment. Current midwifery vacancy rate 10.03 WTE. Maternity Leave 11.4 WTE Newly Qualified Midwife LMS recruitment process completed and we anticipate 19.36 WTE between October and December 2022. 1 x Band 5 and 2 x Band 6 offered posts in July. Short term sickness and absence currently compounded by increased number of staff required to isolate due to Covid track and trace. Trust wide TNR incentives of 40% for all qualified staff and 20% for support staff are	31/01/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3686	20/07/2021	Stott, Carly	Risk Assessment	Quality & Patient Safety Academy	There is a risk that the antenatal clinic (ANC) waiting area is not fit for its current and future purpose Currently the ANC waiting area is used by women waiting for planned appointments in the antenatal clinic, the glucose tolerance test (GTT) clinic, the Antenatal Day Unit and unplanned appointments in the Maternity Assessment Centre. Due to COVID 19 guidance on social distancing plastic pod cubicles were installed. The space in the area allowed for 24 pods which sit 2 people in each pod, the woman and her pregnancy/support partner (NHS England directive in Spring 2021 that a support person is essential for women during their pregnancy journey and should not be classified as a visitor). There is therefore comfortable accommodation in the area for only 24 appointments at any one time. A typical morning session for appointments is: •81 women for antenatal clinic; some clinics are multi-disciplinary and the woman is required to see at least 2 health professionals so will be waiting in the area for longer than a usual appointment time. Diabetic clinic waiting times average 3 hours, range 2-5 hours. •21 women for GTT; in the department for 2.5 hours (women are able to wait in the car between blood tests but due to our lack of car parking and many women not having access to a car this is not often achievable). •7 women for planned antenatal day unit appointments •There may be up to 6 women waiting for the	28/02/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Low	(3) Moderate	(1) Cannot believe that this will ever happen again	•Several reviews of the area have been undertaken by the Estates team with OMS programme, Building Fit For Future Work stream Leads. •Suggestions re improving and extending the existing space have been made but have never come to fruition and no plan evident with a timeframe •Meeting with Director of Estates has taken place •A review of clinic templates and capacity and demand is ongoing but there is a clinical need for the appointments. •Alternative venues throughout the Trust for gynaecology and the glucose tolerance test clinics have been explored but nowhere suitable has yet been identified. •Allocating certain pods for those waiting for the Antenatal Day Unit and Maternity Assessment Unit has been trailed but this has been impossible to maintain during busy clinics due to the lack of space. •Microphones for the perspex screens have been installed	Building works to have financial approval and be project managed to agreed time scales Temporary buildings (ie portacabins) to be erected during building works to enable business continuity Alternative accommodation for Gynaecology, reproductive medicine and GTT services to be considered 05.11.21 The feasibility study has been completed and an architect has been assigned. Plans are being devised with an anticipated 6 week turn around. Microphones for the Perspex screens have been installed.	31/03/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3599	22/10/2020	Ramage, Dr Carmel	Incident Reporting	Quality & Patient Safety Academy	<p>Ward 25 now houses the Acute GATU service and is open from 7.30am until 8pm 7 days a week. This a suitable space in which to see, assess and manage acute Gynaecology admissions and is close to theatres for any emergency cases. Dedicated gynaecology nursing staff also work on this ward. Out of hours and after 8pm, Ward 25 is closed and Gynaecology patients are assessed on Ward 20 in a small assessment room which is inadequate, providing neither privacy nor dignity and disrupts the timely management of acutely unwell women referred from ED or directly from GPs. Gynaecology inpatients are admitted to various mixed surgical wards dependant on bed availability resulting in care being provided by staff without the relevant expertise which could lead to a poor outcome.</p> <p>Medical staff covering Gynaecology need to be available for patients on the Women's Health Unit (WHU) and for inpatient surgical wards. The geographical separation of these areas leads to delay in attending women who are acutely unwell. This is exacerbated after 8pm and at weekends when there is no dedicated Gynaecology registrar or consultant. Women with hyperemesis are being directed to care on the maternity assessment centre which is impacting on maternity workload and patient flow and women in early pregnancy being cared for with women in the later stages of pregnancy.