

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)
1380	10/04/2019	Dawkins, 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	(1) 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 BHT4 Pharmacy Services are provided for BODCT via an SLA Enhanced care guidance in place Awareness raising sessions (including posters, screensavers) Trust as One Audits to identify gaps Policies and procedures in place	OCTOBER 2021 - Overnight in place and continuing conversations with BODCT	31/12/2021	Extreme	(4) Major	(1) Will undoubtedly recur, possibly frequently
1489	29/10/2019	Dawkins, 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	(5) 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 NHS cohort 5 recruitment and retention collaborative.	OCTOBER 2021 - We continue to manage on a day to day basis with additional support	31/01/2022	Extreme	(4) Major	(5) Will undoubtedly recur, possibly frequently
1504	15/01/2018	Dawkins, 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 RACS 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 safety / 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
1467	10/10/2019	Aspin, Sarah	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	31/12/19 - 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 2wv cancer and DMO1, insourcing remains in place and support SIP 15/10/21 Insourcing plan for Half 2 2022/22 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	10/02/2023	Hillway, 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 £30m 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.	31/12/2023	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	(2) Do not expect to happen again but is possible	<ul style="list-style-type: none">An identified backlog maintenance programme of work has been identifiedRisk assessments and weighted assessments for backlog risk prioritisation has been undertaken.A current fact 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 KCS 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.	31/05/2023	Extreme	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue		
3598	10/02/2020	Davies, 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 a 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: Risk to other patients on both adult/children's wards. CYP at risk from other patients on adult wards. Wards finished. 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 the 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 tranquilisation 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 isolated without social interaction, lack of appropriate resources.	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 tranquilisation to be written (to count and realise situation). Paediatrician consults with psychiatrist on call who prescribes sedation. Mental health and wellbeing raised at CYP board (regular agenda item) Trust staff part of system wide task and finish group for CYP in crisis to develop policies Gap analysis completed (NICE Self-harm in over 8s: long term management Clinical guideline (CG133) Published date: 23 November 2011). Use of 1:1 Trust fluster, CAMH workers). Use of security to detain CYP on any ward, extra security used when CYP requires 2:1/1:1 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). Estates and facilities called to remove architrave and implements in rooms that child may harm with Abduction policy does ensure door closure/wipe access to prevent child from absconding. Doors strengthened to prevent CYP from kicking open CYP admitted to adult ward should be cared for in a cubicle (not always available). Daily mental health huddle with CAMHS, social care, VCS, adult and paediatric nurses Funding from HEE to undertake We Can Talk Training (on hold due to COVID 19). We Can Talk On-line learning in place. ST has undertaken MH training re MH act (2 years ago) CAMHS have advertised self-harm training sessions (4 x course) to complete (currently advertised within Trust). Previous incident Specific children's pathway for children who pose a risk to themselves or others not written (this requires input/collaboration between CAMHS/BBH) No medical training in self-harm. Legal team called at earliest opportunity to discuss case and course of action</p>	<p>Work system wide to develop robust policy and procedure for RT and PR 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 Update 06/10/2021 RA updated to reflect score of 20 To review Feb 22 - KR 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	02/10/2024	Wood, Ruth	Directorate Objective	Quality & Patient Safety Academy	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. There is a risk that the renal team will not be able to meet the demand whilst delivering a safe high quality service. 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. There is a risk that the increased throughput 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 TMC nurse. There is a risk that increasing capacity within the existing estate will increase the wear on the dialysis machines leading to increased maintenance cost. There is additional pressure from the reduction in HD line insertion because of theatre restrictions during the lockdown period and the reduction in transports. 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 expect patient deaths if we are unable to deliver consistent dialysis treatment	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. Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients. Specialist nurse staffing is augmented by TMC and agency staff Additional staffing capacity has been built into the rota using existing staff. Dialysis machines were prioritised through the replacement process and a number of new machines were purchased to reduce the risk of equipment failure placing additional pressure on capacity.</p>	<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.