

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 22.06.2022)

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	Davies, 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 expediential life expiry of the estate.</p>	16/09/2022	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"> An identified backlog maintenance programme of work has been identified Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken. A current facet survey inspection is being undertaken to identify and allocate funding resources. (exp April 22) Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment. 	June 2022 Update:- Work continues to procure a project delivery team. This team will commence the back-log scheme and take it through a 2-5 year cycle.	31/03/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3744	27/01/2022	Dawber, Karen	Freeman, Sarah	Risk Assessment	People, Quality & Patient Safety Academy	<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>	30/06/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	<p>Processes in place:</p> <ul style="list-style-type: none"> E-rostering established in all clinical areas Datix incident reporting and escalation where indicated Risk and safety huddles (daily Monday-Friday) Workforce and Quality Matron huddle/oversight (3 x daily, 7/7) Quality and Safety audit programme (weekly) Non-clinical staff re-deployment hub established Assessment of acuity and dependency (safe care) (2 x daily) Staffing RAG (planned v actual) completed each shift Staffing RAG produced shared with the SitRep 4 times per day and circulated to all Senior Trust managers Redeployment of staff to support safe minimum staffing levels on wards and within departments Bank staff and flexible workforce including the Responsive workforce team are used where possible to fill vacant shifts Agency staff are used if available to fill vacant posts 	<p>05/05/22</p> <ul style="list-style-type: none"> Introduction of MAGNET shared governance to listen to staff ADD THIS BIT Review being undertaken to extend Q&S Matron OOH Cover Use of Thrive to maintain staff wellbeing and promote development Introduction of more senior roles to develop staff (Legacy nurses) Closely monitored absence management to support staff returning to work Promotion of transfer window, responsive workforce roles Development of PNA role to support staff wellbeing and resilience 	31/03/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently

3730	18/01/2022	Dawber, Karen	Hartley-Spencer, Adele	Escalated from Division	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust. (This risk supersedes Risk 3480. A care group specific risk will be reinstated once this risk reduces to 12).	30/06/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	<ul style="list-style-type: none"> E-rostering established in all clinical areas recent strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21.recent strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21. - March 2022 strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21. Datix incident reporting and escalation where indicated Risk and safety huddles (daily Monday-Friday) Workforce and Quality Matron huddle/oversight (3 x daily, 7/7) Quality and Safety audit programme (weekly) Non-clinical staff re-deployment hub established Assessment of acuity and dependency (safe care) (2 x daily) Staffing RAG (planned V actual) completed each shift Staffing RAG produced shared with the SitRep 4 times per day and circulated to all 	<p>01/04/2022 - - March 2022 strategic nurse staffing review has approved an uplift of £200k for the funding of beds on W21.</p> <p>Continuing participation in recruitment initiatives, including overseas.</p> <p>Work focused on recruitment and retention. 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>	30/04/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3598	19/10/2020	Dawber, Karen	Rushforth, Kay	Escalated from Governance Committee	Quality & Patient Safety Academy	<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 trashed. 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>Voice of the child not heard. Child returned to placement/home where the child is alleging abuse</p> <p>Lack of Nurse/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues.</p>	16/09/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	6	(2) Minor	(3) May recur occasionally	<p>Datix where restraint/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 floater, CAMH 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>Update 27/05/2022 Oversight report to the Board recruitment in progress for mental health nurse/practitioner</p> <p>Update 17/06/2022 No change to current situation/position</p>	21/09/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently

3671	21/06/2021	Azeb, Sajid	Azeb, Sajid	Risk Assessment	Quality & Patient Safety Academy	There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures.	30/04/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	Managing lack of outflow Escalations to improve flow •Existing Trust Escalation Plans •24/7 senior manager availability for escalation. •24/7 Command Centre provision for operational support •System escalation as required •Current SOP for specialty review of patients •Re issuing of the SAU and MECs SPs to try and encourage direct referral out of the ED. Actions ED take to mitigate the impact of lack of flow •Weekly oversight of performance and operational response as required. •Outstanding decision making programme Command Centre Activation •Navigation role at front end. •Medical SDEC available (limitations with capacity) Medical Coordinator role in Amber Zone. •Utilization of primary care appointments. •Senior doctor to redeploy AAA to review all	16/06/22 Despite a reduction in the number of patients being admitted into hospital with COVID attendance rates have remained high which has meant that some patients have continued to experience significant delays in being seen. All plans as outlined below have continued to be in place with further emphasis and focus upon ambulance handover delays resulting in a much improved position.	31/08/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3309	26/11/2018	Smith, Dr Ray	Carder, Pauline	Risk Assessment	Quality & Patient Safety Academy	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 The BTHFT histopathology department process a high volume of histopathology samples with a high proportion of complex specialist work. The team has 3 vacancies. 2 vacancies are currently filled by locum staff. 1 locum is a sub specialist 1 locum is a generalist	31/07/2022	12	(4) Major	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	•2 Locums are in place •Some work is outsourced (as and when required) •Additional sessions are covered by existing substantive staff	31/05/22 - Service continues to struggle with consultant colleagues to deliver service. in the process of appointing 2 new colleagues and awaiting the completion of HR processes. Listening event taken place with team to support morale , regular meetings for engagement - new process being implemented regarding escalation behaviors	30/09/2020	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3732	20/01/2022	Dawber, Karen	Dawber, Karen	Risk Assessment	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	30/09/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	Processes in place: Use of national guidance Health and well being activities - Thrive Workforce planning -agreed establishments Workforce re-deployment Use of temporary workforce Recruitment and retention Training and development Monitoring and review; Silver / Gold reference groups Tactical Silver / Gold Matron Huddles Quality oversight and escalation Patient experience oversight Senior Nurse assessment and decision making Further detail within full risk assessment and QIA	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	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3481	3630	3779
20/10/2019	10/03/2021	31/05/2022
Dawber, Karen	Dawber, Karen	Dawber, Karen
Rushforth, Kay	Guest, Robert	Ackroyd, Hannah
Escalated from Division	Risk Assessment	Risk Assessment
People	People, Quality & Patient Safety Academy	Finance and Performance, Quality & Patient Safety 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	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"	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.
09/10/2022	25/06/2022	29/07/2022
9	9	16
(3) Moderate	(3) Moderate	(4) Major
(3) May recur occasionally	(3) May recur occasionally	(4) Will probably recur, but is not a persistent issue
6	2	4
(2) Minor	(2) Minor	(4) Major
(3) May recur occasionally	(1) Cannot believe that this will ever happen again	(1) Cannot believe that this will ever happen again
68WTE Newly Qualified Nurses (NQN) commenced employment on 1 September 2019. 1 TNA became registered in January 2019. TNR and Pulse agency is authorised weekly. The ward co-ordinator on the CYPU provides care for low acuity patients will provide support whenever possible. Ward 2/neonatal unit/community children's services assist with staffing. AED may be able to assist with staffing and provision of a RN (Ch. A MDT huddle takes place x2 each day to ensure flow continues and children are reviewed and discharged. A HoN and Matron huddle takes place daily to discuss staffing and number and acuity of patients Children are co-horted by disease to ensure staff are working efficiently. Children are co-horted by severity on 'the	1)BCSW staff's shifts being moved at short notice to plug gaps (with discussion with team). 2)RN's covering continuing care shifts where possible to avoid cancellations. 3)Families being warned as far in advance as possible of cancellations so that they can make alternative arrangements. 4)Families being offered alternative care times is provision is available at other times. 5)Team look at whole caseload for the day when the need to cancel a care shift arises. This results in risk being limited by cancelling the care shift of the child perceived to be at least risk.	There is no equipment no back up and therefore no control measures can be implemented and lists would need to be cancelled Replacement of the Hysteroscopy stacker to be submitted to the capital replacement scheme for consideration
31/10/2022	30/06/2022	30/12/2022
16	16	16
(4) Major	(4) Major	(4) Major
(4) Will probably recur, but is not a persistent issue	(4) Will probably recur, but is not a persistent issue	(4) Will probably recur, but is not a persistent issue

