

Closed Risks - January 2018 (19)

ID	Opened	Review date	Hospital	Business Unit	Specialty	Risk Type	Title	Description	Controls in place	Gaps in Control	Action Plan to Mitigate	Rating (Initial)	Rating (Current)	Rating (Target)	Handler	Manager	Notes
2416	28/09/2011	05/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Physiotherapy	Health and Safety	Moving and Handling Heavy and/or Immobile patients - all physiotherapeutic areas.	Injury to Therapist Injury to Patient Damage to equipment Can occur in all hospital areas	Specific Manual Handling assessments completed for all patients who require handling using Therapy Tool.  Manual handling Training. All staff complete MH passport and induction initially with mandatory training update Records kept on a database. All staff trained and aware of the falling and fallen patient policies  Manual handling equipment (Hoists, slide sheets etc) All equipment is serviced or cared for according to Trust guidelines. Staff are trained in the use of the equipment.  Bariatric equipment store.  Specific training for evacuation of patient from the aquatic physiotherapy pool carried out at least twice per year for those staff working in that area. Update Aug 14 - no change	No gaps	No actions	9	9	9	Raval, Yogini	Bradley, Lesley	[01/02/2018 08:56:47 Gabrielle Hough] closed as per attached Therapies Governance minutes - has been replaced by 2761
3001	24/02/2013	08/01/2018	Lincoln County Hospital	Corporate Services	Human Resources	Strategic Risk	Over reliance on medical locums	Failure to develop and implement a collaborative strategy that optimises the contribution of the workforce and generate flexibility to suit demands. This includes: Vacancies in hard to recruit areas affect service delivery. Failure to deliver the actions from the staff survey affects staff satisfaction. Provision and attendance for training.  Update 12.4.17 Imbalance in the permanent/temporary workforce mix. Over-reliance on agency staff (nursing/medical in particular) overall. Particular level of risk in key areas e.g. ED. Impact is financial (cause of significant overspend), service resilience and performance. NHS require the Trust to exert greater grip and control over agency spend  Updated 16.6.17 Agency spend is higher than in April/May 2017. Impact on budget position is putting at risk ULHT financial independence, as well as inhibiting our ability to address quality issues	Training needs analysis Workforce plans Vacancies recruitment framework Recruitment policy Communication strategies Training managers in engagement skills. Action Plan from Staff Survey developed Wellbeing Survey Transformation program  11/11 we continue to over-rely on medical locums and this is putting our financial sustainability at risk Update 12.4.17 - Managed through the Medical and Nursing Workforce Utilisation Groups Workforce plans - consideration of alternative skills mix Recruitment plans for nursing and medical staff Controls in place to manage authorisation of spend Regular reporting to ET  Updated 16.6.17 - Medical and Nursing plans to be reviewed. Overall reporting of position to be considered at meeting on 23rd June	Update 12.4.17 - Need to enhance overall management of agency staff and ensure there is accountability through the organisation  Updated 16.6.17 - Extent to which controls are working remains a concern	Update 12.4.17 - Weekly oversight meeting planned with Director of HR, Director of Finance, COO, Medical Director and Director of Nursing. New Directorate performance management framework will embrace agency spend  Updated 16.6.17 - Oversight meeting not set up. Now discussed weekly at ET. Reviewing format of report to ET to ensure oversight and control  Updated 13.7.17 - Regular reporting to ET in place. Agency spend associated with vacancies in almost all cases. Controls over cost in place. Recruitment action plan in place. BHS focus on agency spend. Target reduction for medical agency spend that we expect to achieve. Real issue is overall pay bill driving overspend on budget  Updated 23.1.17 - The controls are now in place, so the specific risk has been mitigated. We continue to have agency spend, but this is due to vacancies etc. It does have an impact on our financial position, but the risk, as described, should be closed	12	9	9	Rayson, Martin		[23/01/2018 09:59:50 Martin Rayson] Risk should be closed. Whilst medical agency spend remains high, the risk was about not having plans in place and they have been put in place [08/12/2017 15:41:37 Gabrielle Hough] 6.12.17 - update from M Rayson - Check and challenge process in place, led by Dr Samra, but spend continues to remain higher than plan. Some significant reductions achieved, but continued vacancies keeps medical agency spend high 08.11.17 - email from M Rayson - risk remains - no changes to be made this month  12.4.17 update input by Angi Smith on behalf of Martin Rayson as per attached e-mail.
