All Open Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 11.02.2022)

ID	Date of entry	Lead Director	Risk Lead	Source of risk	Assuring Academy	Description	Next review date	Risk Rating (Initial)	Consequence (Initial)	Likelihood (Initial)	Risk Rating (Residual)	Consequence (Residual)	Likelihood (Residual)	Existing control measures	Current Summary of risk treatment plan/mitigation	Target date	Risk Rating (Current)	Consequence (Current)	Likelihood (Current)
3489	29/10/2019	Dawber, Karen	Dawber, Karen	Trust Wide Risk	People	There is a risk that staff will have a poor experience (leading to reduced health and wellbeing, reduced retention rates, reduced performance and increased risk of errors) due to reduced staffing levels and the need to move staff.	31/01/2022	9	(3) Moderate	(3) May recur occasionally	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	Daily staffing huddles to review actual v planned staffing against acuity levels on each area. Use of professional judgement to supplement the information from SafeCare. Use of temporary staffing (bank / agency) where available to cover gaps in staffing rotas. Newsletter for staff to provide an update on all measures being taken to improved staffing, which included an "etiquette for staff being moved" Recruitment and retention plan in place and the Trust is now a member of the NHSI cohort 5 recruitment and retention collaborative.	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.	31/03/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3467	10/10/2019	Azeb, Sajid	Lacy, Louise	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.	31/01/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	8	(4) Major	(2) Do not expect it to happen again but it is possible	3/12/19. A plan has been developed to clear the surveillance backlog. See control measures for risk 3154 (operational, administrative and performance controls) Consultant and senior nurse review of all Datix reports related to delays in diagnosis, and subsequent clinical review to evaluate harm to patients Application of Trust Incident policy where harm is identified Trust Quality Oversight System Appointment of additional colorectal consultant post (approved by BoD)	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.	31/03/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3598	19/10/2020	Dawber, Karen	Rushforth, Kay	Escalated from Governance Committee	Quality & Patient Safety Academy	There is a risk that CYP admitted to children and adult wards in mental health crisis have variation in their practice/care. There is no policy to manage physical restraint and or rapid 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. Deprivation of liberty for CYP.Holding CYP in room isolated without social interaction , lack of appropriate resources.	06/02/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	6	(2) Minor	(3) May recur occasionally	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 floater, CAMH worker). Use of security to detain CYP on any ward. extra security used when CYP requires 2:1/3:1 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/swipe 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 nursesFunding 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 (x4 = 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/BRI) No medical training in self-harm.Legal team called at earliest opportunity to discuss case and course of action	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	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3627	10/02/2021	Holloway, Mark	Threlkeld, Iain	Business Continuity	Quality & Patient Safety Academy	If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced. The Trust has identified backlog maintenance and critical risk remedial works calculated at £65m of net cost and circa £90m gross (excluding associated asbestos abatement estimated at a further £30m). Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expediential life expiry of the estate.	31/12/2021	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	8	(4) Major	(2) Do not expect it to happen again but it is possible	•An identified backlog maintenance programme of work has been identified •Risk assessments and weighted assessments for backlog risk prioritisation has been undertaken. •A current facet survey inspection has been undertaken to identify and allocate funding resources. •Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.	•The formal submission on 30th April 2021 of SOC to NHSE/I to seek capital funding for new development this is now being reviewed for progression to a formal business case . The Bradford and Craven Estates strategy has been updated to include the SOC as part of the regional estates strategy plans. The SOC has been provided to the West Yorkshire and Harrogate ICS for support and approval. •Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR). Approval at ETM for £1m to support backlog maintenance program in 21/22. •Seek additional NHSE/I capital funding resources.	31/05/2021	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3744	27/01/2022	Dawber, Karen	Freeman, Sarah	Risk Assessment	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.	31/03/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	Processes in place:•E-rostering established in all clinical areas •Datix incident reporting and escalation where indicated•Risk and safety huddles (daily Monday-Friday)•Workforce and Quality Matron huddle/oversight (3 x daily, 7/7)•Quality and Safety audit programme (weekly)•Non-clinical staff re-deployment hub established•Assessment of acuity and dependency (safe care) (2 x daily) •Staffing RAG (planned V actual) completed each shift•Staffing RAG produced shared with the SitRep 4 times per day and circulated to all Senior Trust managers•Redeployment of staff to support safe minimum staffing levels on wards and within departments•Bank staff and flexible workforce including the Responsive workforce team are used where possible to fill vacant shifts •Agency staff are used if available to fill vacant posts•Specialist agencies are used to try to fill shifts in areas of significant specialism (such as Renal dialysis & Chemotherapy)•Opening hours of the vaccine