

All Open Risks with a current scoring of >=15(as at 07.04.2022)

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)
3627	10/02/2021	Holloway, Mark	Dewes, Chris	Business Continuity	Quality & Patient Safety Academy	<p>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.</p> <p>The Trust has identified backlog maintenance and critical risk remedial works calculated at £85m of net cost and circa £110m gross (excluding associated asbestos abatement estimated at a further £30m).</p> <p>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 exponential life expiry of the estate.</p>	16/02/2022	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	10	(5) Catastrophic	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none"><li>•An identified backlog maintenance programme of work has been identified</li><li>•Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken.</li><li>•A current fact survey inspection is being undertaken to identify and allocate funding resources. (sep April 22)</li><li>•Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.</li></ul>	<ul style="list-style-type: none"><li>•The formal submission on 30th April 2021 of SOC to NHSE/J 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.</li><li>•Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR). Approval at ETM for £4m to support backlog maintenance program in 22/23.</li><li>•Seek additional NHSE/J capital funding resources.</li></ul>	31/03/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3627	22/02/2019	Holloway, Mark	Threlkeld, Iain	Infection Control	Quality & Patient Safety Academy	<p>There is a risk that we are not fully compliant with revised regulatory requirements for ventilation within theatres leading to an increased risk of infection.</p>	01/07/2022	18	(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	<p>UPDATE - OMS Theatre programme on track</p> <p>UPDATE July 2020 - Timescales in place in relation to new theatre build - some slippage due to COVID - steering group restarted and clear revised timescales provided as part of OMS programme update. Overnight now part of OMS programme - no adverse outcomes or evidence of increased harm reported.</p> <p>COVID 19 update March /April 2020 - Additional safeguards in place in all theatres in relation to PPE and AGPs. This includes labour ward. Additional risk assessments have been completed and managed through COVID 19 command and control structure. Due to Covid 19 the consequence has been increased from 3 to 4</p> <p>Planned validation and inspections of all departments which fall under the remit of HTM 03</p> <p>All reports from validation &amp; inspection noted through Ventilation Steering Group and Trust IPC.</p> <p>Microbiology air sampling undertaken for any aseptic areas with failed ventilation (i.e. theatres, interventional radiology etc.)</p> <p>Any failed reports escalated by Estates to Divisional Leads to allow local risk assessment and risk mitigation actions</p> <p>Estates department planned testing, validation and maintenance programme</p> <p>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.</p> <p>Assurance reports to Divisional Governance to ensure risks and mitigating actions are monitored regularly</p> <p>Reports provided to Executive Team and Board</p> <p>Risk assessment, Clinical Incident reports and audit of C sections undertaken (by exception) in Mat theatre 2 and results reported through Div. Governance and IPC.</p> <p>Review and risk assessment of theatre usage completed so that high risk procedures undertaken in theatres with compliant ventilation</p> <p>Risk assessment of interventional radiology completed</p>	<p>JULY 2021 - PAPER APPROVED BY ETM TO CLOSE THIS RISK FOLLOWING THE COMPLETION OF THE MATERNITY THEATRE PROJECT. AFTER WHICH INADEQUATE VENTILATION WILL BE COVERED BY RISK 3627 - CRITICAL INFRASTRUCTURE RISK. PAPER ATTACHED TO DATIX AS A DOCUMENT FOR REFERENCE.</p>	31/03/2022	18	(4) Major	(4) Will probably recur, but is not a persistent issue
3651	07/03/2021	Holloway, Mark	Wood, Ruth	Infection Control	Quality & Patient Safety Academy, Finance and Performance	<p>Risk of losing capacity for renal dialysis, resulting from the loss of facility at Skipton Renal Dialysis Unit</p> <p>The unit has 10 dialysis stations located on a single ward with one side room.</p> <p>The unit is housed in a Victorian building owned by the NHS and leased to Bradford Teaching Hospitals NHS Foundation Trust.</p> <p>There is a maintenance agreement in place for the management of wear and tear to the building and building works are carried out by a company specified by the building owners. Additional works are completed by a company designated by the owners and recharged to BTHFT.</p> <p>There are a number of hazards associated with running the service which is located on the first floor of the building. Any one of the risks identified might lead to the loss of facility and the associated loss of capacity in the renal service.</p> <p>The highest level of risk is the water treatment plant which has been obsolete for some years and is maintained on an external maintenance contract. The unit could critically fail, causing the closure of the Skipton unit.</p> <p>The age of the buildings and infrastructure and the interdependence of the infrastructure on buildings which are outside of the control of BTHFT create a risk of loss of function through loss of shared water or power supply.</p> <p>In addition to concerns around infrastructure, there are major concerns about growing pressure on the physical and staffing capacity of the Bradford and Airedale renal service, and this is summarized in a separate Risk Assessment within our Renal Risk Register.</p> <p>Loss of this facility would have a significant impact on the ability of the service to manage the capacity placing additional pressure on the St Luke's and BHI facilities which are already unable to provide an optimal service.</p> <p>Following a power outage and temporary loss of facility, the water treatment plant has had some remedial work to make it more robust, however this is only a partial mitigation as the equipment is still generally beyond economic repair.</p>	30/04/2022	8	(4) Major	(2) Do not expect it to happen again but it is possible	2	(2) Minor	(1) Cannot believe that this will ever happen again	<p>The unit is under a maintenance contract. A member of the BTHFT estates team regularly attends site to liaise with the building owners around required works</p> <p>Cleaning schedules and curtain change schedules are followed and audited.</p> <p>There is ongoing dialogue with other local providers around the availability of capacity.</p> <p>The unit is managed to provide as much social distance as possible between dialysis stations.</p> <p>Appropriate PPE is worn on the unit.</p> <p>Patients are checked for temperature and asked about symptoms of COVID before being brought onto the unit.