



REPORT TO THE TRUST BOARD (PUBLIC)

TITLE	Risk Report
AUTHOR	Paul Denton, Deputy Company Secretary
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse Taff Gidi, Company Secretary
DATE OF MEETING	28 July 2020
PRESENTED FOR	Information

PURPOSE OF THE REPORT

This report provides a summary of the Trust's high and significant risks.

EXECUTIVE SUMMARY

The attached risk report highlights the position with effect from 20 July 2020 and is provided for information and discussion.

The report now includes all relevant Covid-19 risks.

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

Executive Directors

RECOMMENDATIONS

1. Information / Discussion

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input checked="" type="checkbox"/>
Improving and developing our services and infrastructure	<input checked="" type="checkbox"/>
Working together with local health and social care providers	<input checked="" type="checkbox"/>
Delivering financial sustainability	<input checked="" type="checkbox"/>

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
N/A	

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good Governance
NHS Constitution Delivery	N/A
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications <i>(Check all that apply)</i>								
Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								



Risk Update (20 July 2020)

High Risks				
Division	Number of Risks	Level of Control		Risk in Date (Includes RAC)
		Adequate	Inadequate	
Corporate	6	4	2	6
Emergency & Medicine	2	2	0	2
Surgery	6	5	1	6
FISS	5	5	0	5
Total	19	16	3	19

Total percentage of risks in date: **100%**

Total percentage of risks graded as 'inadequate': **15%**

Significant Risks				
Division	Number of Risks	Level of Control		Risk in Date (Includes RAC)
		Adequate	Inadequate	
Corporate	12	12	0	12
Emergency & Medicine	10	7	3	10
Surgery	6	6	0	6
FISS	7	5	2	7
Total	35	30	5	35

Total percentage of risks in date: **100%**

Total percentage of risks graded as 'inadequate': **14%**

Executive Summary

- For the second month in a row 100% of all high and significant risks are now recorded as in date.
- The risk report now includes all high and significant Covid-19 risks.
- Following the reintroduction of the Hospital Management Committee (HMC). All Covid-19 and non-Covid-19 related risks will be subject to review and approval through HMC. All risks requiring urgent review will be subject to initial approval at the weekly Executive Directors meeting.
- There has been a small increase in the number of significant risks recorded as 'inadequate' when compared to the previous month. This is in part due to the inclusion of Covid-19 risks. Risks are assessed during the Divisional governance process according to the level of controls in place to mitigate against the identified risk. There are three levels of control:
 - Adequate
 - Inadequate

➤ Uncontrolled

All ‘uncontrolled’ risks are highlighted in red and subject to regular review.

- Risk Training is still being undertaken when operationally required.
- A full review of all Moderate risks is being undertaken.
- A risk culture questionnaire will be distributed to Triumvirates in the next week. The aim of the questionnaire is to assess the Trust’s risk culture with a focus on:
 - Risk definition
 - Risk appetite
 - Risk governance
 - Risk management processes

The results will be used to help develop and embed a proactive risk culture across the organisation. This questionnaire is part of the work currently being undertaken by the Risk Task & Finish Group.

- The Deputy Company Secretary continues to review all risks and produce a monthly risk report which is shared with the Executive and Divisional Triumvirates.

Paul Denton
Deputy Company Secretary
20 July 2020

Revised Risk Register Report – 20 July 2020
North West Anglia NHS Foundation Trust

Executive Directors
CW – Caroline Walker **DP – David Pratt**
JB – Jo Bennis **KR – Kanchan Rege**
GW – Graham Wilde **LT – Louise Tibbert**
AK – Arshiya Khan
TG – Taff Gidi (Company Secretary)

Risk Assessment		
Level of Risk	Risk scoring	
H – High Risk	16-25	Action card required monthly
S – Significant	12-15	Action card required 3 monthly
M – Moderate Risk	8-10	
L – Low Risk	1-6	

**Extract of all approved High Risks from the Risk Register as at 20th July 2020
(Including Covid-19 Risks)**

Corporate Division High Risks

Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101873	Loss of Mains Power to PCH buildings	04/08/15	5	4	20	↔	Eric Fehily / Graham Wilde	(update 18/06/20) Number of projects agreed at completion of the assisted negotiation. Monthly electrical steering committee incepted and operating. Projects such as UPS being progressed. ETA projects Ltd appointed as HV / LV Electrical Authorising Engineers. More experienced MPX staff supervising and managing generator tests. UPS clarifications all answered so now moving to design stage	Adequate	Yes	8 31/03//21	Finance & Estates Committee

Footnote:

1. Trend analysis displays direction of risk. Downward trend demonstrates improvement, static trend highlights no improvement and an upward trend highlights an increased risk since the last review.
2. Mitigation taken from risk controls and latest comments on risk action card.
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102278	Hinchingbrooke: FAC040 V3 Legionella – Management and Technical Control	14/06/16	4	5	20	↔	Philip Fogarty / Eric Fehily / Graham Wilde	(update 16/06/20) POU filters continue to be actively managed and replaced as a PPM activity. Water safety strategy and action plan is currently progress.. Water strategy document has been produced by Hydrop. Hydrop have re commenced Legionella RA Temperature monitoring was carried out by Hydrop on various outlets to see how the hot return temperatures were performing.	Adequate	Yes	8 31/03/21	Quality Assurance Committee Finance & Estates Committee
102911	HH: Heating System Beyond Economical life and prone to failure due to lack of maintenance and capital investment in the past	04/02/19	4	4	16	↔	Christopher Howard / Eric Fehily / Graham Wilde	(update 18/06/20) Remaining MARS upgrade held until site wide risk assessment is completed in order to prioritise the available capital funding. RA initiated and being carried out with results expected approx. Autumn 2020.	Adequate	Yes	8 31/03/21	Finance & Estates Committee
102997	Potential clinical risk due to delays in the PCI pathway for NWAFT patients	19/07/19	4	5	20	↔	Paul Denton / Dr Deyo / Caroline Walker	(update 17/07/20) Data capture to monitor performance – currently suggests delays in transfer to Papworth for PCI from NWAFT Update requested from Clinical Director. COVID-19 impacting on progress and discussions on hold during pandemic.	Adequate	Yes	4 25/09/2020	Quality Assurance Committee

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102920	CCTV at Hinchingsbrooke Hospital	05/02/19	4	4	16	↔	Ann McCabe / Brian Aird / Louise Tibbert	(update 14/07/20) Tender Awarded to Openview. Agreement between IT, Playfords and Openview that Openview would carry out additional work to that tendered. Costs received, but waiting further information from IT and Playfords before we can go ahead. Meeting with HH Estates Manager on 13/05 to discuss new national requirement for CCTV on oxygen stores and this is one of the cameras included in the tender. Currently sitting with Finance as cost code not yet allocated. IT, Playfords and Openview waiting for the go-ahead to get on with the work.	Inadequate	Yes	8 24/12/20	People and Performance Committee (Dir W&OD)
103088	COVID-19 The risk of mortality of patients and staff and inability to function as a General Hospital due to the pandemic in 2020	16/03/2020	5	5	25	↔	Celia Kendrick / Kanchan Rege	(update 09/07/20) Recovery planning and preparation for 2 nd wave continues Reduced ICC hours at weekends and suspension of tactical meetings at weekends	Uncontrolled	Yes	5 26/02/21	Quality Assurance Committee

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Emergency and Medicine Division High Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101952	Over reliance of Medical Locum usage (Emergency and Medicine)	16/03/16	4	4	16	↔	Dr Deyo / Kanchan Rege	(update 14/07/20) Post Covid-19 relook at risk. Recruitment affected due to ongoing pandemic resulting in residual rating for meeting date put back to 30/09/2020. Month 1 spend £416k Agency improvement compared to Month 12 £727k on agency. Month 3 agency spend £316k for Consultants and £374k for others. Increased non-elective activity and medical outliers. Review of Consultant agency high cost individuals. Recruitment drive for other doctors with focus on internal cover for medical outliers. Weekly report on non-consultant agency to be sent to Divisional Director.	Adequate	Yes	8 30/09/20	People and Performance Committee (Dir W&OD)

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Surgery Division High Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101821	Potential for poor outcomes of care for Ophthalmic patients due to delay in booking appointments, diagnosis and treatment	30/04/15	5	4	20	↔	Paula Merrell / Filippo DiFranco / Jo Bennis	(update 18/06/20) Ophthalmology helpline completed 24-28 Feb 2020. Follow up work completed to action the outcomes from the calls received. Consultants to review patients who report requiring urgent reviews. Support given to discharge/validate patients no longer requiring appointments. Information services to review patients who received letters but have never attended the service. Work completed.	Adequate	Yes	5 31/03/21	Quality Assurance Committee

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102889	Insufficient medical cover for critical care services at Hinchingsbrooke Hospital	24/12/18	4	4	16	↔	Dr Steven Forde / Susan Somers / Graham Wilde	(update 14/07/20) A 2nd on-call rota is in place, on a voluntary basis. Work resumed on IA to add additional tier of middle grades. Triumvirate to progress option for IA to secure additional tier of middle grades. The surge rota has exposed the inadequacy of cover by stressing the system. It is clear that the establishment of additional tier(s) of resident doctors will be essential to secure the long-term future the service.	Adequate	Yes	8 30/09/20	Quality Assurance Committee
102891	Missing the window for active treatment for urology patients risking inability to offer curative treatment and premature death	24/12/18	5	4	20	↔	Karen Pearce/ Janine Nethercliffe/ Graham Wilde	(update 14/07/20) Continually assessing ASI's and highlighted urgent appointments, booked in preference to follow ups. Implemented booking rules for both sites, particularly HH Implementing virtual clinic for all consultants but delayed until job plans approved Pathway management audit by DOM highlighted areas of improvement – same discussed at Divisional management meeting Initial Capacity and Demand commenced with MD Updated Action Plan	Adequate	Yes	10 30/11/20	Quality Assurance Committee

