Bradford Teaching Hospitals NHS Foundation Trust

High Level Risk Movement Log

Report date	11/02/2022
Prepared by	Sheridan Osbourne
Prepared for	ETM 14/02/2022

Rating
15 to 25 Extreme
8 to 12 - High
4 to 6 - Moderate
1 to 3 - Low

NEW RISKS TO HIGH LEVEL RISK REGISTER

ID	Date of entry	Assuring academy	Description	Lead Director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Rating (Residual)
3741	26/01/2022	People, Quality & Patient Safety Academy	Impact of VCOD on Facilities Services and ability to maintain adequate service provision due to loss of unvaccinated staff	Holloway, Mark	Keasey, Charlotte	16	review rota gaps on a weekly and daily basis and use agency to fill gaps where possible Recruit vaccinated staff	31/03/2022	Keasey, Charlotte	16	8
3744	27/01/2022	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	Dawber, Karen	Freeman, Sarah	20	08/02/2022 •A further overseas recruitment campaign has been approved at ETM – permission granted for the funding of 50 overseas staff targeting difficult to recruit areas such as: paediatrics, critical care and urgent care •ETM have also approved Just R social media campaign to support recruitment •The "Ongoing Senior Nurse Oversight" has transitioned back to the Matrons and DADN's after a supportive period during surge when the Chief nurse team took on this role. •DADN/matron walk rounds occur daily to ensure staff can raise any concerns. 40 Datix incidents reported for 2022 re staffing concerns, the top 3 areas were from ED, Ward F5, and cardio respiratory department •The staff volunteer hub has now closed as services move back to business as usual and the focus on recovery and restart picks up pace. •Covid vaccination – continuing to encourage front line staff to be vaccinated through information giving and supportive conversations whilst respecting personal choice. •We have reviewed the staffing model around the COVID19 wards and NIV service on wards 23 and 31. This has been presented by the Chief nurse at ETM. This will be reviewed again in 6 months time. Additional control measures: •Continuing participation in recruitment initiatives, including overseas. •Work focused on recruitment and retention. •Development of Senior Nurse Quality Oversight Team. •Ensure continued provision of visible, senior nurse leadership to provide ongoing support so that staff feel safe to raise concerns and discuss issues that are concerning them. •Continual review of workforce resourcing in line with ward reconfiguration, emerging and updated National agreed standards and Covid 19 guidance. •Review and complete the Covid 19 risk assessment tool to ensure reasonable adjustments are in place and appropriate. •Ensure all frontline staff has received their Covid 19 vaccination to ensure the conditions of deployment regulations that take effect from 1 April 2022 are met. •Review safer nursing budgets and workforce establishments as part of the 6 month and annual review process. •Ensure workforce requirements are reviewed and meetings increased in line with changing demand and staffing position. •Ensure staff health and wellbeing remains a priority and that staff are encouraged to take days off and approved annual leave. •Support staff flexible working pattern requests wherever possible. •Ensure appropriate fit testing and training has been completed. •Review and monitoring of workforce data sickness and absence rates and actively managing to support staff return to work. •Ensure changing national guidance, updates and SOPs are communicated in a timely way. •Establishment of redeployment hub to support deployment of non-clinical staff. •Support staff to raise and escalate concerns about quality of care or ward / service reconfigurations. •Continue to encourage staff to report near misses and incidents to promote safe environments and a learning culture. •Review opportunities to redeploy Clinical Nurse Specialists and Research nursing workforce. •Encourage workforce to practice self-care, participate in wellbeing initiatives and access the resources available, promoted and provided by the Trust.	30/12/2022	Freeman, Sarah	20	12
3725	17/01/2022	People	There is a risk to patient safety and service delivery due to the new legislative requirement that means that staff who are deployed for the provision of CQC regulated activity must be vaccinated as a condition of their deployment. This means that staff must have a 1st vaccine by 3/2/2022 and their 2nd vaccine by the 31/3/2022. Staff who chose not to be vaccinated if there is no redeployment option will have to be dismissed leading to gaps in staffing, service provision.	Campbell, Pat	Lal, Faeem	20	additional Q&A and targeted engagement sessions by staff group assurance from agencies regarding temporary staff supply additional recruitment activity including international recruitment 1 to 1 meetings with staff communications campaign to continue to improve uptake review of vaccine offer	31/03/2022	Lal, Faeem	20	9