</p>	31/01/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Low	(1) Negligible	<p>(1) Cannot believe that this will ever happen again</p> <p>• Extra gynaecology consultant acute cover 8am – 12 noon and ad hoc in the afternoon was put in place when the decision was made to close ward 12</p> <p>• Staff have been advised to Datix report patient safety incidents in regards to the above</p> <p>In Nov 2020 An extra consultant is assigned to cover EPAU in the morning 8-12 to cover a time when the acute gynae team are on ward rounds in the main hospital. These wards rounds often take a large proportion of the morning due to the spread of patients across the hospital. Sadly we have not been able to sustain this level of cover due to rota constraints but we do ensure that there is a consultant on for all acute Gynaecology from 8-5 every day of the week.</p> <p>Twilight nursing shifts have been suggested until 10 pm to allow further time to find beds in the hospital for patients requiring inpatient stay but this will push the problem later into the night as well as staff having to leave the unit alone and in the dark which is a risk and twilight shifts do not work for staff working long days.</p>	12.10.2021 – Twilight shifts are not achievable due to the small number of staff within the gynae nurse establishment. Staff morale in the gynae nursing team is low and therefore increasing the risk that they may look for alternative employment. There is also a risk that we could lose gynae trainees if the Deanery decide that the service is not supporting trainees and that there is a clinical risk when rostering juniors to work independently without support.	31/03/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3637	14/04/2021	Dawber, Karen	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk that unplanned admissions, that require aerosol generating procedures (AGP)'s may not always be accommodated in side rooms side rooms leading to a risk from the transmission of undiagnosed COVID-19 infection.</p>	31/12/2021	Extreme	(5) Catastrophic	(3) May recur occasionally	High	(5) Catastrophic	<p>(2) Do not expect it to happen again but it is possible</p> <p>• Unplanned patients requiring AGP's should be admitted to available single side rooms in the Green zone of ward 31.</p> <p>• If single side room capacity is breached, patients not suspected of having COVID-19 infection are then nursed in the open Respiratory High Dependency Unit (HDU) bay in the green zone, on ward 31, with ongoing clinical surveillance:</p> <p>o Respiratory Consultant Team clinically assess each patient for COVID-19 risk, daily;</p> <p>o All patients who screen negative on admission should be rescreened for COVID-19 on day 3, day 5 and in some instances day 7 and every 7th day until discharge;</p> <p>o Beds in the dedicated green respiratory HDU (AGP bay) should be spaced at least 2 metres apart.</p>	AUGUST - This risk will continue whilst managing covid and green resp demand	31/03/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3253	08/06/2018	Ackroyd, Hannah	Trust Wide Risk	Quality & Patient Safety Academy	There is a risk that we may have an increase in cross infection during operative procedures because the ventilation system which currently supplies the Obstetric theatre 2 does not meet the required standard. Interim update - There is an increased risk subsequent to the on going risk with the use of Maternity Theatres due to the Covid 19 pandemic. Theatre 2 is the designated Covid theatre however both theatres may need to be used for confirmed COVID-19 positive patients. Estates have taken advice from the AE (Ventilation) who states that these theatres are inadequate to facilitate and treat COVID-19 infected patients. Utilising these theatres is a contradiction to the PHE guidance as the theatres provide negligible airflows and surrounding areas provide no means of extraction.	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	Low	(3) Moderate	(1) Cannot believe that this will ever happen again	Restricted use of theatre 2. Only to be utilised in a very urgent emergency when there is no other option available. Interim update - Theatre 2 is the theatre of choice during the COVID pandemic. see attached risk assessment.	20 Weekly datix reports are submitted for the number of times theatre 2 is used Continue with surgical site infection surveillance audit. 1st 7 weeks of audit completed which found a reduction in confirmed infection to 11%. C Section surveillance data will be provided to the IPCC every 2 months as an update report IPC inspection of theatres to take place with Matron Monthly A datix must be reported for all cases where the 1 hour down time is not achieved between cases Maternity Theatres Build and Labour Ward Theatre extension and ventilation project 07.05.2021 – all existing control measures continue to be in place. The Theatre build is in progress. SSI audits continue and reported to IPCC as agreed	31/01/2022	Extreme	(5) Catastrophic	(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.	