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102972	Clinical risk in respiratory medicine due to Consultant vacancies	07/06/19	4	4	16	↔	Nicola Paterson / Mark Dray / Kanchan Rege	(update 14/07/20) Secure additional Agency/Locum Respiratory Consultant at PCH via FSS or off-frame work – must be Respiratory to support provision of clinics as General Medical Consultant only able to cover the ward Review workload that is being provided is all contracted Use Specialist Nurse skills to help add clinic capacity. Interviewing week commencing 29/06/2020	Adequate	Yes	8 31/03/21	People and Performance Committee (Dir W&OD)
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103045	Delayed or failed Cardio-respiratory out-patient follow ups at HH	12/12/19	4	4	16	↔	Nicola Paterson / Jo Porter / Graham Wilde	(update 17/06/20) The interim Cardiology Clinical Lead at HH is maintaining oversight of the pathways on a weekly basis. Validation of the current backlog of follow up appointments is being carried out to establish the true figure of appointments required All CAS (Clinic Assessment Slot) virtual appointments will cease from December 2019 to improve the flow of patients into their first appointments. This is because in the HH catchment area GP referrals are of a high standard thereby making CAS screening redundant (verified by an audit of 100 CAS referrals). Additional clinics are being put in place for initial appointments which is possible given that the interim Clinical Lead for HH Cardiology is working as supernumerary within the Cardiology Consultant team. weekly rotas 6 weeks in advance to identify which clinics can go ahead and try and cross cover clinics.	Adequate	Yes	12 31/07/20	Quality Assurance Committee
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103116	COVID-19 Inability to meet the proposed ICU surge plan due to the lack of medical workforce with Intensivist training at HH	12/05/20	4	4	16		Dr Steven Forde / Kanchan Rege	(Update 14/07/20) The surge rota is providing a higher level of cover than during normal times. The surge rota has been stepped down, with the exception of an additional consultant on weekend days to cover emergency theatres and obstetrics. Work has resumed on the IA for an additional tier of middle grade doctors.	Inadequate	Yes	8 13/12/20	People and Performance Committee (Dir W&OD)
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Emergency and Medicine Division High Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101952	Over reliance of Medical Locum usage (Emergency and Medicine)	16/03/16	4	4	16	↔	Dr Deyo / Kanchan Rege	(update 14/07/20) Post Covid-19 relook at risk. Recruitment affected due to ongoing pandemic resulting in residual rating for meeting date put back to 30/09/2020. Month 1 spend £416k Agency improvement compared to Month 12 £727k on agency. Month 3 agency spend £316k for Consultants and £374k for others. Increased non-elective activity and medical outliers. Review of Consultant agency high cost individuals. Recruitment drive for other doctors with focus on internal cover for medical outliers. Weekly report on non-consultant agency to be sent to Divisional Director.	Adequate	Yes	8 30/09/20	People and Performance Committee (Dir W&OD)

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Family and Integrated Support Services Division High Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
349	Insufficient numbers of radiologist to maintain a core service	12/01/09	5	4	20	↔	Tamer Sadek / Di Lynch / Graham Wilde	(update 14/07/20) We are utilising outsourcing services for MSK & Pelvic (prostate & gynae) MRI examinations along with routine CT work on a weekly basis. There is a nighthawk service in place to ensure out of hours cover. But following next year's retirement our Radiologist on-call will be increase to 1:7.5 which is not sustainable with the demand on the service. We are also currently 'buying in' expertise on a 'pay as you go' service for paediatric Radiology. 3 offers made however candidates declined - delays in written offers. No progress with SKYPE interviews however possibility of 2 Radiologists wanting some sessional work. Radiologist from QEH possibly interested.	Adequate	Yes	10 11/12/23	People and Performance Committee (Dir W&OD)

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102751	Delayed M1 Major Imaging equipment replacement program	08/01/18	4	4	16		Nicola Leighton-Davies/ Eric Fehily / Alistair Littlewood / Caroline Walker	(update 14/07/20) The MRI replacement is now 2 years behind schedule. The fund holders have agreed that the project should proceed at risk without the formal DOV in place. All designs have been signed off but a further design drawing is expected before end of Jan showing the nurse call points. The plan gives an expansion zone/MRI 3 (1.5T) completion date of w/c 4 th May with applications training the following week. There will be a 4-week 'ramping up' period before MRI 1&2 are decommissioned. Full suite reconfiguration is expected to be completed by end of August 2020. Works commenced on 3rd scanner suite - due for completion early May. 2nd scanners then due for refit with mobiles arranged. MRI works recommenced 11/05. Magnet delivery 6/6 – hand over early July then scanners 1 & 2 for replacement following on. Mobile scanners booked for replacement period. Project on track.	Adequate	Yes	4 12/10/20	Finance & Estates Committee
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102958	Cervical screening pathway breaches and errors due to lack of dedicated administrator at Hinchingsbrooke	01/12/18	4	4	16	↔	Joe Verdegaal / Tarang Majmudar / Kanchan Rege	(update 14/07/20) Gynae team @ PCH now cross checking and auditing all pathways. Service repatriated to PCH for admin until Infocflex system covers both sites from the same software. All pathways from last 18 months being audited and errors/queries chased. QA informed of HH temporary service closure. Exec team informed of progress. Avert shortlisting completed for vacant post. Post holder starting on 13/07/2020 – risk to remain High until postholder is trained and competent in post.	Adequate	Yes	3 05/07/2020	People and Performance Committee (Dir W&OD)
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103069	Inability to provide on call service at HBH due to reduced numbers of respiratory skilled Physiotherapists	23/01/20	4	4	16		Katie Hill / David Woolf / Graham Wilde	(update 10/06/20) Staff goodwill to cover additional On-call shifts Training for staff implemented Band 5 rotations reviewed to allow consistent cover (to be put on either HH or PCH on-call) Band 7 Clinical Specialist tasked with reviewing the management of respiratory patients in the day. Actively recruiting to vacancies Exploring across-site working to fill gaps Exploring use of Critical Care Outreach to support 4-8pm where staff struggle most with childcare arrangements	Adequate	Yes	8 01/09/2020	People and Performance Committee (Dir W&OD)
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**Extract of all approved Significant Risks from the Risk Register as at 20th July 2020
(Including Covid-19 Risks)**

