

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 16.08.2023)

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)
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.	30/11/2023	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	4/05/23 Birth rate plus tabletop exercise undertaken in March 2023. Midwifery establishment requirement has reduced slightly due to drop in birth rate. Full Birth rate plus acuity tool has Trust approval to be commissioned for Autumn 2023, as tabletop does not account for any changes to the acuity of service users. Based on the recalculated figures: Vacancy safe staffing -9.84 WTE Vacancy MCoC -28.28 WTE Super surge rate ceased on 01/04/23 and TNR is now paid at surge rate across the whole of the organization. This has resulted in a slight reduction in the uptake of TNR shifts, which will be monitored and escalated if it impacts on safe staffing. All recruitment and retention plans continue, including pastoral support, international recruitment and appointment of newly qualified midwives. Acorn team recommended intrapartum on calls 01/04/23. Clover team are still under established but all based in the community providing enhanced antenatal and postnatal care. No new MCoC teams are in the pipeline until safe staffing levels are achieved and maintained.	31/01/2024	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3468	11/10/2019	Azeb, 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.	31/10/2023	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	09/05/2023 - Issue resolution group reaffirmed process for clearance of correction backlogs, whilst prevent and correct elements of model strengthened via weekly review of relevant KPI and targetted support from DQIS team across several CSU's and inpatient areas. Clinical informatics and training to work with teams on EPR use. Operational DQ meeting added to provide interface with CSU leadership teams around key themes and to monitor error rate reduction together.	31/10/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3469	11/10/2019	Dawber, Karen	Dawber, Karen	Trust Wide Risk	Quality & Patient Safety Academy	6th Jan 2023 - 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	30/01/2024	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 Q&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	20/07/23 - The Cerner build is expected to start in July 2023 and will take approximately 6 months to complete.	30/04/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3627	10/02/2021	Horner, Matthew	Dawles, 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 expedient life expiry of the estate.	19/09/2023	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. 	June 2023 Update:- Prioritised back-log program now underway focusing on fire alarm upgrades / replacement, compartmentation works in the SLH Horton Wing upper floors/roof, electrical upgrades, Ward 15 roof replacement, modular theatre chiller replacement etc. The work described dove tails the 6 facet survey output and findings addressing prioritised works first. This is a 5 year program.	31/03/2025	20	(5) Catastrophic	(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"	17/11/2023	9	(3) Moderate	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	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.	RA reviewed 16/05/2023 recruited 4 further staff who are currently waiting on start dates and will then require full training the additional 4.12 vacancy has gone back out to advert. We have started some collaboration work with the icb with an engagement workshop on the 21st April and this is ongoing at present to look at ways to improve the reliability and effectiveness of the care that we deliver 12 July 2023 No further update	30/11/2023	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"> •M Ward safety •M Ward flow •M Ability to support Paediatric ED •M Ability to sustain Paediatric Surgery •M Ability to achieve the aim of the Consultant review (in line with RCPCH standards) 	18/08/2023	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 	<p>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.</p> <p>Update 05/04/2023 - No change to current position</p> <p>Update 04/05/2023 RA in process of being reviewed no change to current position plan being progressed</p> <p>Update 13/06/2023 No further update received</p> <p>July 11 No update received</p> <p>Update 15/08/2023 No change to current position. Fluctuating</p>	31/08/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3696	18/08/2021	Azeb, Sajid	Smith, David	Business Continuity	Finance and Performance, Quality & Patient Safety Academy	<p>There are a number of significant risks to the organisation arising from the age and condition of the pharmacy aseptic unit. The risks are specifically:-</p> <ol style="list-style-type: none"> 1. A patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. A reputational risk to the organisation arising from the potential failure of, and or regulatory intervention into the, pharmacy aseptic unit. 3. A risk to organisational performance against RTT targets arising from this risk due to the potential inability to deliver treatment within specified timescales. <p>The risk arises from the due to:-</p> <ol style="list-style-type: none"> 1. The unit being almost 25 years and no longer up to current design standards. 