Draft Corporate Risk Register (June 2018)

ID	Risk title	Risk Type	Primary controls in place	Gaps in Control	Risk action plan	Likelihood (current)	Severity (current)	Rating (current)	Rating (Target)	Manager	Review date
4175	Management of emergency demand (corporate)	Service disruption	Urgent and Emergency Care Board (UECB) delivery plan. Lincolnshire Sustainability & Transformation Partnership (STP) and Plan. Operational demand management policies & procedures within the Trust. Performance management framework & regular reporting. Horizon scanning processes.	Planned system wide actions may not have desired impact of reducing ED attendances, emergency admissions, length of stay and DTOC.	Continued senior leadership at UECB. Delivery of agreed ULHT Improvement plan.	5 Highly likely	4 High	20	8	Brassington, Mark	30/09/2018
4153	Medical staff capacity & capability (corporate)	Service disruption	Overall ULHT People Strategy & Workforce Operational Plan. Workforce planning processes & workforce information management. Medical staff recruitment framework & associated policies, training & guidance. Medical staff appraisals / validation processes. National audit & benchmarking data on the medical workforce. People management policies, training & guidance. Core learning programme & training provision. Leadership development programme.	High vacancy rates for consultants and middle grades. Middle grade staffing in Paediatrics at Pilgrim. Potential for a lack of engagement amongst medical staff with the development of clinical service strategies.	Focus on medical staff engagement & structuring development pathways. Utilisation of alternative workforce models to reduce reliance on medical staff. Trust Board decision to maintain existing paediatric services at Pilgrim, work with partner agencies to recruit and prepare contingency plans for relocation of services to Lincoln if necessary. Clinical staff engagement events & processes as part of 2021 strategy & programme of clinical service reviews / strategies.	5 Highly likely	4 High	20	8	Hepburn, Dr Neill	30/09/2018
4140	Nursing staff capacity & capability (corporate)	Service disruption	Overall ULHT People Strategy & Workforce Operational Plan. Workforce planning processes & workforce information management. Medical staff recruitment framework & associated policies, training & guidance. People management policies, training & guidance. Core learning programme & training provision. Leadership development programme.	Substantial challenge to recruit and retain sufficient numbers of Registered Nurses (RNs) to maintain safely the full range of services across the Trust.	Focus on nursing staff engagement & structuring development pathways. Use of apprenticeship framework to provide a way in to a career in nursing. Exploration of new staffing models, including nursing associates. Continuing to bid for SafeCare live funding.	5 Highly likely	4 High	20	8	Rhodes, Michelle	30/09/2018
3520	Fire Safety Core Risk - Statutory Fire Safety Improvement and Compliance with Legislation	Service disruption	Facilities Governance reporting to Trust Board Planned Preventative Maintenance PPM (Testing) Fire Risk Assessments Fire Training Fire Emergency Plans Capital Investment	Lack of compartmentation, lack of PPM upon mechanical and electrical infrastructure and passive fire protection. Failure to maintain fire safety, such as Fire alarms Fire Extinguishers Fire Dampers Fire doors Emergency lighting Fire compartmentation Sustainable Fire Training Programme On-going maintenance & testing of Fire Protection Systems	Develop and update Fire Safety Policy and Procedures Development & Implementation of Fire Safety Action Plan to address enforcement notice number 29/5059/EN and 01/2508/EN Promote, planning and responding to issues in respect of fire safety. Populate NHS/PAM, MiCAD compliance evidence database. Management of resources, communication, training & skills. Escalate significant issues through Trust formal governance systems. Compliance with statutory, HSE and Fire Office Inspection / Regulatory requirements. Awareness of roles and responsibilities. Monitor compliance of 3rd party premises. Maintenance and reporting of compliance records. Resources Application to NHSI for additional capital and revenue support and deployment of Trust Estates Backlog Capital to mitigate risk.	4 Quite likely	5 Very high	20	6	Farrah, Chris	13/07/2018
3690	Water Safety Management Core Risk - Failure to deliver compliant hot / cold water services	Reputation / compliance	Controls described below in accordance with L8 and HTM04-01: 1) Estates Risk Governance process 2) Trust Water Safety Group 3) Policy and Procedure Documents, including applicability to contractors and 3rd parties working on and/or using water installations within Trust buildings. 4) Duty Holder, Responsible person, Site Deputy responsible persons and competent persons in place. 5) Appointed Authorising Engineer (Water) 6) Chlorine Dioxide Injection water treatment. 7) Planned maintenance regime in place including written scheme of works. 8) Site based Risk Assessments informing the Water Safety Group Management process. 9) Water sampling, temperature monitoring and flushing undertaken. Remedial actions taken in response to positive samples. 10) Communication Systems (A monthly report is submitted to the IPC by the AE).	1) Trust Water Safety Group not fully represented 2) Policy approved Dec 2017. WSP draft prepared Dec 2017 and currently being reviewed for issue by April 2018. 