Corporate Division Significant Risks

Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101561	Prevention of patient falls	01/04/14	4	3	12	↔	Annette Parker / Jo Bennis	(update 15/05/20) Safety thermometer to be undertaken monthly Falls and frailty Steering Group set up Scrutiny Panels to be held monthly Extra work on delayed diagnosis from x-rays Post falls document for Trust wide use Falls team reduced due to Covid-19. Falls awareness raised as falls increasing due to delirium of infection Falls collaborative work completed and lying and standing BP now the focus of care on admission.	Adequate	Yes	8 01/03/21	Quality Assurance Committee

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101620	Risk of failure to recognise and respond to the patient with sepsis	15/10/13	5	3	15	↔	Annette Parker / Jo Bennis/ Kanchan Rege	(update 15/05/20) Medical staff training Paeds and oncology pathways to be made more effective Action plan in place for sepsis strategy Work on policy as still some divisional work required Renew training programme Review Sepsis Meeting Sepsis nurses reduced to one due to Covid-19 – working cross site maintaining training and face to face support where possible ED redesigned and sepsis bed unstaffed. New staff competency in place. New sepsis dashboard being developed.	Adequate	Yes	10 01/03/21	Quality Assurance Committee
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102012	Flushing of infrequent used outlets for legionella not being carried out	06/09/2016	4	3	12		Nikki Jackman / Jo Bennis /	(Update 14/07/20) Water management COP 71 in place informing departments the requirement to flush any water outlet that is not used daily and for a record to be kept. This works in conjunction with the Water Management Policy. Temperature monitoring, PPMs and routine sampling as per HTM. Estates director leading on purchase of new flushing monitoring system. POU filters in situ on HH site due to concerns over water quality. Setting up of new systems lead by IPAC.	Adequate	Yes	4 25/10/20	Quality Assurance Committee
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102017	Asbestos (Stamford Site)	06/09/2016	4	3	12	↔	Christopher Howard / Eric Fehily / Graham Wilde	(Update 21/06/20) The risk remain but is managed by the established asbestos control measures. Minor works to SRH are carried out once a successful ARA has been carried out by Tetra with required control measures acted upon. The site remains scheduled for redevelopment within the next 18 months which will greatly mitigate the risk. Completion date extended to reflect	Adequate	Yes	4 31/12/21	Finance & Estates Committee
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102279	Hinchingbrooke: FAC073 V.1 Roadways and Foot Paths	01/03/16	4	3	12	↔	Christopher Howard / Eric Fehily / Graham Wilde	(update 14/07/20) Waiting on outcome of green travel plan and car parking solutions on site. Until resolved and (hopefully) multi- storey built there will need to be ongoing find and fix activity. NJ Pacey have been secured to repair local areas. E&F staff on OT are continuing to carry out minor repairs. Post winter months a further review shall be carried out to prioritise repairs. Additional parking is being organised to allow a surplus of space in order to conduct repair works. Existing controls remain in place. 2020 capital funding of 50K has been approved to finance much needed repairs. This shall be instructed prior to December 2020.	Adequate	Yes	8 30/06/21	Finance & Estates Committee
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102609	Non-Clinical Policies past due date do not guide practice appropriately	04/12/17	4	3	12	↔	Kim Graves / Taff Gidi	(update 14/07/20) Monthly Oversight meeting between Corporate Records/Compliance Manager and Compliance team continues. Monthly reporting to Leadership Team continues. Monitoring of policies through nominated leads continues. Non Clinical Policies position for the month end June 2020 = 72%.	Adequate	Yes	8 31/07/20	Audit Committee
102273	Hinchingsbrooke: Antiquated windows in Main Theatres	16/09/16	4	3	12	↔	Christopher Howard / Eric Fehily / Caroline Walker	(update 17/06/20) Theatre replacement project remain unapproved at this time. Until a decision is made, upon trust approval, no action shall be taken. All windows have been reviewed and considered safe at this time with no reports of failings.	Adequate	Yes	4 31/03/21	Finance & Estates Committee
102669	HH: FAC 021 - Estates Staffing	27/07/09	4	3	12	↔	Eric Fehily / Graham Wilde	(update 18/06/20) Contractors to be used extensively for reactive and PPM tasks where skill set are missing with the current team Agency staff to be brought in as and when required with approval from executive lead	Adequate	Yes	4 18/12/20	People and Performance Committee (Dir W&OD)

