

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 08.12.2022)

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 expedient life expiry of the estate.</p>	05/01/2023	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	<p>•An identified backlog maintenance programme of work has been identified</p> <p>•Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken.</p> <p>•A current facet survey inspection is being undertaken to identify and allocate funding resources. (exp April 22)</p> <p>•Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.</p>	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
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.	07/01/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	15	(5) Catastrophic	(3) May recur occasionally	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.	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.	01/08/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3810	14/10/2022	Smith, Dr Ray	Hickey, Joanne	Risk Assessment	People, Quality & Patient Safety Academy	<p>Highlighting the service risk for Haematology, due to long term sickness of Specialty Lead, this is an addition to another Specialty Doctor and the existing consultant vacancy. Consultant work force is at 50%</p> <p>oRisk to Acute consultant Rota and timely inpatient reviews</p> <p>oRisk to Outpatient delivery and the increase to wait times for Urgent / routine / cancer and the specialised Haemophilia patients</p> <p>oService delivery for the whole Haemophilia service , surgical and outpatient work</p> <p>oService delivery for complexity of haematology patients</p> <p>oIn reach to transfusion service</p>	31/01/2023	20	(5) Catastrophic	(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>Leeds Comprehensive Care Centre Support</p> <p>oCover for out of hours on call for the regional haemophilia network</p> <p>oLeeds are the agreed point of contact and can support with severe, surgery, high risk and acquired haemophilia patients</p> <p>oHigh risk patients to be transfer to Leeds.</p> <p>oAcquired haemophilia , to be transferred to Leeds</p> <p>oSharing of protocols , triaging protocols of what patients they can support and not</p> <p>oMild issues, Leeds can give guidance – consultant to consultant (Meadows – CNS can communicate to Leeds)</p> <p>oContact can be made to duty haemophilia consultant</p> <p>oSevere patients to have 6 monthly review at Leeds</p> <p>oPregnant patients transferred to Leeds if Dr Pollard unavailable</p> <p>oLeeds to get back about elective patients – in first instance, call from consultant to consultant to find out urgency and sensible triage</p> <p>oLeeds want consultant to consultant communication/discussion, not comfortable with CNS queries</p>	07/12/22 - BTHFT not currently functioning as haemophilia centre. SBAR as been shared from the Haemophilia centre. Elective Routine haemophilia must be discussed with Parenting teams and the Leeds haemophilia centre and establish if these are to be deferred or completed to which a surgical plans will have been collated. Urgent elective to be referred to Leeds. regular MDT with in situ, additional process for haemophilia patients to be discussed at Grand Round. Grand Round to be attended by Specialty doctor and CNS. ITP cohort patient group , Protocol in place that is confirmed CNS's follow Consultant work force job plan meeting planned 14/12/22 to address wider capacity problems, Acute consultant of the week 1:3 and to support work place stress.	08/12/2022	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue

3816	24/11/2022	Smith, Dr Ray	Roberson, Carolyn	Risk Assessment	People	<p>Due to the sheer workload being delivered by the consultant medical staff within O+G, there is a significant burden of sessions being delivered on top of job planned activity. At times we are struggling to cover acute clinical sessions in Obstetrics and acute Gynaecology.</p> <p>3 consultant gaps currently contributing to the issues:</p> <ul style="list-style-type: none"> Gynae oncology lead appointed but still not in post Funded Obstetric only consultant post not been successful in recruiting to Locum consultant within the unit achieved a substantive post due to a colleague leaving-locum remains empty and recent round of recruitment – only x1 applicant who was not suitable for interview 	28/02/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	5	(5) Catastrophic	<p>(1) Cannot believe that this will ever happen again</p> <p>Rota consultants having to find cover for on average > 100 clinical sessions/ month</p> <p>Another consultant colleague with Gynaecology oncology experience and surgical skills covering the workload</p> <p>Aspects of her job plan (Obstetrics being covered by other colleagues)</p> <p>13 consultants take part in this rota which is additional for those who cover Obstetric and Gynaecology (11 out of 13 cover both)</p> <p>Take down clinical activity eg clinics when done overnight on call but we also have so many clinics to deliver / year and pressures to improve the WL back log for clinic patients</p> <p>New consultant locum to tackle some of the general Gynae and Urogynae WL in particular new patients</p> <p>OP Hysteroscopy Outsourcing to Westcliffe performing procedures at Eccleshill hospital until end of March 2023</p> <p>Consultants picking up extra lists week and weekend (>17 in October on top of the lists (31) we had already covered</p>	<p>1. Cover acute service and insert hot Gynae weeks into rolling consultant rota which is currently being delivered as extra to job plans</p> <p>2. Include Gynae hot weeks in the job plans and ensure no clinical session affected by OOH on call work and required rest time</p> <p>3. Confirm a start date with HR for the Gynaecology Oncology Lead</p> <p>4. Stop use of Medinet for Gynaecology Clinics due to poor patient experience and concerns regarding clinical safety but this will not improve the waiting list (separate risk assessment required)</p> <p>5. Advertise for Obstetric only consultant with Maternal Medicine interest</p> <p>6. Allow Workload to grow for non -urgent Gynaecology waiting lists which will allow the acute to be covered within existing job plans</p> <p>7. Further discussions with the trust regarding local pay rates v BMA rate for extra sessions worked as this will increase the pickup extra work by the existing consultant body.</p>	31/03/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
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>	30/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	<p>(1) Cannot believe that this will ever happen again</p> <p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>Where clinically appropriate and with the agreement of the patient dialysis 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 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>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 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>	31/01/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3411	10/07/2019	Smith, Dr Ray	Hidley, 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 	31/01/2023	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>07/12/22- Dr Sarwar Specialty doctor joined team 01/12/22. supporting upper GI and gynae clinics at Bradford and Airedale. Short term arrangements to support Dr Bradley full retirement December 2022. Discussions ongoing for support to service. Interim measure arranged for 3 months. Harrogate doctor supporting Friday clinic, Existing airedale doctor supporting extra session. Discussions still ongoing for extra support pharmacy.</p> <p>Long term - on going plans for joint consultant posts with Leeds, Job plans created awaiting sign off. advertisement to replace post Dr Bradley still on going no interested applications. Physician associate joining service 18 months.</p>	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
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>	13/01/2023	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> <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 RA updated 14/10/2022 minor changes score remains at 20</p> <p>Update 11/11/2022 Interviews for MH practitioner to be held 23/11/2022 2 applicants</p> <p>Update 06/12/2022 Interview candidates no appointable</p>	28/02/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently

3815	21/10/2022	Dawber, Karen	Stott, Carly	Risk Assessment	Quality & Patient Safety Academy	<p>If we are unable to validate maternity data extracted from Cerner (Electronic Patient Record, EPR) then there is a risk that the data used to populate the maternity dashboard shared both internally and externally is incorrect which may result in an untrue regional and national picture and prevent the Trust from obtaining a "Good" Care Quality Commission (CQC) rating.</p> <p>The maternity services changed over to Cerner EPR at the end of March 2022. Following on from this there has been issues with data completeness of the record (either fields missing, information documented in the wrong places or data entered incorrectly) and extracting data from the correct fields. This has made data in the maternity dashboard data either not available or inaccurate; therefore, the service is unable to review validated data to track, benchmark, identify risks and focus improvement work to increase the quality of maternity services delivered.</p> <p>The primary objective of a Maternity Dashboard is to monitor various aspects of clinical governance and it enables maternity services to compare their performance with their peers on a data series, helps to identify patient safety issues in advance so that timely and appropriate action</p>	31/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(4) Major	(2) Do not expect it to happen again but it is possible	<p>Daily Data Quality (DQ) reports for clinical teams to action</p> <p>Fortnightly MDT DQ meetings to review progress and monitor actions</p> <p>BI team and digital midwife working together to collate reports and validate data</p> <p>BI team to publish data in power BI once validated</p>	<p>1. Daily data quality reports to be actioned by responsible leads and have Matron oversight</p> <p>2. Data available to be shared with the clinical teams via infographics and posters</p> <p>3. Provisional MSDS to be submitted NHS digital to notify the service where improvements are required to achieve data requirements</p> <p>4. Available data to be reviewed at monthly Women's Q&S meeting</p> <p>5. Education/training to be provided to staff to improve documentation and standardisation of information recording</p> <p>6. Data for all clinical indicators to be validated and available in the Power BI platform, to include patient level detail so enable available and accessible data to all. This will replace the current excel maternity dashboard.</p>	30/12/2022	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3660	25/05/2021	Dawber, Karen	Jepps, Helen	Risk Assessment	People, Quality & Patient Safety Academy	<ul style="list-style-type: none"> •Rapid increase in number of attendances to Paediatric ED and CCDA •High complexity of patients on the ward (an example is often 10 or more 'red patients' at any one time requiring 1:1 care and/or Non Invasive Ventilation (NIV) •Reduced nurse staffing (resignation and maternity leave) causing a reduction in number of beds available •A further anticipated increase in August 2021 of numbers of children requiring care/admission <p>The above issues compromises and negatively impacts on:</p> <ul style="list-style-type: none"> •IM/ard safety •IM/ard flow •Ability to support Paediatric ED •Ability to sustain Paediatric Surgery •Ability to achieve the aim of the Consultant review (in line with RCPCH standards) 	16/02/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	3	(1) Negligible	(3) May recur occasionally	<ul style="list-style-type: none"> •Patients: may receive substandard care - Patient to staff ratio high. Newly Qualified nurses will be caring for complex patients •Poor patient experience: Reduced bed availability means long waits in ED or CCDA •Nursing staff: will have high workloads with high acuity patients. (They will potentially be required to take even more patients due to the lack of regional capacity) Newly Qualified nurses will be caring for complex patients impacting on morale •Medical staff: (Middle grade and trainees) - will have high patient workload plus the additional impact of ED waits. •The ward environment: is high risk for the night shift and will be at further risk if doctors have to go to ED to support flow/transfers to other hospitals •Consultant body: Intense working days on the ward •All staff:(Qualified/trainees) continuous pressures impacts staff morale •Trust- reputational risk: No residential cover for peak hours of activity as per national standards 	<p>Review of RA req 07/11/2022</p> <p>Update 16/11/2022 - RA updated see attached V5</p> <ul style="list-style-type: none"> •Significant challenges due to a combination of patient acuity, bed base and nursing skill mix •Consultant workforce challenges due to a combination of intensity and external factors and level 1 and level 2 patients •Escalated through CSU to Exec meeting due to the level of concerns •These issues tie in with the Paediatric Nurse Staffing risk assessment and the High dependency risk assessment <p>Score increased to 16</p> <p>No changes to note 06/12/2022</p>	30/06/2023	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>	20/01/2023	9	(3) Moderate	(3) May recur occasionally	2	(2) Minor	(1) Cannot believe that this will ever happen again	<p>1)HCSW staff's shifts being moved at short notice to plug gaps (with discussion with team).</p> <p>2)N'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. This results in risk being limited by cancelling the care shift of the child perceived to be at least risk.</p>	<p>Update 06/10/2022 no change</p> <p>Update 06/12/2022 2 staff recruited checks ect in progress</p>	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3481	20/10/2019	Dawber, Karen	Rushforth, Kay	Escalated from Division	People	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	06/01/2023	9	(3) Moderate	(3) May recur occasionally	6	(2) Minor	(3) May recur occasionally	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	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 No further update 06/12/2022	31/03/2023	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	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	31/03/2023	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	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	15/11/2022 RISK UPDATED DUE TO THE CHANGE IN CSU - RISK MOVED TO CORPORATE NURSING RR, ADVISED ALL CSU'S TO HAVE OWN RISK THAT REFERS TO OVERARCHING RISK. THIS WILL ENABLE THE MITAGATIONS TO BE HELD LOCALLY AS WELL AS CORPORATE OVERSIGHT Successful recruitment to HCA's with plans to reach full recruitment pre December (awaiting staff to start). Changes successfully made to how wards achieve own staffing levels. RN vacancy rate is improving, albeit slowly, sickness absence remains higher than expected.	31/03/2023	13	(5) Catastrophic	(3) May recur occasionally
3404	31/05/2019	Dawber, Karen	Hollins, Sara	Escalated from Division	People, Quality & Patient Safety Academy	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 115 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 (NQMs) 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