</p>	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3671	21/06/2021	Arb, Sajid	Risk Assessment	Quality & Patient Safety Academy	There is a risk of serious harm or death of patients due to post COVID departmental demand and operational pressures.	31/01/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	(2) Do not expect it to happen again but it is possible	<p>Patient Volume:</p> <ul style="list-style-type: none">Align 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 placeTrust Escalation PlansSOP for specialty review of patients24/7 senior manager availability for escalation.24/7 Command Centre provision for operational support.System escalation as requiredMinimisation risk at front endMedical SDEC available (limitations with capacity)Consultant at front door undertaking review and streamingMedical Coordinator role in Amber Zone.Utilisation of primary care appointments.Re-issuing of the L&U and MICS SPS to try and encourage direct referral out of the ED.Senior doctor to redeploy AAA to review all ambulance waits.Occupy patients to minor waiting area where more space if appropriateRegular escalation to YAS Ops supervisor to attend the ED when long handover times to support crews.NIC and CIC review all areas regularly and escalate any concerns for patient safety to senior leadership team.Regular announcements informing patients of ED waiting times and alternative health care services. <p>Footprint:</p> <ul style="list-style-type: none">Green Zone being used to mitigate loss of HDU cubicles.Paediatric has returned to its pre COVID footprint.Daily review of footprint to ensure appropriate utilisation.CCU available for COVID assessment.COVID plan for repurpose of alternative footprints has been developed.Minor waiting area used to stream paediatric minors when demand exceeds space in the PED.HD HDU cubicles now used as paediatric neonatal resus bays on Resus bays 4&5 can be used for ADP in Covid adult patients. <p>Staffing:</p> <ul style="list-style-type: none">Weekly Medical Staffing Meeting with Senior Manager and Clinical Lead oversight.CCU Senior Nurse Rota in place for 7 day cover.Trust wide Quality and Safety Matrix 7 day cover.Review of ENP/ANP/PPNP establishment to support pulled into nursing numbers on a daily basis.Shifts are regularly sent out to over cap and text messages to staff.Nursing vacancies filled but awaiting start dates.Daily messages appealing for locum/ help with supervisors to fill the doctors rota.	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 off-site 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.	31/01/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue		

3668	14/06/2023	Storr, Cary	Incident Reporting	People	There is a risk of significant delays in maternity theatre cases due to not having a 2nd resident ODP for maternity theatres. Prior to the Covid 19 pandemic the nucleus theatre staffing model did not provide a second ODP for maternity beyond 5pm. Due to the constraints imposed by COVID working, a second ODP was provided until 5pm. This is the preferred model of staffing and significantly reduces risk to 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. 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 UCLs. There is no scope to reduce this elective workload and if cases are delayed or postponed, they would become acute cases and increase the risk of poor outcomes. The requirement for the use of 2 maternity theatres whilst the elective list is ongoing is high.	31/12/2023	High	(6) Major	(3) May recur occasionally	Moderate	(6) Major	(1) Cannot believe that this will ever happen again	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. 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. 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.	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.	31/12/2023	Extreme	(6) Major	(4) Will probably recur, but is not a persistent issue
3357	22/02/2019	Holloway, Mark	Infection Control	Quality & Patient Safety Academy	There is a risk that we are not fully compliant with revised regulatory requirements for ventilation within theatres leading to an increased risk of infection.	31/03/2022	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	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. Overnight 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 AGPs. This includes labour ward. Additional risk assessments have been completed and managed through COVID 19 control 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 033 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 assessment and risk mitigation actions Estates department planned testing, validation and maintenance programme Estates department to develop business case for ventilation improvement work in collaboration with Divisional Leads, including new builds or refurbishments of clinical departments as necessary. Assurance reports to Divisional Governance to ensure risks and mitigating actions are monitored regularly Reports provided to Executive Team and Board Risk assessment, Clinical incident reports and audit of C Sections undertaken (by exception) in Mat theatre 2 and results reported through Div. Governance and IPCC. Review and risk assessment of theatre usage completed so that high risk procedures undertaken in theatres with compliant ventilation Risk assessment of Interventional radiology completed	JULY 2021 - PAPER APPROVED BY ETM TO CLOSE THIS RISK FOLLOWING THE COMPLETION OF THE MATERNITY THEATRE PROJECT. AFTER WHICH IMMEDIATE VENTILATION WILL BE COVERED BY RISK 3627 - CRITICAL INFRASTRUCTURE RISK. PAPER ATTACHED TO DATIX AS A DOCUMENT FOR REFERENCE.	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3385	08/09/2020	Arnth, Sigi	Risk Assessment	Quality & Patient Safety Academy	There is a risk that patients come to harm because an increase in the length of patient waiting times resulting from 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. 