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103063	Potential Failure of the Main Building Structure (RAAC Panels) at Hinchingsbrooke Hospital	30/12/19	5	3	15		Eric Fehily / Graham Wilde	(update 15/05/20) For the Trust to assess the risk accurately, it will be necessary for a 100% survey of all RAAC panels within the hospital. In the interim we have adopted the following; Procured Acrow props for use in the event of further deflection or concerns around failure of a panel Continued with the P22 programme of roof membrane repairs to prevent water ingress Deployed puddle pumps to remove excess water off of the roof. Restricted access onto the roof. Adopted the west Suffolk response cards regarding reporting and responding to reports of issues Communicated out to staff regarding vigilance and reporting. Maintain a spreadsheet of all reported/suspect panels Re-engaged WSP to carry out detailed survey to meet NHSI/E requirements Developed programme of works Obtained a legal opinion on works we have commissioned to date Presented action plan to Board for approval	Adequate	Yes	5 03/01/22	Finance & Estates Committee
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102223	HH: Patient safety risk due to theatre and radiology air handling plant room	28/02/17	5	3	15		Christopher Howard / Eric Fehily / Graham Wilde	(update 15/05/20) Risk reviewed and same issues remain – reliance on contractors to support failures and PPM whilst awaiting decision on future of theatres. Ability to control upgraded by way of BMS upgrade. This improvement takes a small step towards risk reduction but is considered insignificant when brought in to contact of the plant age.	Adequate	Yes	4 31/01/22	Quality Assurance Committee
103094	Covid-19 The maintenance of Trust-wide mandatory training compliance is at risk during the pandemic	16/04/17	3	5	15		Denise McMurray / Louise Tibbert	(update 21/04/20) Induction reviewed and condensed supported by new written resources Mandatory Training has been reviewed and critical training continuing Additional E-learning available Upskilling sessions to circa 300 NMC registrants undertaken Mandatory Training Compliance promoted at all Workforce Cells and weekly Joint Ward managers meetings Wards closed due to low bed occupancy and staff encouraged to complete mandatory training Staff working at home have been encouraged to complete e learning mandatory training	Adequate	Yes	3 26/02/21	People and Performance Committee (Dir W&OD)

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103108	Covid-19 Risk of ineffective governance due to temporarily revised governance arrangements	20/04/20	4	3	12	↔	Paul Denton / Taff Gidi	(update 19/05/20) Exception reporting at monthly Board and Quality Assurance Committee meetings Board Assurance Framework, high risks and Covid-19 high risks to be reported to Board monthly Command and Control Structure	Adequate	Yes	4 30/09/20	Audit Committee
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Emergency and Medicine Division Significant Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
748	Failure to meet RTT pathway target cardiology	02/06/11	3	4	12	↔	Nicola Paterson / Mark Dray / Graham Wilde	(update 14/07/20) Risk 102233 relating to medical Secretary typing backlog has now been merged with this risk and 102233 is now closed. Risk much-reduced due to targeted work between Cardiology & Respiratory Medical Secretary teams who have been pooled and the typing times have been brought down to approx. 3 weeks which is much closer to standards that the team are aiming for. Overtime hours have been offered with limited uptake. Name of risk owner updated.	Adequate	Yes	6 31/12/20	People and Performance Committee (COO)

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101600	Failure to meet 18 week target - Hepatology/ Gastroenterology PCH and HH	26/07/13	4	3	12	↔	Sue Shipton / Kay Ruggiero / Graham Wilde	(update 18/06/20) Validation of patients on 18 week pathway by secretaries from 6-8 weeks onwards. Daily liaisons with the Clinical Team to ensure outstanding investigations/ queries are dealt with. Weekly performance review with secretaries. Weekly review of long waiters. Weekly Trust RTT meeting. Typing turnaround standards in place (Aim <72hrs) – monitored at performance weekly with med secs	Inadequate	Yes	8 01/04/21	People and Performance Committee (COO)
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101637	High numbers of referrals for cardiac investigations, high risk of patients breaching 6 week target for diagnostics	23/12/13	3	5	15	↔	Michael Purdon / Deyo Okubadejo / Graham Wilde	(update 16/06/20) Previous controls no longer viable due to changes in working practice due to Covid-19. "Piggy back" dual lists are only viable in select green site locations and not main departments due to frequency of footfall and waiting in the reception area (particularly at PCH). Multiple off-site clinics have been instigated with more to follow once access granted. This enables team to spread patients out across multiple green locations and reduce footfall to our acute sites. Face to face diagnostic timings have been increased to enable adequate cleaning time to reduce risk. All referrals in the system and coming through are being triaged for need and priority with active return of referrals not meeting criteria. At this time, there are over 2000 patients awaiting Echocardiography across our sites. Urgent patients have been prioritised and seen and we are working through high priority patients.	Adequate	Yes	6 31/12/21	People and Performance Committee (COO)
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101779	Crowding in the Emergency Department is compromising patient safety and quality of care at PCH	10/12/14	5	3	15	↔	Jonathan Mason / Mark Dray / Graham Wilde	(update 14/07/20) Trust media involvement to advise public of trust status. Consultant presence on shop floor and ward rounds; Further development and use of the Ambulatory Care Unit. Consultant held 'GP referrals phone'; Specialist nurses seeing patients directly in the ED (access to specialty beds; facilitate safe discharge from ED where possible); Departmental escalation plan; Trust capacity management plan; Trust bed capacity meetings; Trust discharge and capacity support team; Medical Assessment Unit pathway redesign Acute Psychiatry Liaison Service in ED now 24/07 service Streaming at front door to appropriate service. Work in the ED/FOH Work stream of the Ops Recovery PMO Framework to provide a UTC and SDEC into expanded floor plate of ED should mitigate and control this risk.	Adequate	Yes	10 11/09/20	Quality Assurance Committee
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101951	High level Trained Nursing vacancies (Emergency and Medicine)	15/03/16	4	3	12	↔	Kevin Boyle / Mark Dray / Jo Bennis	(update 14/07/20) ACP training commenced for x2 ENP Agency free programme Areas with high vacancy factors, focus on recruitment strategies Safecare usage in all areas PCH and roll out to HH Regular review of HR process Enhanced pay schemes for staff on bank and special ED arrangements in peak times Monthly scrutiny on quality and safety indicators Expansion of pool for HCAs. Focus group on recruitment to hot spot areas within the division Daily review of live vacancies at Ward Manager meeting 08:15hrs and reallocation of staffing to support understaffed areas if any. Weekly recruitment panel chaired by exec team. Continued improvement alongside the support from the non-medical working group. Vacancies improved in all nursing areas following successful recruitment.	Adequate	Yes	8 30/09/20	Quality Assurance Committee
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102233	PCH & HH Cardiology Secretarial and Admin Support – Under Resourced	05/09/17	3	4	12	↔	Kerrie Owen / Jo Porter / Graham Wilde	(update 14/07/20) Secretarial support is being offered from other services where capacity allows Substantive secretaries are working extra hours on the Bank Bank staff being utilised to cover vacancy gaps and as additional to reduce backlogs. Validation and review of patient follow up list, oldest dates reviewed first. Clinical review of patient lists to assess urgency of follow ups. Virtual follow up clinics to review clinical need for follow up and ensure that any investigations required are booked - commenced 09/18 Increased capacity in clinics for follow up appointments.	Adequate	Yes	6 31/03/21	People and Performance Committee (Dir W&OD)
102286	Delay in Response Time for Mental Health Patients Out of Hours & Weekends	12/10/15	3	4	12	↔	Sabina Fitton / Mark Dray / Jo Bennis / Kanchan Rege	(Update 14/07/20) SOP currently being devised for weekend support from PCH site and Winter planning discussions in place regarding cover from LPS over the weekend. Discussions continue to take place. Name of risk and risk owner amended.	Inadequate	Yes	3 30/06/20	Quality Assurance Committee

