

High Level Risk Movement Log

Report date	07/04/2022
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Prepared for	ETM 11/04/2022

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

Definitions	
Rating (initial)	The risk score at the time of entering the risk onto the risk register
Rating (residual)	The risk that is expected to remain once all actions detailed in the risk treatment plan have been completed

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)
3761	31/03/2022	Quality & Patient Safety Academy	<p>The ROP service at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has been provided consistently by two consultants who cover the provision of the weekly screening service for premature babies in the neonatal unit. (Screening for affected babies is required every 1 – 2 weeks from 30 weeks to term). One of the consultants is retiring from the service and no replacement has been identified either locum or substantive candidate. (There is a recognised shortage of clinicians with this skill set. Training takes 3 years and there is no one currently in house undertaking the training).</p> <p>ROP is a condition affecting premature babies who are at risk of irreversible sight loss. The disease requires treatment within 72 hours of detection, the treatment is completed under general anaesthetic and takes 3 – 4 hours.</p> <p>Generally 15 procedures a year are required however in the first 8 weeks of this year 6 procedures have already been required.</p> <p>On average 7 babies are screened per week (3-13 per week) for 52 weeks of the year.</p> <p>BTHFT is the regional ROP hub and the consultant ophthalmologists provide screening cover for Airedale as well as taking referrals for ROP treatment from Airedale and Calderdale under the Yorkshire and Humber Neonatal network agreement.</p> <p>This service cannot be delivered sustainably by a single consultant. This will impact the sustainability of the NNU at BHTFT.</p> <p>Furthermore, BTHFT cannot provide ROP screening cover to the neonatal unit at Airedale the babies at risk would need to be transferred to BTHFT or to another Neonatal Unit as screening is mandated. Airedale would not be able to</p>	Dawber, Karen	Guest, Robert	15	<p>The head & Neck CBU are continuing to try to recruit an appropriate clinician to support the service.</p> <p>The head & Neck CBU are continuing to try to recruit an appropriate locum clinician to support the service.</p>	30/06/2022	Naz, Farah	15	5

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
3671	21/06/2021	Quality & Patient Safety Academy	There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures.	Azeb, Sajid	Azeb, Sajid	16	<p>07/04/22 - Risk score increased to 20 to reflect the ongoing pressures faced by the service caused by continuation of covid and staffing pressures meaning a combination of downstream bed pressure and significantly reduced medical and nurse staffing within ED and across all hospital wards. Listening Events held with service in February and March to identify highest priority risks. A fortnightly task and finish group is to be established with the service to support with an improvement plan. Key areas identified for the plan are: Develop and implement a capacity protocol to standardise the timeliness of specialty review and the allocation of beds to wards (e.g. all wards taking +1 patient).</p> <p>Speciality Review & Transfer-in to Wards- undertake a focussed piece of work in collaboration with key surgical and medical specialties to agree a timely model for review of patients in ED. Work to also develop a shared ownership for patients waiting to transfer in - ie wards are as accountable for their patients in ED as those on the wards.</p> <p>Co-ordination within ED - ongoing work to standardise and develop the co-ordination and triage roles in the department.</p>	30/05/2022		20	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 completion	Action plan lead	Current Rating	Residual Rating
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.	31/03/2022	Hilton, Joanne	20	6

HIGH LEVEL RISKS THAT HAVE PASSED THEIR REVIEW DATE											
ID	Date of entry	Assuring Academy	Description		Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Review Date

3404	31/05/2019	People	<p>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</p> <p>Ability to provide 1 to 1 care to all labouring women.</p> <p>Possible closure of beds and services.</p> <p>Patients may require divert for care at another Trust.</p> <p>Staff job satisfaction.</p> <p>Maternity unit reputation.</p>	Dawber, Karen	Hollins, Sara	15	<p>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:</p> <ul style="list-style-type: none"> •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. <p>All other mitigation remains in place and unchanged.</p> <p>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 will help to close this gap.</p>	31/01/2023	Hollins, Sara	15	31/03/2022
3732	20/01/2022	People, Quality & Patient Safety Academy	<p>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.</p>	Dawber, Karen	Dawber, Karen	20	<p>11/02/22 - Just R recruitment business case approved - 2 year focused recruitment campaign. 50 additional overseas nurses agreed to be recruited</p> <p>Continuing participation in recruitment initiatives, including overseas.</p> <p>Work focused on recruitment and retention.</p> <p>Development of Senior Nurse Quality Oversight Team.</p> <p>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.</p> <p>Continual review of workforce resourcing in line with ward reconfiguration, emerging and updated National agreed standards and Covid 19 guidance.</p> <p>Review and complete the Covid 19 risk assessment tool to ensure reasonable adjustments are in place and appropriate.</p> <p>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.</p> <p>Review safer nursing budgets and workforce establishments as part of the 6 month and annual review process.</p> <p>Ensure workforce requirements are reviewed and meetings increased in line with changing demand and staffing position.</p> <p>Ensure staff health and wellbeing remains a priority and that staff are encouraged to take days off and approved annual leave.</p> <p>Support staff flexible working pattern requests wherever possible.</p> <p>Ensure appropriate fit testing and training has been completed.</p> <p>Review and monitoring of workforce data sickness and absence rates and actively managing to support staff return to work.</p> <p>Ensure changing national guidance, updates and SOPs are communicated in a timely way.</p> <p>Establishment of redeployment hub to support deployment of non-clinical staff.</p> <p>Support staff to raise and escalate concerns about quality of care or ward / service reconfigurations.</p>	02/01/2023	Dawber, Karen	20	31/03/2022
3744	27/01/2022	People, Quality & Patient Safety Academy	<p>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.</p>	Dawber, Karen	Freeman, Sarah	20	<p>08/02/2022</p> <ul style="list-style-type: none"> •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. <p>Additional control measures:</p> <ul style="list-style-type: none"> •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 	31/03/2023	Freeman, Sarah	20	31/03/2022