

All Open Operational Risks with a current scoring of >=15 sorted by risk score - highest to lowest (as at 12.10.2023)

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)
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.	31/12/2023	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.	October 2023 Update The Initial budget estimate for gas and electricity 2024/25 has been calculated at £7.6M up from a figure of £4.0M for 2023/24. This level of expenditure will be a recurrent risk for the Trust after many years of low prices and insulation against high prices in the last two years due to buying at historic market lows. Finance colleagues have been informed and a fuller report is to be issued when the 2024-25 Budget is finalised in late November.	31/12/2023	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. 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
3732	20/01/2022	Dawber, 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.	31/10/2023	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	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	15/08/2023 (JH) - Risk reviewed, surge rates of pay in place for August-10th September. 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.	31/10/2023	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue

3627	10/02/2021	Homer, Matthew	Davies, 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 £93m (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 expediential life expiry of the estate.</p>	11/12/2023	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>•An identified backlog maintenance programme of work has been identified</p> <p>•Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken.</p> <p>•A current facet survey inspection is being undertaken to identify and allocate funding resources. (exp April 22)</p> <p>•Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.</p>	<p>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 programme.</p> <p>Sept 2023: The 5 year programme continues to progress using the allocated budget.</p>	31/03/2025	20	(5) Catastrophic	(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. 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. 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>08/09/2023</p> <p>Temporary unit has been repaired. Awaiting sign off by contractor before passing over to the trust to validate.</p>	31/03/2024	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	31/12/2023	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 	07/09/2023 Currently delayed with the approved capital building works due to the required procurement process, this work may now need to be postponed as it is unlikely there is enough time to complete in time for winter pressures	31/12/2023	16	(4) Major	(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	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.	31/12/2023	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>	12/10/2023 As per previous updates - continuing to work through Delivering Operation Excellence plan across UEC, Cancer, Diagnostic and Elective Pathways (RTT). UEC now open, CDC at Eccleshill due to come on line later on in the calendar year, SL Daycase unit scheduled for completion April 2024, BRI Endoscopy unit business case approved and letter of intent issued to contractor October 2023 with anticipated go-live 2025. On going work on daily, weekly and monthly processes to reduce waiting time in line with operation plan with an aim of no >65 week waits by March 2024. Operational Excellence workshop held with CSU 12/9/23 and new plan for aspiration of delivering top quartile performance being developed.	01/04/2025	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 •Ability to support Paediatric ED •Ability to sustain Paediatric Surgery •Ability to achieve the aim of the Consultant review (in line with RCPCH standards) 	18/11/2023	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 08/09/2023 Medical Recruitment process for the 2 consultant posts in Phase 1 commenced, with interviews set for Oct and Nov 23.</p> <p>In meantime x2 agency consultants approved to support over winter period, utilising winter funds.</p> <p>Nursing Recruitment phase on going</p> <p>AED/Ward collaboration commenced with start date Oct 23.</p> <p>Update 04/10/2023 score remains at 16: no change from previous update.</p>	31/12/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3711	18/11/2021	Dawber, Karen	Allen, Rupert	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>	10/01/2024	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 11/10/23</p> <p>Concerns raised with exec team (COO/CNO) following increased risk rating (June 2023). Request to write and present a paper to the Executive Management Team meeting working with paediatric colleagues (GM & Clinical Director).</p> <p>Paper outlining current concerns with service, and complex commissioning arrangement outlined, including income / expenditure report. Commissioning complexities as NHS England funded service, with Manchester as hub and BTHFT as spoke. Additional upcoming changes to commissioning networks due in 23/24 which adds further uncertainty to future service provision & structure.</p> <p>Request for additional temporary dietetic staffing to support service while network and commissioning discussions happening - agreed, to come from existing budgets - equivalent to 1x WTE band 6, in practice additional capacity 0.6 WTE band 7 PLUS upgrade of a band 7 to 8a to support internal and external collaboration during network discussion for clinical leadership</p>	30/09/2024	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3767	19/04/2022	Dawber, Karen	Beer, Jo	Community Risk Register	People	<p>There is a risk that Maternity staff are working within the Bradford community on a daily basis and do not always carry or have access to a lone worker device as per Trust policy</p> <p>Staff who have a lone worker device have reported that they rarely use it due to the age of the device causing short battery life resulting in the need for recharging at least once throughout the day. This can be difficult if staff do not have a car charger for the device. Also the devices take a long time to programme for each appointment/visit.</p> <p>The Trust is currently waiting for a new lone worker contract to be agreed and do not have any spare devices until this is in place.</p>	29/12/2023	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	<p>Staff member and student midwives providing care in the community are at increased risk of harm if they are unable to raise an alarm in the event their safety is at risk.</p> <p>The experience of violence and aggression whilst at work increases work related stress and the risk of absence from work.</p> <p>Increase in staff anxiety can lead to poor job satisfaction</p>	<p>18.11.22 A meeting has been held to discuss two pilot options both provided through the current contractor; one being extended battery life on existing lone worker device and/or an option to have a SMART phone app. Staff have been selected to pilot these options with an aim to start a trial from the 1st week in December.</p> <p>Sep 2022: Alternative solutions being identified with the security team and procurement</p> <p>11.1.23 All stakeholders have agreed a way forward</p> <p>10.03.23 Due to timescales, a competitive procurement is not being done, rather a direct award to the incumbent (Reliance High-Tech Ltd). With Reliance, the Maternity Team has been trialing various devices on behalf of the whole Trust, and have determined that the ID Badge device was the most suitable. Current contract for the old devices expires 31st March 2023, however with compliance still needs to be sorted and there is a lead delivery lead time of min 6 weeks, therefore the current contract has been extended by one month in order to cover this. The new contract for the new devices will start 1st</p>	29/12/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue

3810	14/10/2022	Smith, Dr Ray	Green, Jen	Risk Assessment	People, Quality & Patient Safety Academy	<p>Highlighting the service risk for Haematology,</p> <ul style="list-style-type: none"> 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 <p>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</p>	30/11/2023	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	<p>Leeds Comprehensive Care Centre Support</p> <ul style="list-style-type: none"> oOver 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 <p>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.</p> <p>5/5/23 Specialty Lead completed phased return. WYAAT level work underway to improve the resilience of the service.</p> <p>8/2/23 Returned Specialty doctor assisting with Haemophilia services, supported by</p>	30/09/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue
3881	27/07/2023	Azeib, Sajid	Smith, David	CQC Visit	People, Quality & Patient Safety Academy	<p>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</p>	01/11/2023	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 Corner 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 <p>Update 08/09/23 A number of new starters have commenced with the service and are currently being trained up. In addition a</p>	30/08/2024	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> <p>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</p>	30/01/2024	6	(2) Minor	(3) May recur occasionally	8	(4) Major	<p>(2) Do not expect it to happen again but it is possible</p> <p>UPDATE 08/10/23 Getting ReSPECT onto Cerner will be undertaken by a contractor brought in to complete the required work. However, at PLACE there will remain issues with sharing and transfer of information and the AGH EPR programme may cause delays overall with this of up to 2 years (Reported by CIO Paul Rice at MTO on 28/09/23).</p> <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. 30th Aug 2022 - ReSPECT information disseminated as planned. incidents and complaints monitored in the BTHFT ReSPECT Workstream Group.</p> <p>Apr 2022 - Information relating to ReSPECT process to be disseminated via Q&S meetings. Webinar events planned with BDC for May 22.</p> <p>Dec 2021 - Liz Price is working with IT & Jim Welford (GP SystmOne lead) to address the digital issues. Calderdale have been asked to</p>	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
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>	30/11/2023	16	(4) Major	(4) Will probably recur, but is not a persistent issue	3	(3) Moderate	<p>(1) Cannot believe that this will ever happen again</p> <p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>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>	15/09/23 3 3 business cases to increase Renal dialysis were approved at Planning Committee this week . Recruitment approval process to begin for the expansion at St luke's . Skipton expansion will start the process of change management with the support of HR	31/01/2024	16	(4) Major	(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; 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>	30/11/2023	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	9	(3) Moderate	(3) May recur occasionally	<p>Knowledge and training – induction training has been partially updated following learning from errors but SOP's and reference materials require review. Some "how to" videos, guides and additional SOP's produced for additional support.</p> <p>Issue resolution – focus is on correcting at source but the existing model has several gaps, particularly the operational knowledge needed to do this but also the central capacity to deal with existing volume of enquiries and corrections. There is a multi-department meeting every two weeks which reviews issues and themes. This supports the change prioritisation process and provides updates for knowledge and training, whilst also taking corrective action wherever appropriate.</p> <p>Oversight – some KPI are in place; used within weekly and monthly performance meetings to highlight areas of concern but broader suite of measures under development via the MBI dashboard review.</p> <p>DQ error clearance – where errors are not</p>	11/10/2023 – all existing controls continue as per previous updates, specific focus on error rates and working with teams in response to these including sessions with corporate access and CSU teams to validate waiting lists have been prioritised in August/September.	30/11/2023	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: 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>	01/12/2023	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

