All Open Operational Risks with a current scoring of >=15 sorted by score (as at 18.04.2023)

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)
3598	19/10/2020	Dawber, Karen	Rushforth, Kay	Escalated from Governance Committee	Quality & Patient Safety Academy	There is a risk that CYP admitted to children and adult wards in mental health crisis have variation in their practice/care. 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: Risk to other patients on both adult/children's wards. CYP at risk from other patients on adult wards. Wards trashed. Equipment available in all areas to self-harm despite removing items that are thought to cause harm. Confusion between services regarding responsibility? Child passed around between services. Voice of the child not heard. Child returned to placement/home where the child is alleging abuse Lack of Nurse/Medical education to manage the 'simple' through to 'crisis' management of MH and wellbeing issues. Previous risk (child jumped from fire escape 2014, required PICU admission). Not all actions from investigation completed. Staff harmed due to behaviour of child in crisis Child harmed due to provision of prescribed drugs (rapid tranquilisation and restraint)causing a mental illness when child admitted with MH issues Movement between section orders and lack of understanding between staff of the meaning of these. Deprivation of liberty for CYP.Holding CYP in room isolated without social interaction , lack of appropriate resources. update 21.02.2022 - To summerise the update: 31.Staff providing 1:1 care through social care/CAMHs agencies are not always equipped to deal with the severity of the situation and leave the ward doctors and nurses to manage aggressive behaviour 32.Variation in software for documentation for CYP (with MH issues) between clinical and CAMHS staff which is not seen by each other. Written communication in EPR is difficult for CAMHS staff as a honorary contract is required to access EPR for which application is resource intensive. MOU does not allow a record of each individual accessing EPR. The MOU is temporary and may become null and void in a month or so thereby making the honorary contract the only viable solution for CAHMS workers to document their communication. Ward clinical staff do not have access to System 1 which CAHMS staff use to document their communication	11/05/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	Datix where restraint/rapid tranquilisation to be written (to count and realise situation). Paediatrician consults with psychiatrist on call who prescribes sedation. Mental Health and wellbeing raised at CYP board (regular agenda item) Trust staff part of system wide task and finish group for CYP in crisis to develop policies Gap analysis completed (NICE Self-harm in over 8s: long-term management Clinical guideline [CG133] Published date: 23 November 2011). 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 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). Estates and facilities called to remove architrave and implements in rooms that child may harm with Abduction policy does ensure door closure/swipe access to prevent child from absconding. Doors strengthened to prevent CYP from kicking open CYP admitted to adult ward should be cared for in a cubicle (not always available). Daily mental health huddle with CAMHs, social care, VCS, adult and paediatric nurses Funding from HEE to undertake We Can Talk Training (on hold due to COVID 19). We Can Talk On-line learning in place. ST has undertaken MH training re MH act (2 years ago) CAMHs have advertised self-harm training sessions (x4 = course) to complete (currently advertised within Trust).	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. 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 Update 16/3/23- No change Update 05/04/2023 - No change to current position	31/07/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3627	10/10/2021	Holloway, Mark	Dealey, Chris	Business Continuity	Quality & Patient Safety Academy	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. 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). Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expediential life expiry of the estate.	09/04/2013	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	•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.	March 2023 Update:- Closing down on 22/23 works, a prioritised back-log program now agreed commencing in FY 23/24 covering £4m /year of statutory compliance works including fire alarm upgrade, compartmentation and emergency light upgrades. DHW systems will also be given funding to address non-conformities. Project managers now assigned to these works.	31/03/2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3671	21/06/2021	Aalto, 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	Managing lack of outflow Escalations to improve flow •Existing Trust Escalation Plans •24/7 senior manager availability for escalation. •24/7 Command Centre provision for operational support •System escalation as required •Current SOP for specialty review of patients •Re issuing of the SAU and MECS SPs to try and encourage direct referral out of the ED. Actions ED take to mitigate the impact of lack of flow •Weekly oversight of performance and operational response as required. •Outstanding decision making programme Command Centre Activation •Navigation role at front end. •Medical SDEC available (limitations with capacity) Medical Coordinator role in Amber Zone. •Utilization of primary care appointments. •Senior doctor to redeploy AAA to review all ambulance waits. •Decant patients to minors waiting area where more space if appropriate •Regular escalation to YAS Ops supervisor to attend the ED when long handover times to support crews. •NIC and CIC review all areas regularly and escalate any concerns for patient safety to senior leadership team. •Regular announcements informing patients of ED waiting times and alternative health care services. Staffing: •3x daily nurse staffing meetings •Weekly Medical Staffing Meeting with Senior Manager and Clinical Lead oversight. •CBU Senior Nurse Rota in place for 7 day cover. •Trust wide Quality and Safety Matron 7 day cover. •Review of ENP/AHP/PMS establishment to support outlet into nursing numbers on a daily basis	14/03/2023 OPEL Level 3 - Winter repsonse plan in place. Covid numbers remain static at approximately 30 patients representing 1 wards worth of patients. Plans for Urgent Care Centre adjacent to current ED footprint due to go live in April 2023 to help reduce pressure within ED. Operational beds plan for 23/24 being developed to be in line with financial plan.	30/06/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3712	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.	