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. Some services had a significant back log of patients prior to the pandemic. Services have been unable to offer some treatment at 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. As a result, for some patients the extended waiting time will be significant leading to poorer clinical outcomes or more extensive treatments. 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. This risk is applicable to all service areas including elective pathways and follow-ups.	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue	High	(6) Major	(2) Do not expect it to happen again but it is possible	The Trust has developed a restart and a recovery programme including: •Effective & Surgical Prioritisation. An SOP is in place to support specialities in reviewing all patients on Inpatient PTL and prioritise the level of surgical priority using national guidance. Specialities 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 specialities receive theatre time for cancer, urgent and L2 elective cases. •Effective 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. Plans have identified timeframes for treating P1 & P2 patients in house. The Trust is engaging with external organisations to maximise the use of clinical capacity outside of the Trust for P3 & P4 patients. (There are some specialities including Ophthalmology and Paediatrics where access external facility will be limited) Staffing is regularly reviewed to optimize availability and capacity. Areas where staffing is most vulnerable are being targeted with additional work around recruitment and retention.	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 15 providers and further work being undertaken with A&E to deliver additional elective capacity. Prioritisation meetings have increased in frequency to improve the agility of the process. The care group are using the available theatre footprint to capacity with only sporadic loss of lists through short notice sickness/absence. The ENT theatres are anticipated to reopen in January which will increase the available surgical provision.	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue
3545	28/04/2020	Ngan, Helen	Risk Assessment	Quality & Patient Safety Academy	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 demerol (DVT) prevention) on the children's ward 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. 2 The provision of intensive care for children and young adults on the children's ward Children and young adults requiring intensive care should be managed in a PCU or ICU receptively with dedicated standardised equipment, skilled medical and nursing expertise. There are currently two children's stabilisation spaces at on Ward 10/12. Children are usually jointly managed in stabilisation to 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 PCU (Embrace arrives within 180 minutes maximum). With a likely lack of PCU and adult ICU capacity during Covid-19 children's services are anticipating a need to nurse children for longer periods of time on the ward. A third stabilisation space has been established, to ensure there is both a green and a separate red stabilisation space if a child is awaiting transfer (2 red stabilisation spaces and 1 green stabilisation space). Caring for 1-3 children/young adults in a stabilisation room will pose significant challenges for medical and nursing staff due to their potential length of stay which will be in excess of 180 minutes and may possibly be for days. This may compromise the care of all inpatient children on the ward. Children admitted to the ward for intensive care may include young adults/children with no existing comorbidities or those may be young adults/children with complex conditions. These include young adults/children receiving domiciliary ventilation or with a tracheostomy. 3 Insufficient critical care staff to manage intensive care (intubated/ventilated child) on the children's Although all paediatricians have received training in children's critical care during their career and are PALS competent and undertake regular SIM training, regular critical care, PCU visit and hands on updates are not undertaken. Reduced access to anaesthetists mean that the paediatrician will not be able to have the ongoing support of an anaesthetist for the duration of the child's stay as per current practice and will be expected to deal with sudden events such as tube dislodgement and manage the care of the intensively sick young adult/child on a ventilator in the stabilisation room. It is not currently envisaged that they would need to initiate intubation and sedation without support, but this may be a possibility if adult work loads intensify. Nurses with a stabilisation competency have completed their stabilisation competencies and have a valid EPLS course. As senior nurses they are not intensive care nurses and do not have the relevant PCU/ICU skills to care proficiently and troubleshoot a ventilator. 4 Children at end of life (EOL) may choose care in a hospice or at home. Children should not be brought to the ward for reorientation of care.	31/03/2022	High	(4) Major	(3) May recur occasionally	Moderate	(2) Minor	(3) May recur occasionally	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/PCU 6 Double middle grade cover until 23.00 during week 7 Advice line Embrace/PCU 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 reviewed as surge not as expected	31/03/2022	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3711	18/11/2021	Usch's 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 dietic 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 (NHS funding) Link with consultant dietitian at Northern regional hub (NCRH) 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 safety 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
3338	06/02/2020	Archie, 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	•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-ating 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