31/12/2021	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 corrected at source they drop into one of three cohorts (covered by multiple DQ KPJ).	15/11/2021 Review work ongoing - external visit from NHS Intensive Support Team has taken place and provided a number of recommendations which are currently being acted upon. A DQ framework is being developed.	31/12/2021	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3591	22/09/2020	Hickey, Joanne	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk to the Trust as we are none compliant with ventilation requirements;</p> <ul style="list-style-type: none"> •Lack of a monitored ventilation system means that we are currently non-compliant with the requirements of The Health and Safety at Work Act 1974, breach of legislation. •Ventilation systems non-compliant with Health Technical Memorandum (HTM) 03-01: Specialised ventilation for healthcare premises, COSHH Regulations 2002 and HBN 15 Pathology Services. •Infection control risk due to non-compliance-potential issue relating to Covid 19 pandemic •Delay in repatriation of TB service <p>Added 19/04/21 - Processing of respiratory viral samples for Sars-COV-2 testing within Laboratory</p> <p>No Ability for storing category 4 specimens in line with security requirements for pathogens and toxins (Feb 2010 part 7 of Anti terrorism crime and security act 2001) whilst awaiting external agencies collecting for testing (very rare occurrence but requirement)</p>	31/03/2022	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"> •Reagents are sealed and in small volumes (5 litres) to reduce the exposure to large volumes •Personnel Protective Equipment (PPE) used within the laboratory, including face masks in line with Covid 19 •Temporary transfer of TB work to Airedale •There is no microbiology culturing on site •Use of Hoods/Respiratory Protection Equipment (RPE) for spills •Evacuation plan in place with training for a major spill. •Spill kits available •Category 3 specimens are stored within the TB room that is not currently used which has a working fume cupboard. 	<p>11/11/21 -Level 2 is Histopathology/ offices Histopathology has down draft benches that are switched on during cut up, this provides adequate ventilation during processing of samples, in the event of a spillage the downdraft benches can be switched on. Staff within the department periodically wear formalin exposure badges and no incidents have occurred.</p> <p>Smaller group of staff working in area on daily basis- persistent exposure to risk, smaller risk of exposure to high levels during spillage.</p> <p>Store room</p> <p>Bulk storage of chemicals – large spillage – no ability to ventilate or seal off the room.</p> <p>Level 1 – Blood sciences/ Microbiology</p> <p>Use carcinogenic/ toxic reagents but in quantities of <10l per reagent however over 50 different types of reagents/ chemicals</p> <p>Chemicals/ reagents are opened in the lab area, potential issue with spillage, waste containers</p> <p>No culturing occurs within Microbiology but Covid 19 respiratory samples are processed – all samples are processed in MSC. Potential issue with spillage in general lab area.</p>	31/12/2020	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3503	19/11/2019	Wood, Ruth	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk of significant service disruption if the renal dialysis unit at Skipton General Hospital were to become unfit for purpose.(Lack of Renal Capacity in Bradford is identified on a risk 2421.</p> <p>The existing Renal Central water treatment plant is now 15 years old (installed April 2003) Critical failure of the unit would lead to the closure of the unit</p> <p>Physical Hazards (tripping and falling leading to harm)</p> <p>The unit currently houses 10 dialysis stations in an area designed to house 8 stations. Additional equipment and waste disposal bins have further compromised the available space creating a crowded work place with significant tripping and falling hazards.</p> <p>Infection control</p> <p>There are infection control risks which could lead to a closure of the unit;</p> <p>The proximity of the dialysis units which are closer than DoH recommendations.</p> <p>Poor standard of paint work creating an environment difficult to clean</p> <p>There is only one side room which is small and not isolated from the main unit</p> <p>There is deterioration in the trunking round the ward which is difficult to clean</p> <p>There are a number of risks which could possible cause a critical loss of facility. The impact on the patients and the Trust would be catastrophic because of the impact on a service already struggling to meet demand.