

Open Strategic Risks with a current rating of >=12 (Grouped by Principal Risk) as at 4th September 2019

ID	Date of entry	Risk Lead	Source of risk	Assuring Committee(s)	Description	Next review date	Initial risk level	Residual risk level	Existing control measures	Current mitigation	Target date	Current risk level
Principal risk: 1. Failure to maintain the quality of patient services												
3203	16/01/2018	Moore, Philip	External Bodies		Quality	09/09/2019	High	Moderate	Environmental monitoring and regular maintenance show that the unit meets current cleanliness standards.	8/7/19 Development of the business case is progressing. The Director of Pharmacy is also in discussions with Airedale about a potential joint unit. The national view, which will be referenced in the business case, is for trusts to collaborate to provide these units. There is also a potential for providing a service to other Trusts and be a source of income for the organisation.	31/01/2020	High
3240	15/05/2018	Shannon, Sandra	Escalated from Governance Committee		Quality	14/10/2019	High	High	The patient cohort has been identified. It is the responsibility of Corporate Access Team to review the non RTT process failure list and implement the appropriate actions including updating EPR and moving the patient onto the correct workflow so the next steps in pathway can be implemented. The current rate of clearance is insufficient to meet the number of weekly additions to the list which requires further remedial action.	5/8/19 A daily outpatient PTL has been develop. The access team are reviewing the validation process to increase productivity on working and to target the right areas. Data quality issues are being escalated to the DQ improvement emerging issues group.	30/01/2019	High

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2968	21/07/2016	Shannon, Sandra	Trust Wide Risk	Quality, Workforce	there is a risk to delivery of Trust-wide Microbiology Service due to inability to recruit to Consultant Microbiologist posts, since the retirement of two consultants in 2015 and 2016.	09/09/2019	High	Moderate	Control Measures planned: Increase existing Infectious Disease Consultant Physician's PA's by 0.5 and review options for Agency within cap and working collaboratively with Airedale Microbiologists to join the OOH & on-call rota's.	8/07/19 -The current mitigation plans to support the Microbiology service have been planned as detailed below 3 consultants are to support the service - 1 who is a substantive consultant at BTHFT and 2 locums . 1 locum consultant will support the service from 13.05.19 until 02.08.19 2nd Consultant will support the service from the 30.04.19 with no end date and will give a month's notice prior to leaving rota which the trust will reciprocate as courtesy. A 7 day rota has been arranged with the team until the end of July 2019 supporting the trust both in hours and out of hours. The out of hours service is a consultant delivered service for urgent and complex calls related to life threatening infection and all calls must be authorised by patients consultant prior to the Microbiologist being contacted unless exceptional circumstances, calls from Foundation doctors are not expected.	31/10/2018	Extreme
Principal risk: 1. Failure to maintain the quality of patient services, 2. Failure to recruit and retain an effective engaged workforce, 3. Failure to maintain operational performance												
3369	11/03/2019	Shannon, Sandra	Risk Assessment	Quality, Workforce	There is a risk that following the resignation of four Consultants within the Infectious Disease services together with 2 current vacancies within the Microbiology Service that from wc 13-05 2019 that the service cannot function in its current form. This will impact on the following areas Consultant Medical cover to ward 7 and outlying wards, outpatient clinics, HIV, OPHAT and the backfill to Microbiology, including the AMU on call and weekend rota. There are currently 6 WTE funded substantive consultant posts between HIV/ ID and Microbiology, and additional 0.5 WTE Funded post from ACU. There are 2.0 WTE current vacancies within Microbiology.	14/10/2019	Extreme	Moderate	Meeting planned 14.02.19 to discuss microbiology service arrangements BG/SS/PM/BW/SH attending. Email sent to CPBS Booking team to notify them of the current situation. Replacement Business Case completed for: Dr Robinson – Approved submitted for advertisement NHS Jobs – requested for advert to go out to BMJ – costings for this request be arranged Recruitment approval submitted to the finance team for 3 consultants. Retire and Return for Dr McWhinney to be agreed. Locum recruitment has been submitted. Locum for ID/Microbiology secured for 3 months commencing May 2019 Dave Allison. Dr McWhinney to have a conversation with potential Reg delivering clinics for the TB service under the supervision of Dr Hall Respiratory.	7/8/19. A medium term support plan has been implemented and a longer term workforce model is being developed which is less reliant on consultant staff. 14/5/19 A detailed action plan has been agreed and is being progressed. Communications have been sent out internally and to commissioners/ GPs to inform of the new arrangements in place.	31/05/2019	Extreme