hub reduced to 2 days per week to release staff•Establishment reviews completed and agreed in line with national guidance with additional funding identified by the Trust to support a number of areas•Risk assessments in place for all staff and informal wellbeing conversations taking place•Routes for escalation of concerns, e.g. incident reporting, matrons•Freedom to speak up guardians in place•Senior nursing cover provided every weekend to support on-call if on-call manager is not a Senior nurse•Where movement of staff is required into areas where they may not have all the competencies required to work in that specialty there is a professional understanding that should be a substantive nurse working on the ward. Where this isn't possible a Matron is available to provide support•Good stock and supply of PPE available for staff from the hub•Dedicated PPE hub and allocated staff in operation•IPC oversight•Dedicated swabbing team•Policies and standard operating procedures in place•Continuing participation in national audit programme•Patient experience oversight•Command Centre team including a Clinical Site Matron on duty 24/7 monitor the site using the Wall of Analytics which includes the Deteriorating patient tile•Review and adoption of relevant National guidance including guidance from professional bodies where indicated•National guidance and SOP in place requiring staff to complete and report bi-weekly lateral flow device results (6/1/22)•Individual Risk and quality impact assessments •Staff supported to work in other areas as per individual risk assessments•Thrive - a community where everyone can learn, grow and reach their full potential. A place where staff feel heard, are always treated with dignity and respect and are trusted to do their job.•Occupational Health Support and access to psychological services in place•Weekly Wednesday bulletin circulated to signpost staff to health and wellbeing support and available services •Senior nursing and quality oversight roles/senior leadership in place. Monitoring and review meetings:•Safety Event Group (SEG) (weekly)•Quality of Care Panel (QuOC) (weekly) with	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.	30/12/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3725	17/01/2022	Campbell, Pat	Lal, Faeem	Trust Wide Risk	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.	28/02/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	Engagement sessions with staff to reassure them re vaccine and encourage uptake. On site vaccination offer 1 to 1 meetings Psychology offer [motivational interviewing] Increase in recruitment activity to try to mitigate gaps Partnership working with trade unions to encourage uptake Pragmatic application of the regulations	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	20	(4) Major	(5) Will undoubtedly recur, possibly frequently

3730	18/01/2022	Dawber, Karen	Hartley-Spencer, Adele	Escalated from Division	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).	28/02/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	•E-rostering established in all clinical areas•Datix incident reporting and escalation where indicated•Risk and safety huddles (daily Monday-Friday) •Workforce and Quality Matron huddle/oversight (3 x daily, 7/7)•Quality and Safety audit programme (weekly)•Non-clinical staff re-deployment hub established•Assessment of acuity and dependency (safe care) (2 x daily) •Staffing RAG (planned V actual) completed each shift•Staffing RAG produced shared with the SitRep 4 times per day and circulated to all Senior Trust managers•Redeployment of staff to support safe minimum staffing levels on wards and within departments•Bank staff and flexible workforce including the Responsive workforce team are used where possible to fill vacant shifts •Agency staff are used if available to fill vacant posts•Specialist agencies are used to try to fill shifts in areas of significant specialism (such as Renal dialysis & Chemotherapy)•Opening hours of the vaccine hub reduced to 2 days per week to release staff•Establishment reviews completed and agreed in line with national guidance with additional funding identified by the Trust to support a number of areas•Risk assessments in place for all staff and informal wellbeing conversations taking place •Routes for escalation of concerns, e.g. incident reporting, matrons•Freedom to speak up guardians in place•Senior nursing cover provided every weekend to support on-call if on-call manager is not a Senior nurse•Where movement of staff is required into areas where they may not have all the competencies required to work in that specialty there is a professional understanding that should be a substantive nurse working on the ward. Where this isn't possible a Matron is available to provide support•Good stock and supply of PPE available for staff from the hub•Dedicated PPE hub and allocated staff in operation•IPC oversight•Dedicated swabbing team•Policies and standard operating procedures in place•Continuing participation in national audit programme•Patient experience oversight•Command Centre team including a Clinical Site Matron on duty 24/7 monitor the site using the Wall of Analytics which includes the Deteriorating patient tile•Review and adoption of relevant National guidance including guidance from professional bodies where indicated•National guidance and SOP in place requiring staff to complete and report bi-weekly lateral flow device results (6/1/22)•Individual Risk and quality impact assessments •Staff supported to work in other areas as per individual risk	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	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3732	20/01/2022	Dawber, Karen	Dawber, Karen	Risk Assessment	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.	31/03/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	Processes in place: Use of national guidance Health and well being activities - Thrive Workforce planning -agreed establishments Workforce re-deployment Use of temporary workforce Recruitment and retention Training and development Monitoring and review; Silver / Gold reference groups Tactical Silver / Gold Matron Huddles Quality oversight and escalation Patient experience oversight Senior Nurse assessment and decision making Further detail within full risk assessment and QIA	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	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3696	18/08/2021	Aatb, Sajid	Smith, David	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 terminal HEPA filters due to leak paths of unknown origin. 