

All Open Operational Risks with a current scoring of >=15 sorted by risk score (as at 09.02.2023)

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)
3671	21/06/2021	Azeb, Sajid	Taylor, James	Risk Assessment	Quality & Patient Safety Academy	There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures.	31/03/2023	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 	08/02/23 OPEL Level 3 attendances more in line with normal winter pressures now. Winter response plan actions still live and on going. Operational planning guidance for 23/24 issued and plans being developed to outline delivery expectations for next year.	31/03/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3732	20/01/2022	Dawber, Karen	Dawber, Karen	Risk Assessment	People, Quality & Patient Safety Academy	There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.	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	<p>Processes in place:</p> <ul style="list-style-type: none"> 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 	03/01/23- Risk reviewed and increased back to 5 x 4 (from 5 x 3). Increase in risk changed due to increase in sickness absence, increase in numbers of patients with higher acuity requiring greater care (including NIV), increases in number of COVID, Flu and RSV cases leading to additional capacity requirements	31/03/2023	20	(5) Catastrophic	(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>	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(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 Feb 23 - RA updated - since declaration of two serious incidents involving a young person with mental health issues RA amended to include additional issues in response to the recent serious incidents involving a child with Mental Health issues. These issues include in addition some MH registrants that work as 1:1 carers are adult qualified and don't understand the wider implications of the children's ward. There are a number of children with behavioural issues admitted to the children's ward that are deemed medically fit for discharge but where existing social care placement has broken down or where child can no longer live at home. These children are vulnerable and require 1:1 or 2:1 care from a CAMH's care staff, support worker or mental health nursing registrant.</p> <p>Care staff or mental health registrants that arrive at the hospital to care are not employed by the Trust but by BDCT. These staff are unknown to child and ward staff. There may be different carers potentially each shift. The Trust now has a policy. Harm may be caused when restraint and rapid tranquilisation is used, as a last resort, to prevent the child harming themselves, other children or staff. CYP have the potential to abuse staff verbally or physically - see attached</p>	31/07/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3627	10/02/2021	Holloway, Mark	Dawes, 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>	10/04/2023	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	<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. 	<p>January 2023 Update:- 2022/23 back-log works progressing including the replacement of the generator is now complete. Fire Alarm upgrade commencing in Maternity. The 5 year back-log / capital plan now complete and agreed addressing all back-log infrastructure risks and issues across the estate.</p>	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	<p>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.</p>	10/04/2023	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