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3399	22/05/2019	Horner, Matthew	Corporate Objective	Finance and Performance	The Trust has insufficient cash & liquidity resources to sustainably support the underlying Income & Expenditure run rate	31/10/2019	High	Moderate	MAY 19: 1. The cash & liquidity position is managed and monitored by the cash committee with updates provided to the Finance & Performance Committee. 2. Curtailment of the Capital programme in 2019/20 to limit the cash outlay (if required) 3. Continued sourcing of cash releasing efficiencies 4. Additional measures taken to improve financial control in the immediate and longer term 5. Updated reporting arrangements to Finance & Performance Committee on the cash and liquidity, with trajectories and projections signposting risks and generate corrective action	AUG 19: The mitigations remain in place to protect the cash and liquidity position. The Trust is currently forecasting a 'best case' delivery of the control total.	31/03/2020	High
3400	22/05/2019	Horner, Matthew	Corporate Strategy and Objectives	Finance and Performance	Failure to maintain financial stability and sustainability in the current economic climate with the Trust facing a continued financial challenge associated with cost inflation, increased demand for services and Commissioner affordability.	31/10/2019	High	Moderate	AUG 19: The Trust has delivered its financial plan for Quarter 1 and is projecting a 'best case' delivery of the control total. The Care Group Performance Review meetings are now in place and are supplemented by weekly CIP meetings with each CBU (Jointly chaired by the Chief Operating Officer and Finance Director)	AUG 19: The Trust has delivered its financial plan for Quarter 1 and is projecting a 'best case' delivery of the control total. The Care Group Performance Review meetings are now in place and are supplemented by weekly CIP meetings with each CBU (Jointly chaired by the Chief Operating Officer and Finance Director)	31/03/2020	High
3046	03/02/2017	Fedell, Cindy	Changes in legislation	Finance and Performance	There is a risk that since the 2010 the enterprise agreement with licensing bodies which was paid for centrally has been devolved to Trust level. There is also a risk around concurrent EPR licenses, clarification from the supplier has been sought. The financial risk is considerable and lies with the Trust.	31/10/2019	Extreme	Extreme	Moved software products to a more streamlined architecture in order to minimise the risk and reduce costs.	02 SEP 2019: Licence discussions with vendor are in the final stages and will be concluded imminently	31/03/2020	Extreme

Principal risk: 7. Failure to deliver the benefits of strategic partnerships

3091	24/04/2017	Holden, John	Board of Directors Meeting	Partnerships	<p>There is a risk that decisions of WYHP and/or WYAAT lead to enforced actions which the Board might consider are not in the best interests of the local patient population, or which could impact adversely on BTHFT operations/finance/service viability and so hinder delivery of clinical strategy.</p> <p>WYHP: West Yorks & Harrogate Health & Care Partnership WYAAT: West Yorks Assoc of Acute Trusts</p>	27/09/2019	High	High	<p>BTHFT contributed to the development of the original STP and has been actively represented on various governance groups (eg STP Leadership Forum, WYAAT Committee in Common) policy/professional groups (eg Medical Directors Group, Directors of Finance Group) and in the formulation and monitoring of programmes of work (eg Chair of West Yorks Cancer Alliance Board) etc.</p>	<p>27/08/2019</p> <p>An initial discussion regarding nine specialties, where Robin Jeffrey and WYAAT believe there is the greatest scope for reconfiguration/collaboration, took place on 22 August at an SLT time out. This will be part of a process followed to ensure that the Trust is clear about its position in each specialty. Further engagement with clinicians and CBUs will also take place to help to mitigate the risk that decisions are taken which aren't in the best interests of the local population.</p>	27/09/2019	High	
Principal risk: 9. Failure to meet regulatory expectations and comply with laws, regulations and standards													
3068	15/03/2017	Shannon, Sandra	Legal requirement	Health and Safety	<p>There is a financial, reputation and safety risk as the Trust is non-complaint with the Carriage of Dangerous Goods Regulations 2009.</p>	29/11/2019	High	Moderate	<p>All relevant departments within the Trust have been made aware of the serious breaches identified above.</p> <p>Corporate health and safety committee have been made aware of the November 2016 report and a task and finish group is to be set up.</p>	<p>15/9/2019</p> <p>The risk continues to be managed by the Health and safety committee. a significant programme of work particularly in relation to COSHH has commenced following an internal audit. all specialist groups (ie gases/sharps etc) now are managing the actions to ensure compliance with legislation. Target date changed to reflect timescales of action from the latest TDGA audit.</p>	31/07/2018	High	