4.Some of the filter housings being modified by a third party from top entry to side entry 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 lay 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.	31/03/2022	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	Update January 2022-Minor works projects have been completed to install additional hand washing facilities and apply improved wall coverings. In addition to this further works are planned to create a dedicated staff rest / kitchen area which will further reduce the risk of microbial contamination. Estates colleagues have identified a suitable site for a temporary unit at St Lukes Hospital and are in the process of working up the costs for installation and commissioning of the temporary unit. Cost are expected by the end of January 2022. The unit received its annual EL audit in November 2021. The Audit was undertaken by the Regional Quality Assurance Pharmacist who was complimentary about the improvements made to the estate but that the risk remained the same at significant because of the age and design of the current unit. The final report is expected by the end of February 2022. 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 regimens.The SOPs are part of the wider Quality Management System which operates in the unit. The QMS ensures that all products produced are produced according to the SOPs and to the required regulatory standards. Where deviations from the SOPs occur e.g. due to a product failing a final check an official deviation investigation is commenced which includes Corrective and Preventative Actions (CAPA) to minimise the chance of the deviation occurring again. In the event of a change in practice is needed a change control form is raised which ensures that any change is safe and effective, approved by both the production and quality managers and that it is cascaded to all. In relation to this deterioration of the DOP testing results, a change control form was implemented to increase the intensity and frequency of the cleaning of the unit. In 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 ANHSFT has to offer. In addition to this colleagues from the WYATT trusts have been asked to consider if they have any capacity to support BTHFT should the unit fail.Estate Works-Colleagues from estates have visited the unit and along with advice from BTHFT's	Update 9th February 2022 Interim plans and costings for a temporary unit are being worked up. A location has been identified by the main entrance to St Luke's Hospital Horton Wing. Costing for connection of the unit is almost complete	31/01/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3711	18/11/2021	Dawber, Karen	Loach, Jackie	Business Continuity	People, Quality & Patient Safety Academy	There is a risk that Children will deteriorate /come to harm due to lack of staff capacity to manage an increasing caseload across Y&H(both volume and complexity plus large range or rare disorders requiring intense dietetic monitoring and intervention) There is a risk to staff health and wellbeing and to skilled staff retention. Staff are autonomous practitioners with many years training and experience to deliver the skill set needed who are increasingly the senior decision maker in acute cases for In and Outpatients across the region- where MDT support is limited. There is a risk of no cover when unplanned absence eg sickness occurs on top of planned leave - this s a very small team-resulting in staff having to be called for advice on their time off which is unsustainable	17/02/2021	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(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	5 1 22 update Team progressing with work below -with support from BSM in some areas. As Principal Dietitian Post now Vacant - Rupert Allen covering and supporting action plan, mitigations and bus case development. Map capacity and demand identify and complete a business case for additional capacity and leadership capacity required (NHSE funding) Link with consultant dietitian at Northern national hub (MCH) to benchmark and review protocols and ways of working /share learning Seek support from Regional consultant leads and local MDT plus Paeds Quality lead Increasing admin support to team to release some ADP time to better support team Develop agreed Processes and SOPs to manage safely when staffing is depleted for any reason or no cover Establish who can lead this once Kirsten Foster leaves at end Dec 21	31/12/2021	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3741	26/01/2022	Holloway, Mark	Keasey, Charlotte	Legal requirement	People, Quality & Patient Safety Academy	Impact of VCOO on Facilities Services and ability to maintain adequate service provision due to loss of unvaccinated staff	28/02/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(2) Minor	(4) Will probably recur, but is not a persistent issue	Active recruitment process ongoing BCP's in place Use of Agency and Bank staff as and when available Prioritising work within each service area	review rota gaps on a weekly and daily basis and use agency to fill gaps where possible Recruit vaccinated staff	31/03/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue

2421	02/10/2014	Smith, Ray	Wood, Ruth	Directorate Objective	Quality & Patient Safety Academy	There is a risk that as the demand for haemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached the available capacity and that it will not be possible to provide timely dialysis for some patients. This is compounded by insufficient staffing capacity.In-centre HD demand is increasing by approximately 6% per year. As per the Renal Strategy 2019 document, we are active in promoting CKD prevention and home-based therapies to minimise this demand. The current ICHD capacity across Bradford St Luke's and Skipton is constrained by the availability of HD unit staff. At current staffing levels, which prevent us from opening part of our new facility, we are able to provide HD at St Luke's at only 40 of our 47 stations (for 240 patients - but the current number of patients needing HD is 247). Furthermore, IPC guidance recommends the closure of 4 stations at St Luke's to ensure appropriate separation of patients during their treatment (reducing capacity from 47 to 43 stations), At current staffing levels, which prevent us from opening part of our new facility, we would therefore be able to provide HD at St Luke's at only 36 of the 43 stations (for 216 patients - but the current number of patients needing HD is 247). (The risk of cross infection within the unit is covered in risk assessment 3651 social distancing during dialysis).There is a satellite ICHD unit at Skipton, however at current staffing levels we are struggling to provide HD at Skipton (10 stations for 40 patients - but the current number of patients currently needing HD is 43).The team is also supporting the dialysis of patients in new locations including on Ward 15 and on our Acute Dialysis Unit (including vascular patients who are managed in Bradford as part of the regional vascular services reconfiguration). Dialysing ICHD outpatients with inpatients is both against IPC advice and reduces the capacity for treating acutely ill inpatients at BRI.A plan to expand of our ADU from 6 to 10 stations on Ward 10 was approved in 2020, and architectural designs were confirmed, however the project was not completed because of the ICU2 requirement and the identified space has subsequently been reallocated.	28/02/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	4	(1) Negligible	(4) Will probably recur, but is not a persistent issue	Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis. Where clinically appropriate and with the agreement of the patient dialysis is reduced from three to two sessions to create more capacity. Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients however emergency/ reactive dialysis carries a high degree of risk of adverse outcomes and would place severe unsustainable stress our on call emergency dialysis service which should be reserved for acutely ill inpatients. Specialist nurse staffing is augmented by TNR and agency staff Additional staffing capacity has been built into the rota using existing staff. Patients are encouraged to take up peritoneal dialysis where clinically appropriate and where possible with the restricted theatre availability. We have introduced a fluoroscopic PD catheter insertion service and are strongly promoting home therapies including renal transplantation. Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses. Changes are being made to the number of sessions offered to patients, with patients reducing from 3 to 2 sessions where clinically safe, however this will only be possible for a limited number of patients	04/12/2021 This risk has been gradually increasing from its initial identification. The risk assessment has been reviewed to reflect the current level of risk. This remains one of the most significant risks for the CBU. A recent loss of facility at Skipton dialysis unit reinforced the vulnerability of the dialysis unit.	30/04/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3630	10/03/2021	Dawber, Karen	Guest, Robert	Risk Assessment	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"	10/03/2022	9	(3) Moderate	(3) May recur occasionally	2	(2) Minor	(1) Cannot believe that this will ever happen again	1)RCSW staff's shifts being moved at short notice to plug gaps (with discussion with team). 2)RN's covering continuing care shifts where possible to avoid cancellations. 3)Families being warned as far in advance as possible of cancellations so that they can make alternative arrangements. 4)Families being offered alternative care times is provision is available at other times. 5)Team look at whole caseload for the day when the need to cancel a care shift arises. This results in risk being limited by cancelling the care shift of the child perceived to be at least risk.	update 10.02.22 Patient on ICU currently blocking a bed that needs safe community care. Continuing Care do not have safe capacity to accept the patient and the CCG do not have agency staff available to pick up the work therefore the patient is stuck on ICU with significant LOS	31/03/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3668	14/06/2021	Dawber, Karen	Stott, Carly	Incident Reporting	Quality & Patient Safety Academy People	There is a risk of significant delays in maternity theatre cases due to not having a 2nd resident OPD for maternity theatres. Prior to the Covid 19 pandemic the nucleus theatre staffing model did not provide a second ODP for maternity beyond 1pm. Due to the constraints imposed by COVID working, a second OPD was provided until 6pm. This is the preferred model of staffing and significantly reduces risk in maternity. However the requirement to recommence general elective theatre lists in the main hospital means this cannot be maintained and the pre-covid model will be reinstated. In the event that a second maternity theatre is required without a 2nd resident ODP the main theatres are contacted and asked to send an ODP as urgent. There have been incidents in the past where an ODP could not attend as urgent or did not attend as urgent which delayed urgent lifesaving care. Maternity has 2 theatres. 1 theatre is utilised for 3 elective cases each weekday, commencing at 8am, leaving only 1 theatre for emergency cases. Emergency theatre cases take priority and commonly result in the elective list running into the afternoon. When this occurs, there is a situation whereby there is no dedicated ODP to support a second theatre, when required in an emergency. As such, the risk is that the delay in obtaining a second ODP could lead to harm in terms of a delay in category 1 and 2 LSCS. There is no scope to reduce this elective workload and if 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.	31/05/2022	12	(4) Major	(3) May recur occasionally	4	(4) 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.	