3) Lack of training of competent persons. 4) Lack of robust alarm monitoring systems and injectors approaching obsolescence. 5) The required planned maintenance regime to satisfy statutory legislation is not sufficiently resourced within the current financial quantum. 6) The site risk assessments are required to be reviewed against the water schematics which are currently being developed. 7) Lack of assurance that flushing regime is carried out by ward and department staff (including 3rd parties) (Despite the returns being submitted from wards and departments).	1) Process to be approved by Estates Environment Committee. 2) IPC to be informed of non attendance of meetings. 3) Implement the formal training programme as part of 18/19 revenue compliance resource allocation. 4) Requirements and costs for replacement equipment. 5) Establish and implement capital water safety improvement allocation 18/19 along side comprehensive planned maintenance regime utilising additional compliance funding. 6) Complete the production of site water schematics and engineering drawings (by Oakleaf.) 7) Introduce standard exception reporting format. Additional resources bid for in Financial Plan. Reminders being issued to 3rd parties to highlight their responsibilities under HSE ACOP L8	4 Quite likely	5 Very high	20	8	Boocock, Paul	02/02/2018
4003	Security Management Core Risk - There is a risk of overall Inadequate security management across the Trust	Harm (physical or psychological)	Security Management Steering Group Task and Finish Group Lockdown Security Management Core Working Group Emergency Planning Committee	No child & infant abduction policy Lack of policies and procedures in place	Develop and update policies and procedures Promote, planning and responding to issues in respect of security Awareness of roles and responsibilities Maintenance and reporting of compliance records Management of resources, communication, training and skills Escalate significant issues through Trust formal governance systems	4 Quite likely	5 Very high	20	10	Boocock, Paul	23/02/2018

ID	Risk title	Risk Type	Primary controls in place	Gaps in Control	Risk action plan	Likelihood (current)	Severity (current)	Rating (current)	Rating (Target)	Manager	Review date
3687	Estates Strategy and Transformational Change Core Risk	Service disruption	Land and property disposal strategy in development. ERIC data review on going Space Utilisation Policy in use Digitisation of drawings Identification of age and condition of estate enabling planned investment and dis-investment	Lack of health community clinical strategy. Lack of awareness of cost of space to the user / service and assumption that the Trust has space readily available and fit for purpose No identified resource to develop Estates Strategy.	Develop, Review and implement Estates Strategy including ERIC and Lord Carter and reference to STP. Continued development and implementation of premises assurance model (NHS PAM) Develop land and property strategy Manage critical infrastructure risk (CIR)and backlog maintenance quantification Continued development of Estates Terrier Leases and Property Management (SLA's) LHAC, One public estate and Trust clinical strategy relationship Retail and commercial review Overlay Trust Capital Plans into Estates Strategy	5 Highly likely	4 High	20	6	Farrah, Chris	09/05/2018
3688	EFM Patient Environment Core Risk - Failure to comply with the NHS Constitution and CQC regulations	Reputation / compliance	Robust defect reporting system which prioritises critical issues within available resources. Introduction of cleanliness audit system that integrates with the Estates helpdesk.	CQC Action Plan to be developed to improve Environments following 2016 CQC Inspection.	Premises Assurance Model (NHS PAM) Monitor compliance of 3rd party Training and development PLACE Processes CQC Compliance records - Action Plan being implemented through capital programme	5 Highly likely	4 High	20	9	Boocock, Paul	09/05/2018
3001	Cost of reliance on a temporary workforce	Finances	Training needs analysis. Workforce plans. Vacancy recruitment framework. Recruitment policy. Bank, locum & agency temporary staffing arrangements. Communication strategies. Training managers in engagement skills. Action Plan from Staff Survey developed Wellbeing Survey. Transformation programme. Strategic leadership and oversight provided by the Workforce & Organisational Development Committee.	Continued over-reliance on medical locums to maintain services, which is putting the Trust's financial sustainability at risk.	Check and challenge process in place, but spend continues to remain higher than plan. Some significant reductions achieved, but continued vacancies keeps medical agency spend high.	4 Quite likely	4 High	16	8	Rayson, Martin	31/07/2018