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102840	Clinical harm to patients due to delayed follow up for Gastroenterology & Hepatology PCH	20/06/18	4	3	12		Sue Shipton / Mark Dray / Kanchan Rege	(update 17/06/20) Validation and review of patient follow up list - oldest reviewed first. Clinical review of patient list to assess urgency of follow up appointments. Telephone clinics by Consultants and Specialist nurses to reduce wait for follow up Booking of follow ups straight from clinic (where possible) to avoid additional follow ups. Monitoring and Review of follow up backlog size for each specialty 2 weekly by Performance Manager	Adequate	Yes	8 30/09/20	Quality Assurance Committee
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102974	Potential clinical harm due to delay in diagnostic examinations in Endoscopy at Hinchingsbrooke and Peterborough	09/06/19	4	4	16		Sue Shipton / Kay Ruggiero / Graham Wilde	(update 14/07/20) 2WW and urgent patients triaged by Consultants and booking now restarted to clear backlog over 8 weeks. Ongoing triage and alternative investigations available to assess risk. Recovery plan and need already drafted pending approval / support. Triage of routine procedures to establish if there is still a need by telephoning patients. Harm review process in place to understand if any clinical impact on patients. New Capacity and demand review for Endoscopy both sites underway. Full review of waiting list backlog and planning in place for restart of procedures. New IPC measures in place Ongoing triage by clinicians to enable correct prioritisation of booking.	Adequate	Yes	4 31/03/21	People and Performance Committee (COO)
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103112	Covid-19 Increased staff absence due to a decline in staff well being and morale as a result of Covid-19	06/05/20	4	3	12	↔	Deborah Bryant / Kevin Boyle / Louise Tibbert	(update 08/07/20) Maintain a comprehensive spreadsheet to record staff absences resulting either from infection, or exposure to infection via family member. Communications to promote the use and access to organisations providing staff support, assistance, advice and guidance both internally and externally. Ensure staff are kept up-to-date with current initiatives in regards to staff health and wellbeing. Ensure staff are kept informed with regards to provision of PPE. Completing staff assessments for all staff to assess what RISK LEVEL they fall into. Completion of risk assessments mandated for all BAME and male staff who, as a result of revised National guidance, have been declared as being at increased risk of infection	Adequate	Yes	4 30/09/20	People and Performance Committee (Dir W&OD)
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103115	COVID-19 Risk to patients and staff due to lack of Respiratory Consultant staff on B12 at PCH with inability to meet the proposed respiratory surge plan	12/05/20	3	4	12	↔	Dr Jakki Faccenda / Kanchan Rege	(update 04/05/20) Well trained and experienced multi-disciplinary team members, particularly specialist nurses substituting for some medical functions Redeployment of other Consultant staff to support B12 patient care delivery and Consultant staff Continued search for locum consultant staff Assistance from Consultant Physicians at Hinchingsbrooke Hospital Requests for assistance to Cambridge – no support available Requests to HEE for additional registrars – no support available	Inadequate	Yes	3 31/12/20	People and Performance Committee (Dir W&OD)
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Surgery Division Significant Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
501	Achievement of cancer targets	19/05/10	4	3	12	↔	Karen Harland / Janine Nethercliffe / Graham Wilde	(update 14/07/20) Implementation of new governance structure. Fortnightly Cancer & Diagnostics Pathway Improvement Group implemented along with a monthly Cancer & Diagnostics Pathway Programme Board. Work commenced as part of the Improvement Group in November on the review of the Prostate cancer pathway to identify where days / weeks need to be reduced within the pathway in order to meet and sustain the 62 day target for this service area. Fast Track Prostate Clinic on the HH site The Cancer and Diagnostics Pathway Improvement Group is also continuing it work on the Colorectal pathway.	Adequate	Yes	4 31/12/20	People and Performance Committee (COO)