3081	21/11/2013	04/01/2019	Lincoln County Hospital	Clinical Support Services	Physiotherapy	Health and Safety	Moving and handling inanimate loads	Injury to Therapist Delay to Patient treatment if equipment is not in place Damage to equipment	Specific Manual Handling policy - inanimate Loads  Manual handling Training. All staff complete MH passport and induction initially with mandatory training update. Records kept on a database.  Manual handling equipment (Sack Barrow etc) All equipment is serviced or cared for according to Trust guidelines. Staff are trained in the use of the equipment.  Porters to transfer all equipment required to designated work areas	0	0	3	3	3	East, Mr Sean		[01/02/2018 08:59:28 Gabrielle Hough] closed as per Therapies Governance Minutes - replaced by 2507
3327	11/09/2014	05/01/2018	Pilgrim Hospital, Boston	Clinical Support Services	Physiotherapy	Corporate Risk	Commencing Qualified physiotherapist prior to DBS completion	DBS clearance is taking a long time and staffing on a variety of physiotherapy teams is causing concern for: Delays to Discharge (IP) Waiting Times (DP) Staff Stress Maintenance of 7 day services Risk of employing physiotherapist who has committed a serious offence since their last DBS, that the HCPC have not been made aware of.	Only applies to new graduates from UK Universities who have had DBS certification throughout their University training including for Clinical Placements or a new staff member who has come directly from another NHS establishment.  New staff will not be allowed to work without supervision prior to receipt of a new DBS form Staff member has to sign that "I confirm that I have had no convictions since the issue of my most recent DBS/CRB certificate" Signed by Physiotherapist Date Signed by the Lead Physiotherapist Date	No Gaps	No Actions	2	2	2	Bradley, Lesley		[01/02/2018 09:00:50 Gabrielle Hough] closed as per Therapies Governance Minutes (attached) - practice no longer carried out
3386	15/01/2015	05/01/2018	Trust-wide	Clinical Support Services	Physiotherapy	Health and Safety	MSK Out Patient Staff Stress PAN TRUST	1.Frequent staff changes due to use of temporary staff 2.lack of admin support taking clinicians away from patient contact time. 3.High proportion of inexperienced staff creating extra strain on Senior staff 4.Frequent interruptions to work a/e patients/ ward pressures re cover in times of sickness 5.Covering absence at times of sickness increases demand. 6.Non clinical demands at times of pressure. 7.RTT demands	HSE Management Standards for Work Related Stress Health & Safety at Work etc Act Management Regulations 1999  1.Look to fix as many permanent staff as slowed by service. 2.ensure admin support on each shift/ allow adequate admin slots in therapists diaries. 3.Staff diaries are set up to enable a 1:2.4 new patient to follow up ratio. NP to follow up ratio is an average of 12:4 to enable individual patients to be seen as clinical need.  Clinical supervision: 4 weekly for Band 5 8 weekly for Band 6  Provide opportunities for further training / courses to improve patient care. 4.Maintain adequate staffing levels so can cope with interruptions with as little impact as possible. 5.as 4 6.ensure time blocked off for non clinical tasks 7. as 4	Provision of adequate and achievable demands in relation to the agreed hours of work. Skills and abilities are matched to the job demands. Training and support available. Ensure staff are involved in work patterns and the demands of the role, organising own diaries within limits of work targets. Vacancies and absence backfilled if possible with appropriate bank staff. Regular staff meetings with opportunity to discuss difficulties and problems that arise from demands of the job.	Maintain controls in place and any changes will need to be risk assessed in consultation with out-patient staff.  Continue with patient satisfaction survey as a monitoring tool of quality of service provided.  Review of clinical supervision policy for ULHT staff.  Repeat staff stress survey as appropriate (yearly).  Positive feedback to staff regarding staff performance.	9	9	9	Bradley, Lesley	Cooper, Mrs Anita	[01/02/2018 08:57:33 Gabrielle Hough] closed as per Therapies Governance minutes (attached)