</p> <p>Following a power outage and temporary loss of facility, the water treatment plant has had some remedial work to make it more robust, however this is only a partial mitigation as the equipment is still generally beyond economic repair.</p> <p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>Where clinically appropriate and with the agreement of the patient dialysis is reduced from three to two sessions to create more capacity.</p> <p>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 on our on call emergency dialysis service which should be reserved for acutely ill inpatients.</p> <p>Specialist nurse staffing is augmented by TNR and agency staff</p> <p>Additional staffing capacity has been built into the rota using existing staff.</p> <p>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</p> <p>Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses.</p> <p>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.</p> <p>In the event of a sustained loss of facility additional mitigation would be implemented.</p> <p>Services extended into overnight/out of hours 6 or 7 days a week.</p> <p>Further reduced dialysis sessions</p> <p>Displacement of patients to other facilities potentially at some distance of travel.</p>	<p>15/03/2022 - The risk has been increased following discussion with the team and with senior leadership. The risk mirrors risk 2421 which has also been updated. The loss of Skipton would significantly impact on the capacity for dialysis at SUH.</p>	31/03/2023	8	(4) Major	(4) Will probably recur, but is not a persistent issue
3686	20/07/2021	Holloway, Mark	Scott, Carly	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk that the antenatal clinic (ANC) waiting area is not fit for its current and future purpose</p> <p>Currently the ANC waiting area is used by women waiting for planned appointments in the antenatal clinic, the glucose tolerance test (GTT) clinic, the Antenatal Day Unit and unplanned appointments in the Maternity Assessment Centre.</p> <p>Due to COVID 19 guidance on social distancing plastic pod cubicles were installed. The space in the area allowed for 24 pods which sit 2 people in each pod, the 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.</p> <p>A typical morning session for appointments is:</p> <ul style="list-style-type: none"><li>•#8 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.</li><li>•#2 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).</li><li>•#9 women for planned antenatal day unit appointments</li><li>•#There may be up to 6 women waiting for the maternity assessment centre at any one time but unplanned care is impossible to predict.</li></ul> <p>The space is also shared by the Gynaecology team for outpatient clinics for general outpatient clinics, specialist gynaecology cancer clinics, and reproductive medicine clinic.</p> <p>Using these typical numbers it is clear that the area is not large enough to meet the needs of the service. Additional chairs have been socially distanced in the corridor to accommodate the volume of attendees but this still poses a challenge and often inability in meeting the social distancing requirements and compromise privacy and dignity.</p> <p>In addition, due to the location of the maternity assessment centre any woman requiring emergency transfer to Labour Ward has to be navigated through the antenatal clinic area.</p>	27/04/2022	13	(3) Moderate	(5) Will undeniably recur, possibly frequently	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<ul style="list-style-type: none"><li>•Several reviews of the area have been undertaken by the Estates team with OMS programme, Building Fit For Future Work stream Leads.</li><li>•Suggestions re improving and extending the existing space have been made but have never come to fruition and no plan evident with a timeframe</li><li>•Meeting with Director of Estates has taken place</li><li>•A review of clinic templates and capacity and demand is ongoing but there is a clinical need for the appointments.</li><li>•Alternative venues throughout the Trust for gynaecology and the glucose tolerance test clinics have been explored but nowhere suitable has yet been identified.</li><li>•Allocating certain pods for those waiting for the Antenatal Day Unit and Maternity Assessment Unit has been trialed but this has been impossible to maintain during busy clinics due to the lack of space.</li><li>•Microphones for the perspex screens have been installed</li></ul>	<p>11/03/22 The feasibility masterplan has been completed and is awaiting Trust board decision. Option 3 is the preferred from the clinical team as it provides the required relocation of services to assist in more efficient working as well as the required expansion space to aid future proofing of the maternity services.</p>	31/03/2023	13	(3) Moderate	(5) Will undeniably recur, possibly frequently
3691	22/09/2020	Holloway, Mark	Hickey, Joanne	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk to the Trust as we are none compliant with ventilation requirements;</p> <ul style="list-style-type: none"><li>•Lack of a monitored ventilation system means that we are currently non-compliant with the requirements of The Health and Safety at Work Act 1974, breach of legislation.</li><li>•Ventilation systems non-compliant with Health Technical Memorandum (HTM) 03-01: Specialised ventilation for healthcare premises, COSHH Regulations 2002 and HBN 15 Pathology Services.</li><li>•Infection control risk due to non-compliance- potential issue relating to Covid 19 pandemic</li><li>•Delay in repatriation of TB service added 19/04/21 - Processing of respiratory viral samples for Sars-COV-2 testing within Laboratory</li></ul> <p>No Ability for storing category 4 specimens in line with security requirements for pathogens and toxins (Feb 2010 part 7 of Anti terrorism crime and security act 2001) whilst awaiting external agencies collecting for testing (very rare occurrence but requirement )</p>	31/07/2022	12	(4) Major	(3) May recur occasionally	8	(4) Major	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none"><li>•Reagents are sealed and in small volumes (5 litres) to reduce the exposure to large volumes</li><li>•Personnel Protective Equipment (PPE) used within the laboratory, including face masks in line with Covid 19</li><li>•Temporary transfer of TB work to Airedale</li><li>•There is no microbiology culturing on site</li><li>•Use of Hoods/Respiratory Protection Equipment (RPE) for spills</li><li>•Evacuation plan in place with training for a major spill.</li><li>•Spill kits available</li><li>•Category 3 specimens are stored within the TB room that is not currently used which has a working fume cupboard.