4078	Age profile of the workforce	Service disruption	People Strategy. Workforce plans. Vacancy recruitment framework. Recruitment policy. Bank, locum & agency temporary staffing arrangements. Workforce information systems. Pre-retirement courses. Staff surveys & resultant action plans. Strategic leadership and oversight provided by the Workforce & Organisational Development Committee.	A significant proportion of the current clinical workforce are approaching the age at which they could retire, which would cause a significant loss of skills and add to our vacancy rate and recruitment challenges. We have yet to be clear on whether the Trust has scope to be more flexible around contracting arrangements, or the extent to which this will actually change retirement decisions. There is limited capacity in HR at present to take forward this piece of work at the pace required.	Workforce plans are identifying the potential risk in more detail, by year and service area. People Strategy includes mitigating actions: - Survey to understand what will impact on decisions about whether to remain at work; - Reviewing the way in which we can bring greater flexibility into contracting arrangements; - Changing pre-retirement courses so that they focus on keeping people at work, as much as preparing them for retirement Using HEE funding to bring additional capacity into OD in order to make progress on this project in 2018/19. Target date for completion is September 2018.	4 Quite likely	4 High	16	8	Rayson, Martin	31/07/2018
3720	Electrical Safety Core Risk - Failure to comply with statutory obligations / legislation caused by failure & lack of resilience	Service disruption	Some PPM is carried out. Authorised engineer (low voltage electrical systems) has been appointed.	Lack of revenue and capital investment. e.g PPM regime not fully completed owing to lack of maintenance staff.	Compliance with statutory and HSE regulatory requirements Develop and update Electrical Services Policy and Procedures Escalate significant issues through formal governance systems Management of resources, communications, training and skills Development and Implementation of compliance testing plan Promote planning and responding to issues in respect of electrical infrastructure Awareness of Roles and Responsibilities Monitor compliance 3rd party premises Populate NHS PAM / MiCAD compliance evidence Maintenance and reporting of compliance records	4 Quite likely	4 High	16	5	Soroka, Mr Mike	02/02/2018
3721	Mechanical Infrastructure Core Risk - There is a risk of failure and non-cocausing disruption to services and delivery	Service disruption	Some PPM maintenance carried out. Authorising engineers for water, ventilation and medical gas pipeline systems appointed. Statutory insurance inspections carried out by the Trusts appointed insurance company.	Compliance with statutory and HSE regulatory requirements Develop and update Medical Gas pipeline services policy and procedures Develop and implement of compliance testing plan Management of resources, communication, training and skills Escalate significant issues through Trust formal governance systems Promote planning and responding to issues in respect of mechanical infrastructure Awareness of roles and responsibilities Monitor 3rd party Populate NHS PAM / MiCAD Compliance Evidence	Compliance with statutory and HSE regulatory requirements Develop and update Medical Gas pipeline services policy and procedures Develop and implement of compliance testing plan Management of resources, communication, training and skills Escalate significant issues through Trust formal governance systems Manage programme core datix risk and mechanical infrastructure risk register Promote planning and responding to issues in respect of mechanical infrastructure Awareness of roles and responsibilities Monitor 3rd party Populate NHS PAM / MiCAD Compliance Evidence	4 Quite likely	4 High	16	9	Boocock, Paul	02/02/2018

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ID	Risk title	Risk Type	Primary controls in place	Gaps in Control	Risk action plan	Likelihood (current)	Severity (current)	Rating (current)	Rating (Target)	Manager	Review date
3722	Energy & Sustainability Core Risk - Failure to deliver required levels of energy performance in accordance with climate	Finances	BMS systems, Energy centre management contract (Lincoln & Pilgrim), some sub-metering in place. Compliance with Environmental legislation.	Compliance with national policy requirements Develop and update Sustainability policy and procedures Oversight and Management of Energy Performance Contract (EPC) Management of resources, communication, training & skills Escalate significant issues through Trust formal governance systems Promote planning and strategy in respect of Trusts energy performance Develop and implement of sustainable development management plan (SDMP) Awareness of roles and responsibilities Maintenance and reporting of compliance records Monitor compliance 3rd party premises Populate NHS PAM / MiCAD Compliance evidence	Compliance with national policy requirements Develop and update Sustainability policy and procedures Oversight and Management of Energy Performance Contract (EPC) Management of resources, communication, training & skills Escalate significant issues through Trust formal governance systems Promote planning and strategy in respect of Trusts energy performance Develop and implement of sustainable development management plan (SDMP) Awareness of roles and responsibilities Maintenance and reporting of compliance records Monitor compliance 3rd party premises Populate NHS PAM / MiCAD Compliance evidence	4 Quite likely	4 High	16	6	Boocock, Paul	02/02/2018