3696	18/08/2021	Azeb, Sajid	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> <ol style="list-style-type: none"> 1. patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit. 3. risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales. <p>The risk arises from the due to:-</p> <ol style="list-style-type: none"> 1. The unit being almost 25 years and no longer up to current design standards. 2. The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour. 3. The poor design of said pipework meaning it is impossible to satisfactorily test the integrity of the terminal HEPA filters due to leak paths of unknown origin. 4. Some of the filter housings being modified by a third party from top entry to side entry meaning the airflows immediately prior to the 	31/07/2022	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>Environmental Monitoring and SOPs</p> <p>Colleagues working in the unit follow standard operating procedures (SOPs) for all functions undertaken. These SOPs cover all aspects of the operation of the unit but specific to this risk cover the cleaning and environmental monitoring regimens. The SOPs are part of the wider Quality Management System which operates in the unit. The QMS ensures that all products produced are produced according to the SOPs and to the required regulatory standards. Where deviations from the SOPs occur e.g. due to a product failing a final check an official deviation investigation is commenced which includes Corrective and Preventative Actions (CAPA) to minimise the chance of the deviation occurring again.</p> <p>In the event of a change in practice is needed a change control form is raised which ensures that any change is safe and effective, approved by both the production and quality managers and that it is cascaded to all.</p> <p>In relation to this deterioration of the DOP testing results, a change control form was implemented to increase the intensity and</p>	March 2022 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	31/07/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3748	15/02/2022	Smith, Dr Ray	Wood, Ruth	Directorate Objective	Quality & Patient Safety Academy	<p>Renal Services Capacity</p> <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.</p> <p>Increasing demand within the local demographic and an aging and limited foot print has created a risk that any loss of capacity could lead to clinical harms for patients resulting from sub optimal dialysis provision as the only means of managing dialysis across the patient group.</p> <p>There is a high risk of increasing down time at the St Luke's site and the satellite unit at Skipton because of the aging infrastructure. Loss of either facility for an extended period would be unsustainable without seeking support from organizations both within and without the region.</p>	30/07/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<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 frequency is temporarily reduced (eg from three to two sessions per week) to create more capacity, however this will only be possible for a limited number of patients</p> <p>Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients, however capacity to deliver this is very limited, and 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</p>	<p>A business case for HD staffing expansion. If a business case is accepted to increase our HD staffing capacity, we could open an addition dialysis room that we created as part of an expansion and reconfiguration initiative during the Covid-19 pandemic. This would allow us to provide HD at St Luke's for all 47 of our 47 stations (for 282 patients), OR if we were to follow IPC guidance and close 4 stations (as above) we would only be able to provide HD at St Luke's for 43 of our 43 stations (for 258 patients).</p> <p>High level Task and Finish group (Renal Programme Board) set up to take the proposed Airedale Managed Service Haemodialysis Unit, BRI and St Luke's projects 2019</p> <p>Service review to identify funding requirements and capacity limitation</p> <p>Business cases for St Luke's and BRI ADU/ Ward 15 developments including additional water facilities.</p> <p>Work to look at alternative sources of funding for the replacement of equipment, including a current business case for additional HD machines</p> <p>Work to look at collaborative working with other</p>	31/01/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3411	10/07/2019	Smith, Dr Ray	Hideley, Joanne	Risk Assessment	People, Quality & Patient Safety Academy	<p>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.</p> <p>The impact of these gaps may result in risks to the service delivery at both hospitals as follows:</p> <ul style="list-style-type: none"> - Clinical Review of patients within 24 hours of the admittance - Delays in patient flow - Delays in outpatient attendances increasing wait times 	31/07/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	4	(2) Minor	(2) Do not expect it to happen again but it is possible	<p>Temporary measures in place to support the service January to May 2019</p> <p>Tuesday ward round BRI - Simon Brown and SpR will cover ward in morning. This is one less consultant than previous</p> <p>Gynaecology service at Airedale Hospital, Dr Rehman and Dr Sentamans to deliver Gynae service through a Thursday am clinic.</p> <p>Gynae MDT at Airedale Dr Sentamans will attend at Airedale 8 to 9am on Wednesday am.</p> <p>Breast clinic will move to Monday am for both Dr Rehman and Dr Sentamans and part Monday pm for Dr Rehman</p> <p>Breast patients can also be seen in any spare capacity in Wednesday pm colorectal clinic.</p> <p>Lung Service - Dr Conn will attend Airedale Lung MDT and Clinic on Fridays 8am to 1pm. Resulting that Dr Conn will not do Bradford ward round on Friday am and Wednesday am.</p>	<p>26/05/22- 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.</p> <p>A request has gone to Calderdale to ask for in reach support to Airedale for Upper GI and HPB, Leeds can't support</p> <p>Sue Cheeseman leaves support to Gyna service at BTHFT June / July , questioned asked if she can support after summer awaiting response.