3419	10/03/2015	25/10/2017	Pilgrim Hospital, Boston	Clinical Support Services	Radiology	Medical Device Risk >ESK (Capital)	DEXA Pilgrim Radiology	Replacement DEXA system: Hologic - QDR-4500 Bone Densitometer: PRD91: Date of installation June 2000. Extended to include environmental issues as the room is not fit for purpose. Loss of current staffing has escalated risk. March 2017: New DEXA in Lincoln. PHB getting ready to receive previous Lincoln unit currently in Nuclear Medicine by getting building work completed as part of DR development.	Lincoln unit in use 2016. Q1 2017: Work in progress to create space at PHB that will allow transfer of Lincoln unit installed in NM to be transferred. Outstanding cost c£8k. Probably required in 2017_18. No further requests for funding. Ready to close. Re-opened - what's the remaining challenge?  Consolidation review to scan at Lincoln only from November 2016	No alternative capacity should the DEXA scanner breakdown. Insufficient staffing at Pilgrim to scan.	Update 27-6-17 DEXA BC accepted, Lincoln room replaced, DEXA room at Boston refurbished and older scanner at Lincoln will be moved to Boston July 17.  Business case to review location as current location is not fit for purpose. Review finance arrangements with Chacking. Still awaiting confirmation from finance to proceed with new purchase. It has been passed by MDT. Awaiting confirmation of available rooms in Pilgrim. Update: New purchase of equipment has taken place with the successful installation of the New scanner at Lincoln. Phase two of removal of Lincoln scanner to Boston is halted due to financial issues with the DR project at Boston. Revised action plan to accommodate staffing and scanner issues are to consolidate scanning in Lincoln.	5	4	3	Hooper, Cheryl	Allen, Nigel	Phase one : to receive finance backing to proceed with purchase of new scanner. Enabling works in Radiology Lincoln due to commence. Installation of new scanner. Completed. Phase Two: move current Lincoln scanner to Pilgrim in new location within radiology. Outstanding 200317 - Building / pre-installation works underway to allow accommodation of DEXA scanner in Polytome x-ray room at Pilgrim. Works to be completed by 31 March 17, and DEXA scanner to be installed at Pilgrim during June 2017 July 2017 The new scanner was put in place and became operational early Aug 2017. There is however three jobs that remain outstanding. The smoke detector still has a glove covering it, the floor has not been finished and the telephone line is still not installed. Additional risk assessment to be completed. Update: floor firm to visit 10/11/17, glove to be removed 08/11/17 pm.Risk downgraded with plan completion Meeting with Paul Clark/Jan Falloway/Nigel Allan. The glove has been removed. The flooring company visited 14/11/2017 and will replace the faulty section : Date to be confirmed. Risk downgraded.
3802	20/10/2016	11/01/2018	County Hospital, Louth	Surgical BU - Lincoln/ Louth	Ophthalmology	Medical Device Risk >ESK (Capital)	clinical equipment ophthalmology SLT lamp table on castors	table is so old that malfunctioning castors cannot be replaced. May tip over if castors seize completely when it's moved. This may cause injury to person moving item and certainly damage slit lamp itself.	Slit lamp is moved as infrequently as possible. Swapped over with newer model so it can be stored in one place. Has this been fixed through repair? Aug 2017: is this still a problem?	0	0	12	9	1	Eady, Mrs Diane		[08/01/2018 15:41:25 Gabrielle Hough] found in description from 03/01/18 - MDG note: review of all ophthalmology slit lamps required pan-trust. Establish new trust standard if there isn't one already. This seems to have been resolved, but not through MDG?. Closed by CH - repaired.