</li></ul> <p>Level 1 – Blood sciences/ Microbiology</p> <p>Level 2 – Blood sciences/ Microbiology</p> <p>Use carcinogenic/ toxic reagents but in quantities of &lt;100 per reagent however over 50 different types of reagents/ chemicals</p> <p>Chemicals/ reagents are opened in the lab area, potential issue with spillage, waste containers</p> <p>No culturing occurs within Microbiology but Covid 19 respiratory samples are processed – all samples are processed in MSC. Potential issue with spillage in general lab area.</p> <p>High volumes of staff working in the area on daily basis – increased risk to persistent small levels of exposure, risk of exposure to high levels during spillage incident</p>	<p>25/03/22 - no further updates</p> <p>11/11/21 -Level 2 is Histopathology/ offices</p> <p>Histopathology has down draft benches that are switched on during cut up, this provides adequate ventilation during processing of samples, in the event of a spillage the downdraft benches can be switched on. Staff within the department periodically wear formalin exposure badges and no incidents have occurred.</p> <p>Smaller group of staff working in area on daily basis- persistent exposure to risk, smaller risk of exposure to high levels during spillage.</p> <p>Store room</p> <p>Bulk storage of chemicals – large spillage – no ability to ventilate or seal off the room.</p> <p>Level 1 – Blood sciences/ Microbiology</p> <p>Use carcinogenic/ toxic reagents but in quantities of &lt;100 per reagent however over 50 different types of reagents/ chemicals</p> <p>Chemicals/ reagents are opened in the lab area, potential issue with spillage, waste containers</p> <p>No culturing occurs within Microbiology but Covid 19 respiratory samples are processed – all samples are processed in MSC. Potential issue with spillage in general lab area.</p> <p>High volumes of staff working in the area on daily basis – increased risk to persistent small levels of exposure, risk of exposure to high levels during spillage incident</p>	31/12/2020	12	(3) Moderate	(5) Will undeniably recur, possibly frequently

3793	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).	31/03/2022	2	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	<ul style="list-style-type: none"> <li>Reinstating established in all clinical areas recent strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21.</li> <li>March 2022 Strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21.</li> <li>Cuts incident reporting and escalation where indicated</li> <li>Risk and safety huddles (daily Monday Friday)</li> <li>Workforce and Quality Metrics huddle/weighting (3 x daily, 7/7)</li> <li>Quality and Safety audit programme (weekly)</li> <li>Non-clinical staff in deployment has established</li> <li>Assessment of acuity and dependency (safe care) (2 x daily)</li> <li>Staffing RAG planned V actual completed each shift</li> <li>Staffing RAG produced shared with the SSB 4 times per day and circulated to all Senior Trust managers</li> <li>Deployment of staff to support safe minimum staffing levels on wards and within departments</li> <li>Team staff and flexible workforce including the Respite workforce team are used where possible to fill vacant shifts</li> <li>Agency staff are used if available to fill vacant posts</li> <li>Specialist agencies are used to try to fill shifts in areas of significant specification (such as renal dialysis &amp; Chemotherapy)</li> <li>Opening hours of the vaccine hub reduced to 2 days per week to release staff</li> <li>Establishment reviews completed and agreed in line with national guidance with additional funding identified by the Trust to support a number of areas</li> <li>Risk assessments in place for all staff and informal wellbeing conversation taking place</li> <li>Routes for escalation of concerns, e.g. Incident reporting, matrons</li> <li>Freedom to speak up/guardians in place</li> <li>Senior nursing cover provided every weekend to support on-call if on-call manager is not a Senior nurse</li> <li>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.</li> <li>Where this isn't possible a Matron is available to provide support</li> <li>Good stock and supply of PPE available for staff from the hub</li> <li>Medicated PPE hub and allocated staff in operation</li> <li>HPC oversight</li> <li>Medicated handling team</li> <li> Policies and standard operating procedures in place</li> <li>Continuing participation in national audit programme</li> <li> Patient experience oversight</li> <li>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</li> <li>Review and adoption of relevant National guidance including guidance from professional bodies where indicated</li> <li>National guidance and SCP in place requiring staff to complete and report to weekly lateral flow device results (8/1/22)</li> <li>Individual Risk and quality impact assessments</li> <li>Staff supported to work in other areas as per individual risk assessments</li> <li>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.</li> <li>Occupational Health Support and access to psychological services in place</li> <li>Weekly Wednesday bulletin circulated to support staff to health and wellbeing support and available services</li> <li>Senior nursing and quality oversight roles/senior leadership in place</li> <li>Monitoring and review meetings:</li> <li>Safety Event Group (SEG) (weekly)</li> <li>Quality of Care Panel (QoC) (weekly) with ADN and Senior nurse participation to support decision making</li> <li>Silver Clinical Reference Group (2 x weekly) with DASH or ADN participation to support decision making</li> <li>Gold Clinical Reference Group (3 x weekly) with ADN participation to support decision making</li> <li>Tactical Silver Command call (1 x daily) with DASH or ADN participation to support decision making</li> <li>Gold CIG (daily) attended by the Chief Nurse</li> <li>Silver Gold (daily) attended by the Chief Nurse</li> </ul>	01/04/2022 - March 2022 strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21.	30/04/2023	2	(4) Major	(5) Will undoubtedly recur, possibly frequently
3792	20/02/2022	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	2	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	<ul style="list-style-type: none"> <li>Processes in place:</li> <li>Use of national guidance</li> <li>Health and well-being activities - Thrive</li> <li>Workforce planning - agreed establishments</li> <li>Workforce re-deployment</li> <li>Use of temporary workforce</li> <li>Recruitment and retention</li> <li>Training and development</li> <li>Monitoring and review:</li> <li>Silver / Gold reference groups</li> <li>Tactical Silver / Gold</li> <li>Matron Huddles</li> <li>Quality oversight and escalation</li> <li>Patient experience oversight</li> <li>Senior Nurse assessment and decision making</li> <li>Further detail within full risk assessment and QIA</li> </ul>	11/02/21 - Just R recruitment business case approved - 3 year focused recruitment campaign. 50 additional overseas nurses agreed to be recruited	02/07/2023	2	(4) Major	(5) Will undoubtedly recur, possibly frequently