3696	18/08/2021	Azeb, Sajid	Smith, David	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	<p>There are a number of significant risks to the organisation arising from the age and condition of the pharmacy aseptic unit. The risks are specifically:-</p> <ol style="list-style-type: none"> 1. patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit. 3. risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales. <p>The risk arises from the due to:-</p> <ol style="list-style-type: none"> 1. The unit being almost 25 years and no longer up to current design standards. 2. The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour. 3. The poor design of said pipework meaning it is impossible to satisfactorily test the integrity of the terminal HEPA filters due to leak paths of unknown origin. 4. Some of the filter housings being modified by a third party from top entry to side entry meaning the airflows immediately prior to the 	06/03/2023	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>	Update 02/02/23 Temporary unit has arrived on site and is now being commissioned which is a multi-week process. Likely to be ready to use from end of March 2023	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	<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>	31/03/2023	12	(4) Major	(3) May recur occasionally	12	(4) Major	(3) May recur occasionally	<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-horted by disease to ensure staff are working efficiently.</p> <p>Children are co-horted by severity on 'the</p>	Update Feb 2023 RA updated to include - It is not unusual for staff on the ward to be caring for level 2 patients on the ward (NIV) but also managing children requiring stabilisation and preparing for transfer to PICU. Although maximum numbers of children are stated for safety by shift according to number of staff. The next shift starts with minus bed numbers. Newly Qualified nurses that commenced in October 2022 are gaining skills which will take time. Due to level of patient acuity staff are finding the workload difficult. Drs are discharging at times too soon to free beds to help the nurses and free beds but some children are re-admitted which places further risk. Recently reviewed with new OPEL score developed in line with NNU and adult services. This will form part of the sit rep report documented and discussed at Trust wide morning huddle – see attached	30/09/2023	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"> •Ward safety •Ward 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) 	31/03/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(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 	Update 03/02/2023 No change to position 2 weekly support meetings with execs and action plan developed and progressing	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	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"	14/04/2023	9	(3) Moderate	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	<ol style="list-style-type: none"> 1)HCSW staff's shifts being moved at short notice to plug gaps (with discussion with team). 2)N's covering continuing care shifts where possible to avoid cancellations. 3)Families being warned as far in advance as possible of cancellations so that they can make alternative arrangements. 4)Families being offered alternative care times is provision is available at other times. 5)Team look at whole caseload for the day when the need to cancel a care shift arises. This results in risk being limited by cancelling the care shift of the child perceived to be at least risk. 	Update Feb 23 score remains at 16 - There is no change to the current risk, an advert has now closed therefore the service going through the recruitment process again. A workshop involving key stakeholders and the HCP is to be rescheduled	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3823	07/12/2022	Holloway, Mark	Buckley, Sarah J	Risk Assessment	Finance and Performance	If we are unable to upgrade existing facilities and further increase the capacity of the mortuary refrigeration and freezer storage facilities due to their age and condition then service delivery may be compromised resulting in a reputational risk to the organisation arising from the potential failure of, and or HTA regulatory intervention into mortuary facility	28/02/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(4) Major	(1) Cannot believe that this will ever happen again	<ul style="list-style-type: none"> •Maintenance Service and Repair call-out Contract in place for the permanent mortuary fridges and freezer systems •Two loan temporary storage facilities for contingencies •SLA with Bradford City Mortuary at Burnham Avenue to ensure a collaborative approach to dealing with shortages •Procedures in place which govern the movement of bodies into freezer storage •Capacity is periodically reviewed to ensure that the risk of shortages is identified promptly this includes consideration of bariatric patients •Procedures for transfer in place, including consideration of transfer of bodies out of working hours so that bodies are not stored inappropriately overnight or during weekends •Temperature monitoring of fridges and freezers in place 	<p>04/01/23 Hired a third temporary facility for a period of 3 months from 30th December 2022. Required to use capacity for 6 deceased at the Bradford City Mortuary over the Bank Holiday periods. No change in risk score</p> <p>1.ETM Paper to be developed for capital investment works required to update and further develop BTHFT Mortuary facilities</p>	30/04/2023	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>	30/06/2023	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 on our on call emergency dialysis service which should be reserved for acutely ill inpatients.</p> <p>Specialist nurse staffing is augmented by TNR and agency staff</p> <p>Additional staffing capacity has been built into the rota using existing staff.</p> <p>Patients are encouraged to take up peritoneal</p>	8/2/23 Funding agreed for work to commence on ward 15 for additional outpatient area. BRI acute dialysis unit ventilation work awaiting commencement. Central funding sought for replacement of Skipton Dialysis unit.	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>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>	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(1) Negligible	<p>(4) Will probably recur, but is not a persistent issue</p> <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>11.1.23 All stakeholders have agreed a way forward</p> <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.</p> <p>Sep 2022: Alternative solutions being identified with the security team and procurement</p>	31/03/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
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 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>	30/06/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	6	(3) Moderate	<p>(2) Do not expect it to happen again but it is possible</p> <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 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>	<p>8/2/23 Returned Specialty doctor assisting with Haemophilia services, supported by colleagues in Leeds. Specialty Lead imminently returning to work on phased return.</p> <p>03/01/23 - No additional updates since 07/12/22</p> <p>07/12/22 - BTHFT not currently functioning as haemophilia centre. SBAR as been shared from the Haemophilia centre.</p> <p>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.</p> <p>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.</p> <p>ITP cohort patient group , Protocol in place that is confirmed CNS's follow</p> <p>Consultant work force job plan meeting planned 14/12/22 to address wider capacity problems, Acute consultant of the week 1:3</p>	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