</p> <p>Request to advertise joint locum with Leeds / Airedale awaiting update</p> <p>Locum agency advertised at BTHFT , Airedale also doing the same</p> <p>Recruitment agencies re contacted just reviewing options of CUP service be side stepped to Palliative Care</p> <p>Updated risk to 15 , due to high risk</p>	30/11/2020	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3767	19/04/2022	Rice, Paul	Scott, Ian	Community Risk Register	People	<p>There is a risk that Maternity staff are working within the Bradford community on a daily basis and do not always carry or have access to a lone worker device as per Trust policy</p> <p>The maternity service currently has 79 health professionals working in community that require a device. 37.9% have a device however 62.1% have either no device, a broken or lost device. Only 34% of staff in community have had training to use the device.</p> <p>Staff who have a lone worker device have reported that they rarely use it due to the age of the device causing short battery life resulting in the need for recharging at least once throughout the day. This can be difficult if staff do not have a car charger for the device. Also the devices take a long time to programme for each appointment/visit.</p> <p>The Trust is currently waiting for a new lone worker contract to be agreed and do not have any spare devices until this is in place.</p>	30/06/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(1) Negligible	(4) Will probably recur, but is not a persistent issue	<p>Staff member and student midwives providing care in the community are at increased risk of harm if they are unable to raise an alarm in the event their safety is at risk.</p> <p>The experience of violence and aggression whilst at work increases work related stress and the risk of absence from work.</p> <p>Increase in staff anxiety can lead to poor job satisfaction</p>	<p>Staff who have access to a lone worker device should be reminded of the importance of carrying the device with them at all times</p> <p>Staff who have a device but have not undertaken training should complete this</p> <p>Explore alternative devices which are reliable and will ensure staff feel comfortable, safe and confident whilst at work</p> <p>Escalate concerns and significant risk at the next safety champion meeting</p> <p>Escalate to Trust Non-clinical risk at SEG</p>	30/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3686	20/07/2021	Holloway, Mark	Stott, 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"> •81 women for antenatal clinic; some clinics are multi-disciplinary and the woman is required to see at least 2 health professionals so will be 	30/09/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	3	(3) Moderate	<p>(1) Cannot believe that this will ever happen again</p> <ul style="list-style-type: none"> •Several reviews of the area have been undertaken by the Estates team with OMS programme, Building Fit For Future Work stream Leads. •Suggestions re improving and extending the existing space have been made but have never come to fruition and no plan evident with a timeframe •Meeting with Director of Estates has taken place •A review of clinic templates and capacity and demand is ongoing but there is a clinical need for the appointments. •Alternative venues throughout the Trust for gynaecology and the glucose tolerance test clinics have been explored but nowhere suitable has yet been identified. •Allocating certain pods for those waiting for the Antenatal Day Unit and Maternity Assessment Unit has been trailed but this has been impossible to maintain during busy clinics due to the lack of space. •Microphones for the perspex screens have been installed 	<p>Building works to have financial approval and be project managed to agreed time scales</p> <p>Alternative accommodation for Gynaecology, reproductive medicine and GTT services to be considered</p> <p>01.06.22 Revised building plans have been produced and are to be considered at the capital planning meeting on 6.6.22. There have been discussions in regards to the plastic covid pods been removed in the near future.</p>	31/03/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3591	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"> •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. •Ventilation systems non-compliant with Health Technical Memorandum (HTM) 03-01: Specialised ventilation for healthcare premises, COSHH Regulations 2002 and HBN 15 Pathology Services. •Infection control risk due to non-compliance-potential issue relating to Covid 19 pandemic •Delay in repatriation of TB service <p>Added 19/04/21 -</p> <p>Processing of respiratory viral samples for Sars-COV-2 testing within Laboratory</p> <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	<p>(2) Do not expect it to happen again but it is possible</p> <ul style="list-style-type: none"> •Reagents are sealed and in small volumes (5 litres) to reduce the exposure to large volumes •Personnel Protective Equipment (PPE) used within the laboratory, including face masks in line with Covid 19 •Temporary transfer of TB work to Airedale •There is no microbiology culturing on site •Use of Hoods/Respiratory Protection Equipment (RPE) for spills •Evacuation plan in place with training for a major spill. •Spill kits available •Category 3 specimens are stored within the TB room that is not currently used which has a working fume cupboard. 	<p>25/03/22 - no further updates 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 <10l 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	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3157	27/10/2017	Dawber, Karen	Wallis, 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 Specification.