

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	29 September 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 14 September 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"/>



Outstanding
Health and Wellbeing



Outstanding
People



Outstanding
Patient Care



Outstanding
Leadership



Outstanding
Communications

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 *(Check all that apply)*

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"/>

Additional comments

Risk Update (16 September 2020)

High Risks				
Division	Number of Risks	Level of Control		Risk in Date (Includes RAC)
		Adequate	Inadequate	
Corporate	6	5	1	6
Emergency & Medicine	4	2	2	4
Surgery	7	6	1	7
FISS	5	5	0	5
Total	22	18	4	22

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

Total percentage of risks graded as 'inadequate': **18%**

Significant Risks				
Division	Number of Risks	Level of Control		Risk in Date (Includes RAC)
		Adequate	Inadequate	
Corporate	12	11	1	12
Emergency & Medicine	9	9	0	9
Surgery	9	9	0	9
FISS	5	3	2	5
Total	35	32	3	35

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

Total percentage of risks graded as 'inadequate': **9%**

Executive Summary

- For the fourth month in a row 100% of all high and significant risks are now recorded as in date (residual risk date, review and risk action card all 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 high risks recorded as 'inadequate' when compared to the previous month. There has been a 7% reduction in the number of significant risks recorded as 'inadequate' when compared to the previous month. This is in part due to a small decrease in significant risks (2). 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 has been fully re-established, with bespoke training now offered to teams.
- A full review of all moderate and low risks has been undertaken. A number of risks have been reviewed as part of the process.
- A 'Risk Awareness' Week will be held commencing 21 September 2020. A number of additional resources will be made available to risk owners including:
 - Risk Intranet
 - Risk email (access for risk related queries)
 - Additional training
 - Revised risk Datix module
 - Risk video
 - Risk related publications and guidance
- The Board undertook a Risk Workshop focussing on the improvement work that has been undertaken to strengthen our risk management systems, further work to be done to make our systems more robust and developing the Trust's Strategic Risk Register.
- 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
16 September 2020

Revised Risk Register Report – 14th September 2020
North West Anglia NHS Foundation Trust