3730	18/01/2022	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust. (This risk supersedes Risk 3480. A care group specific risk will be reinstated once this risk reduces to 12).	Dawber, Karen	Hartley-Spencer, Adele	20	Continuing participation in recruitment initiatives, including overseas. Work focused on recruitment and retention. Development of Senior Nurse Quality Oversight Team. Ensure continued provision of visible, senior nurse leadership to provide ongoing support so that staff feel safe to raise concerns and discuss issues that are concerning them. Continual review of workforce resourcing in line with ward reconfiguration, emerging and updated National agreed standards and Covid 19 guidance. Review and complete the Covid 19 risk assessment tool to ensure reasonable adjustments are in place and appropriate. Ensure all frontline staff has received their Covid 19 vaccination to ensure the conditions of deployment regulations that take effect from 1 April 2022 are met. Review safer nursing budgets and workforce establishments as part of the 6 month and annual review process. Ensure workforce requirements are reviewed and meetings increased in line with changing demand and staffing position. Ensure staff health and wellbeing remains a priority and that staff are encouraged to take days off and approved annual leave. Support staff flexible working pattern requests wherever possible. Ensure appropriate fit testing and training has been completed. Review and monitoring of workforce data sickness and absence rates and actively managing to support staff return to work. Ensure changing national guidance, updates and SOPs are communicated in a timely way. Establishment of redeployment hub to support deployment of non-clinical staff. Support staff to raise and escalate concerns about quality of care or ward / service reconfigurations. Continue to encourage staff to report near misses and incidents to promote safe environments and a learning culture. Review opportunities to redeploy Clinical Nurse Specialists and Research nursing workforce. Encourage workforce to practice self-care, participate in wellbeing initiatives and access the resources available, promoted and provides by the Trust.	30/04/2022	Hartley-Spencer, Adele	20	12
3732	20/01/2022	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	Dawber, Karen	Dawber, Karen	20	Continuing participation in recruitment initiatives, including overseas. Work focused on recruitment and retention. Development of Senior Nurse Quality Oversight Team. Ensure continued provision of visible, senior nurse leadership to provide ongoing support so that staff feel safe to raise concerns and discuss issues that are concerning them. Continual review of workforce resourcing in line with ward reconfiguration, emerging and updated National agreed standards and Covid 19 guidance. Review and complete the Covid 19 risk assessment tool to ensure reasonable adjustments are in place and appropriate. Ensure all frontline staff has received their Covid 19 vaccination to ensure the conditions of deployment regulations that take effect from 1 April 2022 are met. Review safer nursing budgets and workforce establishments as part of the 6 month and annual review process. Ensure workforce requirements are reviewed and meetings increased in line with changing demand and staffing position. Ensure staff health and wellbeing remains a priority and that staff are encouraged to take days off and approved annual leave. Support staff flexible working pattern requests wherever possible. Ensure appropriate fit testing and training has been completed. Review and monitoring of workforce data sickness and absence rates and actively managing to support staff return to work. Ensure changing national guidance, updates and SOPs are communicated in a timely way. Establishment of redeployment hub to support deployment of non-clinical staff. Support staff to raise and escalate concerns about quality of care or ward / service reconfigurations. Continue to encourage staff to report near misses and incidents to promote safe environments and a learning culture. Review opportunities to redeploy Clinical Nurse Specialists and Research nursing workforce. Encourage workforce to practice self-care, participate in wellbeing initiatives and access the resources available, promoted and provides by the Trust.	02/01/2023	Dawber, Karen	20	12
3630	10/03/2021	People, Quality & Patient Safety Academy	Staffing shortages are compromising the ability of the Children's community team to provide the level of respite care that has been agreed with the CCG. Measures to improve staffing cover are ongoing but a significant gap remains. This is a risk to patient safety as parents/carers might be required to deliver unsustainable periods of care to very vulnerable children, there is also additional risk to the staff and service as described in the attached risk assessment"	Dawber, Karen	Guest, Robert	9	4.16 wte HCSW to be recruited Went out to advert Dec 2.57 wte as that was the vacancy at the time. Increases request to 4.16wte when further staff gave notice. Interviewed late Jan. 4.16wte to be appointed but awaiting HR and DBS. Once in post these staff will take a min of 4 to 6 weeks train up so that an impact can be felt.	31/03/2022	Steele, Jamie	16	12