</p>	31/12/2021	High	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Moderate	(1) Negligible	(4) Will probably recur, but is not a persistent issue	<p>The unit is under a maintenance contract. A member of the BTHFT estates team regularly attends site to liaise with the building owners around required works</p> <p>Cleaning schedules and curtain change schedules are followed and audited.</p> <p>There is on going dialogue with other local providers around the availability of capacity.</p> <p>General works to improve the physical environment were completed in 2019/20.</p>	<p>04/11/2021</p> <p>Following a power outage and temporary loss of facility, the water treatment plant has had some remedial work to make it more robust, however this is only a partial mitigation as the equipment is still generally beyond economic repair.</p> <p>There are a number of risks which could possible cause a critical loss of facility. The impact on the patients and the Trust would be catastrophic because of the impact on a service already struggling to meet demand.</p> <p>Active discussions and options analysis are being undertaken to provide a new facility which will provide capacity for Bradford and Skipton.</p> <p>A consultation process to underpin the planned changes is being designed.</p>	31/01/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3157	27/10/2017	Seal, Dr Sunita	National Guidance	Quality & Patient Safety Academy	<p>There is a risk to safety of babies, quality of care and ability to maintain required levels of activity needed to retain NICU status as a result of Non compliance with the Neonatal Critical Care Service Specification.</p> <p>1. Current funded nursing establishment does not enable provision of nurse staffing at DoH Toolkit standards.</p> <p>2. Percentage of QIS nurses is below mandated standard(80% for an NICU)</p> <p>3. Unable to confirm a sustainable plan for neonatal nurses to access and complete the qualified in speciality neonatal qualification. Cuts to NHS England Education budgets and lack of available courses.</p> <p>4. Provision of free car parking for parents of babies requiring neonatal intensive care.</p> <p>5. Provision of accommodation (within dressing gown distance)for every parent of baby receiving intensive care.</p> <p>6. Provision of dedicated psychologist support for families of babies receiving neonatal care.</p> <p>7. Provision of baby changing facility</p> <p>8. Provision of nominated respiratory physiotherapy service.</p>	22/03/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	Moderate	(2) Minor	(3) May recur occasionally	<p>Cot numbers balanced on shift/shift basis according to staffing assessed against acuity / network demands. Risk of cot closure to maintain staffing at recommended levels might be outweighed by need to provide intensive care support to babies born in/outside Bradford. Escalation policy in place. Close liaison with regional neonatal network. TNR / Agency employed in exceptional circumstances.</p> <p>Jan 2022 - Neonatal already part of the MIS process, will move formally into the umbrella of OMS in the New Year (2022)</p> <p>For other criteria see other Risk Assessment on Neonatal Crit Care Service Spec</p> <p>Nurses deliver respiratory physiotherapy to babies when required.</p> <p>(Currently untrained. End of life care families can access psychological/counselling support through hospice. BLISS charity volunteers attend NNU regularly to offer support freely to all families. Active multi faith chaplaincy visitors offer support to families on a regular basis. Agreement from trust exec team to run a pilot to fund free parking for: parents of babies in NICU, those who live out of</p>	<p>As of September 2020. Action plan in place for all aspects of non compliance with Critical Care Service spec. and updated to include implementation of Neonatal Critical Care Review (Dec 2019). See Risk Assessments for more detail. Staffing risk reduced at present with new starters and better vacancy rate. Currently 8 WTE vacancy rate. 18 WTE deficit in funded establishment based on activity calculations. Gap in Physiotherapy and Psychology provision - control measures not sufficient to mitigate risk. Risk Score = 10. Need to improve parental accommodation and facilities. Exploring charitable options. Update requested 30.03.2021. Staffing element reviewed 28/05/2021by KR/SW score increased to 12. Unable to recruit to Matron post. Deterioration in QIS figures and concerns about adequate education / training for nurses -Recent Serious Incidents x 3. X3 SIs declared in April 2021, two related to infection. Action plans in place. Score for Services against crit care spec is the same although we actually have less Clin Psych cover now. Update Oct 21 Both services and nurse staffing RA's reviewed and updated No change to either score Staffing remains very</p>	31/03/2022	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
------	------------	-----------------	-------------------	----------------------------------	--	------------	---------	--------------	---	----------	-----------	----------------------------	---	---	------------	---------	--------------	---