2. The inability of the air-handling unit and associated pipework being able to deliver the required number of room air changes per hour. 3. The poor design of said pipework meaning it is impossible to satisfactorily test the integrity of the terminal HEPA filters due to leak paths of unknown origin. 4. Some of the filter housings being modified by a third party from top entry to side entry meaning the airflows immediately prior to the 	31/10/2023	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.</p> <p>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>07/06/23</p> <p>A number of issues have now been resolved but the Trust is still to receive formal hand over. The Trust does not have access to the unit.</p> <p>Plans still on track for the unit going live towards the end of quarter 2 2023/24</p>	31/10/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3711	18/11/2021	Dawber, Karen	Lacy, Louise	Business Continuity	People, Quality & Patient Safety Academy	<p>There is a risk that Children will deteriorate /come to harm due to lack of staff capacity to manage an increasing caseload across Y&H (both volume and complexity plus large range or rare disorders requiring intense dietetic monitoring and intervention)</p> <p>There is a risk to staff health and wellbeing and to skilled staff retention. Staff are autonomous practitioners with many years training and experience to deliver the skill set needed who are increasingly the senior decision maker in acute cases for In and Outpatients across the region- where MDT support is limited.</p> <p>There is a risk of no cover when unplanned absence eg sickness occurs on top of planned leave - this s a very small team-resulting in staff having to be called for advice on their time off which is unsustainable.</p> <p>UPDATE 04/01/23</p> <p>Risk to staff - further workload pressures has resulted in 2 x episodes of long term sickness (May 22 - Oct 22 & Oct 22 - present), further reducing staffing capacity. Workload pressures are still present, and there is a real risk of further burnout and sickness.</p> <p>Risk to patients - there have been several near</p>	31/07/2023	12	(4) Major	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again	<p>Caseload review to understand complexity and time needed to manage</p> <p>Impact of additional caseloads transferred in with no extra resource by Manchester consultants eg Dewsbury and Airedale and of Newborn Screening Programme</p> <p>Session with QI team to review working processes-</p> <p>Workforce and Job planning to maximise clinical time available</p> <p>Supporting staff to work virtually where appropriate to reduce travel time (Equipment provided)</p> <p>Networked with other regional centres to benchmark and compare ways of working</p> <p>Wellbeing offers & support for team in place</p> <p>23/08/22 DW Karen Dawber who is going to attend mets MDT meeting KD supportive of business case. RA to submit business case</p> <p>UPDATE 04/01/23:</p> <p>Further prioritisation plan has been put in place to support the team to clear the backlog of highest priority patients (where no dietetic input could lead to harm), and ensure those patients most at risk of harm have ongoing care. This plan will limit input to those patients who are less likely to need complex</p>	<p>UPDATE 09/06/23</p> <p>Following meeting with Quality and Patient Safety facilitator, agreed to change risk likelihood to 4. As team are working to mitigate the worst harm.</p> <p>Resulting in a score of 16</p>	30/09/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3732	20/01/2022	Dawber, Karen	Hilton, Joanne	Risk Assessment	People, Quality & Patient Safety Academy	<p>There is a risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.</p>	31/10/2023	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> <p>Use of national guidance</p> <p>Health and well being activities - Thrive</p> <p>Workforce planning -agreed establishments</p> <p>Workforce re-deployment</p> <p>Use of temporary workforce</p> <p>Recruitment and retention</p> <p>Training and development</p> <p>Monitoring and review;</p> <p>Silver / Gold reference groups</p> <p>Tactical Silver / Gold</p> <p>Matron Huddles</p> <p>Quality oversight and escalation</p> <p>Patient experience oversight</p> <p>Senior Nurse assessment and decision making</p> <p>Further detail within full risk assessment and QIA</p>	<p>15/08/2023 (JH) - Risk reviewed, surge rates of pay in place for August-10th September.</p> <p>Trajectory for recruitment of international nurses and newly qualified nurses on track currently. Support roles in place (legacy mentors, preceptorship and pastoral support). Daily staffing processes remain in place and work ongoing with NHS England for team based rostering. Focus continues on HCSW recruitment.</p>	31/10/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3748	15/02/2022	Smith, Dr Ray	Green, Jen	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>	30/09/2023	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	<p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>We are providing twice weekly dialysis (instead of 3 sessions) where it is clinically appropriate, this is not to manage capacity.</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 dialysis where clinically appropriate and where possible with the restricted theatre availability. We have introduced a</p>	<p>14/06/23 Task and Finish Group is being established to clarify the in house capacity and risks and develop a plan for the service with clear timescales.