HIGH LEVEL RISKS THAT HAVE CHANGED IN SCORE

ID	Date of entry	Assuring academy	Description	Lead Director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Previous Rating
3637	14/04/2021	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 leading to a risk from the transmission of undiagnosed COVID-19 infection.	Dawber, Karen	Dawber, Karen	15	December 2021 - we continue to manage the IPC processes within Green areas. All patients outside of ward 23 requiring AGP are nursed in sidewards. Likelihood reduced to 4	31/03/2022	Chadwick, Claire	12	15
3540	30/03/2020	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	Dawber, Karen	Dawber, Karen	16	December 2021 - Fit testing clinics in place, supported by PPE hub. Robust process for recording staff status. Mitigations in place have now reduced the likelihood to 3 from 4, resulting in a revised risk of 12.	01/04/2022	Chadwick, Claire	12	16

3585	08/09/2020	Quality & Patient Safety Academy	There is a risk that patients come to harm due to increased waiting times as a result of insufficient elective capacity. There is a risk that patients will come to harm due to increased waiting times for diagnosis and treatment as a consequence of insufficient capacity to clear all waiting list backlogs. Capital estate work is underway that will allow expanded and ring fenced elective bed base. While this complete inpatients capacity continues to reduced with changing surges in COVID infection rates. Ward nurse staffing will continue to constrain expansion. Theatre establishment numbers have reduced capability to return to running pre-pandemic elective session numbers but recruitment to pre-pandemic baseline, bank and agency and increasing use of insourcing is allowing us to increasing address backlogs. Continued prioritization of waiting list to identify any further patients who could be operated on at the independent sector.	Azeb, Sajid	Azeb, Sajid	16	14/01/2022 - Changes to estates and staffing has reduced the current likelihood of harm from likely to possible.	31/03/2022	Taylor, James	12	16

HIGH LEVEL RISKS THAT HAVE BEEN REMOVED/CLOSED

ID	Date of entry	Assuring academy	Description	Lead Director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation	Action plan lead	Current Rating	Residual Rating
3720	05/01/2022	Quality & Patient Safety Academy	The Omicron and Delta variant are existent globally with the Omicron variant spreading 4 times more rapidly. This rapidity of spread is having a major impact on the workforce at Bradford Teaching Hospitals NHS Trust with the following implications: 1) Sudden increase in staff absence due to CoVid 19 positive status 2) Sudden increase in staff isolation awaiting swab cross all specialties and the Multi-disciplinary team will severely affect numbers of staff arriving for duty each shift. 3) Coupled with a higher than average absence rate due to other factors (some staff with long Covid) there is the potential for a further reduction in our ability meet daily establishment numbers. 4) The situation will become worse over the coming weeks. 5) As all specialties local, regional, national are affected both in children and adults there are few or no areas to draw extra staff from. 6) Children/Neonates admitted will receive a greater patient to nurse ratio. 7) Existing risk assessments impacted by CoVid 19 (see existing RA for community). 8) Steps taken to reduce infection risk for staff may increase staff absence (FFP3 masks) 9) Receive an increase in risk incidents/complaints 10) Potential testing of parents may increase lone children on the ward. 11) Cancel study time.	Dawber, Karen	Jepps, Helen	16	1. Staff providing weekly update to JS, MW 2. Parents provide more of the care bathing, washing ,dressing, feeding, many families provide complex care for their child 3. Some specialist nurses may be able to spend some time on the ward 4. Ward clerks, secretaries to assist with phone answering and breakfast round, refreshment round for staff 5. Use staff that are in other Trust roles (education, research) 6. Chase swab results for staff to ensure back to work status 7. Ensure vaccination status (encourage x 3 booster) 8. Clinics become virtual or stop to enable utilization if possible of OPD staff 9. Matrons and ADN to work clinically 10. ANPs to join nursing numbers if medical staff available 11. Staff to work from home where possible to prevent spread of infection RA updated see attached V2 13.01.2022	13/02/2022	Rushforth, Kay	16	3
3204	15/01/2018	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)	Dawber, Karen	Dawber, Karen	20	OCTOBER 2021 -COVID Command and control structure remains in place AUGUST 2021 - Risk updated and increased to 20. Further impact of staff sickness, annual leave, tiredness, vacancies. New starters planned from September onwards. Overseas recruits are arriving and in training. Enhanced rates for staff to do extra implemented. Repeat risk assessments are currently being undertaken, the risk will close on the 31/1/22 with a view to escalating to strategic risk register and redefined given the reviewed risk assessment JUNE2021 - Risk remains consistent and is managed on a daily basis. All controls in place MARCH 2021 - STAFFING LEVELS ARE IMPROVING WITH REDUCTION OF COVID WARDS AND REDUCTION IN SEICKNESS - REVIEW OF INCIDENTS DEC - FEB(INCLUSIVE) SHOWED 47 INCIDENTS IN TOTAL 41 NO HARM 6 LOW HARM	30/11/2021	Hilton, Joanne	20	10

