

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 15.6.23)

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)
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.	19/09/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	25	(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.	Report to be presented to the Executive post the 2023 annual price risk management meeting to provide an update on market conditions and forecasted energy commodity prices in the 2024/25 utilities budget. Energy Manager 1st August 2023 Review this risk assessment with the updated information presented by Inenco for the 2024 onward utilities price forecasts. Energy Manager 1st August 2023 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
3808	06/10/2022	Lal, Faem	Lal, 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.	31/07/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	9	(3) Moderate	(3) May recur occasionally	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.	13/06/2023 BMA, HCSA and BDA (Junior Doctors and Dentists) Strike planned for 14 June to 17 June. operational plans in place to manage patient safety. Command and Control structure in place to manage the strike period.	31/07/2023	20	(4) Major	(5) Will undoubtedly recur, possibly frequently
3732	20/01/2022	Dawbier, Karen	Hilton, Joanne	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.	31/07/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	10	(5) Catastrophic	(2) Do not expect it to happen again but it is possible	Processes in place: Use of national guidance Health and well being activities - Thrive Workforce planning - agreed establishments Workforce re-deployment Use of temporary workforce Recruitment and retention Training and development Monitoring and review; Silver / Gold reference groups Tactical Silver / Gold Matron Huddles Quality oversight and escalation Patient experience oversight Senior Nurse assessment and decision making Further detail within full risk assessment and QIA	26/05/23 (JH) - Risk reviewed with further work taking place around the use of the safecare acuity and dependency tool, live staffing decisions with patient information and accuracy of data entry. There are no changes to current risk level. Recruitment event held on 25th May with 54 newly qualified nurse jobs offered and 64 HCAs. Risk level will continue to be assessed and reviewed as part of the ongoing safe staffing work.	31/10/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue

3627	10/02/2021	Holloway, Mark	Dawes, Chris	Business Continuity	Quality & Patient Safety Academy	<p>If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced.</p> <p>The Trust has identified backlog maintenance and critical risk remedial works calculated at £85m of net cost and circa £110m gross (excluding associated asbestos abatement estimated at a further £30m).</p> <p>Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expedient life expiry of the estate.</p>	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. 	<p>•The formal submission on 30th April 2021 of SOC to NHSE/I to seek capital funding for new development this is now being reviewed for progression to a formal business case . The Bradford and Craven Estates strategy has been updated to include the SOC as part of the regional estates strategy plans. The SOC has been provided to the West Yorkshire and Harrogate ICS for support and approval.</p> <ul style="list-style-type: none"> •Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR). Approval at ETM for £4m to support backlog maintenance program in 22/23. •Seek additional NHSE/I capital funding resources. <p>May 2022 Update:- Back-log programme now developed, phased and prioritised.</p> <p>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</p>	31/03/2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue
3877	14/06/2023	Azeb, Sajid	Azeb, Sajid	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	<p>If we are unable to manage ongoing operational pressures due to high demand and Covid backlogs, then there may be delays to treatment, resulting in harm to patients and/or poor patient experience.</p>	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>14/06/23 - 2023/24 operation planning guidance activity and financial plans submitted to place and region outlining expected activity to be undertaken during the year to deliver required national expectations.</p> <p>Continued daily, weekly and monthly reporting of position in line with Accountability framework</p> <p>Updated Operational improvement plan developed to be shared at a future F&P academy</p> <p>Development of the Urgent Care Centre to assist with non-elective demand through ED - phase 1 implemented will be developing the model further during the course of 2023/24.</p> <p>Elective Task and Finish group established currently meeting on a monthly basis to deliver capacity to baseline 19/20 levels.</p> <p>Day Case Unit bid approved and contractors have commenced on St Luke's site. The development of a dedicated 2 day case theatre unit due to complete from April 2024.</p> <p>Endoscopy unit business case (Circa. £25m) approved project group to commence design and implementation commencing in due course.</p> <p>Ongoing implementation of control measures listed above.</p>	31/03/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3469	11/10/2019	Dawber, Karen	Dawber, Karen	Trust Wide Risk	Quality & Patient Safety Academy	<p>6th Jan 2023 - Risk remains the same. awaiting updated figures regarding number of incidents.</p> <p>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.</p> <p>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.</p>	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	<p>6th Jan 2023 - Work is ongoing to develop an electronic ReSPECT form in collaboration with Calderdale Hospital. Competency & training requirements for non- medical staff completing a ReSPECT Plan have been developed for use across Bradford District & Craven. Local audit & QI projects are ongoing.</p> <p>30th Aug 2022 - ReSPECT information disseminated as planned. incidents and complaints monitored in the BTHFT ReSPECT Workstream Group.</p>	<p>6th Jan 2023 - The plan is to develop an electronic ReSPECT form on Cerner in collaboration with CHFT. An options appraisal has been written with plans to present at ETM in Jan/Feb.</p>	29/07/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3630	10/03/2021	Dawber, Karen	Lacy, Louise	Risk Assessment	People, Quality & Patient Safety Academy	Staffing shortages are compromising the ability of the Children's community team to provide the level of respite care that has been agreed with the CCG. Measures to improve staffing cover are ongoing but a significant gap remains. This is a risk to patient safety as parents/carers might be required to deliver unsustainable periods of care to very vulnerable children, there is also additional risk to the staff and service as described in the attached risk assessment"	17/11/2023	9	(3) Moderate	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again 1)BCSW 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. 4.16 wte HCSW to be recruited Went out to advert Dec 2.57 wte as that was the vacancy at the time. Increases request to 4.16wte when further staff gave notice. Interviewed late Jan. 4.16wte to be appointed but awaiting HR and DBS. Once in post these staff will take a min of 4 to 6 weeks train up so that an impact can be felt. 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	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"> •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) 	11/07/2023	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	12	(4) Major	<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 05/01/2023 Discussed with CD (H)position essentially unchanged Update 03/02/2023 No change to position 2 weekly support meetings with execs and action plan developed and progressing 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 Update 04/05/2023 RA in process of being reviewed no change to current position plan being progressed Update 13/06/2023 No further update received</p>	31/07/2023	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. patient safety risk arising from the potential inability to provide critical medicines such as chemotherapy and total parenteral nutrition 2. reputational risk to the organisation arising from the potential failure of, and/or regulatory intervention into the, pharmacy aseptic unit. 3. 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 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 	31/07/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	12	(3) Moderate	<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 frequency of the cleaning of the unit. In addition to this the active air sampling in the rooms was increased from quarterly to monthly.</p> <p>Colleagues working in the unit continue to monitor the settle plates to identify any colony</p> <p>Additional steps have been taken to increase cleaning regimens and environmental monitoring. Workload has been reduced to ensure these regimens can be maintained.</p> <p>Contingency plans are being worked up with neighbouring trusts should the unit fail. Clinical teams are being asked to improve / review their workflows in order to support the unit to meet their patients needs.</p> <p>A Review has been commenced to quantify the nature and consequences, in terms of patient care, of a unit failure / shut down.</p> <p>Plans are being developed to identify potential future options for the unit.</p> <p>07/06/23 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. 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					Business Continuity	People, Quality & Patient Safety Academy	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) 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. There is a risk of no cover when unplanned absence eg sickness occurs on top of planned leave - this is a very small team-resulting in staff having to be called for advice on their time off which is unsustainable. UPDATE 04/01/23 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. Risk to patients - there have been several near misses and one incident of harm (WR129799) as a result of the capacity issues and workload pressures. In addition the ongoing prioritisation of care to those most acutely unwell is resulting in delayed routine care for less acute patients - for example in updating patients emergency regimens needed when acutely	31/07/2023	12	(4) Major	(3) May recur occasionally	4	(4) Major	(1) Cannot believe that this will ever happen again Caseload review to understand complexity and time needed to manage Impact of additional caseloads transferred in with no extra resource by Manchester consultants eg Dewsbury and Airedale and of Newborn Screening Programme Session with QI team to review working processes Workforce and Job planning to maximise clinical time available Supporting staff to work virtually where appropriate to reduce travel time (Equipment provided) Networked with other regional centres to benchmark and compare ways of working Wellbeing offers & support for team in place 23/08/22 DW Karen Dawber who is going to attend mets MDT meeting KD supportive of business case. RA to submit business case UPDATE 04/01/23: 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 dietetic input or where harm is less likely. However long-term harm could still occur as these patients do need routine and ongoing dietetic support. In addition - to support the team to take annual	UPDATE 09/06/23 Following meeting with Quality and Patient Safety facilitator, agreed to change risk likelihood to 4. As team are working to mitigate the worst harm. Resulting in a score of 16	30/09/2024	16	(4) Major	(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	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.	31/08/2023	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 on our 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	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.	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.	30/07/2023	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. 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. 11.1.23 All stakeholders have agreed a way forward	31/05/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3404	3823	3810
31/05/2019	07/12/2022	14/10/2022
Dawbier, Karen	Holloway, Mark	Smith, Dr Ray
Hollins, Sara	Buckley, Sarah J	Green, Jen
Escalated from Division	Risk Assessment	Risk Assessment
People, Quality & Patient Safety Academy	Finance and Performance	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.	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	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 oIn reach to transfusion service
30/11/2023	31/07/2023	31/07/2023
15	16	20
(3) Moderate	(4) Major	(5) Catastrophic
(5) Will undoubtedly recur, possibly frequently	(4) Will probably recur, but is not a persistent issue	(4) Will probably recur, but is not a persistent issue
9	4	6
(3) Moderate	(4) Major	(3) Moderate
(3) May recur occasionally	(1) Cannot believe that this will ever happen again	(2) Do not expect it to happen again but it is possible
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	<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>Leeds Comprehensive Care Centre Support</p> <p>oCover for out of hours on call for the regional haemophilia network</p> <p>oLeeds are the agreed point of contact and can support with severe, surgery, high risk and acquired haemophilia patients</p> <p>oHigh risk patients to be transfer to Leeds.</p> <p>oAcquired haemophilia , to be transferred to Leeds</p> <p>oSharing of protocols, triaging protocols of what patients they can support and not</p> <p>oWild issues, Leeds can give guidance – consultant to consultant (Meadows – CNS can communicate to Leeds)</p> <p>oContact can be made to duty haemophilia consultant</p> <p>oSevere patients to have 6 monthly review at Leeds</p> <p>oPregnant patients transferred to Leeds if Dr Pollard unavailable</p> <p>oLeeds to get back about elective patients – in first instance, call from consultant to consultant to find out urgency and sensible triage</p> <p>oLeeds want consultant to consultant communication/discussion, not comfortable with CNS queries</p> <p>oIn reach to the paediatric service</p> <p>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</p>
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.	13/06/23 Awaiting confirmation of capital works start date. HTA inspection report has been received and details this risk as "Major". Still have two 'pop ups' which will be reviewed after the next round of junior doctors IA.	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 out patient 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	31/08/2023	30/09/2023
15	16	16
(3) Moderate	(4) Major	(4) Major
(5) Will undoubtedly recur, possibly frequently	(4) Will probably recur, but is not a persistent issue	(4) Will probably recur, but is not a persistent issue