4156	Safe management of medicines (corporate)	Harm (physical or psychological)	Medicine safety policies & procedures. Medicine management governance arrangements (including audit & performance monitoring). Medicine safety training & education programmes. Pharmacy support and advice service. Pharmacy facilities & specialist equipment. Incident reporting and investigation systems & processes (Datix).	The Trust currently uses a manual prescribing process across all sites, which is vulnerable to human error that increases the potential for delayed or omitted dosages; moving of charts from wards; and medicines not being ordered as required. Pharmacy is not sufficiently involved in the discharge process or medicines reconciliation, which increases the potential for communication failure with primary care leading to patients receiving the wrong continuation medication from their GPs. The Trust routinely stores medicines & IV fluids on wards in excess of 25 degrees (& in some areas above 30 degrees). This is worse in summer months. These drugs may not be safe or effective for use. Aseptic facility at LCH is not currently fit for purpose due to its age and condition which increases potential for contamination of products (including chemotherapy; nutrition and antimicrobials).	Planned introduction of an electronic prescribing system across the Trust, to eliminate some of the risks associated with manual prescribing. Routine monitoring of compliance with electronic discharge (eDD) policy. Request for funding to support additional pharmacy resources for involvement in discharge medicine supply. Introduction of electronic temperature monitoring systems for all drug storage areas to enable central monitoring. Capital investment required. Contingency - ward monitoring of temperatures & escalation of issues. Aseptic facility at LCH temporarily closed whilst awaiting required building works, due to potential for contamination.	3 Possible	4 High	12	4	Rinaldi, Dr Ciro	30/09/2018
4138	Safety & effectiveness of medical care (corporate)	Harm (physical or psychological)	Clinical policies, procedures, guidelines, pathways & supporting documentation. Clinical audit programme. Medical staff recruitment, induction, mandatory training, registration & re-validation. Quality & safety improvement planning process & plans. Defined safe staffing levels. Electronic observations in place across the Trust. Sepsis eBundle process in place & compliance monitored.	Issues with consistent and timely completion of electronic discharge documents (eDDs), which can lead to medication inaccuracies on discharge and delayed handover to GPs. Inconsistent compliance with initiation and completion of sepsis bundle, particularly initial screening (currently below 70%). Inconsistent compliance with e-observation policy.	eDD Committee to oversee compliance and implementation of improvement plans. Sepsis Committee to oversee compliance and implementation of improvement plans. E-obs system audits all inpatients each month. Ward Accreditation has a deteriorating patient standard with the aim of driving improvement.	3 Possible	4 High	12	4	Hepburn, Dr Neill	31/08/2018
4177	Critical ICT infrastructure failure	Service disruption	ICT network security arrangements. Network performance monitoring. Cyber security alerts from NHS Digital. ICT hardware & software upgrade programme. Telecoms infrastructure maintenance arrangements.	Availability of sufficient funds to support required hardware & software upgrades & deliver the digital strategy, with increasing demands which may leave the network vulnerable to overload. Local service / site specific vulnerabilities which may not be prioritised and addressed by the relevant management teams. The core network switch supervisors at Lincoln & Pilgrim Hospitals has been served an end of life (EOL) notice. The current Internal Site Local Area Network (LAN) Fibre Network was first installed in the 1980s, and is still in use today. This fibre is now becoming brittle which causes unplanned network loss\outages and also causes network latency issues. The core Trust Telephone Exchange Systems has been given an End Of Life (EOL) Notice for 2020. Pilgrim Hospital main Computer Room is situated directly beneath water pipes and water tanks. There have been incidents of water damage to servers in the past. The Storage Area Network (SAN) is close to capacity and demand for storage is forecast to increase by 20% per year. The Storage Area Network (SAN) s a single point of failure, which could collapse the whole server infrastructure leading to unavailability of all applications and data until a repair was affected and possible restoration of data from backup.	Prioritisation of available capital and revenue resources to essential projects through the business case approval process. Comprehensive risk assessment to be completed and distributed to relevant managers for inclusion within their own risk registers and implementation of required actions. Cisco have extended support to 2020, so the plan is to replace Pilgrim Core in 2018/19 with Lincoln in 2019/20 replacing both before EoL is reached. Planned programme of replacing old fibre network (funding in ICT plan); failures replaced as and when they occur. ICT 4 year plan (from 2015) to replaceTelephone Exchange Systems in small steps as parts of the core exchange become EOL, which will be less disruptive in terms of downtime, technical risk and risk to the business in changing out such a critical system. Plan to relocate computer room at Pilgrim to Medical Physics. Capital investment in additional storage. Installation of a second SAN infrastructure, to introduce real time synchronisation, so in the case of a failure the slave can automatically take over.	3 Possible	4 High	12	4	Gay, Nigel	30/09/2018