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	<p>WTE establishment</p> <p>Recruitment in progress.</p> <p>Effective use of the managing attendance policy.</p> <p>Effective use of the escalation policy.</p> <p>Requests for Bank staff TNR and Agency.</p> <p>Hot desk midwife Monday to Friday office hours to support risk assessments and staff movement.</p> <p>On call senior midwife rota covers all unsocial hours. Senior midwifery management team/Chief nurse team</p>	<p>International recruitment has commenced and a number of IR midwives have started.</p> <p>The current vacancy against the safe staffing establishment is 11.48 WTE. This continues to be our priority recruitment figure. To achieve the funded establishment to enable MCoC as default position for all women, the current vacancy is 37.9 WTE.</p> <p>Daily staffing challenges persist but there has been a positive response to 'super surge' TNR rates during the last few months, which remain in place until review in the New Year. Improved offer of twilight shifts in key areas such as MAC, are having a small but positive impact.</p> <p>10 of the NQM commenced their induction/supernumerary period in October and we expect that this will improve the staffing position towards the end of December when they are counted in the numbers. The remaining NQM will join us in stages between now and spring time.</p> <p>The first of our International Midwives arrived in November and is currently at the OSCE assessment centre in York. We are awaiting further update on a further 5 International Midwives who have offers of employment at BTHFT.</p> <p>Clover team is currently under review, but it is likely that 3 midwives will remain in the intrapartum areas.</p> <p>4/05/23</p> <p>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</p>	31/01/2024	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3824	14/09/2023	Smith, Dr Ray	Naz, Farah	Risk Assessment	People, Quality & Patient Safety Academy	If we are unable to provide a sufficient number of middle and senior grade doctors that meets the 24 hour capacity and demand of the Emergency Department then there may be a mismatch of patient acuity and demand versus the number and competencies of clinical decision makers on duty at any one time resulting in an increased risk of patient harm, compromised quality and performance and a negative impact on efficiency and patient flow	31/10/2024	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none"> •The Trust has supported the ED with the ability to go to super sessions and agencies to support the workforce model as it stands •New medical staffing model paper in development to be presented at ETM, this will take into account the skill mix of the workforce for a 24 hour period which takes in account volume and acuity •Increase pools of ACP's, physician associates and SAS posts •Temporary winter pressures funding has been approved to cover locums i.e. increased funding for super sessions •Weekly rotas review and day to day management of rotas •Trainees in place to support medical coverage in the emergency department •Consultant cover ED on the weekend and evenings 	<p>1.New medical staffing model paper in development to be presented at ETM</p> <p>2. Active management of medical rota by rota co-ordinators, concerns escalated as needed to clinical lead</p>	28/02/2024	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently
3885	08/08/2023	Azeb, Sajid	Davies, Chris	Risk Assessment	People	There is a risk to patients, staff and visitors across the Trust due to a lack of supervision of a 24/7 operational security team/service (an existing band 3 supervisor vacancy, Mon-Fri 37.5 hours does not provide adequate supervisory cover, only covering 22% of the 24/7 period) 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 Has the potential to result in reputational damage and litigation to the organisation as well as the safety risk to staff, patients and visitors.	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>	<p>Security Model Review ongoing, ETM optional appraisal paper presented August 2023.</p> <p>Business Case submitted and to be presented at planning committee on 14 September 2023 outlining a case for 24 hour supervision, Head of Security appointment and dedicated resource for AED and Womens and Childrens Unit</p> <p>Band 5 Deputy Manager in post.</p>	31/03/2024	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently

3990	30/08/2023	Dawber, Karen	Stott, Carly	Risk Assessment	Quality & Patient Safety Academy	There is a risk that the service cannot achieve the 72 hour timeframe for undertaking fetal ultrasound scans due to a lack of scan capacity	29/02/2024	15	(5) Catastrophic	(3) May recur occasionally	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	<p>Issues with scan capacity are escalated to the Obstetrics Team Manager and service manager</p> <p>USS department are asked to reschedule any routines/non-urgent patients, scope for an additional list or if they can find capacity anywhere else.</p> <p>Capacity availability in the next 7 days is ascertained</p> <p>The clinical records of the patients who will breach the 72 hour timeframe are reviewed by a Consultant to formulate a plan prioritising the patients into the next scan dates available.</p> <p>Some patients are invited to attend MAC/ANDU over the weekend for a well-being check and CTG prior to the scan appointment which impacts on this areas workload.</p> <p>Referrals are vetted to ensure scans are justified and the correct test for the patient is being carried out</p>	<p>Radiology: Plans to train 2 sonographers in obstetrics 2023/2024. They will qualify the end of Summer 2024.</p> <p>3. Scope how USS will be affected with additional scans in light of the new growth chart which has identified new centiles which trigger growth scans</p> <p>5. Develop a paper which outlines the risks, service gaps and requirements to achieve local and national guidance and a safe standard of care to women and their unborn baby</p>	31/08/2024	15	(5) Catastrophic	(3) May recur occasionally
------	------------	---------------	--------------	-----------------	----------------------------------	---	------------	----	------------------	----------------------------	---	------------------	---	--	---	------------	----	------------------	----------------------------

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