09.02.2022 No incidents reports have been submitted in relation to this risk since the last update. Agency shifts continue to be put out for unfilled shifts. The preferred option within the business case was approved for the all-day section list/2nd ODP afternoon cover for the nursing and ODP elements (not the medical staffing elements) Theatres informed of the approval on 16.11.21, advising to recruit to an additional 0.81 ODP's so you could cover the sessions with permanent staff rather than bank and agency. Generic recruitment has been ongoing to all ODP vacancies. Consideration is being given to advertise for a maternity specific ODP.	31/05/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3671	21/06/2021	Azeb, Sajid	Cornick, Edward	Risk Assessment	Quality & Patient Safety Academy	There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures.	07/03/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	Managing lack of outflow. Escalations to improve flow•Existing Trust Escalation Plans•24/7 senior manager availability for escalation. •24/7 Command Centre provision for operational support•System escalation as required •Current SOP for specialty review of patients•Re issuing of the SAU and MECS SPs to try and encourage direct referral out of the ED.Actions ED take to mitigate the impact of lack of flow•Weekly oversight of performance and operational response as required. •Outstanding decision making programme Command Centre Activation •Navigation role at front end. •Medical SDEC available (limitations with capacity) Medical Coordinator role in Amber Zone. •Utilization of primary care appointments.•Senior doctor to redeploy AAA to review all ambulance waits.•Decant patients to minors waiting area where more space if appropriate•Regular 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. Staffing:•3x daily nurse staffing meetings•Weekly Medical Staffing Meeting with Senior Manager and Clinical Lead oversight. •CBU Senior Nurse Rota in place for 7 day cover. •Trust wide Quality and Safety Matron 7 day cover. •Review of ENP/ANP/PNP establishment to support pulled into nursing numbers on a daily basis.•Shifts are regularly sent out to over cap and text messages to staff.•Daily review of medical rota and filling with locums/ supersessions to fill the doctors rota.	07/02/22 Risk entry updated to reflect the new risk assessment attached. Additional control measures identified: •ED new standardised plan for management of the department in periods of extreme pressure - Ed Cornick •New set of escalations for the Trust to follow with regards to reverse triage and timed specialty review - Shaun Milburn •ED pharmacist to be appointed to reduce burden on nursing and medical staff for medication checks, issuing of TTO's, prescription reviews of bed waits - David Smith/Jo Steadman/Ed Cornick/Emma Clinton •Development of specialty pathways to ensure that tertiary referrals present directly to services, rather than the ED, unless requiring resuscitation. - Jacob Mushlin •Pilot of Patient Flow Facilitator in the ED to work with the site team to coordinate admissions taking the burden off of nursing staff to chase beds - Emma Clinton	30/04/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3538	06/03/2020	Azeb, Sajid	Gold, Tim	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.	31/01/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(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	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.	31/12/2021	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3357	22/02/2019	Holloway, Mark	Threlkeld, Iain	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	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(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. Oversight now part of OMS programme - no adverse outcomes or evidence of increased harm reported. COVID 19 Update March /April 2020 - Additional safeguards in place in all theatres in relation to PPE and AGP's. This includes labour ward. Additional risk assessments have been completed and managed through COVID 19 command and control structure. Due to Covid 19 the consequence has been increased from 3 to 4. Planned validation and inspections of all departments which fall under the remit of HTM 03. All reports from validation & inspection noted through Ventilation Steering Group and Trust IPCC. Microbiology air sampling undertaken for any aseptic areas with failed ventilation (i.e. theatres, interventional radiology etc.) . Any failed reports escalated by Estates to Divisional Leads to allow local risk 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 INADEQUATE VENTILATION WILL BE COVERED BY RISK 3627 - CRITICAL INFRASTRUCTURE RISK. PAPER ATTACHED TO DATIX AS A DOCUMENT FOR REFERENCE.	31/03/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3157	27/10/2017	Dawber, Karen	Seal, Dr Sunita	National Guidance	Quality & Patient Safety Academy	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. 1. Current funded nursing establishment does not enable provision of nurse staffing at DoH Toolkit standards. 2. Percentage of QIS nurses is below mandated standard(80% for an NICU) 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. 4. Provision of free car parking for parents of babies requiring neonatal intensive care. 5. Provision of accommodation (within dressing gown distance)for every parent of baby receiving intensive care. 6. Provision of dedicated psychologist support for families of babies receiving neonatal care. 7. Provision of baby changing facility 8. Provision of nominated respiratory physiotherapy service.	