

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 19.10.2022)

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	Davies, Chris	Holloway, Mark	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 expedient life expiry of the estate.</p>	05/01/2022	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. 	October 2022 Update:- The new works / minor works team are progressing the backlog plan for this year which includes a focus on fire alarm upgrades in Maternity, generator replacement, roof replacement to name a few.	31/03/2025	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>	31/01/2023	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 	09/09/22- planning to trial the 'Perfect staffing week' in October to take staffing overview and management out of Silver control and return this to ward/ dept manager responsibility. This should support induction and retention of staff as well as attracting new staff to the Organisation if this can be maintained.	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).	01/12/2022	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•Datax 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•Specialist agencies are used to try to fill vacant posts	<p>07/07/2022 Updated to reflect changes in mitigation.</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>	30/04/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3800	27/09/2022	Holloway, Mark	Holloway, Mark	Trust Wide Risk	Finance and Performance	Increase in the cost of gas and power at Bradford Royal Infirmary and St Luke's Hospital from the 1st April 2024 when the Trusts current price agreement expires.	07/01/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	15	(5) Catastrophic	(3) May recur occasionally	<p>The Trust is in contract until the 31st March 2024 and has hedged the volumes before the recent energy market conditions, ensuring that it is protected against the current unstable market condition.</p> <p>Report to be presented to the Executive post the 2023 annual price risk management meeting to provide an update on market conditions and forecasted energy commodity prices in the 2024/25 utilities budget.</p> <p>Energy Manager 1st August 2023</p> <p>Review this risk assessment with the updated information presented by Inenco for the 2024 onward utilities price forecasts. Energy Manager 1st August 2023</p> <p>October 2022 Update - As agreed at the board of directors, the future 2024-2026 buying strategy has now been signed and commissioned. This will mitigate further price increases after 2024 to 2026.</p>	01/08/2023	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.	31/12/2022	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">•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. <p>Actions ED take to mitigate the impact of lack of flow</p> <ul style="list-style-type: none">•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	<p>12/10/2022</p> <p>Existing actions remain in place</p> <p>Successful appointment of 2 new ED consultants plus one 6 month locum has taken place - awaiting start</p> <p>Winter Plan developed to be shared at Board Development session 13/10/2022</p> <p>Act as one week (perfect week) scheduled for w/c 17/10/2022</p>	31/12/2022	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 tranquillisation 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>	05/11/2022	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 tranquillisation 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 05.05.2022 Children's MH and well being meeting to inform board in development. First meeting 04.05.2022. Key items to be addressed as priority consideration for appointment of child MH nurse and collection of accurate data.. Score to remain at 20</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> <p>Reviewed July 22 no change to current position</p> <p>Reviewed Aug 22 - score remains at 20 Post advertised for MH nurse for children's ward</p> <p>Update 06/10/2022 No further update available</p>	31/12/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
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. A patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. A reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit. 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>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 	30/11/2022	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>	<p>Update October 2022</p> <p>We are still awaiting arrival of the temporary unit. However, we have been informed that as part of the WYATT Aseptic project that £5m has been allocated to BTHFT to construct a new permanent replacement unit. This cash will be released if the Aseptic project is successful in receiving central funding. The final decision by the central NHS team is expected early 2023.</p>	30/11/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3732	20/01/2022	Dawber, Karen	Dawber, Karen	Risk Assessment	People, Quality & Patient Safety Academy	<p>There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.</p>	01/11/2022	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	<p>Processes in place:</p> <p>Use of national guidance</p> <p>Health and well being activities - Thrive</p> <p>Workforce planning -agreed establishments</p> <p>Workforce re-deployment</p> <p>Use of temporary workforce</p> <p>Recruitment and retention</p> <p>Training and development</p> <p>Monitoring and review;</p> <p>Silver / Gold reference groups</p> <p>Tactical Silver / Gold</p> <p>Matron Huddles</p> <p>Quality oversight and escalation</p> <p>Patient experience oversight</p> <p>Senior Nurse assessment and decision making</p> <p>Further detail within full risk assessment and QIA</p>	<p>September 2022 - further open events planned for recruitment, expanded</p> <p>International nurse recruitment agents to support with successful appointments. Newly Qualified Nurses and Midwives due however numbers less than previous years. Full induction and intensive induction planned to support them in clinical areas. Continued review of the morale of the workforce and actions taken to support during winter period.</p> <p>Campaign launch for winter vaccine program.</p>	31/03/2023	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>	31/10/2022	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 Additional staffing capacity has been built into the rota using existing staff.