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	2	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	<ul style="list-style-type: none"> <li>Processes in place:</li> <li>Reinstating established in all clinical areas</li> <li>Cuts incident reporting and escalation where indicated</li> <li>Risk and safety huddles (daily Monday Friday)</li> <li>Workforce and Quality Metrics huddle/weighting (3 x daily, 7/7)</li> <li>Quality and Safety audit programme (weekly)</li> <li>Non-clinical staff in deployment has established</li> <li>Assessment of acuity and dependency (safe care) (2 x daily)</li> <li>Staffing RAG planned V actual completed each shift</li> <li>Staffing RAG produced shared with the SSB 4 times per day and circulated to all Senior Trust managers</li> <li>Deployment of staff to support safe minimum staffing levels on wards and within departments</li> <li>Team staff and flexible workforce including the Respite workforce team are used where possible to fill vacant shifts</li> <li>Agency staff are used if available to fill vacant posts</li> <li>Specialist agencies are used to try to fill shifts in areas of significant specification (such as renal dialysis &amp; Chemotherapy)</li> <li>Opening hours of the vaccine hub reduced to 2 days per week to release staff</li> <li>Establishment reviews completed and agreed in line with national guidance with additional funding identified by the Trust to support a number of areas</li> <li>Risk assessments in place for all staff and informal wellbeing conversation taking place</li> <li>Routes for escalation of concerns, e.g. Incident reporting, matrons</li> <li>Freedom to speak up/guardians in place</li> <li>Senior nursing cover provided every weekend to support on-call if on-call manager is not a Senior nurse</li> <li>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.</li> <li>Where this isn't possible a Matron is available to provide support</li> <li>Good stock and supply of PPE available for staff from the hub</li> <li>Medicated PPE hub and allocated staff in operation</li> <li>HPC oversight</li> <li>Medicated handling team</li> <li> Policies and standard operating procedures in place</li> <li>Continuing participation in national audit programme</li> <li> Patient experience oversight</li> <li>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</li> <li>Review and adoption of relevant National guidance including guidance from professional bodies where indicated</li> <li>National guidance and SCP in place requiring staff to complete and report to weekly lateral flow device results (8/1/22)</li> <li>Individual Risk and quality impact assessments</li> <li>Staff supported to work in other areas as per individual risk assessments</li> <li>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.</li> <li>Occupational Health Support and access to psychological services in place</li> <li>Weekly Wednesday bulletin circulated to support staff to health and wellbeing support and available services</li> <li>Senior nursing and quality oversight roles/senior leadership in place</li> <li>Monitoring and review meetings:</li> <li>Safety Event Group (SEG) (weekly)</li> <li>Quality of Care Panel (QoC) (weekly) with ADN and Senior nurse participation to support decision making</li> <li>Silver Clinical Reference Group (2 x weekly) with DASH or ADN participation to support decision making</li> <li>Gold Clinical Reference Group (3 x weekly) with ADN participation to support decision making</li> <li>Tactical Silver Command call (1 x daily) with DASH or ADN participation to support decision making</li> <li>Gold CIG (daily) attended by the Chief Nurse</li> <li>Silver Gold (daily) attended by the Chief Nurse</li> </ul>	08/02/2022	31/03/2023	2	(4) Major	(5) Will undoubtedly recur, possibly frequently
3598	19/05/2020	Dawber, Karen	Reid-Smith, Kay	Escalated from Governance Committee	Quality & Patient Safety Academy	<p>There is a risk that CYP admitted to children and adult wards in mental health crisis have variation in their practice/care.</p> <p>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:</p> <p>Risk to other patients on both adult/children's wards. CYP at risk from other patients on adult wards.</p> <p>Wards treated. Equipment available in all areas to self-harm despite removing items that are thought to cause harm.</p> <p>Confusion between services regarding responsibility? Child passed around between services.</p> <p>Voices of the child not heard. Child returned to placement/home where the child is alleging abuse</p> <p>Lack of Nursing/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues.</p> <p>Previous risk (child jumped from fire escape 2014, required ICU admission). Not all actions from investigation completed.</p> <p>Staff harmed due to behaviour of child in crisis.</p> <p>Child harmed due to provision of proscripted drugs (rapid tranquilisation and restraint) causing a mental illness when child admitted with MH issues</p> <p>Movement between section orders and lack of understanding between staff of the meaning of these.</p> <p>Deprivation of liberty for CYP holding CYP in room isolated without social interaction. Lack of appropriate resources.</p> <p>Update 21.02.2022 - To summarise the update</p> <p>11.BUP providing 1:1 care through social care/CAMHS agencies are not always equipped to deal with the severity of the situation and leave the ward doctors and nurses to manage aggressive behaviour</p> <p>12.Monitoring in software for documentation for CYP (with MH issues) between clinical and CAMHS staff which is not seen by each other. Written communication in EPR is difficult for CAMHS staff as a honorary contract is required to access EPR for which application is resource intensive. MCOU does not allow a record of each individual accessing EPR. The MCOU is temporary and may become null and void in a month or so thereby making the honorary contract the only viable solution for CAMHS workers to document their communication</p>	21/09/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	4	(2) Minor	<p>Dates where restraints/rapid tranquilisation to be written (to count and realise situation).</p> <p>Paediatrician consults with psychiatrist on call who prescribes sedation.</p> <p>Mental Health and wellbeing raised at CYP board (regular agenda item).</p> <p>Trust staff part of system wide task and finish group for CYP in crisis to develop policies</p> <p>Gap analysis completed (NICE Self-harm in over 8s: long-term management Clinical guideline [CG133] Published date: 23 November 2011).</p> <p>Use of 1:1 (Trust therapist, CAMHS worker). Use of security to detain CYP on any ward, extra security used when CYP requires 2:1/3:1</p> <p>Individual risk assessment completed on admission to prevent harm. Thorough walk through of cubicle and area to prevent self-harm (door locks removed, ligature points removed etc).</p> <p>Abduction policy does ensure door closure/twice access to prevent child from absconding. Doors strengthened to prevent CYP from kicking open</p> <p>CYP admitted to adult ward should be cared for in a cubicle (not always available).</p> <p>Daily mental health huddle with CAMHS, social care, VCS, adult and paediatric nurses</p> <p>Funding from HEE to undertake We Can Talk Training (on hold due to COVID 19). We Can Talk On-line learning in place.</p> <p>ST has undertaken MH training re MH act (2 years ago)</p> <p>CAMHS have advertised self-harm training sessions (ad 1 course) to complete (currently advertised within Trust).</p> <p>Previous incident Specific children's pathway for children who pose a risk to themselves or others not written (this requires input/collaboration between CAMHS/RH)</p> <p>No medical training in self-harm.</p> <p>Legal team called at earliest opportunity to discuss case and course of action</p>	Update 14.03.2022 RA further updated to include:	21/09/2022	2	(4) Major	(5) Will undoubtedly recur, possibly frequently