31/05/2023	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 Montoring 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	14/4/23 (JH) - Risk reviewed and remains in place - whilst there is a slight reduction in the sickness absence / vacancy rate with the ongoing impacts of industrial action and additional capacity in place the risk score remains the same. The risk assessment has been updated and attached.	31/05/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3800	27/09/2022	Holloway, Mark	Mackenzie, Don	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.	08/06/2023	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.	March 2023 – The energy buying strategy to be implemented from April 1st 2023 now estimates a budget commitment of £3.4M for 2024/25 which is approximately half the £7M estimated budget on 1st August but still three times the 2023/24 budget of £1.1M. A gradual reduction in the unit cost of gas has allowed for this correction as the Trust has not had to enter the energy market until this point.	01/08/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3469	11/10/2019	Dawber, Karen	Dawber, Karen	Trust Wide Risk	Quality & Patient Safety Academy	Recommended Summary Plan for Emergency Care & Treatment (ReSPECT)has been implemented in Leeds across adults & paeds. 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.	06/06/2023	6	(2) Minor	(3) May recur occasionally	8	(4) Major	(2) Do not expect it to happen again but it is possible	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. 30th Aug 2022 - ReSPECT information disseminated as planned. incidents and complaints monitored in the BTHFT ReSPECT Workstream Group. Apr 2022 - Information relating to ReSPECT process to be disseminated via QI&S meetings. Webinar events planned with BDC for May 22. Dec 2021 - Liz Price is working with IT & Jim Welford (GP SystmOne lead) to address the digital issues. Calderdale have been asked to prioritise adopting ReSPECT. Liz Price is informed of any issues / incidents relating to ReSPECT. The BTHFT ReSPECT Workstream Group (chaired by Sarah Freeman) will monitor risks / issues. Online ReSPECT training is available & is highlighted at education sessions e.g BLS training Liz Price will be leading a Trust wide group to embedd July2021 The BTHFT ReSPECT Steering Group will disseminate information about ReSPECT to raise awareness via: o Clinical Governance Structure (adults & paeds) o Global email o Let's Talk o NMDF • BTHFT ReSPECT Steering Group to liaise with Risk Dept to monitor Datix reported incidents • BTHFT ReSPECT Steering Group will disseminate ReSPECT implementation information as required in the 12 -18 month implementation phase (Karen Dawber will be chairing the BAWC ReSPECT Steering Group & they will agree an implementation date. First meeting on 29th Nov 19). • BTHFT ReSPECT Steering Group to liaise with Leeds Hospitals regarding improving communication for patients with a RESPECT document being transferred to BTHFT	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. Risk remains the same. awaiting updated figures regarding number of incidents. 30th Aug 2022 - There has been 25 incidents / complaints reported via Datix since Oct 2020 relating to ReSPECT. Primary and secondary care are still unable to share ReSPECT forms between settings. Currently an electronic ReSPECT form is completed on SystmOne for all providers apart from BTHFT who complete a paper form. A ReSPECT form completed in BTHFT cannot be shared with primary care & therefore there is a risk that clinical decisions are made in primary care (including a resuscitation decision) which have not taken account of the patients wishes. Also BTHFT staff do not have access to a ReSPECT document saved on SystmOne. Calderdale are in the process of adopting ReSPECT with a possible go live date in 2023. Both Calderdale & BTHFT are aiming develop an electronic ReSPECT form on Cerner. April 2022 - Calderdale, Kirklees & Wakefield have appointed a ReSPECT Project Manager (18 month contract) & educator to support adoption of ReSPECT. Calderdale Hospital have a clinical lead (1 PA, consultant radiologist) & are in the process of appointing 1WTE B6. We have met with Calderdale to discuss developing an electronic ReSPECT document. to link with national ReSPECT lead & Cerner. Dec 2021 - ReSPECT implemented across BDB&C in Oct 2020. An electronic form is completed on SystmOne for all providers apart from BTHFT who complete a paper ReSPECT form. A ReSPECT form completed in BTHFT cannot be shared with primary care & therefore there is a risk that clinical decisions are made in primary care (including a resuscitation decision) which have not taken account of the patients wishes. Also BTHFT staff do not have access to a ReSPECT document saved on SystmOne. An electronic ReSPECT form cannot be implemented on Cerner until Calderdale adopt ReSPECT. January 2020 - Internal steering group now set up - system wide group 24 January 2020	29/07/2023	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	12/05/2023	12	(4) Major	(3) May recur occasionally	12	(4) Major	(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 bridge' for visibility. Regional bed state is obtained to establish beds in region. Transfer of children to other hospitals when volume or acuity become great. HoN/Matron/GM to visit the ward 3 times each day when approaching bed capacity or high acuity of patient/s to agree a plan. Use the huddle to address situation and implement plan. Ensure children are co-horted for efficiency. Contact Clinical Site matron to establish if there is the likelihood of movement of staff within the trust to help and support (AED, Neonates, Community nurses).	