Executive Directors
CW – Caroline Walker **JH – Joel Harrison**
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 14th September 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	3	15	↓	Eric Fehily / Graham Wilde	(update 14/09/20) 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 at design stage following Covid delays.	Adequate	Yes	5 31/04/21	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	Hinchingsbrooke: FAC040 V3 Legionella – Management and Technical Control	14/06/16	5	5	25	↑	Chris Howard / Eric Fehily / Graham Wilde	(update 16/09/20) POU filters continue to be actively managed and replaced as a PPM activity. Water safety strategy and action plan is currently progress. Hydrop have re commenced Legionella RA POU filters to be fitted to all outlets in wards, theatres and A&E/ACU. C 750 units fitted. Chlorine dioxide unit reviewed and report produced.	Adequate	Yes	5 31/03/22	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	3	12	↓	Christopher Howard / Eric Fehily / Graham Wilde	(update 15/09/20) 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	4 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 15/09/20) Data capture to monitor performance – currently suggests delays in transfer to Papworth for PCI from NWAFT. Update requested from Strategic Lead	Adequate	Yes	4 30/09/2020	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 15/09/20) Tender Awarded to Open view. Agreement between IT, Playfords and Open view that Open view 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 Open view waiting for the go-ahead to get on with the work. Capital code received awaiting work schedule for cabling work.	Inadequate	Yes	8 24/12/20	People and Performance Committee (CPO)
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103063	Potential Failure of the Main Building Structure (RAAC Panels) at Hinchingsbrooke Hospital	30/12/19	5	4	20	↔	Eric Fehily / Graham Wilde	(update 16/09/20) For the Trust to manage the risk accurately, it will be necessary for a 100% survey (excluding theatres) 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. Invite HSE in to discuss issue and our approach.	Adequate	Yes	5 03/01/22	Finance & Estates Committee
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101561	Prevention of patient falls	01/04/14	4	4	16		Jack Stevens / Jo Bennis	(update 16/09/20) Policy for the Prevention and Management of Slips, Trips Falls, (including from height) and the use of Bedrails in Adult Patients. Falls specialist nurses in partnership with people in clinical areas will review and support, which enables oversight for NWAFT and steer training and development/equipment approach across the trust. Falls stickers/signage in place when our patients are deemed to be at risk and behaviour charts are used when required. Multidisciplinary Falls Steering Group with scrutiny panel for serious falls and recurrent fallers. Root Cause Analysis for falls resulting in serious harm (grade 3 and above). The Panels are MDT focus, Clinical area senior present with Junior staff brought with them, Frailty Nurses (who will link with COE Consultant for help/support with actions, as due to Times unable to attend panels however supporting in background), Nutritional	Adequate	Yes	12 01/03/21	Quality Assurance Committee
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							<p>team, Clinical risk/Governance team, safeguarding team, Patient safety lead. PDT team member present to enable a multi views and approach to learning occurs to support clinical areas. A Shorter RCA proforma for falls with grade zero to grade two. Triggers for risk assessment, risk assessment, care bundle, visual sign for at risk patients and introduction of coloured wrist bands, patient/family leaflet for before and after fall, rounding with a reason and audit of completion, and post falls. management guidance especially around head injury and anticoagulation including timely CT scans. Training at Welcome to our Trust, Registered Practitioner Induction and various study sessions. Training on Healthcare Assistant Induction and Clinical Mandatory Update Day and Making Specializing Special Training. Focus on links with dementia. Falls figures disseminated daily via e track, via monthly report</p>				
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								and annually in the Quality Accounts.				
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	3	15	↓	Celia Kendrick / Kanchan Rege	(update 11/08/20) Recovery planning and preparation for 2 nd wave continues ICC remote working at weekends introduced and tactical meetings reduced to 3 per week unless escalation indicated. Recovery planning ongoing alongside planning for second wave potential. National major incident stood down to level 3.	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 15/09/20) 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. The ERCB and agency spend reviews have re commenced.	Adequate	Yes	8 30/09/20	People and Performance Committee (CPO)

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102974	Potential clinical harm will occur due to delay in diagnostic examinations in Endoscopy	09/06/19	4	4	16		Sue Shipton / Mark Dray / Graham Wilde	(update 15/09/20) Urgent patients triaged by Consultants to enable prioritisation of booking. Triage and alternative investigations available to assess risk. Recovery plan submitted but further work on IA for additional capacity. Triage of routine procedures to establish if there is still a need by telephoning patients. Harm review process in place. New Capacity and demand review for Endoscopy both sites underway. Rapid improvement work for processes around booking during September/October. Use of independent sector and InHealth for additional capacity. Harm reviews forms in place for patients >8 weeks in line with policy. High level of Datix reporting in place for any potential harm. Recruitment of additional bank staff and to fill substantive vacancies Ongoing triage by clinicians to enable correct prioritisation of booking Increased utilisation of FWH	Adequate	Yes	8 31/03/21	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	4	16		Sue Shipton / Mark Dray / Graham Wilde	(update 15/09/20) Validation of patients on 18 week pathway from 6-8 weeks onwards. Weekly performance review. Weekly review of long waiters. Typing turnaround standards in place (Aim <72hrs) – monitored at performance weekly with med secs. Ongoing recruitment of Consultant Gastroenterologist to enable capacity	Inadequate	Yes	8 01/04/21	People and Performance Committee (COO)
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	4	4	16		Dr Jakki Faccenda / Kanchan Rege	(update 15/09/20) 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 staff Assistance from Physicians at H Requests to HEE for additional registrars – no support available EBUS & Thoroscopy IA submitted to Chair of IMG If approved we could attract 2 consultants and registrars	Adequate	Yes	3 31/12/20	People and Performance Committee (CPO)