3468	11/10/2019	Azeb, Sajid	Stephenson, Carl	Trust Wide Risk	Finance and Performance, Quality & Patient Safety Academy	<p>There is a risk that staff are not following or being able to follow the correct process for recording activity or patient pathway steps on EPR which results in incorrect or missing information will cause;</p> <p>Delays to treatment.</p> <p>Sharing incorrect information with patients.</p> <p>Using incorrect information to make decisions about patient care.</p> <p>Patients attending unnecessary appointments.</p> <p>Staff anxiety from being unable to prevent or fix errors.</p> <p>Admin or clinical time spent correcting errors.</p> <p>Loss of income from missing or un-coded activity.</p> <p>Reputational harm from reporting inaccurate data / performance.</p>	31/07/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>Knowledge and training – induction training has been partially updated following learning from errors but SOP's and reference materials require review. Some "how to" videos, guides and additional SOP's produced for additional support.</p> <p>Issue resolution – focus is on correcting at source but the existing model has several gaps, particularly the operational knowledge needed to do this but also the central capacity to deal with existing volume of enquiries and corrections.</p> <p>There is a multi-department meeting every two weeks which reviews issues and themes. This supports the change prioritisation process and provides updates for knowledge and training, whilst also taking corrective action wherever appropriate.</p> <p>Oversight – some KPI are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.</p> <p>DQ error clearance – where errors are not 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</p>	<p>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.</p> <p>06/02/2023 - DQ Launch at both SLH and BRI complete to a range of clinical, nursing and admin staff. Good attendance. Presentation shared. Generic email address to receive queries. DQI Dashboard in development with anticipated implementation date end of Feb 2023. DQI Group continue to meet weekly. 3xWTE DQIS staff in post.</p>	31/10/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
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:</p> <p>Aseptic Unit</p> <p>The pharmacy aseptic unit is listed as a separate risk – risk 3696.</p> <p>Pharmacy Dispensary</p> <p>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</p> <p>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.</p> <p>There is also a lack of space for the incubators which are key to the functions of the department.</p> <p>Incubators are currently located in a long corridor</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.</p> <p>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

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