4178	Failure of ICT client devices (corporate)	Service disruption	ICT hardware inventory. ICT hardware upgrade / replacement programme. Capital investment prioritisation process. Revenue expenditure prioritisation process.	The Trust currently has around 2500 devices that are now 5-7 years old, with this number increasing year on year. A Microsoft Enterprise Agreement (EA) was entered into in June 2018, which enables the Trust to take advantage of new software release at no cost, but can only do this if the device is suitable to allow the software to run. Desktop PCs in many clinical areas run slowly and require staff to remember numerous passwords for the range of systems they require access to.	ICT are attempting to increase the life of some older machines by the replacement of Hard drives and increasing memory. However, this isn't a sustainable solution. ICT Seek capital funding for equipment refresh each year. But this is typically far less than required. ICT are also looking at deploying Virtual Desktop infrastructure, as this extends the life of the client end and will improve system access speeds.	3 Possible	4 High	12	4	Gay, Nigel	30/09/2018
4080	Supply of Medical Trainees	Service disruption	People Strategy. Workforce plans. Medical trainee recruitment & support framework. Guardians of Safe Working Practice (with access to admin support). Workforce information systems. Staff surveys & resultant action plans. Strategic leadership and oversight provided by the Workforce & Organisational Development Committee.	The Trust is dependent on Deanery positions to cover staffing gaps. There have been issues also with the effectiveness of the Guardians of Safe Working Practice. They have yet to begin regularly reporting to Board, which they are required to do. Shortages in medical recruitment team will impact on the next rotation if not resolved.	The Education Director has developed an action plan in relation to the issues raised. Two HEE fellows are currently looking at issues relating to engagement with the juniors. A meeting is being held in March to address issues relating to the management of the next junior doctor rotation - we need to ensure there is "ownership" of the juniors and the issues that they have. Issues with the effectiveness of the Guardians to be addressed by the Medical Director.	3 Possible	4 High	12	8	Rayson, Martin	31/07/2018

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4081	Staff engagement, morale & job satisfaction	Reputation / compliance	Occupational health & wellbeing arrangements for staff. Staff engagement opportunities. Internal communications platforms (intranet; bulletins; forums). Staff survey process and response planning. Leadership succession planning processes. Management of change policies, guidance, support and training.	Impact of the cost reduction programme on staff morale. The national staff survey results for 2017 shows that the impact of the Trust going into special measures for both quality and finance is being felt by staff. Morale has declined significantly, pride in working for ULHT has gone down and staff feel that decisions are taken on the basis of finance, rather than patient experience and safety and to the detriment of staff (e.g. increase in car parking charges & controls over travel and training). There is significant cynicism amongst staff, which will not be resolved until they see action alongside the words.	Shaping a response to the staff survey results which will inform the revised People Strategy and the 2021 Programme. One of the key themes will be creating a strategic narrative which gives hope for the future and addresses the issue that quality and money are not incompatible. Improvement methodology work provides means for staff to make efficiency and patient experience improvements. FAB programme will emphasise what is possible. Directorates will be tasked with also addressing staff survey issues at a local level. The actions proposed provide the mitigation, but we have to recognise that this remains a tough environment in which to drive up morale. Staff survey predated launch of 2021, but there is a need to tackle vacancy gaps as well.	3 Possible	4 High	12	4	Rayson, Martin	31/07/2018
4082	Workforce planning process	Service disruption	Workforce strategy & improvement plans. Workforce planning processes. Workforce management information. Recruitment framework & associated policies, training & guidance. Rota management systems & processes. Bank, locum & agency temporary staffing arrangements. Operational governance arrangements.	Capacity within the business to support the process and recognition of its priority is an inhibiting factor, which is less within the direct control of HR.	KPMG are providing additional capacity and capability. Created temporary team to take forward work aligned to CSR. Business partners to be appointed. Skill-building planned at STP level, where we also have continued support from WSP. Escalation to FRG if necessary.	3 Possible	4 High	12	8	Rayson, Martin	31/07/2018