3600	10/03/2021	Dawber, Karen	Gent, Robert	Risk Assessment	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	06/05/2022	9	(3) Moderate	(8) May recur occasionally	2	(2) Minor	<p>1)RCSW staff's shifts being moved at short notice to plug gaps (with discussion with team).</p> <p>2)RN's covering continuing care shifts where possible to avoid cancellations.</p> <p>3)Families being warned as far in advance as possible of cancellations so that they can make alternative arrangements.</p> <p>4)Families being offered alternative care times if provision is available at other times.</p> <p>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.</p>	Update 16.03.2022 Risk assessment remains as Feb 2022 Issue on CCG radar on added to CCG SEND risk register (external)Score remains at 16.No improvement in staffing position	31/05/2022	2	(4) Major	(4) Will probably recur, but is not a persistent issue

3453	06/06/2018	Dawber, Karen	Ackroyd, Hannah	Trust Wide Risk	Quality & Patient Safety Academy	<p>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.</p> <p>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.</p>	22/07/2022	15	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<p>Restricted use of theatre 2.</p> <p>Only to be utilised in a very urgent emergency when there is no other option available.</p> <p>Interim update - Theatre 2 is the theatre of choice during the COVID pandemic. see attached risk assessment.</p>	<p>Proposed new timescales for theatre building work:</p> <p>Phase 1 Completion03 March 22</p> <p>Phase 2 Completion06 May 22</p> <p>Phase 3 (Full Completion)14 June 22</p> <p>The Surgical site infection audit was presented at Specialty Governance in February. This audit included data from LSCS performed March to December 2021. The results concluded a SSI rate of 15%, the national rate 8%. The women most at risk were women who had a Cat 1 section at night that lasted &gt;60 mins, diabetic and BMI &gt;40. Work to progress the implementation of the full One together tool is ongoing. Bi monthly IPCC meetings continue which incorporate the ongoing surveillance and monitoring against the Trust standards.</p>	31/07/2022	15	(5) Catastrophic	(8) May recur occasionally
3484	31/05/2019	Dawber, Karen	Hellins, Sara	Escalated from Division	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>	31/03/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(8) May recur occasionally	<p>WTE establishment</p> <p>Recruitment in progress.</p> <p>Effective use of the managing attendance policy.</p> <p>Effective use of the escalation policy.</p> <p>Requests for Bank staff TNR and Agency.</p> <p>Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement.</p> <p>On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team</p>	<p>12/01/2022 -</p> <p>The service is still regularly 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> <p>•Midwifery specialist accomodations have been paused and these hours given back to community until the end of March 2022.</p> <p>•Born and Amber continuity of care teams have ceased to provide intrapartum continuity during January to support other community caseloads (This will be reviewed at the end of January)</p> <p>•About 1 accomodations (just as one and LMS followup) have been paused and clinical hours returned to the unit until the end of January 2022.</p> <p>•The OMS programme has been paused for 6 weeks to release clinical time</p> <p>•Trust wide pause of non-essential meetings to support clinical areas.</p> <p>All other mitigation remains in place and unchanged.</p>	31/01/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3537	27/02/2021	Dawber, Karen	Wells, Sam	National Guidance	Quality & Patient Safety Academy	<p>There is a risk to safety of babies, quality of care and ability to maintain required levels of activity needed to retain NICU status as a result of Non compliance with the Neonatal Critical Care Service Specifications.</p> <p>1. Current funded nursing establishment does not enable provision of nurse staffing at DoH Toolkit standards.</p> <p>2. Percentage of QIS nurses is below mandated standard(80% for an NICU)</p> <p>3. Unable to confirm a sustainable plan for neonatal nurses to access and complete the qualified in specialty neonatal qualification. Cuts to NHS England Education budgets and lack of available courses.</p> <p>4. Provision of free car parking for parents of babies requiring neonatal intensive care.</p> <p>5. Provision of accommodation (within dressing gown distance) for every parent of baby receiving intensive care.</p> <p>6. Provision of dedicated physiologists support for families of babies receiving neonatal care.</p> <p>7. Provision of baby changing facility</p> <p>8. Provision of nominated respiratory physiotherapy service.</p>	10/06/2022	13	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	<p>Cot numbers balanced on shift/shift basis according to staffing assessed against acuity / network demands. Risk of cot closure to maintain staffing at recommended levels might be outweighed by need to provide intensive care support to babies born in/outside Bradford. Escalation policy in place. Close liaison with regional neonatal network. TNR / Agency employed in exceptional circumstances.</p> <p>Jan 2022 - Neonatal already part of the MIS process, will move formally into the umbrella of OMS in the New Year 2022)</p> <p>For other criteria see other Risk Assessment on Neonatal Cx Care Service Spec:</p> <p>Nurses deliver respiratory physiotherapy to babies when required.