1340	30/01/2020	Dawker, 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	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 RELATE TO THE DUCK BILL 3 M. THIS WILL REMAIN AN ONGOING ISSUE FOR THE DURATION OF THE PANDEMIC OR UNTIL SUPPLY CHAINS ARE ESTABLISHED TO SUPPLIERS NATIONALLY. Frontline staff have been fit tested as per original protocols. Posters in clinical areas on fit check process, as an alternative, if not fit test available in extremis All staff trained to do a fit check when donning PPE Fit testing in place 7 days per week National infection prevention and control measures in place Staff advised that if they have not been fit tested they should not work in AGP areas Staffing Matron and site team to check staff have passed a fit test before moving to AGP area	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	18/05/2021	Archie, Sajid	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	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: 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. The risk arises from the due to: 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 terminated 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 meaning the airflows immediately prior to the filter will not match the airflows the filters are designed to work with. 5.The materials and design of the unit do not support efficient cleaning of the unit - cabinets are old and damaged and the ceiling is of a modified in grid type formation. 6.The unit has begun to fail some of the environmental monitoring tests which means failure is more likely. 7.The MHRA and the Regional Quality Assurance Pharmacist both commented on the condition of the unit at their last regulatory inspections issuing the Trust with a Major concern and significant risk respectively.	01/01/2022	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	Environmental Monitoring and SOPs 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 regimes. 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 Preventive Actions (CAPA) to minimise the chance of the deviation occurring again. In the event of a change in practice 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 addition to this the active air sampling in the rooms was increased from quarterly to monthly. Colleagues working in the unit continue to monitor the settle plates to identify any colony forming units which would potentially indicate a further deterioration in the cleanliness of the unit. Workload Colleagues have looked to outsource what work they can to other NHS units and third party providers. In addition to this they have looked to standardise some of the products produced meaning that the workload in the unit is such that sufficient time can be given to ensuring the unit is clean and the QMS is followed. Contingency Plans Contingency plans are being worked up with colleagues at Airedale NHS Foundation Trust which would mean if the unit did fail and/or was issued a stop notice work could be temporarily transferred to utilise whatever spare capacity AHS&T has to offer. In addition to this colleagues from the WYATT trusts have been asked to consider if Estate Works Colleagues from estates have visited the unit and along with advice from BTHFT's Consultant Nurse for infection prevention and control have identified a number of actions which could be taken immediately, including some minor works, which would help to address some of the issues with the unit. Consultants have also been brought in to understand what action, if any, could be taken to address the AHI, associated pipework and filter housings. New Unit A short-life working group has been established to manage the existing risk and to work up options as to the potential mid to long term solutions for the unit. Such options may include, a new unit, an extensively refurbished unit, or a decision to close the unit and seek support from elsewhere. In addition to this the group will work with the unit's customers to build greater resilience in to their workflows in order to support the functioning of the unit and ultimately the care to the trust's patients. This group will also look to better quantify the consequences, in terms of patient care, of a unit failure / shut down.	Additional steps have been taken to increase cleaning regimes and environmental monitoring. Workload has been reduced to ensure these regimes 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.	31/12/2021	Extreme	(4) Major	(4) Will probably recur, but is not a persistent issue

3473	14/10/2019	Jago, 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. Impact on schooling and Education.</p> <p>There is also a risk to Children Looked After and awaiting adoption. Delay in LA may lead to missed opportunity to identify medical needs. 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. 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. Potential for media interest due to court and judge rulings.</p> <p>There is a risk to staff. Significant demands in all areas of work. Concerns regarding potential impact on staff health at current time. High likelihood of losing staff or prevent time with associated impact on the service.</p>	10/02/2022	High	(1) Moderate	(4) Will probably recur, but is not a persistent issue	(2) Do not expect 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. BSCCT funded and recruited additional GPs 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. December 2021 – no change to previous update provided in November</p>	10/02/2022	Extreme	(1) Moderate	(1) Will unduly recur, possibly frequently