3833	15/12/2016	25/05/2018	Lincoln County Hospital	Corporate Services	Security	Health and Safety	Provision of Body Armour to UHHT Security Staff	The provision of body armour to security staff was undertaken in the past but now the issued armour is not fit for purpose in that it is not of the current recognised standards and out of manufacturers warranty. Its history and storage is questionable and removed from issue to prevent a false sense of security by staff. A review of security by an exterior consultant took place late 2016 and the report is to be published mid December which will influence the Trusts Security provision and PPE guidelines in respect of body armour. Not all staff had been issued the body armour and no policy is current regarding its provision and use. The very nature of security within the NHS means that it is a risk occupation; to completely remove that risk would mean that security staff would be unable to carry out their role effectively. Therefore staff safety becomes an issue of risk management not risk removal. Central to that risk management is the undertaking of timely, realistic and informed risk assessments. The Health and Safety Executive's definition of work-related violence is: 'any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'. The hazard associated with the role of security is the potential from acts of violence and aggression from UHHT employees / patients / visitors recognised from incidents recorded by Security Officers over the past 12 months. The potential for violence and aggression involving a concealed	Security Officers in the first instance should ALWAYS avoid physical intervention using Conflict and Resolution Training (CRT) de-escalation techniques. Security Officers MUST wear identified PPE which includes; body armour, identified footwear suitable for security duties; hi-vis outer clothing. Security Officers MUST carry two-way radio equipment and the report is to be published mid December which will influence the Trusts Security provision and PPE guidelines in respect of body armour. Security Officers to complete CRT, currently refreshed every 3 years. Security Officers to complete SIA Physical Intervention Training every year. Recorded CCTV in operation 24 hours a day in areas where CCTV has been installed at UHHT, that enables Security Officers to prevent and reduce crime and allows them to conduct their duties safely. Security Operatives to call the Police immediately in the event of continued and/or undue physical/verbal abuse. Recording of all incidents using the Security Log to enable data that provides a complete picture of the problem and trends for discussion at Site Committee meetings for Estates/ Facilities and Health & Safety. Undertake a review of current preventive measures associated with the wearing of PPE inclusive of body armour. The following factors to be taken into consideration within this review are: When the use of body armour is being considered, the main factors that we need to take into account is	The potential for violence and aggression involving a concealed weapon/sharps or potentially contaminated sharps is also recognised from incidents reported by UHHT staff using the Datix Web based system and intelligence from Lincolnshire Police. In particular reflecting the time of year December which is currently but not exclusively the busy period for A&E. It is recognised through the Consultation review a Security staff are now 2 years since last refreshed on physical intervention and do not meet the guidance from the SIA nor the Trust policy and thus put the service user and themselves at risk by not having sufficient current training and information.	Undertake a review of current preventive measures associated with the wearing of PPE inclusive of body armour. This review will involve using the Risk Assessment proforma see under inserted documents. The consultants review of security provision is awaiting publication to review the position of the Trust and for February 2017 6 departments are taking part in a Datix type review of V&A reporting to base line the threat. The assessment will involve all key stakeholders identified within the assessment. Chair of the Security Management Committee has been requested to include this item as an agenda to be discussed at the next available meeting scheduled in Dec/ January 2017. A review of security by an exterior consultant took place late 2016 and the report is to be published mid December which will influence the Trusts Security provision and PPE guidelines in respect of body armour.	12	12	6	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 15:15:36 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme [25/01/2018 10:20:15 Vicky Dunderdale] 25/01/08 Risk reviewed and validated 16/12/16 The assessment score reflects the current winter period and potential pressures placed on the hospital trusts across the county. 8/5/17 AW now moved to H&S team and Sarah-Jane Behan lead for this risk and to update the risk register. 9/5/17 Acknowledged receipt of data feedback link noted entry by AM: the Health & Safety Team will continue to provide support to SIB in the process of assessment when called upon to do so.