</p>	31/01/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3800	27/09/2022	Azeb, Sajid	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.	19/09/2023	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.	June 2023 – An energy buying strategy has been implemented from April 1st 2023 that now estimates a budget commitment of £4.1M for 2024/25 which is approximately 60% the £7M estimated budget on 1st August but still well over three times the 2023/24 budget of £1.2M. The energy market still remains very volatile due to the continuing Ukraine war and opportunities to reduce this cost by trading against this commitment are limited.	01/08/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3808	06/10/2022	Lali, Faem	Lali, Faem	Trust Wide Risk	Finance and Performance, People, Quality & Patient Safety Academy	Risk of impact on patient care and safety, impact on staff morale and resilience. If industrial action persists it will have an impact on the Trust's ability to continue to provide safe care for patients and could result in patient safety incidents or harm. There is the risk of negative impact on staff morale. There is the risk of delays to patient treatment and the Trust's ability to manage the back log from the pandemic. Ongoing strike action is having an impact on staff who are covering during strikes and senior managers who are responsible for ensuring safe staffing and patient safety.	15/09/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	16	(4) Major	(4) Will probably recur, but is not a persistent issue	Operational planning response, command structure in place when notified of industrial action. Command structure in place on strike days. Daily operational planning meetings in place. Department/service impact assessments in place. Detailed communications plan in place. Operational strike planning meetings in place. Assurance checklist in place. Unable to fully mitigate risks at present.	Update 04/08/2023 - continued strike action now including Consultants as well as junior doctors with further restriction now in place on the use of agency workers to cover gaps for striking staff. Operational plans being developed to manage patient safety. Command and Control structure in place as per previous strikes. Ops Huddle meetings in place daily. Rota's being reviewed and service impact assessments in place. Elective activity to be reviewed once rota information available but expected to be significantly impacted due to restrictions on use of agency and with it being peak leave period.	31/10/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3810	14/10/2022	Smith, Dr Ray	Green, Jen	Risk Assessment	People, Quality & Patient Safety Academy	Highlighting the service risk for Haematology, 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 oth reach to transfusion service There is no clinical haematology representation at cross site senior management meetings Pathology . Neither site BTHFT / AFT can provide time to attend this and lack of clinical haematology support has been identified - Lack of clinical direction for the lab, Delay in reporting of blood films for complex technical cases Lack of regular review of clinical documentation eg reference range review and validation Inability to obtain clinical advice in a timely manner and including out of hours when needed Lack of morphology case training and competency for BMS staff to ensure additional essential underpinning knowledge and	30/09/2023	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 oLeeds 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 oLeeds to get back about elective patients – in first instance, call from consultant to consultant to find out urgency and sensible triage oLeeds want consultant to consultant communication/discussion, not comfortable with CNS queries	14/06/23 - All consultant staff at work currently (5/5). The service remains fragile due to the need cover of Acute week and the frequency of on call 1:6, with discussion to address frequency occurrence. Service has had approval for Locum , planned start date July . The service continues to have difficulties with demand and capacity within outpatient activity. There is requirement to commence a service review and discussions as to how to this . The discussions are currently being undertaken. The haematology and Haemophilia risk do require separating and the service is currently working through this.	30/09/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3823	07/12/2022	Horner, Matthew	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	30/10/2023	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>10/08/2023 Capital works: phase 1 approved</p> <p>A project manager has been appointed and the procurement process has commenced with our SOR currently with NHS supply chain (although we have recommended LEEC as our preferred supplier)</p> <p>The works are capital funded and as such must be completed before March 2024, we have asked for completion ahead of winter pressures if at all possible</p> <p>The new capacity gives us 62 additional storage (including increased bariatric and freezer provision)</p>	31/10/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3850	29/03/2023	Azeb, Sajid	Smith, David	Risk Assessment	Finance and Performance, People	<p>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.