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>	31/03/2023	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>	06/02/2023 - DQ Launch at both SLH and BRI complete to a range of clinical, nursing and admin staff. Good attendance. Presentation shared. Generic email address to receive queries. DQI Dashboard in development with anticipated implementation date end of Feb 2023. DQI Group continue to meet weekly. 3xWTE DQIS staff in post.	30/06/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3808	06/10/2022	Campbell, Pat	Campbell, Pat	Trust Wide Risk	Finance and Performance, People, Quality & Patient Safety Academy	<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 on service provision and patient safety if/when 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</p>	31/03/2023	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>11/01/23 operational planning response in relation to industrial action called by trade unions during the period where they have a mandate for industrial action. CSP latest trade union to have a mandate. BMA currently balloting, ballot open to the 20/2/2023. Command structure in place on strike days.</p> <p>07/12/22 Strike action announced for 15th and 20th December by the RCN. Strike action announced by Unison and GMB in respect of the Ambulance Service 21st and 28th December. Daily operational planning meetings in place. Department/service impact assessments in place. Derogations being agreed with the RCN. Detailed communications plan in place.</p> <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>	11/01/23 Planning in place to safely cover strike days of both Trust staff and impact of the Ambulance service strikes	31/03/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

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, 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.	24/03/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>WTE establishment</p> <p>Recruitment in progress.</p> <p>Effective use of the managing attendance policy.</p> <p>Effective use of the escalation policy.</p> <p>Requests for Bank staff TNR and Agency.</p> <p>Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement.</p> <p>On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team</p>	<p>The current vacancy against the safe staffing establishment is 11.48 WTE. This continues to be our priority recruitment figure. To achieve the funded establishment to enable MCoC as default position for all women, the current vacancy is 37.9 WTE.</p> <p>Daily staffing challenges persist but there has been a positive response to 'super surge' TNR rates during the last few months, which remain in place until review in the New Year. Improved offer of twilight shifts in key areas such as MAC, are having a small but positive impact.</p> <p>10 of the NQM commenced their induction/supernumerary period in October and we expect that this will improve the staffing position towards the end of December when they are counted in the numbers. The remaining NQM will join us in stages between now and spring time.</p> <p>The first of our International Midwives arrived in November and is currently at the OSCE assessment centre in York. We are awaiting further update on a further 5 International Midwives who have offers of employment at BTHFT.</p> <p>Clover team is currently under review, but it is likely that 3 midwives will remain in the intrapartum areas.</p>	31/03/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3469	11/10/2019	Dawber, Karen	Price, Liz	Escalated from Division	Quality & Patient Safety Academy	Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) has been implemented in Leeds across adults & paed. Patients may be discharged to BTHFT with a ReSPECT document and staff will not be aware of what it is & that it will contain a decision regarding resuscitation. The risk is that a patient will be admitted with a form which contains & DNACPR decision & that the patient will be resuscitated because staff do not recognise the document. This occurred in June 2019. 6th Jan 2023 - Risk remains the same. awaiting updated figures regarding number of incidents.	06/06/2023	6	(2) Minor	(3) May recur occasionally	15	(5) Catastrophic	(3) May recur occasionally	<p>6th Jan 2023 - Work is ongoing to develop an electronic ReSPECT form in collaboration with Calderdale Hospital. Competency & training requirements for non- medical staff completing a ReSPECT Plan have been developed for use across Bradford District & Craven. Local audit & QI projects are ongoing.</p> <p>30th Aug 2022 - ReSPECT information disseminated as planned. incidents and complaints monitored in the BTHFT ReSPECT Workstream Group.</p> <p>Apr 2022 - Information relating to ReSPECT process to be disseminated via Q&S meetings. Webinar events planned with BDC for May 22.</p> <p>Dec 2021 - Liz Price is working with IT & Jim Welford (GP SystemOne lead) to address the digital issues. Calderdale have been asked to prioritise adopting ReSPECT.</p> <p>Liz Price is informed of any issues / incidents relating to ReSPECT. The BTHFT ReSPECT Workstream Group (chaired by Sarah Freeman) will monitor risks / issues.</p> <p>Online ReSPECT training is available & is highlighted at education sessions e.g BLS training</p>	<p>6th Jan 2023 - The plan is to develop an electronic ReSPECT form on cerner in collaboration with CHFT. An options appraisal has been written with plans to present at ETM in Jan/Feb.</p>	29/07/2023	15	(5) Catastrophic	(3) May recur occasionally

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