3836	11/01/2017	09/02/2018	Lincoln County Hospital	Clinical Support Services	Rehabilitation	Health and Safety	Noise due to ward expansion	There will be increased in noise level on the ward due to construction taken place. Construction started on the ward in January 2017.	Equipment maintained by Clinical Engineering whilst parts and support continue to be available. Delivery received. Installation of monitors and ventilators expected in September coinciding with servicing of pendants.	Work now complete. To close at Feb Therapies Governance committee	0	12	12	9	Cooper, Mrs Anita		
3855	02/03/2017	31/01/2018	Pilgrim Hospital, Boston	TACC - Boston	Critical Care	Medical Device Risk >ESK (Capital)	ICU patient monitoring system	The bedside and transfer monitors at Pilgrim are reaching the end of their operational life (over 10 years old - new 2006). The outreach monitors nearing out of support from the manufacturer. The outreach monitors at Lincoln are 9 years old and do not have ETCO2/waveform capnography (contrary to intensive care society, National Tracheostomy Safety Project, Association of Anaesthetists GB&I, resuscitation council guidelines)	Equipment maintained by Clinical Engineering whilst parts and support continue to be available. Delivery received. Installation of monitors and ventilators expected in September coinciding with servicing of pendants.	Parts may no longer be supplied. Lack of ETCO2	Funding sought from MDG	12	12	4	Hague, Tom	Bailey, Karen	[02/01/2018 15:52:15 Gabrielle Hough] closed as per email from K Latham and R Roberts - governance minutes attached there is a plan for the ventilators and monitors to be upgraded in November 2017
3960	14/11/2017	14/01/2018	Lincoln County Hospital	Women and Childrens BU	Gynaecology	Clinical Risk	Blood Fridge - risk of unauthorised access/tampering with controls	The blood fridge located on Floor 1 of the maternity department is placed behind the reception desk of Branton ward - This area is undergoing some maintenance works and whilst this is on-going secure access to the clinical area is provided for maintenance and other non medical work staff.	Blood fridge is located behind reception desk where receptionist is present much of the day. Blood products can only be retrieved using smartcard access so adequate control is in place for this	No control in place to prevent tampering with temperature controls on the front of the fridge or for switching off power to the fridge - in this event the contents of the fridge are at risk of being out of temperature control and would be unsafe to transfuse so will be wasted.	Outside maintenance staff to be briefed on importance of uninterrupted power supply to fridge and instructed not to move/tamper with the fridge under any circumstances - should an issue arise maintenance staff must contact blood bank for advice and action.	8	8	2	Richardson, Carol		[09/01/2018 14:27:27 Gabrielle Hough] risk closed as per conversation with C Richardson [09/01/2018 14:17:44 Carol Richardson] Branton ward is now located in the ward area and - Outside maintenance/work staff are no longer circulating in the area so the risk is significantly reduced.
3983	05/01/2018	09/02/2018	Trust-wide	Corporate Services	Estates	Strategic Risk	Risk of rights of access over Trust land due to inadequate boundary monitoring and control	Risk of rights of access over Trust land due to inadequate boundary monitoring and control. For example, a number of gates from adjacent private dwellings exist at Grantham giving access to the hospital site which are believed to be unlawful.	None.	Resources to regularly monitor and legally rectify unauthorised access.	A formal process needs to be developed and consideration for legal party involvement.	15	15	6	Addison, Kublay	Hall, Mrs Claire	[10/01/2018 13:34:16 Vicky Dunderdale] 05/01/18 Risk is being managed on the Estates Strategy & Transformation Programme Risk Register
3990	12/01/2018	12/05/2018	Grantham & District Hospital	Corporate Services	Estates	Health and Safety	There is a risk of exposure from asbestos in the roof voids in Block DA front of the hospital at Grantham	There is a risk of exposure to asbestos in the roof voids in Block A front of hospital at Grantham.	Emergency access to area only under the 1 hour rule. Access via permit and wearing of RPE / PPE.	Financial constraints.	Re-surveying with a view to encapsulate exposed woodwork in the roof voids.	8	8	4	Harrison, Nick	Soroka, Mr Mike	[12/01/2018 13:39:07 Vicky Dunderdale] 12/01/18 - A survey of the area has been undertaken and can be provided as evidence if required. [12/01/2018 13:37:39 Vicky Dunderdale] 12/01/18 - Risk added from the Asbestos Core Working Group Risk being managed under the Asbestos Core Programme
3997	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is a risk to patients and staff caused by lack of CCTV coverage and monitoring	Lack of CCTV coverage and monitoring at all sites. There is a risk that all areas are not covered within the existing CCTV network. The Trust currently does not pro-actively monitor CCTV across all areas.	None.	Financial constraints and lack of resource.	Capital investment required to upgrade current CCTV capability and increase CCTV coverage.	15	15	6	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:11:07 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