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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	↔	Corinne Bailey / Filippo DiFranco / Jo Bennis	(update 12/08/20) Meetings arranged with Cambridge & Peterborough CCG to discuss the backlog. Risk stratification and triage ongoing to review the waiting lists and identify the highest risk patients Review of services to manage backlog which has increased due to COVID-19. Review of tiered MR and Glaucoma services to maximise staff available. Increased virtual clinics to increased patient numbers whilst maintaining social distancing.	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 15/09/20) A 2nd on-call rota is in place, on a voluntary basis. 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. IA approved by TSIB on 24.08.20.	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 16/09/20) 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 Urology Recovery Action Plan.	Adequate	Yes	10 30/11/20	Quality Assurance Committee

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102972	The delivery of respiratory medicine is compromised due to Consultant vacancies	07/06/19	4	4	16	↔	Nicola Paterson / Mark Dray / Kanchan Rege	(update 15/09/20) 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. Recruitment to recommence post Covid.	Adequate	Yes	8 31/03/21	People and Performance Committee (CPO)
103026	Increased waiting times for new appointments in Dermatology and insufficient capacity to meet demand	09/09/19	4	4	16	↔	Davina Merriman / Peter Goon / Graham Wilde	(update 15/09/20) Backlog now identified and stratified Use of Dermatology Locums to create additional capacity. Interviews for additional Consultant Post take place in October for substantive position. Additional weekend sessions clinics offered. Backlog of ASIs cleared and booked.	Adequate	Yes	8 30/09/20	People and Performance Committee (CPO)

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103045	Delayed or failed Cardio-respiratory out-patient follow ups at HH will compromise patient care	12/12/19	4	4	16	↔	Claire Smith / Nicola Paterson / Jo Porter / Graham Wilde	(update 15/09/20) 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 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 that may be otherwise cancelled.	Adequate	Yes	12 30/10/20	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 / Filippo Di Franco / Kanchan Rege	(Update 15/09/20) 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. A substantive consultant has been appointed. 2 nd substantive consultant appointed 06.08.20. Remaining candidate withdrew and post needs to be re-advertised. The IA for an additional tier of middle grade doctors was approved at TSIB on 24.08.20 and is due for submission to next IMG.	Inadequate	Yes	8 31/12/20	People and Performance Committee (CPO)
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Family and Integrated Support Services Division High Risks												
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349	Insufficient numbers of radiologist to maintain a core service	12/01/09	5	4	20	↔	Tamer Sadek / Di Lynch / Graham Wilde	(update 15/09/20) 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. Year long locum employed with view to complete CESR (Certificate of Eligibility for Specialist Registration) and will hopefully take up substantive post following this.	Adequate	Yes	10 11/12/23	People and Performance Committee (CPO)

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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 15/09/20) 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. 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, risk remains until complete. 3rd scanner handed over. Work now commenced replacing the 2 out of date scanners.	Adequate	Yes	4 31/12/20	Finance & Estates Committee
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102958	Cervical screening pathway breaches and errors due to lack of dedicated administrator at Hinchbrook	01/12/18	4	4	16	↔	Joe Verdegaal / Tarang Majmudar / Graham Wilde	(update 15/09/20) Gynae team @ PCH now cross checking and auditing all pathways. All pathways from last 18 months being audited and errors/queries chased. Current patient pathways over seen by PCH Colposcopy Nurse Consultant and admin lead. Training and development continues with newly appointed admin post holder. QA informed of latest progress and issues found. Risk discussed at monthly speciality governance and Gynae recovery meetings.	Adequate	Yes	3 07/09/2020	People and Performance Committee (CPO)
103069	Inability to provide on call service at HBH due to reduced numbers of respiratory skilled Physiotherapists	23/01/20	4	4	16	RISK CLOSED 04/09/2020						

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103074	Potential risk to maintaining safe staffing levels in maternity services due to vacancies and maternity leave	14/10/19	4	5	20		Nicky Griffin / Jo Bennis	(update 15/09/2020) 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. Risk score upgraded to 20 as staffing pressures increase particularly at PCH. Staff incentive scheme reviewed and improved and extended until January 2021 – now extended to all maternity staff.	Adequate	Yes	4 02/11/20	People and Performance Committee (CPO)
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Footnote:

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103120	Reduction in Paediatric footprint and bed base with consequent loss of the paediatric day case unit and relocation of the paediatric assessment unit	20/05/2020	4	4	16		Jayne Rootham / Nerea Muchoki / David Woolf	(update 15/09/20) Jungle currently moved to Amazon however this is only sustainable short term whilst demand is reduced OOH manager rota in operation for FISS, to support challenges with flow and for escalation Clear management and escalation structure across the division New ways of working being scoped including Outpatients and Inpatient recovery plan. This has enabled Amazon to move a small amount of their elective workload including ward attenders whilst the demand for the service in Rainforest is reduced.	Adequate	Yes	4 01/02/21	Quality Assurance Committee
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**Extract of all approved Significant Risks from the Risk Register as at 14th September 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)
101620	Sepsis failure to recognise and respond to the patients in timely manner	15/10/13	5	3	15	↔	Jack Stevens / Jo Bennis/ Kanchan Rege	(update 14/08/20) 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 specialist nurse has returned from Covid-19 redeployment. ED have begun work on their action plan. New staff competency in place. New sepsis dashboard developed. Action plan written for Sepsis. Title amended.	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 / Kanchan Rege	(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	15	↑	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	5 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 30/09/21	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 15/09/20) 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. New styled reports sent to the senior leadership team 3rd August 2020. Non Clinical Policies position for the month end August – 80% in date against a target of 90% (up 3% since July).	Adequate	Yes	8 31/12/20	Audit Committee
102273	Hinchingbrooke: 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	↔	Chris Howard / 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 (CPO)

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102223	HH: Patient safety risk due to theatre and radiology air handling plant room failures	28/02/17	5	4	20		Christopher Howard / Eric Fehily / Graham Wilde	(update 15/09/20) 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, inefficiency etc. Further upgrade of the AHU's require significant investment of capital funding. The Theatre AHU aspect of this risk will be mitigated by the relocation of the main Theatres to a new separate building.	Adequate	Yes	1 22/04/22	Quality Assurance Committee
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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 12/08/20) Competency levels regularly reviewed on the job to highlight are additional needs or gaps. Risk assessment undertaken to ensure current provision meets the regulatory standards. Some re-certification periods have been reduced to ensure refresher training is undertaken sooner once the major incident is over. Divisions targeted to improve compliance in specific areas. Plans in place to re-instate Mandatory Training and Clinical updates from October (with social distancing in place). Review paper in draft for exec to consider in terms of new version of the Welcome to the Trust and induction plans	Adequate	Yes	3 26/02/21	People and Performance Committee (CPO)
103108	Covid-19 Risk of ineffective governance due to temporarily revised governance arrangements	20/04/20	4	3	12	↔	Paul Denton / Taff Gidi	(update 11/08/20) Governance 'lite' reviewed at Private Board Meeting (30 June 20). Public Board in July held via live MS Teams. Future Private Board and Board Development will be held face to face	Adequate	Yes	4 30/10/20	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 increases morbidity and mortality	02/06/11	3	4	12	↔	Nicola Paterson / Mark Dray / Graham Wilde	(update 11/08/20) 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. Looking at resourcing further outreach capacity. Procured further Echo machines. Building a case for more locums who can carry out the echo's.	Adequate	Yes	6 31/12/20	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 15/09/20) Previous controls no longer in place due to Covid-19. Working within trust/PHE and professional body guidance to safely increase capacity, whilst actively triaging and challenging referrals coming in. Urgent and highest priority non-urgent patients are not delayed. Diagnostic investigation with most concern – echocardiogram. National target of 99%.	Adequate	Yes	6 31/12/21	People and Performance Committee (COO)
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 15/09/20) 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	Adequate	Yes	10 11/09/20	Quality Assurance Committee

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								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.				
101951	High level Trained Nursing vacancies (Emergency and Medicine)	15/03/16	4	3	12	↔	Kevin Boyle / Mark Dray / Jo Bennis	(update 15/09/20) 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	Adequate	Yes	8 30/09/20	Quality Assurance Committee