</p> <p>(Currently untrained. End of life care families can access psychological/counselling support through hospice. Bliss charity volunteers attend NNU regularly to offer support freely to all families. Active multi faith chaplaincy visitors offer support to families on a regular basis. Agreement from trust exec team to run a pilot to fund free parking for: parents of babies in NICU, those who live out of region, palliative care and resident parents. Remaining families will continue with subsidised parking for the duration of the pilot- completed 06/11/18</p>	<p>Update 17.03.2022 No change to situation around NNU staffing however recruitment processes progressing</p> <p>Update 05.04.2022 - No updates to note Score remains at 15 as per last RA</p>	31/06/2022	13	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3791	31/03/2022	Dawber, Karen	Gerrit, Robert	Risk Assessment	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 one currently in house undertaking the training).</p> <p>ROP is a condition affecting premature babies who are at risk of irreversible sight loss.</p> <p>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 9 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 BTHFT.</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 provide neonatal inpatient services which would destabilise their service and that of BTHFT.</p> <p>There is a risk of:</p> <ul style="list-style-type: none"> <li>•Avoidable clinical arm to preterm babies</li> <li>•Destabilisation of neonatal services at BTHFT and Airedale and further across the Neonatal Network</li> <li>•Harm to remaining staff through additional pressure to continue the service</li> <li>•Financial risk to the Trust</li> <li>•Reputational risk to the trust</li> </ul>	20/06/2022	15	(5) Catastrophic	(5) May recur occasionally	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	<p>The retiring clinician is returning to provide support for the screening (not treatment) service at BTH for 12 months.</p> <p>There has been agreement from the Exec in principle to fund a WYAAT colleague to support treatment however CRH/HRH have not yet agreed to release job planned time for this.</p>	<p>The head &amp; Neck CBU are continuing to try to recruit an appropriate clinician to support the service.</p> <p>The head &amp; Neck CBU are continuing to try to recruit an appropriate locum clinician to support the service.</p>	30/06/2022	15	(5) Catastrophic	(5) May recur occasionally
3473	14/10/2019	Dawber, Karen	Reppes, Helen	Risk Assessment	Quality & Patient Safety Academy	<p>Increasing demands overall on Child Development Service are impacting on all areas of work, with large numbers of children waiting for assessment leading to delay in RFT. This has an associated impact on their Education, families and potentially on longer term development as well as the potential for reputational damage to the Trust. It also impacts significantly on staff working at full capacity.</p> <p>1.Children Looked After &amp; waiting Adoption (BHT is a shared responsibility with other provider organisations)</p> <p>•The numbers of children in care in Bradford have increased from 815 in March 2018 to 1,265 in June 2019. As at April 2021 there are approximately 1500 children in care in Bradford. These children all require an initial Health Assessment (MHC) or Adoption medical if they proceed to adoption. There has been no alleviation in funding or increase in capacity to support this increase in numbers requiring this service.</p> <p>•Business guidance states the risk should be completed within 30 working days. Current waiting time is greater than 6 months.</p> <p>•Reputational damage to the Trust as children arrive at court with no adoption medical and the court case cannot go ahead without medical. Child cannot be placed for adoption without medical. Would cause delay in moving child.</p> <p>•Some children not receiving medical whilst in foster care - potential to miss identifying medical needs Child may end up needing hospital admission due to missed/untested medical condition.</p> <p>•No saving support for children waiting for assessment of autism</p> <p>•BHT documented a attached action risk assessment form (see step 3 as per the embedded document). System funding agreed for action assessment with new pathway but still significant numbers awaiting assessment, with associated risk of delay in diagnosis and potential impact on long term development. Result of delays are parental queries/awes/inequity about child whilst waiting assessment</p> <p>•BHT risk for complex comorbidity and comorbidity assessment</p> <p>•Decreasing numbers of referrals received with no corresponding increase in capacity or funding (no removal of block contract since 2014).</p> <p>•Delay in diagnosis and subsequent support for development</p> <p>•Waiting time of 28 weeks for first appointment.</p> <p>•No timely service for support of children with sleeping issues or behavioural issues</p> <p>•Psychology waiting time 12 years +</p> <p>•Where should be support in primary care around sleeping difficulties</p> <p>•Where should be support for behavioural issues in early stages before this needs psychology input</p> <p>•Increased parental demands on Paediatric consultant through phone calls and manager- behaviour/leaps/reports/There is risk to Children referred for assessment at the Child Development Service / community services; potential impact on long term development due to initial delay in assessment and initiation of support services.</p> <p>Impact on schooling and Education.</p> <p>There is a risk to Children Looked After and waiting adoption.</p> <p>Delay in RFT may lead to missed opportunity to identify medical needs.</p> <p>Delay in Adoption medical may lead to child missing court date and spending longer than needed in foster care, with financial implications for providers of care.</p> <p>Delay in court date may lead to child being prospective adoptive parents with measure life long implications.</p> <p>There is a risk to the Trust as there may be:</p> <p>Possible reputational damage for Trust as not meeting statutory guidance.</p> <p>Potential for media interest due to court and judge rulings.</p> <p>There is a risk to staff.</p> <p>Significant demands in all areas of work.</p> <p>Concerns regarding potential impact on staff health at current time.</p> <p>High likelihood of losing staff at present time with associated impact on the service.</p>	11/05/2022	17	(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	<p>Autism pathway developed.</p> <p>Locum in place whilst funding allows (CLA).</p> <p>Action plan formulated with partner agencies for CLA / Adoption work</p> <p>Meetings held with CCG with agreement to jointly submit business case (CLA).</p>	<p>11/2/22 – RG update</p> <ul style="list-style-type: none"> <li>•Increased capacity for Health Assessments for Looked After Children (LAC) now in situ (BOCFT) after funding approved via system business case</li> <li>•BECG has recruited to Designated Doctor for LAC – commenced in post Jan 2022</li> <li>•Second system wide business case to reduce and sustain autism assessment waiting times approved Q2 2022/22. Funding secured Q4 2021/22 with plan to outsource activity to reduce longest waiters and increase capacity across NHS providers.