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101845	Door to needle time not being met for neutropenic patients	25/06/15	4	3	12	↔	Sophie Cuschieri / Fergus Browne / Jo Bennis	(update 14/07/20) Neutropenic sepsis pathway in place. Training has been given to staff in areas where patients present. Further training is required for new staff. The two protocols for sepsis are being merged in line with the sepsis CQUIN. Assessment is underway to utilise an area within the oncology day/ chemo unit to screen all patients during working hours. Future use of treatment rooms on the Haem/Onc ward to assess patients out of hours could be developed if adequate medical cover is available.	Adequate	Yes	4 31/12/20	People and Performance committee (COO)
102007	Inability to recruit Intensive Care Consultants due to changes in training and regional demand	11/08/16	4	3	12	↔	Dr Matthew Davies / Dr Steven Forde / Kanchan Rege	(update 12/05/20) Additional sessions being undertaken by Intensivists + Canadian Bank Intensivist Agency locum intensivists relieving pressure on permanent staff.	Adequate	Yes	4 08/10/20	People and Performance Committee (Dir W&OD)

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102874	The use of DTU as an escalation area providing a poor patient experience	16/01/19	3	4	12	↔	Emma Jarvis / Steven Forde Graham Wilde	(update 12/05/20) Operational Policy for the opening of Non-inpatient escalation areas – Inclusion + Exclusion criteria and additional systems and processes required to cater for in patient care. Capacity co-ordinator identifies daily – 4 patients suitable to transfer to DTU escalation	Adequate	Yes	3 31/12/20	Quality Assurance Committee
102942	Risk of SSD washers breaking down leading to inability to provide sterile instruments across the Organisation	08/04/2019	4	3	12	↔	Eric Fehily / Graham Wilde	(update 20/04/20) Business Continuity Plan inc. staff working extended hours and initiating Contingency Plan with neighbouring SSD's (Kings Lynn & Kettering Hospitals)	Adequate	Yes	4 30/10/2020	Quality Assurance Committee

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102976	Inability to cover PCH Critical Care Consultant rota	12/06/19	4	3	12		Dr Steven Forde / Filippo Di Franco / Kanchan Rege	(update 12/05/20) Identified gaps Internal cover not sufficient to meet gaps Locum requests submitted Neighbouring Trusts contacted for support Board approval for off framework Agency usage Liaising with FSS to explore off framework options Critical care rota has changed to Covid-19 pandemic surge rota, bolstered by consultant anaesthetists who are not FICM-registered. Normal processes are on hold due to the pandemic. The rota has included 3 intensivists and up to 3 general anaesthetists per shift. Intensivists from other trusts filling rota gaps have had to withdraw to work at their own trusts. Agency locum consultant participating in rota. Locum consultant has taken up post.	Adequate	Yes	1 08/10/20	People and Performance Committee (Dir W&OD)
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Family and Integrated Support Services Division Significant Risks												
Risk No.	Risk description	Date Risk Identified	Consequence	Likelihood	Risk Rating	Trend Analysis ¹	Risk Owner / Exec Lead	Mitigation ²	Level of Control ³	Risk in Date?	Residual Risk Target Date and Score	Trust Board Sub-Committee (High/Significant Risks Only)
101876	IRMER breach due to unreported images	07/09/15	3	5	15	↔	Tamer Sadek / Kanchan Rege	(update 14/07/20) Reporting Radiographer approached Orthopaedic Consultant to arrange a session in clinic for review of working practices. Epro solution not viable – relooking at auto reporting system within CRIS. Taking to reporting radiographer meeting this month. Reporting Radiographers continue to fulfil this role to ensure auto reporting. Needs meeting with Orthopaedics, will be held when possible post Covid-19 crisis. Target date amended to 31/12/2020 Currently all plain film being reported - no auto reporting therefore no IRMER breach. This is likely to change following reintroduction of routine work. FISS Dep.DOD looking to move risk to Surgery Division.	Inadequate	Yes	9 31/12/20	People and Performance Committee (COO)

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101914	Lack of formal agreement with CUH to provide Interventional Radiology for NWAFT patients if required	07/12/15	5	3	15	↔	Nicola Leighton-Davies / Tamer Sadek / Kanchan Rege	(update 14/07/20) Joint IR post commenced with CUH. IR Radiologist with us 2 days per week from CUH. Out of hours risk still remains unchanged. No out of hours agreement with CUH - no movement forward. With Trust exec team. Name of risk amended to reflect whole Trust.	Inadequate	Yes	10 21/12/20	People and Performance Committee (COO)
101993	There is insufficient funded staffing establishment in Rehabilitation services to provide a consistent in-patient 6 day service	14/06/16	3	4	12	↔	Katie Hill / David Woolf / Graham Wilde	(update 14/07/20) Attempt made to address overtime pay with staff at HH orthopaedic service as this is the way they are paid, no agreement reached and this continues. PCH On call service reinstated. 7 day Orthopaedic service at PCH reinstated following COVID 19 pandemic. – 04.07.20. 6 day Stroke Service at PCH reinstated following COVID 19 pandemic – 04.07.20. Front of House/MAU/FEU merged to create an SDEC weekend team of 2 qualified and 2 support workers. Voluntary Medicine and Surgery weekends have ceased. 6 day Orthopaedic Service reinstated at HH following COVID 19	Adequate	Yes	6 30/04/21	People and Performance Committee (Dir W&OD)