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								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. Slight down turn but to begin robust meetings back as star chamber & ERCB and monthly establishment meetings with each ward manager and finance partners.				
101984	The inability to offload Ambulances in line with National standards compromises patient care and results in fines	12/05/16	4	3	12	↔	Jonathan Mason / Mark Dray / Graham Wilde	(update 10/08/20) Recreation of Patient flow to keep pace with admission rate. Medical Speciality pull to base wards. Signposting to relevant provider e.g. GP, ACU, MIU. Trust Escalation Plans ED Triggers Active triage of queue by RAT Nurse / ED Consultant. Escalation by Ambulance Trust Silver Command. Employed HALOs – 10-10 7 days a week. Closer liaison with	Adequate	Yes	8 31/12/20	Quality Assurance Committee

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								ambulance Trusts throughout 24hr period Ambulance handover/streaming moved to Entrance of ED Golden patient initiative in place Seated area in ED majors in place – fit to sit. Delays to off load actively managed by cohorting.				
102233	Under resourcing of PCH & HH Cardiology Secretarial & Admin Support compromises delivery of service	05/09/17	3	4	12	↔	Kerrie Owen / Jo Porter / Graham Wilde	(update 11/08/20) 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 (CPO)

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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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103086	Haemodialysis capacity on ward A8 is insufficient to cope with demand, thus compromising patient care	05/03/20	3	5	15	NEW RISK	Shaheen Hosnay / Kevin Boyle / Jo Bennis	(update 16/09/20) In February 2020 Ward A8 increased HD service to a two nurse service on Monday, Wednesday, and Friday allowing them to dialyse a maximum of 7 patients. The roster template was increased by 1WTE HD nurse in April 2020. Two new HD machines were delivered in June 2020. However, the HD room and A8 HD beds are allocated appropriately to maximum capacity. The long-term solution is to increase the number of HD beds on Ward A8 by 1 more side room (7) and a bay of 3 beds (8-10).	Adequate	Yes	3 26/02/21	Quality Assurance Committee
103134	Inability to comply with social distancing within ED footprints negatively impacts patient and staff safety	09/06/20	3	4	12	NEW RISK	Sarah Pink / Sabina Fitton / Graham Wilde	(update 16/09/20) SAU able to accommodate 2 patients in their waiting area when UTC waiting room full. Paediatric waiting area to be used as an overflow if Paediatric ED have capacity to pull paediatric patients straight through. Risk reduced by not undertaking throat examination and the wearing of appropriate PPE. Slit lamp has additional plastic	Adequate	Yes	9 31/12/20	Quality Assurance Committee

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							shielding. Signage on non-clinical areas to indicate risk. Staff working non clinical roles as appropriate after risk assessment. Signage on non-clinical areas to indicate risk. Removed multi-seat chairs from waiting areas; replaced with single chairs more than 2m apart. Floor stickers applied to waiting room floor to highlight where patients should stand when waiting to maintain safe distance. Hole in reception screen covered. Handover moved to larger staff room. Office space reviewed and staff working altered shift to enable social distancing.				
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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 at HH The Cancer and Diagnostics Pathway Improvement Group is also continuing it work on the Colorectal pathway. Cancer Improvement Plan uploaded to DATIX.	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 11/08/20) 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 15/09/20) 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 (CPO)