Update 16/3/23- business case submitted to increase the nursing establishment over 3 years; to meet with standard RCN children's nurse to patient ratio recommendations which are 1:3 for under 2 years, 1:4 for over 2 years and 1:2 for high dependency care has been submitted to March planning committee. Unfortunately the planning commitments was postponed, awaiting further clarity of next meeting.	30/09/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3630	10/10/2021	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"	12/06/2023	9	(3) Moderate	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	1.WCSW staff's shifts being moved at short notice to plug gaps (with discussion with team). 2.RN's covering continuing care shifts where possible to avoid cancellations. 3.Families being warned as far in advance as possible of cancellations so that they can make alternative arrangements. 4.Families being offered alternative care times is provision is available at other times. 5.Team look at whole caseload for the day when the need to cancel a care shift arises. This results in risk being limited by cancelling the care shift of the child perceived to be at least risk.	update 17/03/2023 A workshop involving key stakeholders and the HCP has been rescheduled meeting for the 21 April 2023, we recruited x4 applicants at the recruitment event however 1 has given backword and I have asked for the advert to go back out again as we still have a vacancy of 3.75 Update 05/04/2023 - No change to current position	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3660	25/05/2021	Dawber, Karen	Jeppis, Helen	Risk Assessment	People, Quality & Patient Safety Academy	•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 The above issues compromises and negatively impacts on: •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)	12/05/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	•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 16/3/23-Acuity and demand whilst has improved from Nov/Dec position does continue to fluctuate. Actions as per plan are on-going and score to remain at 16. Update 05/04/2023 - No change to current position	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3496	18/08/2021	Arab, Sajid	Smith, David	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	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:- 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. The risk arises from the due to:- 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 filter will not match the airflows the filters are designed to work with. 5.The materials and design of the unit do not support efficient cleaning of the unit – cabinets are old and damaged and the ceiling is of a modified lay in grid type formation. 6.The unit has begun to fail some of the environmental monitoring tests which means failure is more likely. 7.The MHRA and the Regional Quality Assurance Pharmacist both commented on the condition of the unit at their last regulatory inspections issuing the Trust with a Major concern and significant risk respectively.	30/04/2023	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	Environmental Monitoring and SOPs 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. 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. In relation to this deterioration of the DOP testing results, a change control form was implemented to increase the intensity and frequency of the cleaning of the unit. In addition to this the active air sampling in the rooms was increased from quarterly to monthly. Colleagues working in the unit continue to monitor the settle plates to identify any colony forming units which would potentially indicate a further deterioration in the cleanliness of the unit. Workload Colleagues have looked to outsource what work they can to other NHS units and third party providers. In addition to this they have looked to standardise some of the products produced meaning that the workload in the unit is such that sufficient time can be given to ensuring the unit is clean and the QMS is followed. Contingency Plans Contingency plans are being worked up with colleagues at Airedale NHS Foundation Trust which would mean if the unit did fail and or was issued a stop notice work could be temporarily transferred to utilise whatever spare capacity ANHSFT has to offer. In addition to this colleagues from the WYATT trusts have been asked to consider if they have any capacity to support BTHFT should the unit fail. Estate Works Colleagues from estates have visited the unit and along with advice from BTHFT's Consultant Nurse for Infection prevention and control have identified a number of actions which could be taken immediately, including some minor works, which would help to address some of the issues with the unit. Consultants have also been brought in to understand what action, if any, could be taken to address the AHU, associated pipework and filter housings. New Unit A short-life working group has been established to manage the existing risk and to work up options as to the potential mid to long-term solutions for the unit. Such options may include, a new unit, an extensively refurbished unit, or a decision to close the unit and seek support from elsewhere. In addition to this the group will work with the units customers to build greater resilience in to their workflows in order to support the functioning of the unit and ultimately the care to the trusts patients. This group will also look to better quantify the consequences, in terms of patient care, of a unit failure / shut down. Update January 2022 Minor works projects have been completed to install additional hand washing facilities and apply improved wall coverings. In addition to this further works are planned to create a dedicated staff rest / kitchen area which will further reduce the risk of microbial contamination. Estates colleagues have identified a suitable site for a temporary unit at St Lukes Hospital and are in the process of working up the costs for installation and commissioning of the temporary unit. Cost are expected by the end of January 2022. The unit received its annual EL audit in November 2021. The Audit was undertaken by the Regional Quality Assurance Pharmacist who was complimentary about the improvements made to the estate but that the risk remained the same at significant because of the age and design of the current unit. The final report is expected by the end of February 2022 Update March 2022 EL audit report received which noted a number of improvements to the facility but still rated the unit as significant risk	Update 02/02/2023 Temporary unit has arrived on site and is now being commissioned which is a multi-week process. Likely to be handed over to the Trust in mid April after which Trust commissioning can begin.	