3404	31/05/2019	Holmes, Sara	Escalated from Division	People	<p>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.</p> <p>This could impact on:</p> <p>• Patient safety</p> <p>• Ability to provide 1 to 1 care to all labouring women.</p> <p>• Possible closure of beds and services.</p> <p>• Patients may require divert for care at another Trust.</p> <p>• Staff job satisfaction.</p> <p>• Maternity unit reputation.</p>	31/01/2022	Extreme	(1) Moderate	(5) Will unduly recur, possibly frequently	(3) May recur occasionally	<p>WTE establishment</p> <p>Recruitment in progress.</p> <p>Effective use of the managing attendance policy.</p> <p>Effective use of the escalation policy.</p> <p>Requests for Bank staff THR and Agency.</p> <p>Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement.</p> <p>On call senior midwife rota covers all unusual hours. Senior midwifery management team/Chief nurse team</p>	<p>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.</p> <p>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.</p> <p>Current midwifery vacancy rate 10.03 WTE. Maternity Leave 11.4 WTE</p> <p>Newly Qualified Midwifery 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.</p> <p>Short term sickness and absence currently compounded by increased number of staff required to isolate due to Covid track and trace.</p> <p>Trust wide THR incentives of 40% for all qualified staff and 20% for support staff are in place and being promoted.</p> <p>Note that we are also entering peak holiday period.</p> <p>Staffing position not expected to improve between now and October.</p> <p>Although funding has been approved to recruit to enable 100% continuity there will be challenges recruiting to all 32.2 WTE posts in addition to the 10.03 WTE gap in establishment. A recruitment drive is ongoing and ideas for posts with specialist interest are being explored.</p>	31/01/2022	Extreme	(1) Moderate	(5) Will unduly recur, possibly frequently
3686	20/07/2021	Smith, Carly	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk that the antenatal clinic (ANC) waiting area is not fit for its current and future purpose</p> <p>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.</p> <p>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 women and her pregnancy/support partner (NHS England directives 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.</p> <p>A typical morning session for appointments is:</p> <p>• 483 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.</p> <p>• 421 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).</p> <p>• 7 women for planned antenatal day unit appointments.</p> <p>• There may be up to 6 women waiting for the maternity assessment centre at any one time but unplanned care is impossible to predict.</p> <p>The space is also shared by the Gynaecology team for outpatient clinics for general outpatient clinics, specialist gynaecology cancer clinics, and reproductive medicine clinic.</p> <p>Using these typical numbers it is clear that the area is not large enough to meet the needs of the service. Additional chairs have been recently distanced in the corridor to accommodate the volume of attendees but this still poses a challenge and often difficulties in meeting the social distancing requirements and compromise privacy and dignity.</p> <p>In addition, due to the location of the maternity assessment centre any woman requiring emergency transfer to Labour Ward has to be navigated through the antenatal clinic area.</p>	28/02/2022	Extreme	(1) Moderate	(5) Will unduly recur, possibly frequently	(1) Cannot believe that this will ever happen again	<p>• Several reviews of the area have been undertaken by the Estates team with OMS programme, Building Fit for Future Work stream Leads.</p> <p>• Suggestions re improving and extending the existing space have been made but have never come to fruition and no plan evident with a timeframe</p> <p>• Meeting with Director of Estates has taken place</p> <p>• Review of clinic templates and capacity and demand is ongoing but there is a clinical need for the appointments.</p> <p>• Alternative venues throughout the Trust for gynaecology and the glucose tolerance test clinics have been explored but nowhere suitable has yet been identified.</p> <p>• 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.</p> <p>• Microphones for the periscope screens have been installed</p>	<p>Building works to have financial approval and be project managed to agreed time scales</p> <p>Temporary buildings (ie portacabins) to be erected during building works to enable business continuity</p> <p>Alternative accommodation for Gynaecology, reproductive medicine and GTT services to be considered</p> <p>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.</p> <p>Microphones for the Periscope screens have been installed</p>	31/03/2022	Extreme	(1) Moderate	(5) Will unduly recur, possibly frequently
3599	21/10/2020	Bennett, Dr Carmel	Incident Reporting	Quality & Patient Safety Academy	<p>Ward 25 new houses the Acute GATU service and is open from 7.30am until 8pm 7 days a week. This is a suitable space in which to see, assess and manage acute Gynaecology admissions and is close to theatre for any emergency cases. Dedicated gynaecology nursing staff also work on the 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.</p> <p>Gynaecology patients are admitted to various mixed surgical wards dependent 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.</p> <p>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	(1) Moderate	(5) Will unduly recur, possibly frequently	(1) Cannot believe that this will ever happen again	<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 WHU in the morning 8-12 to cover a time when the acute gynae team are on ward rounds in the main hospital. These ward 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>	<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 Diatemy decide that the service is not supporting trainees and that there is a clinical risk when rostering juniors to work independently without support.</p>	31/01/2022	Extreme	(1) Moderate	(5) Will unduly recur, possibly frequently