HIGH LEVEL RISKS THAT HAVE PASSED THEIR REVIEW DATE

ID	Date of entry	Assuring Academy	Description	Lead Director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Review Date
3538	06/03/2020	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.	Azeb, Sajid	Gold, Tim	16	05/01/22: Escalation to a Level 4 incident. Local command and control structure updated to reflect the change in national status. Winter and COVID surge plan updated to reflect anticipated pressure. ED works completed. Ward 2&5 scheduled to complete mid January to then release ward 20/21 which will allow for potential further bed base expansion. P1 and P2 surgery continues and have the support of independent sector and insourcing to help deliver elective activity. IPC risk assessments being completed and reviewed to further protect pts and staff from COVID transmission. 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. 15/04/21: Risk position unchanged. Mitigation listed at 18/03 remains in place. Ward reconfiguration work is progressing and long waiting patients continue to be clinically reviewed and surgical patients P-rating altered in line with a change in clinical urgency. Operational surge plan being development to support management of potential fourth covid surge in May/June 21.	31/012/2021	Gold, Tim	16	31/01/2022
3598	19/10/2020	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 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 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 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.	Dawber, Karen	Rushforth, Kay	12	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	06/02/2022	Rushforth, Kay	20	06/02/2022
3467	10/10/2019	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.	Azeb, Sajid	Lacy, Louise	20	7.2.22 No changes to insourcing and ISP, waiting list continues to improve. Capacity and demand work on going, to analyze any capacity/demand changes from pre covid levels and agree mitigation for any shortfall. Expected to complete End Feb 22. 10/1/22 Insourcing remains in place and support ISP. Continued positive impact on waiting list for both 2ww cancer and DMO1, however requires close monitoring due to rise in Omicron, staffing absence and patient compliance (DNA swab) 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. 17.8.21 Insourcing commenced from July 21 for 3 months, positive impact on waiting list. Service exploring increasing ISP activity to include fast track, to ensure routine in house only expertise can be delivered. 17.06.201 An insourcing proposal has been approved by ETM on 14/06/21 which is set to commence from 3rd July for a period of 3 months. If successful this will provide capacity for circa 700 additional spells and will have a significant impact on the total waiting list. 14.4.21- All 6 rooms now fully operational. Utilization remains varied due to multifactorial issues e.g. positive results, staffing, patient compliance. The service continues to utilize capacity at the independent sector (YC) and has agreed a subcontract with Westcliffe. The service is exploring an additional ISP and an outsourcing company. Discussions are on going re in house additional PRA and conversion of OPD to Endoscopy sessions.	31/03/2022	Lacy, Louise	20	31/01/2022
3489	29/10/2019	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.	Dawber, Karen	Dawber, Karen	9	DECEMBER 2021 - Risk is being reviewed and re written due to increasing pressures of COVID. This Risk will close on the 31/1/2022 and be replaced with one combined risk covering all aspects of nursing and midwifery staffing. OCOTBER 2021 - We continue to manage on a day to day basis with additional support AUGUST 2021 Staff are under increasing pressure due to the continuation of COVID and the demands on the service. This is impacting on short and long term sickness absence and the overall moral of the workforce. Risk increased to 20 JUNE 2021 This continues to be a significant risk and is managed very carefully with senior oversight MARCH 2021 - WITH REDUCTION IN COVID PATIENTS AND CHANGING OF WARDS MORE SUSTAINABLE STAFFING MODELS IN PLACE JANUARY 2021 - STAFF REMAIN UNDER A HUGE AMOUNT OF PRESSURE AND INFRASTRUCTURES ARE IN PLACE TO MONITOR / REACT AND REPSOND. INCREASING AND SUSTAINED NUMBERS OF COVID PATIENTS REQUIRING CRITICAL CARE / NIV IMPACTING ON THE AVAILABILITY OF STAFF. MITAGATION PLANNED IN NEXT 4 WEEKS - 41 HCA'S INTERVIEWED WITH A VIEW TO JOB OFFERS, OVERSEAS RECRUITMENT COMMENCED, 70 3RD YEAR STUDENTS TO COMMENCE 12 WEEK CLINICAL PAID PLACEMENTS.	31/03/2022	Hilton, Joanne	20	31/01/2022