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102856	Insufficient Speech and Language Therapists with specialist and highly specialist dysphagia competencies at PCH will impact on service	13/11/18	3	4	12	↔	Katie Hill / Susan Bentley / Jo Bennis	<p>(update 14/07/20)</p> <p>Running videofluoroscopy service on PCH and HBH site, providing training and supervision to Band 6 staff, with FSS SLT supporting in her absence on PCH site and band 6 specialists SLT supporting on HBH site.</p> <p>Band 6 SLTs on PCH site acting within scope of competence providing a limited service to complex dysphagia patients. Reduced dysphagia therapy and rehabilitation to patients on PCH site in order to be able to prioritise assessment of newly referred patients. Band 8A job now confirmed as substantive post in establishment following successful matching and consistency panel approval April 2020. Acting Band 7 at HH now made substantive. Competency development resumed more fully, with some limitations due to COVID. PCH staff on track with timeline set out above.</p>	Adequate	Yes	6 01/04/21	Quality Assurance Committee People and Performance Committee (Dir W&OD)
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102903	Lack of compliance with Falsified Medicines Directive	21/01/2019	3	5	15		Stephen Cook / David Woolf / Graham Wilde	(update 16/06/20) Trust remains non-compliant until business case and funding agreed. Investment appraisal to operate FMD solutions cross-site is starting approval process now that supplier's quotes have been received. CBU Divisional and capital approval required for implementation. Expected implementation date 27/03/2020. Currently all products in the department are purchased and supplied directly from established manufacturers and wholesalers on local or national contracts. The pharmacy department monitors the national drug alert system from the MHRA to identify recognised falsified medicines within the national supply chain. 2D barcode scanning cannot occur until new scanning equipment is purchased as part of the IA. Current controls against this risk are therefore inadequate. IA awaiting IT sign off aim to be reviewed at July CBU / DLB	Adequate	Yes	0 11/12/20	Finance & Estates Committee
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102930	CTC reporting with old versions of software; not best clinical practice	04/03/19	5	3	15	↔	Nicola Leighton-Davies / Kanchan Rege	(update 16/06/20) Safeguards in place: Full reporting audit system in place with monthly audit of reporting practice and yearly audits of reports against Colonoscopy and biannual audits against the Somerset Cancer Register. Patient & referrer audits Software and hardware variation now agreed and signed off by EF. Additional licences agreed and procured. Software has been updated to be compatible with Windows 10. Still awaiting installation of new servers for most up to date software. Lead time of 3 months.	Adequate	Yes	5 30/10/20	Finance & Estates Committee
102971	The clinical environment requires refurbishment on SCBU	29/05/19	4	3	12	↔	Tracy James / Tim Jones / Jo Bennis	(update 14/07/20) IP&C policies in place, clinical and non-clinical cleaning is robustly undertaken and monitored. Staff receive IP&C training as mandatory, business cases have been produced and submitted previously. Robust action plan in place. Covid-19 situation in progress – all non-essential activities	Adequate	Yes	1 01/12/20	Finance & Estates Committee

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103074	Potential risk to maintaining safe staffing levels due to vacancies and maternity leave	14/10/19	4	4	16		Nicky Griffin / Jo Bennis	(update 14/07/2020) Consider alternative staff members that can provide maternity care e.g. nursery nursing to provide care to babies. There is an ongoing recruitment process. There are escalation processes if it is deemed that there are inadequate numbers of midwifery staff to support the acuity/activity. There is an ongoing recruitment process. There is an escalation process if there are inadequate numbers of midwifery staff to support the units. Twice weekly ops meetings to review need for Bank and Agency Midwives. Decision taken at CBU for risk to be graded at 16 and remain under monthly review. With restoration of annual leaves it was getting more difficult to fill bank.	Adequate	Yes	4 02/11/20	People and Performance Committee (Dir W&OD)
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Summary of high and significant risks on the risk register

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2019	Jan 2021	Feb 2021	Mar 2021
H – High Risk												
Corporate	08	06	04	06								
Emergency and Medicine	01	01	01	02								
Surgery	05	05	05	06								
Family and Integrated Support Services	03	03	04	05								
TOTAL (High risks)	17	15	14	19								
S – Significant												
Corporate	12	12	10	12								
Emergency and Medicine	14	14	09	10								
Surgery	08	07	06	06								
Family and Integrated Support Services	09	08	08	07								
TOTAL (Significant risks)	43	41	33	35								

Actions

1. For Divisional Directors and General Managers (and Corporate Directorate leads) to take the report back to their risk/governance meeting and ensure that any items highlighted as out of date are reviewed and updated in line with the Trust governance process
2. Within the Clinical Division, be assured that high and significant risks are being mitigated against
3. When risks are reviewed and increased or decreased in risk rating, there needs to be robust evidence that this has been reviewed and agreed within Clinical Division Governance processes i.e. in date action card

Paul Denton
Deputy Company Secretary
20 July 2020

Footnote:

1. Trend analysis displays direction of risk. Downward trend demonstrates improvement, static trend highlights no improvement and an upward trend highlights an increased risk since the last review.
2. Mitigation taken from risk controls and latest comments on risk action card.
3. Level of control taken from current risk assessment.