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	Renal Services Capacity 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. 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. 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.	30/06/2023	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	Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis. 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 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. Specialist nurse staffing is augmented by TNR and agency staff Additional staffing capacity has been built into the rota using existing staff. Patients are encouraged to take up peritoneal dialysis where clinically appropriate and where possible with the restricted theatre availability. We have introduced a fluoroscopic PD catheter insertion service and are strongly promoting home-based renal replacement therapies, including renal transplantation. Provision of an HD service requires specialist nursing skills which can be augmented by agency or TNR nurses. In the event of a sustained loss of facility, further mitigation would be implemented (but our staffing is also stretched and this would compromise the following additional steps): Services extended into overnight/out of hours 6 or 7 days a week. Further reduced dialysis sessions Displacement of patients to other facilities potentially at some distance of travel.	8/2/23 Funding agreed for work to commence on ward 15 for additional outpatient area. BRI acute dialysis unit ventilation work awaiting commencement.	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	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 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. 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.	30/06/2023	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	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. 2 The experience of violence and aggression whilst at work increases work related stress and the risk of absence from work. Increase in staff anxiety can lead to poor job satisfaction	5.4.23 Some new devices roll out, main contract with procurement to sign.	31/05/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3810	14/04/2022	Smith, Dr Ray	Hickey, Joanne	Risk Assessment	People, Quality & Patient Safety Academy	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% oRisk to Acute consultant Rota and timely inpatient reviews oRisk to Outpatient delivery and the increase to wait times for Urgent / routine / cancer and the specialised Haemophilia patients oService delivery for the whole Haemophilia service , surgical and outpatient work oService delivery for complexity of haematology patients oIn reach to transfusion service	30/06/2023	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	Leeds Comprehensive Care Centre Support oCover for out of hours on call for the regional haemophilia network oBleeds are the agreed point of contact and can support with severe, surgery, high risk and acquired haemophilia patients oHigh risk patients to be transfer to Leeds. oAcquired haemophilia , to be transferred to Leeds 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) oContact can be made to duty haemophilia consultant oSevere patients to have 6 monthly review at Leeds oPregnant patients transferred to Leeds if Dr Pollard unavailable oBleeds to get back about elective patients – in first instance, call from consultant to consultant to find out urgency and sensible triage oBleeds want consultant to consultant communication/discussion, not comfortable with CNS queries oIn reach to the paediatric service oSarah Garside to work with CNS – offer support and suggestions. Sarah and Cecilia to sort a list of patients who are classed as high risk bleeders oBleeds to write clear rules on what they can and cannot do oTransfer of new outpatient complex patients They cannot support: oOn-site support oOlder Haemophilia Inpatient care oOutpatient review of the routine and new patients currently in our system oVery elective patients, these would have to be delayed oAny thrombosis patients Submitted ETM paper to executives to be discussed Monday 12th September 2022	8/2/23 Returned Specialty doctor assisting with Haemophilia services, supported by colleagues in Leeds. Specialty Lead imminently returning to work on phased return.	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3823	07/10/2022	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	28/06/2023	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	•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	16/03/23 Currently still have x2 "pop up" temporary loan additional storage units and capacity remains tight	30/06/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3404	3.1/06/2019	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.	01/06/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(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	International recruitment has commenced and a number of IR midwives have started. 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. 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. 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. 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. Clover team is currently under review, but it is likely that 3 midwives will remain in the intrapartum areas.	30/09/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3468	11/10/2019	Arab, Sajid	Stephenson, Carl	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.	