3998	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is a risk that the level of security provision across all sites are not adequate	There is insufficient security cover across all sites which could lead to impact staff, visitors and patients safety.	There are some security provisions are in place but not fully comprehensive. Portering teams are required to back up security professionals. At Grantham, the security provision is contracted Thursday - Sunday each week.	Financial restraints and lack of resources.	Undergone independent security review of the Trust (This is available upon request). Consultant currently writing a security specification for the Trust.	20	20	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:11:38 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
3999	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	Radio Communication for security operations	The current radio communication systems are inadequate and requires a review and upgrade. There is a shortage of radios for designated personnel, and this has caused problems when there has been a breakdown with the hospital switchboard. Risks identified: 1. Protection of A&E / Security Staff and the public with increasing abusive / threatening situations 2. Protection of patients - inpatient or day patients - form person(s) who possess items with an intent to cause harm 3. Person(s) accessing or possessing information to use against others as a means of harm or financial gain 4. Inability to communicate adequately between key personnel in the event of a MAJAX or other major incident 5. Risk of physical / psychological harm to staff 6. Safeguarding issues - for children, adults and other vulnerable people 7. Inability to deter and detect crime - theft, arson, vandalism etc 8. Complaints / claims - breaches of security from digital lock access and other means of security 9. Non compliance with CCTV practice and standards for digital image recording 10. Adverse publicity - impact on staff morale and public perception of the Trust	Security staff currently using outdated radio communication systems	Investment in radio infrastructure	Survey of current radio equipment across all sites. CT involvement required to determine the correct system required.	16	16	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:12:08 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme
4000	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Estates	Corporate Risk	Risk of inadequate security management in place over Trust boundaries	Inadequate security management in place over Trust boundaries. For example, a number of gates from adjacent private dwellings exist at Grantham giving access to the hospital site which are believed to be unlawful.	None.	Financial restraints	The Trust currently reviewing site lock-down procedures. Review legal obligations over public right of way.	15	15	4	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:12:40 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme [25/01/2018 12:06:21 Vicky Dunderdale] This risk is also linked with the Estates Strategy Risk ID 3983
4001	25/01/2018	23/02/2018	Pilgrim Hospital, Boston	Corporate Services	Estates	Health and Safety	There is a risk that the Trust is not complying with drinking water guidelines and HTM04-01	Chlorine Dioxide dosing impurities due to lack of available maintenance	Automatic monitors in place	Delayed completion of new water main which is required before we can gain access to complete the work required.	It is being constantly monitored and completion of new water main which will be 2018/19. Capital investment required to mitigate this risk.	16	16	4	Royales, Fred	Farrah, Chris	[25/01/2018 16:18:28 Vicky Dunderdale] 25/01/18 Risk being managed on the Water Safety Risk Programme [25/01/2018 10:46:56 Fred Royales] Tender process taking place so as the work on the tanks and pipework can commence at the start of the new financial year in April 2018.
4002	25/01/2018	23/02/2018	Trust-wide	Corporate Services	Facilities	Corporate Risk	There is risk of no lockdown management procedure in place across the Trust in the event of a major incident	There are no lockdown procedures in place in the event of a major incident. There are no local ward lockdown procedures in place. Inability to lockdown areas in the event of a terrorist incident.	Minimal controls are currently in place - Local security staff manually close areas off.	Inadequate building infrastructure to facilitate fast lockdown. Site wide lock down procedures inadequate. Local ward procedures inadequate. Lack of communication plan following major incident.	Task and finish lockdown group to meet and discuss overall lockdown procedures.	10	10	5	Behan, Sarah-Jane	Soroka, Mr Mike	[25/01/2018 16:13:37 Vicky Dunderdale] 25/01/18 Risk being managed on the Security Management Risk Programme