01/08/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	Cot numbers balanced on shift/shift basis according to staffing assessed against acuity / network demands. Risk of cot closure to maintain staffing at recommended levels might be outweighed by need to provide intensive care support to babies born in/outside Bradford. Escalation policy in place. Close liaison with regional neonatal network. TNR / Agency employed in exceptional circumstances. Jan 2022 - Neonatal already part of the MIS process, will move formally into the umbrella of OMS in the New Year (2022) For other criteria see other Risk Assessment on Neonatal Crit Care Service Spec Nurses deliver respiratory physiotherapy to babies when required. (Currently untrained. End of life care families can access psychological/counselling support through hospice. BLISS charity volunteers attend NNU regularly to offer support freely to all families. Active multi faith chaplaincy visitors offer support to families on a regular basis. Agreement from trust exec team to run a pilot to fund free parking for: parents of babies in NICU, those who live out of region, palliative care and resident parents. Remaining families will continue with subsidised parking for the duration of the pilot.- completed 06/11/18	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.	31/08/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3253	08/06/2018	Dawber, Karen	Ackroyd, Hannah	Trust Wide Risk	Quality & Patient Safety Academy	There is a risk that we may have an increase in cross infection during operative procedures because the ventilation system which currently supplies the Obstetric theatre 2 does not meet the required standard. Interim update - There is an increased risk subsequent to the on going risk with the use of Maternity Theatres due to the Covid 19 pandemic. Theatre 2 is the designated Covid theatre however both theatres may need to be used for confirmed COVID-19 positive patients.Estates have taken advice from the AE (Ventilation) who states that these theatres are inadequate to facilitate and treat COVID-19 infected patients. Utilising these theatres is a contradiction to the PHE guidance as the theatres provide negligible airflows and surrounding areas provide no means of extraction.	29/04/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	(1) Cannot believe that this will ever happen again	Restricted use of theatre 2. Only to be utilised in a very urgent emergency when there is no other option available. Interim update - Theatre 2 is the theatre of choice during the COVID pandemic. see attached risk assessment.	Weekly datix reports are submitted for the number of times theatre 2 is used Continue with surgical site infection surveillance audit. C Section surveillance data will be provided to the IPCC every 2 months as an update report IPC inspection of theatres to take place with Matron Monthly A datix must be reported for all cases where the 1 hour down time is not achieved between cases Maternity Theatres Build and Labour Ward Theatre extension and ventilation project 31.1.2021 – Theatre work remains ongoing – a notification of delay was received from Tilbury Douglas in December advising that the planned hand over of the new Obstetric theatres is going to be delayed due to supply chain issues and delays in delivery. New timeframe proposed for 23rd March 2022.	01/04/2022	15	(5) Catastrophic	(3) May recur occasionally
3404	31/05/2019	Dawber, Karen	Hollins, Sara	Escalated from Division	People	There is a risk that Optimal staffing levels within all areas of the maternity services not achieved due to vacancies, maternity leave, Covid isolation rules and long/short term sickness levels leading to Patient safety concerns Ability to provide 1 to 1 care to all labouring women. Possible closure of beds and services. Patients may require divert for care at another Trust. Staff job satisfaction. Maternity unit reputation.	31/03/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	WTE establishment Recruitment in progress. Effective use of the managing attendance policy. Effective use of the escalation policy. Requests for Bank staff TNR and Agency. Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement. On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team	12/01/2022 – The service is increasingly challenged with high levels of short term sickness and absence due to the Omicron Covid variant. Community Midwifery staffing is particularly affected and additional mitigation has been put in place: •Band 6 midwifery specialist secondments have been paused and these hours given back to community until the end of March 2022. •Acorn and Amber continuity of carer teams have ceased to provide intrapartum continuity during January to support other community caseloads (This will be reviewed at the end of January) •Band 7 secondments (Act as One and LMS Fellowship) have been paused and clinical hours returned to the unit until the end of January 2022. •The OMS programme has been paused for 6 weeks to release clinical time •Trust wide pause of non-essential meetings to support clinical areas. All other mitigation remains in place and unchanged. December vacancy - Original establishment = +3.69 WTE, BR+ safe staffing = 8.83 WTE and BR+ MCoC = -28.51. It is anticipated a further 6.21 WTE new appointments due to start in early 2022	31/01/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3468	11/10/2019	Azeb, Sajid	Young, Joanne	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	There is a risk that staff are not following or being able to follow the correct process for recording activity or patient pathway steps on EPR which results in incorrect or missing information will cause; Delays to treatment. Sharing incorrect information with patients. Using incorrect information to make decisions about patient care. Patients attending unnecessary appointments. Staff anxiety from being unable to prevent or fix errors. Admin or clinical time spent correcting errors. Loss of income from missing or un-coded activity. Reputational harm from reporting inaccurate data / performance.	31/12/2021	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	Knowledge and training – induction training has been partially updated following learning from errors but SOP's and reference materials require review. Some "how to" videos, guides and additional SOP's produced for additional support. Issue resolution – focus is on correcting at source but the existing model has several gaps, particularly the operational knowledge needed to do this but also the central capacity to deal with existing volume of enquiries and corrections. There is a multi-department meeting every two weeks which reviews issues and themes. This supports the change prioritisation process and provides updates for knowledge and training, whilst also taking corrective action wherever appropriate.Oversight – some KPI are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.DQ error clearance – where errors are not corrected at source they drop into one of three cohorts (covered by multiple DQ 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.