</p> <p>Patients are encouraged to take up peritoneal</p>	<p>26/08/2022 A business case for HD staffing expansion. If a business case is accepted to increase our HD staffing capacity, we could open an additional 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>	31/01/2024	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>	31/12/2022	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>Sep 2022: Alternative solutions being identified with the security team and procurement</p> <p>Aug 2022: Alternative solutions being identified with the security team and procurement.</p> <p>The Trust has extended the lone worker device contract for a further 12 months. Staff have been advised to provide the community team leader with device numbers to ensure contact details are assigned to the staff member carrying the device. The community team leaders will arrange for training and ordering of devices for staff who do not currently carry a device.</p>	30/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3309	26/11/2018	Smith, Dr Ray	Carder, 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>	31/10/2022	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>13/09/22 - 1 New doctor planned to start 17th October 2022, still awaiting a date for the second doctor to start. Our doctor who was on Sabbatical as now returned from leave , and high holiday season for the other consultants as now ended. there is a number of administration planned to leave in the next couple of months , recruitment approval and advertisement is in processes but the business manager is working through processes and already implemented interim plans to minimise disruption. out sourcing to SBS as reduced and still plans in place to review outsourcing supplies through the procurement team.</p>	31/12/2022	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 	31/10/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	4	(2) Minor	<p>(2) Do not expect it to happen again but it is possible</p> <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>08/09/22W The service is currently advertising Dr Bradley substantive post , and to date no applications . Dr Bradley leaves the service in December which will mean we have no consultant at BTHFT able to deliver our breast cancer service.</p> <p>Our Gynae service is still very fragile and currently our Gynae cancer service is supported from our Airedale associate specialist, we have managed to secure Sue Cheeseman again doing in-reach from November to help the service 1 day a week for a couple of months .</p> <p>In the service we have secured two Specialty doctors for twelve months, one planned to start December and the other we are still awaiting a start date. We submitted a paper to the executive team back in July which was about the NSO work and joint consultant posts with Leeds and Airedale but this as not progressed very fast and we are awaiting Leeds to finalise the job plans.</p> <p>We have had a few locum CV'S for middle grade , but these need a lot of supervision from the consultant team and the team really</p>	30/11/2020	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3630	10/03/2021	Dawber, Karen	Lacy, Louise	Risk Assessment	People, Quality & Patient Safety Academy	<p>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"</p>	16/12/2022	9	(3) Moderate	(3) May recur occasionally	2	(2) Minor	<p>(1) Cannot believe that this will ever happen again</p> <p>1)CSW 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 is 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.</p> <p>This results in risk being limited by cancelling the care shift of the child perceived to be at least risk.</p>	<p>Update 16/09/2022 Two staff recruited however one member of staff has given notice Matron and team meeting re discussions on a new more effective way of recruiting 1 member of staff on LTS potentially will return next month however due to length of time off work with have an extended phased return period RA updated</p> <p>Update 06/10/2022 no change</p>	31/12/2022	15	(4) Major	(4) Will probably recur, but is not a persistent issue
3481	20/10/2019	Dawber, Karen	Rushforth, Kay	Escalated from Division	People	<p>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</p>	06/12/2022	9	(3) Moderate	(3) May recur occasionally	6	(2) Minor	<p>(3) May recur occasionally</p> <p>68WTE Newly Qualified Nurses (NQN) commenced employment on 1 September 2019.</p> <p>1 TNA became registered in January 2019.</p> <p>TNR and Pulse agency is authorised weekly.</p> <p>The ward co-ordinator on the CYPU provides care for low acuity patients will provide support whenever possible.</p> <p>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.</p> <p>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</p> <p>Children are co-ordinated by disease to ensure staff are working efficiently.</p> <p>Children are co-ordinated by severity on 'the</p>	<p>Update 13/09/2022 18 newly qualified nurses are starting over September/October. 5 RN's are attending the EPLS course wc12/9/22. Which will increase the number of QN competency assessed to care for a child in stabilisation score remains at 16 until new staff in post</p> <p>Review of RA requested 30/09/2022 RA updated 06/10/2022 Utilise current admin staff to provide support to the ward with non-nursing functions. Junior medical staff to support nursing team by undertaking patient observations. Service review in progress to submit mid - Oct 22</p>	31/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3404	31/05/2019	Dawber, Karen	Hollins, Sara	Escalated from Division	People	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 Ability to provide 1 to 1 care to all labouring women. Possible closure of beds and services. Patients may require divert for care at another Trust. Staff job satisfaction. Maternity unit reputation.	30/11/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	WTE establishment Recruitment in progress. Effective use of the managing attendance policy. Effective use of the escalation policy. Requests for Bank staff TNR and Agency. Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement. On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team	Current vacancy against the safe staffing establishment is 16.33 WTE which includes the agreed uplift for maternity leave. There are 13.5 WTE midwives on maternity leave which is contributing to the current staffing pressure. Current vacancy against the funded establishment, which includes the number of midwives required to provide Midwifery Continuity of Carer (MCoC) is 42.75 WTE. Peak holiday season coupled with ongoing increased rates of short term sickness and absence is contributing to daily staffing challenges across all areas of the service. Staffing gaps continue to be closely managed by the Bed Manager and staffing Matron of the day, utilising the amber risk assessment and escalation processes as required. The service has offered 24 newly qualified midwives (NQM) posts to commence in the autumn and international midwifery recruitment is starting to make progress. Further NQM recruitment is taking place in August, and the service continues to pro-actively recruit band 6 midwives throughout the year with moderate success each time. If the service follows the expected attrition trajectory, safe staffing should be achieved by October/November. International Midwifery recruitment is now starting to make progress and we will be shortlisting and hopefully interviewing 4 overseas midwives in the coming week. As a temporary measure to assist with supporting staffing levels and staff wellbeing both in the unit and the community, we have made the difficult decision to temporarily rearrange some of the continuity teams. This arrangement is provisionally for 3 months but will be reviewed on a monthly basis and stepped down if staffing significantly improves.	31/01/2023	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	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; Delays to treatment. Sharing incorrect information with patients. Using incorrect information to make decisions about patient care. Patients attending unnecessary appointments. Staff anxiety from being unable to prevent or fix errors. Admin or clinical time spent correcting errors. Loss of income from missing or un-coded activity. Reputational harm from reporting inaccurate data / performance.	30/11/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	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. 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. 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. DQ error clearance – where errors are not	13/09/2022 - DQ outsource work ongoing with 100k records validated and corrected. Validation due to end Sept 2022 with Prevent work to commence November once appointed staff come into post. DQ Issue resolution Group meeting bi weekly with Prevent work program building. DQ Board still not finalised with NS reviewing.	31/12/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3801	23/09/2022	Azeb, Sajid	Jowett, Dr Sarah	Business Continuity	Finance and Performance	<p>Limited access to the Gastro Olympus ERCP Stack systems which are both being used outside of service agreement and are unreliable.</p> <p>Olympus stacks are the equipment that is needed to provide any endoscopic procedure. They power the scopes and provide the images. A stack is integral to the provision of all endoscopic procedures and a stack is required in each room for every procedure on a list. The scopes are changed between patients depending on the nature of the procedure. The Endoscopy Unit needs 8 working stacks to provide for the lists in the 6 endoscopy rooms plus the ERCP lists and the theatre lists including emergency GI bleeding. One Olympus Stack system used in the ERCP room is obsolete and unusable. The system is not repairable and out of service agreement. The Olympus Stack system currently being used is borrowed from another room, but is reliant on that room not being used at the time. ERCP is a highly specialised service that is only available within acute hospital trusts and some procedures performed on the ERCP list eg stenting are referred by other trusts</p> <p>A second Olympus Stack system in theatres, which is used for emergency bleeding and</p>	31/10/2022	15	(5) Catastrophic	(3) May recur occasionally	1	(1) Negligible	(1) Cannot believe that this will ever happen again	<ul style="list-style-type: none"> • Reliance on list gaps or cancellations • Obtaining a second stack from elsewhere in the hospital will incur delays which could be life threatening • Understanding where patients should be sent if extended wait time is not acceptable for patient • The potential need to revert to surgery (with longer recovery times, cost and worse clinical outcomes for the patient) or not to be able to offer any treatment for these patients if too frail for an operation • Considering sending patients to alternative providers if urgency is clinically indicated and surgical option is not appropriate. • Optimising the use of the functioning equipment. 	Replacement of both stack systems. ETM has approved the purchase of the replacement systems, the order has been placed and delivery is expected by the end of October 2022.	31/10/2022	15	(5) Catastrophic	(3) May recur occasionally
3473	14/10/2019	Dawber, Karen	Jepps, 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>	11/11/2022	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 14/09/2022 No change to the above update only 1 CDC Consultant post confirmed as a definite appointment</p> <p>Further update 16/09/2022 There are 153 patients on the new patient waiting list for CDC. This means around an 8 month wait – likely to be longer in view of a further Consultant leaving There are an additional 304 on the Community paediatrics, which will be around 7 months.</p>	30/11/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3591	22/09/2020	Holloway, Mark	Hickey, Joanne	Risk Assessment	<p>Quality & Patient Safety Academy</p> <p>There is a risk to the Trust as we are none compliant with ventilation requirements; •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 Added 19/04/21 - Processing of respiratory viral samples for Sars-COV-2 testing within Laboratory 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>	31/10/2022	12	(4) Major	(3) May recur occasionally	8	(4) Major	(2) Do not expect it to happen again but it is possible	<p>•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>	<p>15/08/22 - no further update 25/03/22 - no further updates 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. 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 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>	31/12/2020	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
------	------------	----------------	----------------	-----------------	--	------------	----	-----------	----------------------------	---	-----------	---	---	--	------------	----	--------------	---

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