</li> <li>•Business case approved 7/2/22 by BTHFT exec to fund x3 CDC senior nursing posts to increase capacity to manage increasing caseload and complexity</li> <li>•Long waits remain in some subspecialty CDC clinics due to long-term consultant vacancies. Interest in pediatrician posts expressed by x3 trainees due to complete training in summer 2022. Plan to advertise substantive posts in spring 2022.</li> </ul> <p>Score to remain at 15 however there is a plan to revisit and rewrite the RA in the next few weeks with the potential for the score to be reduced in the near future</p> <p>Update 11.03.2022 No further updates to add since the last RA review in February</p> <p>Update 05.04.2022 no changes to note score remains at 15</p>	30/05/2022	17	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3871	21/06/2021	Azab, Sajid	Azab, Sajid	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures.</p>	30/04/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	<p>Managing lack of outflow</p> <p>Escalations to improve flow</p> <ul style="list-style-type: none"> <li>•Existing Trust Escalation Plans</li> <li>•24/7 senior manager availability for escalation.</li> <li>•24/7 Command Centre provision for operational support</li> <li>•System escalation as required</li> <li>•Current SOP for specialty review of patients</li> <li>•ile issuing of the SAU and MECs 5p to try and encourage direct referral out of the ED.</li> <li>•Actions ED take to mitigate the impact of lack of flow</li> <li>•Weekly oversight of performance and operational response as required.</li> <li>•Outstanding decision making programme</li> <li>•Command Centre Activation</li> <li>•Navigation role at front-end.</li> <li>•Medical SOEC available (limitations with capacity)</li> <li>•Medical Coordinator role in Amber Zone.</li> <li>•Utilization of primary care appointments.</li> <li>•Senior doctor to redeploy AAA to review all ambulance waits.</li> <li>•Recruit patients to minors waiting area where more space if appropriate</li> <li>•Regular escalation to YAS Ops supervisor to attend the ED when long handover times to support crews.</li> <li>•NIC and CIC review all areas regularly and escalate any concerns for patient safety to senior leadership team.</li> <li>•Regular announcements informing patients of ED waiting times and alternative health care services.</li> </ul> <p>Staffing:</p> <ul style="list-style-type: none"> <li>•No daily nurse staffing meetings.</li> <li>•Weekly Medical Staffing Meeting with Senior Manager and Clinical Lead overnight.</li> <li>•CBU Senior Nurse Rota in place for 7 day cover.</li> <li>•Trust wide Quality and Safety Motion 7 day cover.</li> <li>•Review of IMU/AMU/PMU establishment to support pulled into nursing numbers on a daily basis.</li> <li>•Shifts are regularly sent out to over cap and text messages to staff.</li> <li>•Daily review of medical rota and filling with locums/ supernumers to fill the doctors rota.</li> </ul>	<p>07/04/22</p> <p>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:</p> <p>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 patients).</p> <p>Speciality Review &amp; Transfer-in to Wards- undertake a focussed piece of work in collaboration with key surgical and medical specialities 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	(4) Major	(5) Will undoubtedly recur, possibly frequently

3636	18/08/2021	Auth, Solid	Smith, David	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	<p>There are a number of significant risks to the organisation arising from the age and condition of the pharmacy aseptic unit. The risks are specifically:-</p> <p>1.A patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition</p> <p>2.A reputational risk to the organisation arising from the potential failure of, and/or regulatory intervention into the, pharmacy aseptic unit.</p> <p>3.A risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales.</p> <p>The risk arises from the due to:-</p> <p>1.The unit being almost 25 years and no longer up to current design standards.</p> <p>2.The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour.</p> <p>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.</p> <p>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.</p> <p>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 by in grid type formation.</p> <p>6.The unit has begun to fail some of the environmental monitoring tests which means failure is more likely.</p> <p>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.</p>	30/09/2022	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	<p>Update 9th February 2022</p> <p>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</p> <p>March 2022</p> <p>Approval from ETM received on installation of a temporary unit. Installation of new temporary unit to begin in the next month with unit being on site from June 2022 and running from late June / July 2022</p>	31/07/2022	18	(4) Major	(4) Will probably recur, but is not a persistent issue	
3648	11/07/2019	Auth, Solid	Young, Joanne	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	<p>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:</p> <p>Delays to treatment.</p> <p>Sharing incorrect information with patients.</p> <p>Using incorrect information to make decisions about patient care.</p> <p>Patients attending unnecessary appointments.</p> <p>Staff anxiety from being unable to prevent or fix errors.</p> <p>Admin or clinical time spent correcting errors.</p> <p>Loss of income from missing or un-coded activity.</p> <p>Reputational harm from reporting inaccurate data / performance.</p>	30/09/2022	15	(3) Moderate	(3) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>10/03/2022 - DQ Backlog clearance procurement exercise concluded with Source Group awarded. Work to commence with supplier WKC 22/03/2022. ETM approved trust new model. DQ meeting to agree recruitment planned scheduled for 18/03/2022.</p> <p>Issue resolution – focus is on correcting at source but the existing model has several gaps, particularly the operational knowledge needed to do this but also the central capacity to deal with existing volume of enquiries and corrections. There is a multi-department meeting every two weeks which reviews issues and themes. This supports the change prioritisation process and provides updates for knowledge and training, whilst also taking corrective action wherever appropriate.</p> <p>Overnight – some KPIs are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.</p> <p>DQ error clearance – where errors are not corrected at source they drop into one of three cohorts (covered by multiple DQ KPI). Master Patient Index (MPI) errors are covered by informatics, pathway and activity errors are covered by the Central Access Team. Mapping issues are monitored weekly as they drop onto a single queue. These are reviewed centrally and where possible corrected. If central correction isn't possible CBU teams are instructed to re-order the next step and this is monitored until complete.</p> <p>Despite these controls the number of errors highlighted by DQ KPI remains high and this means corrections are made for priority cohorts only. Themes from these corrections feed into the fortnightly issue resolution meeting.</p>	31/12/2022	15	(3) Moderate	(3) Will undoubtedly recur, possibly frequently	