4043	Non-compliance with clinical governance regulations & standards	Reputation / compliance	Clinical governance arrangements at corporate and directorate levels. Board Assurance Framework (BAF) & review process. CCG oversight & assurance arrangements. CQC liaison & inspection management arrangements. Management of clinical policies, guidelines and pathways. Clinical audit programme. Internal audit arrangements (360 Assurance). Datix incident reporting & risk management system & processes. Serious Incident (SI) management & governance processes. NHS Central Alerting System (CAS) management arrangements. NICE guidelines compliance management arrangements. Mortality review policy & processes.	Low levels of compliance with Duty of Candour (verbal and written). CCGs can impose fines for failure to achieve agreed levels for verbal compliance (which occurred in several months of 2017/18). Low levels of compliance with baseline assessments for NICE guidelines & Technology Appraisals. Backlog of Serious Incident investigations; & future management to meet requirements.	Internal audit review of Duty of Candour commissioned to inform action plan. Systems, processes, training, communication and performance management to be reviewed. Performance management of NICE guidelines backlog through PSC. TAs being managed through Medicines Optimisation (MOPS) & reported upwardly to PSC. Dedicated resources assigned to manage backlog of SI investigations; introduction of investigation training & exploration of options for a dedicated investigation team.	3 Possible	4 High	12	4	Hepburn, Dr Neill	31/08/2018
4157	Compliance with medicines management regulations & standards (corporate)	Reputation / compliance	Medicines management policies, guidance, systems and supporting documentation. Medicines Safety Committee & sub-group governance structure. Mandatory medicines management training as part of Core Learning for clinical staff. Specialist advice & support from the Pharmacy team. Datix incident reporting & investigation processes. Root cause analysis of serious medications incidents. Pharmacy compliance monitoring / auditing.	The Trust currently uses a manual prescribing process across all sites, which is inefficient and presents challenges to auditing and compliance monitoring. Significant areas of non-compliance with national standards for aseptic preparation of injectable medicines have been identified. Key issues are the inadequacy of current staffing resources & skills mix and the condition of the facilities.	Planned introduction of an auditable electronic prescribing system across the Trust. Isolator cabinets replaced at PHB; LCH facility remains closed whilst awaiting necessary building works (not currently possible to reopen due to potential for contamination).	3 Possible	4 High	12	4	Rinaldi, Dr Ciro	30/09/2018
4141	Non-compliance with infection prevention & control regulations & standards (corporate)	Reputation / compliance	Infection control policies, guidance, systems and supporting documentation. Infection Control Committee & sub-group governance structure. Mandatory infection control training as part of Core Learning. Specialist advice & support from the Infection Control team. Datix incident reporting & investigation processes. Root cause analysis of hospital acquired infections. Infection control compliance monitoring / auditing.	Sub-optimal cleaning standards in many areas increase the likelihood that the Trust will breach the yearly Clostridium difficile threshold set by NHS England. Insufficient housekeeping resource to provide and maintain a clean and appropriate environment and poor cleaning audit compliance with the Infection Code of Practice. Reduced staffing capacity within the Infection Control Team (due to maternity leave, vacancies and sickness absence) impacts on the consistent achievement of compliance with the Hygiene Code of Practice.	Matrons reviewing cleanliness standards during golden hour walk rounds; increased supervisory support for housekeepers being rolled out. To progress housekeeping plan & business case for further investment in housekeeping resources. Cover arrangements with Pharmacy for antimicrobial pharmacist. Explore ways of increasing microbiologist support either through NLAG or internally. Business case for increased resources.	3 Possible	4 High	12	4	Rhodes, Michelle	30/09/2018
4176	Management of planned care (corporate)	Service disruption	Engagement in: - Acute Services Review (ASR) - Sustainability & Transformation Partnership (STP) 100 day improvement programme. Elective demand operational management arrangements. Outpatient services management processes. Diagnostic services management processes.	Too much inappropriate activity defaults to ULHT. Sustainability of a number of specialties due to workforce constraints. ASR/STP not agreed/ progressing at required pace (left shift of activity). ⏎	Engage fully in ASR / STP /100 day programme.	2 Quite unlikely	4 High	8	4	Brassington, Mark	30/09/2018
4142	Safety & effectiveness of nursing care (corporate)	Harm (physical or psychological)	Clinical policies, procedures, guidelines, pathways & supporting documentation. Clinical audit programme. Nursing staff recruitment, induction, mandatory training, registration & re-validation. Quality & safety improvement planning process & plans. Defined safe staffing levels. Ward accreditation programme.	The Trust has consistently reported a relatively high contaminated blood culture rate which could lead to delayed diagnosis and therefore timely and effective treatment resulting in avoidable patient deterioration.	Recruit to sepsis nurse post permanently; develop a teaching package; progress site improvement plans; develop a business case for a team to take blood cultures as per Worcestershire model.	2 Quite unlikely	4 High	8	4	Rhodes, Michelle	30/09/2018