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>	14/01/2023	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 Oct 22 Score remains at 15 Recruited X3 CDC senior nursing posts now in place. Recruited x1 Consultant, commenced Oct 22 Recruited x1 locum, waiting start date. To complete updated capacity and demand exercise</p>	31/01/2023	15	(3) Moderate	(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> <p>1. A patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition</p> <p>2. A reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit.</p> <p>3. A risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales.</p> <p>The risk arises from the due to:-</p> <p>1. The unit being almost 25 years and no longer up to current design standards.</p> <p>2. The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour.</p> <p>3. The poor design of said pipework meaning it is impossible to satisfactorily test the integrity of the terminal HEPA filters due to leak paths of unknown origin.</p> <p>4. Some of the filter housings being modified by a third party from top entry to side entry meaning the airflows immediately prior to the</p>	16/12/2022	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

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 	17/11/2022 All existing plans remain in place Winter response plan remains a live document - presented at Board Development Session October 2022, F&P committee October 2022 and BOD in Nov 2022. Actions prioritised to deliver winter metrics 1. reduce ambulance handover delays, 2. deliver trajectory for total G&A bed occupancy, 3. Deliver trajectory to reduce the number of no criteria to reside patients in hospital beds.	31/12/2022	20	(4) Major	(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; 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>	31/01/2023	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>	05/12/2022 - DQ outsource work complete with over 100k records validated and corrected. Prevent element has now commenced with newly appointed DQ intervention specialists completing induction/orientation and attending the issues resolution meetings. DQ Data Insight and Intelligence committee to provide oversight of the prevent work-stream and outputs from the bi-weekly issues resolution meeting.	31/01/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

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>	24/01/2023	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>	18.11.22 A meeting has been held to discuss two pilot options both provided through the current contractor; one being extended battery life on existing lone worker device and/or an option to have a SMART phone app. Staff have been selected to pilot these options with an aim to start a trial from the 1st week in December.	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3808	06/10/2022	Campbell, Pat	Campbell, Pat	Trust Wide Risk	People	<p>15/11/22 There is a risk of industrial action including strike action given that the RCN have voted in favour of strike action and Unison, CSP, and the RCM are currently balloting. The risk relates to the impact of service provision and patient safety if strike action does take place. In particular a risk to our elective recovery plan</p> <p>06/10/22 The RCN have opened a ballot for Industrial Action on the back of the recent pay award. The ballot will close on 2nd November and, depending on the result of the ballot, there is potential for strike action from nursing staff for a period of 6 months.</p> <p>Unison, CSP and RCM will be moving to statutory ballots in the next few weeks with the BMA opening their statutory ballot on 9th January 2023.</p> <p>There is therefore a risk of strike action from staff across the organisation.</p> <p>Although we are still waiting for results of the various ballots it is likely the result will be</p>	12/12/2022	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	(1) Cannot believe that this will ever happen again	<p>15/11/22 Operational strike planning meetings in place. Assurance checklist being completed. Regular meetings with trade unions organised</p> <p>06/10/22 Unable to mitigate risks at present</p>	15/11/22 Operational planning in place, will be escalated further once we are notified of the dates of any action [2 weeks notice has to be given] Risk reviewed as other ballots results become known or on a monthly basis	12/12/2022	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

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