3637	14/04/2023	Darwish, Karen	Risk Assessment	Quality & Patient Safety Academy	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.	31/12/2023	Extreme	(5) Catastrophic	(3) May occur occasionally	High	(5) Catastrophic	(2) Do not expect to happen again but it is possible	<ul style="list-style-type: none"> Unplanned patients requiring AGP's should be admitted to available single side rooms in the Green zone of ward 31. 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. Respiratory Consultant/Team clinically assess each patient for COVID-19 risk, daily; 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 discharges obeds in the dedicated green respiratory HDU (AGP bay) should be spaced at least 2 metres apart. 	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	08/06/2028	Akhyal, Harshah	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 PHG guidance as the theatres provide negligible airflow 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	<p>Restricted use of theatre 2.</p> <p>Only to be utilised in a very urgent emergency when there is no other option available.</p> <p>Interim update: Theatre 2 is the theatre of choice during the COVID pandemic; see attached risk assessment.</p>	<p>20 Weekly data reports are submitted for the number of times theatre 2 is used</p> <p>Continue with surgical site infection surveillance audit. 1st 7 weeks of audit completed which found a reduction in confirmed infection to 11%.</p> <p>C section surveillance data will be provided to the IPCC every 2 months as an update report</p> <p>IPC inspection of theatres to take place with Matron Monthly</p> <p>A data must be reported for all cases where the 1 hour down time is not achieved between cases</p> <p>Maternity Theatres Build and Labour Ward Theatre extension and ventilation project</p> <p>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</p>	31/01/2022	Extreme	(5) Catastrophic	(3) May occur occasionally
3468	11/10/2019	Azith, Saji	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 an-coded activity. Reputational harm from reporting inaccurate data / performance.	31/12/2023	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	High	(3) Moderate	(3) May occur occasionally	<p>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.</p> <p>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.</p> <p>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.</p> <p>DQ error clearance – where errors are not corrected at source they drop into one of three cohorts (covered by multiple DQ KPI). Master Patient Index (MPI) errors are covered by informatics, pathway and activity errors are covered by the Central Access Team. Mapping issues are monitored weekly as they drop onto a single queue. These are reviewed centrally and where possible corrected. If central correction isn't possible CBU teams are instructed to re-order the next step and this is monitored until complete.</p> <p>Despite these controls the number of errors highlighted by DQ KPI remains high and this means corrections are made for priority cohorts only. Themes from these corrections feed into the fortnightly issue resolution meeting.</p>	<p>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.</p>	31/12/2023	Extreme	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3591	23/09/2020	Hickey, Joanne	Risk Assessment	Quality & Patient Safety Academy	There is a risk to the Trust as we are none compliant with ventilation requirements; •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 13 Pathology Services. •Infection control risk due to non-compliance: potential issue relating to Covid 19 pandemic •Delay in repatriation of TB service Added 19/04/21: Processing of respiratory viral samples for Sars-COV-2 testing within Laboratory 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)	31/01/2022	High	(4) Major	(3) May occur occasionally	High	(4) Major	(2) Do not expect 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 Personal Protective Equipment (PPE) used within the laboratory, including face masks in line with Covid 19 Temporary transfer of TB work to level 4 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</p> <p>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</p> <p>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> <p>High volumes of staff working in the area on daily basis – increased risk to persistent small levels of exposure, risk of exposure to high levels during spillage incident</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>A poor standard of plant 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	(1) Moderate	(4) Will probably recur, but is not a persistent issue	(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	(1) Moderate	(15) Will undoubtedly recur, possibly frequently
3157	27/10/2017	Said, Or Sumita	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>	22/01/2022	Extreme	(1) Moderate	(5) Will undoubtedly recur, possibly frequently	(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. TMR / Agency employed in exceptional circumstances.</p> <p>Jan 2022 - Neonatal already part of the M15 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. B155 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 region, palliative care and resident parents. Remaining families will continue with subsidised parking for the duration of the pilot. - completed 06/11/18</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 28/05/2021 by 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 Physio cover now. Update Oct 21. Both services and nurse staffing RA's reviewed and updated No change to either score Staffing remains very problematic but plans in place services See attached RA's for further detail. Update Nov 2021 Nurse Staffing element reviewed Risk increased to 15. oMany leavers. Higher vacancy gap with further resignations December 2021 - no change to previous update provided in October</p>	31/01/2022	Extreme	(1) Moderate	(5) Will undoubtedly recur, possibly frequently