4179	Major cyber security attack	Service disruption	ICT network security arrangements. Network performance monitoring. Cyber security alerts from NHS Digital. ICT hardware & software upgrade programme. NHS 17/18 Data Security Protection Requirements (DSPR). Corporate and local business continuity plans for loss of access to ICT systems. Mandatory major incident training for all staff (part of Core Learning).	Availability of sufficient funds to support required hardware & software upgrades & deliver the digital strategy, with increasing scale of threat which may leave the network vulnerable to attack. Digital business continuity & recovery plans are in place but need to be updated with learning from the 'Wannacry' incident (May 2017) and routinely tested.	Prioritisation of available capital and revenue resources to essential projects through the business case approval process. Digital business continuity & recovery plans to be updated & tested at STP level. ICT plan to engage an independent security consultant to advise on any further action required.	2 Quite unlikely	4 High	8	4	Gay, Nigel	30/09/2018

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4180	Data quality (corporate)	Reputation / compliance	Data Quality Policy. Data quality audit & monitoring arrangements. ICT system-specific data quality controls (user guides, training, auditing).	The Audit functionality within the current release of Medway is lacking in a number of areas and doesn't meet with the IG and other national requirements. Some audit detail can be obtained through workarounds. Other detail has to be obtained through contact with SystemC. Users that only read an entry, and make no changes are not currently able to be audited as the data is not stored.	Plan to upgrade to Medway version 4.8.x, but have been advised that some audit functions are still not fixed in this release either.	2 Quite unlikely	4 High	8	4	Gay, Nigel	30/09/2018
3689	Core Asbestos Management Risk - Failure to comply with Asbestos Management legislation	Reputation / compliance	Trust Asbestos Core Working Group. Asbestos Awareness training for managers and operatives (Estates staff and contractors) and reminders for all affected staff are placed on the compliance module in Micad. Specialist contractor appointed to advise Trust on specific Asbestos management issues across sites. Site Survey data available on Micad. Third Party Contractor induction for both capital schemes and day to day maintenance. Annual Facefit training for specialist PPE equipment. Occupational Health reviews, lung function test. Specialist surveys prior to making any physical change to built-in environment. Air monitoring of specific areas to give assurance that controls in place are adequate. Risk Prioritised Capital Programme in place to undertake works associated with the Asbestos Management Plan. Restricted access where known ACM's exist, access is only permitted under a permit to work system.	Continuity of contractors appointment requires resourcing and managing Verification of contractors training No Access areas still to be surveyed Potential inaccurate survey data due to restricted access to areas. Insufficient Capital funding available to remove Asbestos or other higher risk competing priorities depleting capital resources Policy still to be approved AMP still to be developed Appointed Person still to be appointed - Asbestos Management Structure to be agreed	Policy to be approved by Estates Environment Committee. Asbestos Management Plan to be developed. Re-Inspection Programme to be completed. Periodic review site survey data to ensure current and upto date. Periodic review of Asbestos Management plan and survey to ensure quality and assurance. Involvement with Trust Capital prioritisation process to make case for Estates backlog maintenance. Micad to go live with the Asbestos Module.	2 Quite unlikely	4 High	8	4	Boocock, Paul	12/05/2018
3723	Estates & Facilities Capital and Revenue Investment Core Risk - Leading to poor quality & safety across the Trust	Service disruption	1. Capital programme 2. Drafted Estates Strategy 3. Compliance funding identified 4. Input into Trust Capital Prioritisation process	1. Compliance with Trust Finance Requirements 2. Maintenance and reporting of compliance records 3. Oversight and Management of Capital and Revenue budgets 4. Escalate significant issues through Trust formal governance systems 5. Prioritisation to support compliance with statutory and HSE Regulatory Requirements 6. Develop and Implement planned capital and revenue budgets within financial year 7. Forward planning of investment budgets 8. Populate NHS PAM / MiCAD Compliance Database	1. Correct tendering procedures are deployed Compliance with Trust cash loan terms and conditions. 2. Compliance evidence on MiCAD and governance assurance reporting to Trust Board. 3. EFM Directorate Financial Reporting and Capital progress reporting to Estates Environment Infrastructure Investment Committee & Investment Programme Board. 4. Risk Reporting through core programmes to EEIC and upto Trust Board. 5. Capital Prioritisation Process defined and effectively used to stratify statutory risks in conjunction with available capital.	2 Quite unlikely	4 High	8	4	Boocock, Paul	11/05/2017
