

High Level Risk Movement Log

Report date	22/06/2022
Prepared by	Sheridan Osbourne
Prepared for	ETM 27/06/2022

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)
3779	31/05/2022	Finance and Performance, Quality & Patient Safety Academy	There is a risk of the Hysteroscopy service being significantly reduced due to equipment failure. Westwood Park (WWP) DTC hysteroscopy service operates two endoscopy suites on a Thursday afternoon. One stacker for visualising the uterine cavity/bladder was replaced recently by urology. The Pentax processor EPK700 MP015543 (second stacker) was purchased by the Women's CBU 20 years ago and this aging system is frequently providing poor imaging and is prone to breaking down. Replacement parts are no longer available. The failure of the second stacker would cause an increase in waiting times for patients, and a potential for a delay in diagnosis. This would have a significant impact on the quality of life and outcomes for women accessing the service on both a fast track and benign gynaecology pathway.	Dawber, Karen	Ackroyd, Hannah	16	Replacement of the Hysteroscopy stacker to be submitted to the capital replacement scheme for consideration	30/12/2022	Ackroyd, Hannah	16	4
3411	10/07/2019	People, Quality & Patient Safety Academy	There is a significant risk to Oncology service delivery due to two consultant vacancies – 1 at Bradford Hospital and 1 vacancy at Airedale. Both services provide cross cover. The service also experiences gaps in the registrar rota. The impact of these gaps may result in risks to the service delivery at both hospitals as follows: - Clinical Review of patients within 24 hours of the admittance - Delays in patient flow - Delays in outpatient attendances increasing wait times	Smith, Dr Ray	Hickey, Joanne	12	25/05/22 - New doctor given notice ends 29/07/22 - impact on cross cover for A/L during peak holiday season. Will have detrimental impact on service delivery, impact on waiting times for all tumor sites. Main impact for Upper GI and HPB. Anticipate pulling clinic at Airedale. GM Escalating internally. A request has gone to Calderdale to ask for in reach support to Airedale for Upper GI and HPB, Leeds can't support Sue Cheeseman leaves support to Gyna service at BTHFT June / July, questioned asked if she can support after summer awaiting response. Request to advertise joint locum with Leeds / Airedale awaiting update Locum agency advertised at BTHFT, Airedale also doing the same Recruitment agencies re contacted just reviewing options of CUP service be side stepped to Palliative Care Updated risk to 15, due to high risk 25/05/22 - Consultant team are still very fragile with Sue Cheeseman departing the service at the end of July. Our new doctor that joined the team as took a decision now to join the training programme. Existing team still close to Burn Out. Network discussion continue NSO with the wider plans. 06/04/22 - Sue Cheeseman supporting Gyna service for BTHFT, Upper GI & HPB service at Airedale is high risk, no cover when BTHFT consultant on leave - Appointed 2 New doctors, 1 plans to arrive in UK 15/04/22, but no confirmed start date until all HR checks completed Service is still very vulnerable with existing staff close to burn out 12/01/22 - information as per 17/12/21 still the same - Sue Cheeseman hoping to start next week - Recruitment of speciality doctor taking place next week - 3 applicants for speciality doctor and requested approval to appoint all 3 if suitable to support service and stabilise it	30/11/2020	Hickey, Joanne	16	4
3481	20/10/2019	People Academy	There is a risk that at times the qualified nurse staffing levels on the wards are not to planned staffing numbers reducing the staff ability to care for sick children and volume of children	Dawber, Karen	Rushforth, Kay	9	Advertise for experienced nurses. Review new models of working (summer winter model), flexible working. Establish safe skill mix RN (Ch): NA and increase numbers into workforce. Implement the policy for Safe Management of Patient Acuity. Implement Safer Nursing Care Tool (triangulation). Due to Covid 19 minimal children admitted to the children's ward. There are 3 stabilisation areas now with potential to manage Covid 19 and non Covid 19 children. PICU/Embrace have capacity and fortnightly teleconference in place See Covid 19 critical care and non Covid 19 area risk assessments for further detail on staff management. Further work; Implement PCCMDS (triangulation for acuity) Six monthly establishment reviews Risk assessment reviewed and updated Nov 21 see attached document Staffing gaps problematic score increased to 9 Review of RA requested 08/04/2022 Review date extended to end of April RA reviewed and updated 09/04/2022 see RA v14 attached Score remains at 9 RA reviewed Mayand June 22 score increased to 16 Review date remains as Oct 22 official vacancy 14.55 WTE at Band 5 plus additional (1.68 WTE LTS 5-9 maternity leave) 089 Newly Qualified Nurses (NQNs) to commence employment in September 2022. There is no guarantee that all 19 will take up a post in 2022 08CCMDS tool in place but not completed as this usable to be validated 08Plan to review flexible working arrangement in May/June 2022	31/10/2022	Rushforth, Kay	16	6

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

3732	20/01/2022	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	Dawber, Karen	Dawber, Karen	20	<p>June 2022 - Sickness absence rates are stabilising, key areas theatres and Renal recruited to with overseas recruits. Just R first round of interviews in June 2022</p> <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>	31/03/2023	Dawber, Karen	16	20
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HIGH LEVEL RISKS THAT HAVE BEEN REMOVED/CLOSED											
ID	Date of entry	Assuring Academy	Description		Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Residual Rating
3253	08/06/2018	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.	Dawber, Karen	Ackroyd, Hannah	16	Proposed new timescales for theatre building work: Phase 1 Completion23 March 22 Phase 2 Completion26 May 22 Phase 3 (Full Completion)14 June 22 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 >60 mins, diabetic and BMI >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.	31/07/2022	Ackroyd, Hannah	15	3
3765	14/04/2022	Quality & Patient Safety Academy	There is a risk that patients who test positive for COVID 19 (on asymptomatic IP testing) may come to harm due to multiple moves and not being looked after within their specialty, leading to patient harm (delays in treatment, increased LOS, risk of hospital acquired harm deconditioning etc).	Dawber, Karen	Dawber, Karen	25	Following a robust risk assessment and discussion with IPC, CQC (Wendy Dixon), ICS Chief Nurse (Bev Geery), Margaret Kitching (Regional Chief Nurse) a proposal has been taken to Gold CRG and agreement to STOP asymptomatic testing for IP within a defined criteria (see SOP and RA) It must be documented that a patient no longer requires asymptomatic testing post admission by the relevant clinician looking after that patient. The patient will be : •Asymptomatic for COVID19 •No underlying immunosuppression Need to monitor the impact on COVID numbers and HAI, fully mitigation of risk will only be completed once prevalence of COVID 19 in community fully reduces.	15/04/2022	Chadwick, Claire	15	6
3357	22/02/2019	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.	Holloway, Mark	Threlkeld, Iain	16	05/05/2022 - Maternity theatres currently being upgraded - the use of this theatre in the next month by end users will mitigate this risk.	31/03/2022	Holloway, Mark	16	8

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
			nothing to report during period 13.5.22-22.6.22								