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.	15/11/2021 Review work ongoing - external visit from NHS Intensive Support Team has taken place and provided a number of recommendations which are currently being acted upon. A DQ framework is being developed.	31/12/2021	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3473	14/10/2019	Dawber, Karen	Jepps, Helen	Risk Assessment	Quality & Patient Safety Academy	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. There is also a risk to Children Looked After and awaiting adoption; Delay in IHA 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. 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. 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 at present time with associated impact on the service.	28/02/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	Autism pathway developed. Locum in place whilst funding allows (CLA). Action plan formulated with partner agencies for CLA / Adoption work Meetings held with CCG with agreement to jointly submit business case (CLA).	Update Nov 2021 Capacity has further reduced. Post re-advertised x3 There have been improvements in waiting times and adherence to statutory guidance following recent system working in relation to Child Looked After. New monies identified at system level to reduce backlog and sustain position for autism assessments. Plans to implement increase capacity model across system in place. System working group tasked with addressing capacity vs demand mismatch for Child Looked After now completed work. BDCFT funded and recruited additional GPSIs to increase capacity. Significant capacity challenges remain within Child Development Service since increase to pre-pandemic level of referrals. Business Case escalated to exec on 4th Nov 2021, awaiting outcome of ask. December 2021 – no change to previous update provided in November Review and update requested 03.02.22	28/02/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3503	19/11/2019	Holloway, Mark	Wood, Ruth	Risk Assessment	Quality & Patient Safety Academy	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.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 Physical Hazards (tripping and falling leading to harm). 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. Infection control:There are infection control risks which could lead to a closure of the unit;The proximity of the dialysis units which are closer than DoH recommendations. Poor standard of paint work creating an environment difficult to clean. There is only one side room which is small and not isolated from the main unit.There is deterioration in the trunking round the ward which is difficult to clean 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.	31/12/2021	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	4	(1) Negligible	(4) Will probably recur, but is not a persistent issue	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 Cleaning schedules and curtain change schedules are followed and audited. There is on going dialogue with other local providers around the availability of capacity. General works to improve the physical environment were completed in 2019/20.	04/11/2021 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. 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. Active discussions and options analysis are being undertaken to provide a new facility which will provide capacity for Bradford and Skipton. A consultation process to underpin the planned changes is being designed.	31/01/2022	15	(5) Catastrophic	(3) May recur occasionally
3591	22/09/2020	Holloway, Mark	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, breech of legislation. •Ventilation systems non-compliant with Health Technical Memorandum (HTM) 03-01: Specialised ventilation for healthcare premises, COSHH Regulations 2002 and HBN 15 Pathology Services. •Infection control risk due to non-compliance- potential issue relating to Covid 19 pandemic •Delay in repatriation of TB service 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)	31/03/2022	12	(4) Major	(3) May recur occasionally	8	(4) Major	(2) Do not expect it to happen again but it is possible	•Reagents are sealed and in small volumes (5 litres) to reduce the exposure to large volumes •Personnel Protective Equipment (PPE) used within the laboratory, including face masks in line with Covid 19 •Temporary transfer of TB work to Airedale •There is no microbiology culturing on site •Use of Hoods/Respiratory Protection Equipment (RPE) for spills •Evacuation plan in place with training for a major spill. •Spill kits available •Category 3 specimens are stored within the TB room that is not currently used which has a working fume cupboard.	11/11/21 -Level 2 is Histopathology/ offices Histopathology has down draft benches that are switched on during cut up, this provides adequate ventilation during processing of samples, in the event of a spillage the downdraft benches can be switched on. Staff within the department periodically wear formalin exposure badges and no incidents have occurred. Smaller group of staff working in area on daily basis- persistent exposure to risk, smaller risk of exposure to high levels during spillage. Store room Bulk storage of chemicals – large spillage – no ability to ventilate or seal off the room. Level 1 – Blood sciences/ Microbiology Use carcinogenic/ toxic reagents but in quantities of <10l per reagent however over 50 different types of reagents/ chemicals Chemicals/ reagents are opened in the lab area, potential issue with spillage, waste containers 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. 