</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 speciality 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 psychologist 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>	07/10/2022	15	(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 Crit 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,</p>	<p>Update by KR 5.5.22 score remains at 15.</p> <p>Started to recruit AHPs and RN, with NQNs interviewed and due to start in Sept 2022</p> <p>Update May 22 on critical care element see attached RA V7 for detail May 22 update:</p> <p>Dietitians – 1 dietitian due to retire June 22.</p> <p>Role advertised but unfilled. Funding agreed from CBU to support training of replacement from within dept.</p> <p>Physiotherapy/OT – 1.7 WTE appointed and waiting to start soon. 0.6 WTE Occupational Therapist also approved and interviews planned. Should significantly improve developmental and family care service.</p> <p>SALT: staffing challenges in SALT team but funding agreed and should release additional resource in due course.</p> <p>Psychology: 1 WTE Band 7 Psychologist appointed and awaiting start date.</p> <p>Family Experience: Some progress with charity appeal for accommodation.</p> <p>Experience should be improved by additional Psychology/Physio/OT team. Also service has appointed new Infant feeding co-ordinator who is now in post and lots of good feedback about support given for breastfeeding.</p>	30/09/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3404	31/05/2019	Dawber, Karen	Hollins, 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</p> <p>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>	31/07/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) 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>11.04.22 –</p> <p>The vacancy rate for February was -12.55 whole time equivalent (WTE). This is against the revised establishment calculated by Birth Rate Plus, which recommended an increase of 12.52 WTE to maintain safe services based on the acuity of women accessing the existing pathways and models of care, and an overall increase of 32.2 WTE to achieve midwifery continuity of carer (MCoC). The service is therefore focussing on achieving the 12.52 WTE increase and although there is a deficit of 12.55 WTE, the service mitigates maternity staffing on a daily basis, by redeploying staff across the service, utilising specialist midwives and senior leaders to work clinically where appropriate, closing beds to maintain safe staffing levels and utilising the escalation policy to 'divert' services if activity and acuity outweigh the number of staff available.</p> <p>Mitigation put in place to support Community midwifery services were very successful and alleviated significant staffing gaps. This mitigation continues during March and April and the actions described below have proved sufficient.</p> <ul style="list-style-type: none"> Midwifery specialist support secondments have been paused and midwives returned to community teams. Specialist Midwife for teenage pregnancy has a small caseload and has capacity to pick up a small 	31/01/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3473	14/10/2019	Dawber, Karen	Jepks, 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 RTT. 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 & awaiting Adoption (NB this is a shared responsibility with other provider organisations)</p> <p>The numbers of children in care in Bradford have increased from 851 in March 2016 to 1,206 in June 2019. As at April 2021 there are approximately 1500 children in care in Bradford. These children all require an Initial Health Assessment (IHA) or Adoption medical if they proceed to adoption. There has been no alteration in funding or increase in capacity to support this increase in numbers requiring this service.</p> <p>Statutory guidance states the IHA should be completed within 20 working days. Current waiting time is greater than 6 months.</p>	31/07/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	<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>Update 27/05/2022 Two Consultants leaving in the near future. Two nurses and four HCAs have been recruited for CDC but not yet in post Awaiting updated RA</p> <p>Update 17/06/2022 No change to current position Consultant interviews planned for July 2022</p>	30/07/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3468	11/10/2019	Azeb, Sajid	Young, Joanne	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	<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>	29/07/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>Knowledge and training – induction training has been partially updated following learning from errors but SOP's and reference materials require review. Some "how to" videos, guides and additional SOP's produced for additional support.</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>Oversight – some KPI are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.</p> <p>DQ error clearance – where errors are not</p>	<p>10/06/2022 - DQ outsource work commenced 25/04/2022, 16k records validated so far with 140k remaining. Highlight report 1 produced and shared with SA & PR. Recruitment ongoing to deal with the continued tip and learning from validation. DQ Issue Resolution Group formed with next meeting scheduled for 21/06/2022 with escalation into Data Quality Board and up to F&P Academy. Validation exercise on backlog to conclude in September 2022.</p>	31/12/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

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