3309	26/11/2018	Smith, Dr Ray	Order, Pauline	Risk Assessment	Quality & Patient Safety Academy	<p>There is a risk of harm to patients and the organisation from delays in processing histopathology samples, with potential of having an impact on delayed diagnosis and treatment pathways.</p> <p>The BTHFT histopathology department process a high volume of histopathology samples with a high proportion of complex specialist work.</p> <p>The team has 3 vacancies. 2 vacancies are currently filled by locum staff. 1 locum is a sub specialist 1 locum is a generalist</p>	31/05/2022	12	(4) Major	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	<p>*2 locums are in place</p> <p>*Some work is outsourced (as and when required)</p> <p>*Additional sessions are covered by existing substantive staff</p>	<p>06/04/22- April number of consultants on A/L and 1 consultant absent from service requested support from Airedale to help with breast reporting, new process set up and to monitor. Planned to look at Gynae support with Airedale Week commencing 11/04/22</p> <p>Locum consultant departs service 04/05/22 meeting request with S&amp;S and request for support through Unilabs</p> <p>Recruitment 6 CV's received , potential of two to review lead Consultant in process of this</p>	30/09/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3746	15/02/2022	Smith, Dr Ray	Wood, Ruth	Directorate Objective	Quality & Patient Safety Academy	<p>There is a risk that as the demand for hemodialysis (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. The lack of capacity means that in the event of a sustained critical failure at either at any of the facilities there would be an extreme risk to the services ability to provide adequate dialysis to its patients. (Linked to risk 5303)</p> <p>In-center 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.</p> <p>The current KCHD 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).</p> <p>There is a satellite KCHD 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).</p> <p>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 KCHD outpatients with inpatients is both against IPC advice and reduces the capacity for treating acutely ill inpatients at BRI.</p> <p>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.</p>	30/06/2022	15	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>Where clinically appropriate and with the agreement of the patient dialysis is reduced from three to two sessions to create more capacity.</p> <p>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 on our on call emergency dialysis service which should be reserved for acutely ill inpatients.</p> <p>Specialist nurse staffing is augmented by TNA and agency staff</p> <p>Additional staffing capacity has been built into the rota using existing staff.</p> <p>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.</p> <p>Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses.</p> <p>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.</p> <p>In the event of a sustained loss of facility additional mitigation would be implemented.</p> <p>Services extended into overnight/out of hours 6 or 7 days a week.</p> <p>Further reduced dialysis sessions</p> <p>Deployment of patients to other facilities potentially at some distance of travel.</p>	31/07/2023	15	(4) Major	(4) Will probably recur, but is not a persistent issue	
3751	04/03/2022	Smith, Dr Ray	Kritzeinger, Samantha	Escalated from Division	Quality & Patient Safety Academy	<p>There is a risk to patient safety due to one of the two MRI scanners being out of service at BRI. Provision of both adult and paediatric MRI scans requiring general anaesthesia will be reduced. The out of service scanner is normally the only scanner used for scans under general anaesthesia. The remaining scanner has much less space in the scan room to the extent that it is much more difficult to conduct scans under general anaesthesia safely.</p>	31/03/2022	15	(5) Catastrophic	(3) May recur occasionally	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<p>All elective general anaesthetic MRI scans have been postponed until the second scanner is repaired.</p> <p>Any referrals for acute MRI scans in children need to be made at a consultant paediatrician to consultant anaesthetist level.</p> <p>Given the possibility that the scanner table may fail to unlock during an emergency, the team attending the patient may have to physically lift the anaesthetised patient and carry them out of the scan room. For this reason, an upper patient weight limit of 15kg is suggested, and consideration should be given to positioning the patient on a suitable and MR safe transfer sheet if possible. There is a risk associated with physically carrying an anaesthetised patient, and doing so may be in conflict with existing moving and handling policies.</p> <p>Given the additional challenges posed by the environment, two senior (one of whom should be a consultant familiar with the MRI environment) anaesthetists should be present. If the available team members are unfamiliar with the environment and /or unhappy to proceed the scan should not take place and the patient will need to be referred to another centre.</p> <p>The attending operating department practitioner (ODP) should be familiar with the MRI environment. For this reason, it is advised that junior or agency ODPs should not be assigned to work in the MRI suite alone.</p> <p>There should be a suitably qualified recovery nurse present.</p> <p>Consideration should be given to allowing anaesthetists who regularly provide acute services to visit the working scanner and familiarise themselves with the environment.</p> <p>The remaining scanner has adequate monitoring equipment and gas pipelines to supply the anaesthetic machine, and, providing the space around the scanner table is cleared, it is possible to keep the MRI conditional anaesthetic machine at a safe distance. It is some years since this scanner suite was used for general anaesthetic work, so both the pipelines in the scanner room and the induction / recovery area outside the scanner room need to be inspected and tested by Medical Physics / Pharmacy.</p>	<p>04/03/2022 -</p> <p>Complete mitigation can be achieved with the transfer of patients to other hospitals for scanning where possible/practicable.</p> <p>Complete mitigation requires the recommissioning of the second scanner.</p>	30/04/2022	15	(5) Catastrophic	(3) May recur occasionally

Rating
13 to 20 - Low
8 to 12 - High
4 to 6 - Moderate
1 to 3 - Low