30/04/2023	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 corrected at source they drop into one of three cohorts (covered by multiple DQ KPI). Master Patient Index (MPI) errors are covered by informatics, pathway and activity errors are covered by the Central Access Team. Mapping issues are monitored weekly as they drop onto a single queue. These are reviewed centrally and where possible corrected. If central correction isn't possible CBU teams are instructed to re-order the next step and this is monitored until complete. Despite these controls the number of errors highlighted by DQ KPI remains high and this means corrections are made for priority cohorts only. Themes from these corrections feed into the fortnightly issue resolution meeting.	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.	30/04/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3808	06/10/2022	Lill, Fenem	Lill, Fenem	Trust Wide Risk	Finance and Performance, People, Quality & Patient Safety Academy	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 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. 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. There is therefore a risk of strike action from staff across the organisation. Although we are still waiting for results of the various ballots it is likely the result will be Industrial Action. Any Industrial action could have a significant impact on service provision if an agreement is not reached. If the ballot calls for Strike Action a risk reduction plan will be implemented The risk relates to impact on service provision if strike action were to take place. In particular, a risk to elective services.	31/10/2023	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	13/02/23 operational planning response, command structure in place when notified of industrial action 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 ballotting, ballot open to the 20/2/2023. Command structure in place on strike days. 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. 15/11/22 Operational strike planning meetings in place. Assurance checklist being completed. Regular meetings with trade unions organised 06/10/22 Unable to mitigate risks at present	13/2/2023 operational planning, command structure in place when notified of strike days	31/10/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3850	24/01/2023	Asafu, Sajid	Smith, David	Risk Assessment	Finance and Performance, People	There is a risk to the patient care, staff wellbeing and trust finances arising from inadequate pharmacy accommodation. The key risk are: Aseptic Unit The pharmacy aseptic unit is listed as a separate risk – risk 3696. Pharmacy Dispensary The Pharmacy dispensary is cramped and can be overcrowded at busy times which increases the risk of dispensing errors. In addition to this, the cramped accommodation means the trust is unable to further automate the dispensary with the latest dispensing robots. Current dispensing robots are significantly more efficient meaning dispensing times can be further reduced and include technology such as automatic labelling which further reduces the chances of dispensing errors. The current accommodation means waiting times are longer and dispensing errors more likely than a modern automated dispensary. Pharmacy Quality Assurance / Control The quality assurance area has recently been face lifted but like other areas accommodates more colleagues than there are spaces for. In addition to this there is inadequate storage areas to store expensive equipment which may become damaged leading to a financial risk to the organisation. There is also a lack of space for the incubators which are key to the functions of the department. Incubators are currently located in a long corridor without windows meaning the working environment is poor. The current accommodation means there is a financial risk to the organisation arising from potential damage to equipment and through staff absence resulting from the poor environment. Pharmacy Stores The pharmacy store is currently spread across two floor levels and two separate unheated store rooms. In addition to this the layout of the building means that automation, common in other trusts, cannot be installed. The lack of automation increases the risk of stock outages and picking issues leading to an increased risk of patients missing doses of medication and potential patient harm. Equality Diversity and Inclusion The department has numerous different floor levels, some of which are connected by ramps whilst others are connected by stairs. This means that any staff or visitors who are mobility impaired will be unable to access all areas of the department Staff rest facilities are inadequate in that there are only two toilets for over 130 people. Office accommodation is limited meaning colleagues often need to hot desk which limits the scope for work station related adjustments. The accommodation also means that staff are less able to mix and form a coherent team leading to issues with morale impacting staff wellbeing. The current accommodation means there is a risk to staff wellbeing and trust finances through absences as a result of the poor accommodation.	01/06/2023	20	(4) Major	[5] Will undoubtedly recur, possibly frequently	6	(2) Minor	[3] May recur occasionally	SOPs are in place to ensure processes are as safe as possible in the current accomodation. Additional accomodation has been sought with two further portacbins provided to house colleagues. Flexible working and home working has been explored and is utilised where possible. Minor works have been undertaken to improve the accomodation including staff rest facilities. Work has been undertaken to relocate the pharmacy aseptic unit which will give opportunities to redevelop the BRI site.	The intention is to relocate the pharmacy aseptic unit which will then allow space for redevelopment of the existing pharmacy footprint. In the short to mid term continued focus and work as part of the Outstanding Pharmacy service will look at what other improvements can be made.	01/04/2025	15	(3) Moderate	[5] Will undoubtedly recur, possibly frequently

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