</p> <p>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.</p> <p>The current accommodation means waiting times are longer and dispensing errors more likely than a modern automated dispensary.</p> <p>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</p>	01/09/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	<p>SOPs are in place to ensure processes are as safe as possible in the current accommodation. Additional accommodation has been sought with two further portacabins provided to house colleagues.</p> <p>Flexible working and home working has been explored and is utilised where possible.</p> <p>Minor works have been undertaken to improve the accommodation including staff rest facilities.</p> <p>Work has been undertaken to relocate the pharmacy aseptic unit which will give opportunities to redevelop the BRI site.</p>	<p>The intention is to relocate the pharmacy aseptic unit which will then allow space for redevelopment of the existing pharmacy footprint.</p> <p>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.</p>	01/04/2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3877	14/06/2023	Azeb, Sajid	Azeb, Sajid	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	If we are unable to manage ongoing operational pressures due to high demand, Covid backlogs and industrial action, then there may be delays to treatment, resulting in harm to patients and/or poor patient experience.	31/08/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	<p>Elective Recovery Plans and Elective Recovery Task and Finish Group.</p> <p>Subcontracting arrangements with the independent sector and insourcing.</p> <p>Operational Improvement Plan in place which is reported to the Finance and Performance Academy.</p> <p>Accountability Framework in place including Daily and weekly access meetings.</p> <p>Mutual Aid at WYAAT level.</p> <p>Capacity Planning.</p> <p>Clinical prioritisation of waiting list.</p>	<p>06/07/2023 -</p> <p>All actions as per 14/06/2023 ongoing in addition Industrial action planning group meeting on a daily basis to prepare and respond to Junior Doctor and Consultant strike action in July 2023. Activity will be impacted but plans to minimise impact being developed and will be in place.</p>	31/03/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3881	27/07/2023	Azeb, Sajid	Smith, David	COC Visit	People, Quality & Patient Safety Academy	If we are unable to recruit to a number of unfilled pharmacy vacancies and provide cover to deliver a 7 day service then the Trust will not improve and sustain medicines reconciliation rates to above national average resulting in a regulatory risk to the Trust's aspiration to become an 'Outstanding' provider and an increased risk of harm to patients if unresolved	31/08/2023	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	<ul style="list-style-type: none"> - Pharmacy team in place to complete medicines reconciliation - Utilisation of locum and bank staff to help fill gaps - Prioritisation of patients to see use the Cerner EPMA system. - Skill mix to push more technicians out onto the wards to support meds rec - Trust policy in place defining approach to undertaking daily medicines reconciliation 	<ul style="list-style-type: none"> - Active recruitment campaign in place. Phil Moore – Assistant Director of Pharmacy – Clinical Services (ongoing) - Skill mix to attract and recruit a greater number of foundation level pharmacists. Anna Khan-Patel Clinical Pharmacy Team Leader Education and Training (completed) - Skill mix to recruit two teacher practitioner posts at the local schools of pharmacy to further attract staff. Anna Khan-Patel Clinical Pharmacy Team Leader Education and Training (Recruited UoB Post – awaiting start date, UoH Post at recruitment stage) - Recruitment of a Pharmacist in the Emergency Department to facilitate medication reconciliation. David Smith - Director of Pharmacy, Farah Naz - Senior General Manager – Urgent, Elderly and Intermediate care - To explore the feasibility of creating SytmOne access for junior doctors in Urgent and Emergency care to ensure medication reconciliation, Farah Naz - Senior General Manager – Urgent, Elderly and Intermediate care 	30/08/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3885	08/08/2023	Azeb, Sajid	Davies, Chris	Risk Assessment	People	<p>There is a risk to patients, staff and visitors and the organisation due to lack of operational security supervision, management and resilience. This is due to a lack of 24/7 supervision (unfunded) as well as a vacancy at operational management level.</p> <p>Without supervision and management oversight, security staff are working outside of standard operating policy and procedures and not following safe practices on a regular bases</p> <p>Has the potential to result in reputational damage and litigation to the organisation as well as the safety risk to staff, patients and visitors.</p>	15/12/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>There is limited experienced management oversight and therefore no assurance in place on a daily basis that policies and procedures are being followed and the risk of hazards minimised.</p>	Security Model Review ongoing, ETM optional appraisal paper to be submitted August 2023. Band 5 Deputy Manager in post.	31/03/2024	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