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	31/12/2020	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3599	22/10/2020	Smith, Ray	Ramage, Dr Carmel	Incident Reporting	Quality & Patient Safety Academy	GATU is now open 24 hours a day with 7 trolleys and 2 assessment rooms. Any admissions from GPS or ED will be seen and reviewed on GATU. Any patient who is deemed to be at risk of bleeding or deterioration (eg patients experiencing a miscarriage or possible ectopic pregnancy) can be observed on ward 25 within the limits of the beds available however any further Gynaecology patients requiring an inpatient stay are admitted to various mixed surgical wards dependant on bed availability. This can result in care being provided by staff without the relevant expertise which could lead to a poor outcome and patient experience, particularly bereavement care following acute pregnancy loss. The admissions and inpatients can be spread across 10-12 different wards. However with the Gynaecology nurses being protected to keep the acute GATU area open 24 hours a day , they can be contacted from other wards if nursing staff require support from the Gynaecology staff in order to assist with patient care on distant wards of inpatient Gynaecology patients. Medical staff covering Gynaecology need to be available for patients across the inpatient surgical wards. The geographical separation of these areas leads to delay in attending women who are acutely unwell. Daily ward rounds of all the inpatient Gynaecology patients can take many hours and this is exacerbated after 8pm and at weekends when there is only one registrar covering both Obs and Gynae .	29/04/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	1	(1) Negligible	(1) Cannot believe that this will ever happen again	• Staff have been advised to Datix report patient safety incidents in regards to the above •In Nov 2020 An extra consultant was assigned to cover EPAU in the morning 8-12 to cover a time when the acute Gynaecology team were on ward rounds in the main hospital. These wards rounds often take a large proportion of the morning due to the spread of patients across the hospital. This was sustained for a number of months but 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. Trust site team were asked to try and cohort Gynaecology patients but this appears not to be possible during this current wave of Covid and the strain on beds within the Trust in red and green zones. •A separate consultant covering EPAU within maternity is now not required as EPAU and GATU are co located on ward 25. •Gynaecology nursing staff can provide advice and support to surgical nurses across the trust looking after inpatient Gynaecology patients to assist in providing safe and comprehensive patient care.	24/1/2022 GATU open 24 hours a day with trust acknowledging this as an acute assessment area with assurance the Gynaecology nursing staff will be ring fenced and protected to deal with all acute admissions 24 hours a day 7 days a week.	29/04/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3686	20/07/2021	Holloway, Mark	Stott, Carly	Risk Assessment	Quality & Patient Safety Academy	There is a risk that the antenatal clinic (ANC) waiting area is not fit for its current and future purpose. Currently the ANC waiting area is used by women waiting for planned appointments in the antenatal clinic, the glucose tolerance test (GTT) clinic, the Antenatal Day Unit and unplanned appointments in the Maternity Assessment Centre.Due to COVID 19 guidance on social distancing plastic pod cubicles were installed. The space in the area allowed for 24 pods which sit 2 people in each pod, the woman and her pregnancy/support partner (NHS England directive in Spring 2021 that a support person is essential for women during their pregnancy journey and should not be classified as a visitor). There is therefore comfortable accommodation in the area for only 24 appointments at any one time. A typical morning session for appointments is: •81 women for antenatal clinic; some clinics are multi-disciplinary and the woman is required to see at least 2 health professionals so will be waiting in the area for longer than a usual appointment time. Diabetic clinic waiting times average 3 hours, range 2-5 hours. •21 women for GTT; in the department for 2.5 hours (women are able to wait in the car between blood tests but due to our lack of car parking and many women not having access to a car this is not often achievable). •2 women for planned antenatal day unit appointments •There may be up to 6 women waiting for the maternity assessment centre at any one time bit unplanned care is impossible to predict. The space is also shared by the Gynaecology team for outpatient clinics for general outpatient clinics, specialist gynaecology cancer clinics, and reproductive medicine clinic. 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 socially distanced in the corridor to accommodate the volume of attendees but this still poses a challenge and often inabilities in meeting the social distancing requirements and compromises privacy and dignity. 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.	28/02/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	3	(3) Moderate	(1) Cannot believe that this will ever happen again	•Several reviews of the area have been undertaken by the Estates team with OMS programme, Building Fit For Future Work stream Leads. •Suggestions re improving and extending the existing space have been made but have never come to fruition and no plan evident with a timeframe •Meeting with Director of Estates has taken place •A review of clinic templates and capacity and demand is ongoing but there is a clinical need for the appointments. •Alternative venues throughout the Trust for gynaecology and the glucose tolerance test clinics have been explored but nowhere suitable has yet been identified. •Allocating certain pods for those waiting for the Antenatal Day Unit and Maternity Assessment Unit has been trailed but this has been impossible to maintain during busy clinics due to the lack of space. •Microphones for the perspex screens have been installed	05.11.21 The feasibility study has been completed and an architect has been assigned. Plans are being devised with an anticipated 6 week turn around. Microphones for the Perspex screens have been installed.	31/03/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

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