

High Level Risk Movement Log

Report date	18/08/2022
Prepared by	Sheridan Osbourne
Prepared for	ETM 22 August 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)
			no new risks added during the period 15/07/2022-18/08/2022								

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
3157	27/10/2017	Quality & Patient Safety Academy	There is a risk to safety of babies, quality of care and ability to maintain required levels of activity needed to retain NICU status as a result of Non compliance with the Neonatal Critical Care Service Specification. 1. Current funded nursing establishment does not enable provision of nurse staffing at DoH Toolkit standards. 2. Percentage of QIS nurses is below mandated standard(80% for an NICU) 3. Unable to confirm a sustainable plan for neonatal nurses to access and complete the qualified in speciality neonatal qualification. Cuts to NHS England Education budgets and lack of available courses. 4. Provision of free car parking for parents of babies requiring neonatal intensive care. 5. Provision of accommodation (within dressing gown distance)for every parent of baby receiving intensive care. 6. Provision of dedicated psychologist support for families of babies receiving neonatal care. 7. Provision of baby changing facility 8. Provision of nominated respiratory physiotherapy service.	Dawber, Karen	Wallis, Sam	15	Update Aug 22 Score reduced to 12 - Band 6 and 7 both now at full establishment. 15 (headcount) new starters in September. Further recruitment ongoing. See attached risk assessment. Staffing risk reduced at present with new starters and better vacancy rate. Currently 8 WTE vacancy rate. 18 WTE deficit in funded establishment based on activity calculations	31/10/2022	Wallis, Sam	12	15

HIGH LEVEL RISKS THAT HAVE BEEN CLOSED											
ID	Date of entry	Assuring Academy	Description	Lead director	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Residual Rating
			no risks closed during the period 15/07/2022 - 18/08/2022								

HIGH LEVEL RISKS THAT HAVE PASSED THEIR REVIEW DATE											
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	Review Date
3404	31/05/2019	People	<p>There is a risk that Optimal staffing levels within all areas of the maternity services not achieved due to vacancies, maternity leave, Covid isolation rules and long/short term sickness levels leading to Patient safety concerns</p> <p>Ability to provide 1 to 1 care to all labouring women.</p> <p>Possible closure of beds and services.</p> <p>Patients may require divert for care at another Trust.</p> <p>Staff job satisfaction.</p> <p>Maternity unit reputation.</p>	Dawber, Karen	Hollins, Sara	15	<p>11.04.22 – 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 caseload in Crystal Team.•The intrapartum continuity elements for Acorn vulnerable women's team and Amber MCoC team was paused to allow unstaffed clinics and caseloads to be supported. This will be closely monitored and pathways resumed at the earliest opportunity. <p>Following the publication of the Ockenden 2 report further</p>	31/01/2023	Hollins, Sara	15	31/07/2022
3468	11/10/2019	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>	Azeb, Sajid	Young, Joanne	15	<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> <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>04/01/2022 - DQ Backlog clearance work approved via outsourcing. G Cloud procurement process commenced. ETM paper compiled outlining the Prevent, Correct & Clear model to mitigate further risk or accrual of subsequent backlog.</p>	31/12/2022	Young, Joanne	15	29/07/2022

3748	15/02/2022	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>	Smith, Dr Ray	Wood, Ruth	16	<p>A business case for HD staffing expansion.</p> <p>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 organisations to obtain service efficiencies</p> <p>A decision on the future of the Skipton satellite unit.</p> <p>Optimisation of PD catheter insertion pathways</p>	31/01/2023	Wood, Ruth	16	30/07/2022
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