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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 15/09/20) 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 11/08/20) Business Continuity Plan inc. staff working extended hours and initiating Contingency Plan with neighbouring SSD's (Kings Lynn & Kettering Hospitals) Awaiting installation date, PH to advise	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 11/08/20) 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 stepped down as part of Covid-19 pandemic surge rota. Currently one additional consultant 24/7 resident. Intensivists from other trusts filling rota gaps had to withdraw to work at their own trusts at the beginning of the pandemic. Re- contacting those consultants to enquire whether they are available to help again. Locum consultant has interview pending for post.	Adequate	Yes	1 08/12/20	People and Performance Committee (CPO)
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103058	BUNKER 3 - possible water ingress into cable ducting	10/01/20	4	3	12	↔	Jamie Fairfoul / Fergus Browne / Kanchan Rege	(update 15/09/20) As long as cables are not faulty (very rare), and maintain their integrity, the presence of water is not in itself a problem. Bunker 4 re-inspected in August after heavy rains, and water re-appearance confirmed. Inspection of Bunker 3 cable ducts is now a priority.	Adequate	Yes	4 01/09/20	Quality Assurance Committee
103147	Poor videoconferencing quality for Cancer MDT meetings	29/06/20	3	4	12	↔	Karen Harland / Janine Nethercliffe / Graham Wilde	(update 29/06/20) Clinicians within MDT review imaging report before final treatment decision made. Radiologist attends MDT (either F2F or remotely) to discuss scan. Escalated videoconferencing image issues to IT.	Adequate	Yes	6 31/12/20	People and Performance Committee (CPO)

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103149	Delayed cancer diagnosis due to COVID 19	29/05/20	4	3	12	↔	Fergus Browne / Janine Nethercliffe / Kanchan Rege	(update 16/09/20) All suspected cancer services have remained open during the pandemic. All suspected cancer referrals are reviewed and have face to face or virtual appointment Imaging for cancer requests have remained open during the pandemic. Patients referred for surgery are risk assessed to balance risk of cancer against risk of COVID All patients referred on a cancer pathway are held on Somerset and reviewed weekly by a cancer tracker CCG contacting GPs to encourage them to refer patients with cancer 'red flag' symptoms -Advertising campaign for patients to go to GP or hospital if they have symptoms of a serious condition	Adequate	Yes	8 31/12/20	Quality Assurance Committee
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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.	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 15/09/20) Out of hours risk still remains unchanged. No out of hour's agreement with CUH - no movement forward. With Trust exec team. CUH IR joint post - during pandemic this Radiologist has not been attending.	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		RISK CLOSED 09/09/2020					
102856	Insufficient Speech and Language Therapists with specialist and highly specialist dysphagia competencies at PCH will impact on service	13/11/18	3	3	9	↓	Katie Hill / Susan Bentley / Jo Bennis	(update 15/09/20) 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. 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	Adequate	Yes	6 01/04/21	Quality Assurance Committee People and Performance Committee (CPO)

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.

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								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. Risk lowered to 9 as SP now able to perform some aspects of role at Band 7 level independently.				
102903	Lack of compliance with Falsified Medicines Directive	21/01/2019	3	5	15	↔	Stephen Cook / David Woolf / Graham Wilde	(update 15/09/20) 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	Adequate	Yes	0 11/12/20	Finance & Estates Committee

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								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.. Capital funding agreed.				
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) 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

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102971	The clinical environment requires refurbishment on SCBU	29/05/19	4	3	12	↔	Tracy James / Tim Jones / Jo Bennis	(update 11/08/20) 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. Refurbishment group relaunched. Meetings recommenced. 4th revised drawing completed – to be reviewed by group. Roof above clinical room 4 required upgrading – work completed NEW RISK – water leakage through ceiling in store room B	Adequate	Yes	1 01/12/20	Finance & Estates Committee
103106	Insufficient Paediatric Dietetic staffing levels will impact on ability to deliver a service to PCH, HH & STRH	16/03/20	3	5	15	RISK CLOSED 09/09/2020						

Footnote:

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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	07	06						
Emergency and Medicine	01	01	01	02	02	04						
Surgery	05	05	05	06	07	07						
Family and Integrated Support Services	03	03	04	05	06	05						
TOTAL (High risks)	17	15	14	19	22	22						
S – Significant												
Corporate	12	12	10	12	11	12						
Emergency and Medicine	14	14	09	10	09	09						
Surgery	08	07	06	06	09	09						
Family and Integrated Support Services	09	08	08	07	08	05						
TOTAL (Significant risks)	43	41	33	35	37	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
14 September 2020

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