4079	Reliance on an EU workforce	Service disruption	People Strategy. Workforce plans. Vacancy recruitment framework. Recruitment policy. Bank, locum & agency temporary staffing arrangements. Workforce information systems. Communication strategies for engaging with the EU workforce.	71 EU staff have left the Trust since the Brexit decision in 2016 We continue to employ 321 staff from EU countries. We are not at present systematically communicating with these staff as we do not have the capacity to do so. We will survey them when capacity allows. This is an issue though which is not entirely in our own hands to resolve and is dependent on government action.	Communication with EU staff and their managers, to ensure that they are aware of the position in respect of their employment rights and we are aware of their concerns and the actions we can take to reassure them and keep them in ULHT. Participation in national research on the issue, which enables the NHS as a whole to put pressure on government to resolve issues. Recent Government announcements around the rights they will have has resolved some initial uncertainties. Need to put in place regular communication with these staff and not rely on their own managers. At the moment we do not see this as our most significant risk, but will keep under review.	2 Quite unlikely	4 High	8	4	Rayson, Martin	31/07/2018
4083	Management of organisational change	Reputation / compliance	Management of change policies, guidelines, support and training. Partnership agreement with staff side representatives. Regular meetings with staff side representatives.	Relationships with staff side representatives is challenged by the scale of change required and the extent to which staff side wish to protect the status quo. There are disagreements amongst staff side representatives and not all meetings have taken place as scheduled.	Reviewing the current recognition agreement to modernise it and ensure it is fit for purpose. It is based on the Sandwell model and seeks to ensure proper debate, without giving staff side the capacity to prevent us moving beyond the status quo. Intention is to write to staff side to propose a further partnership meeting. Formal consultation around the new recognition agreement will begin shortly.	2 Quite unlikely	4 High	8	4	Rayson, Martin	31/07/2018
4146	Effectiveness of safeguarding practice (corporate)	Harm (physical or psychological)	Safeguarding policies, guidance, systems and supporting documentation. Mandatory safeguarding training (role-based) as part of Core Learning. Safeguarding Committee & sub-group governance structure. Specialist advice & support from the Safeguarding team. Datix incident reporting & investigation processes. Safeguarding compliance monitoring / auditing.	Agitated patients may receive inappropriate sedation, restraint, chemical restraint or rapid tranquilisation as there is lack of staff education and clinical guidelines and no monitoring arrangements. The Trust is unable, with a degree of regularity, to evidence safeguarding concerns due to lack of medical photography. There is no contingency if current medical photographer is on annual leave/sick/on-another site. The individual is also employed by another provider.	Development of policy & introduction of regular monitoring arrangements. Training options to be considered. Medical staff taking own photographs - but not necessarily admissible as evidence. Suitable contingency arrangements required.	2 Quite unlikely	4 High	8	4	Rhodes, Michelle	30/09/2018
4145	Non-compliance with safeguarding regulations & standards (corporate)	Reputation / compliance	Safeguarding policies, guidance, systems and supporting documentation. Mandatory safeguarding training (role-based) as part of Core Learning. Safeguarding Committee & sub-group governance structure. Specialist advice & support from the Safeguarding team. Datix incident reporting & investigation processes. Safeguarding compliance monitoring / auditing.	Lack of knowledge amongst front line of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs). Low number of DoLs Referrals & limited evidence of MCA in notes. Low level of compliance with safeguarding training, contrary to s11 of the Children Act and Safeguarding Core Standard 5. Capacity within the team affecting the ability of the Named Nurse for C&YP and Named Professional for Adults to fulfil the strategic elements of their roles and their ability to provide a timely response to deadlines from external partners and Safeguarding Boards.	Strategically all processes now in place. Team to offer staff support and supervision. Staffing levels in SG team and large number of staff to support remains a challenge to bridging the theory / practice gap. Audits show improvements. New targets have been signed off for the individual elements of Core Learning; these have been agreed at 90% by the Core Learning Panel for all safeguarding and MCA courses. Monthly audit plan in place with additional support from the CCG who conduct monthly assurance visits in areas where additional assurance required to evidence compliance with policies and procedures.	2 Quite unlikely	4 High	8	4	Rhodes, Michelle	30/09/2018
4154	Opportunities to participate in major clinical research projects (corporate)	Harm (physical or psychological)	UK Policy Framework for Health & Social Care Research. Lincolnshire Clinical Research Facility (LCRF). Established ULHT Research team. Research 2021 Strategy - Delivering World Class Research for Lincolnshire Patients.	ULH has not been successfully attracting research grants. There is an identified need and an opportunity for the Trust to drive rural health research. There is an opportunity for LCRF to be recognised by the NIHR to attract further funding.	ULH research funding can be increased by ULH clinicians/nurses/AHPs attracting their own or collaborative research grants. ULH is leading a new initiative to set up a Centre for Rural Health and Care. Development of new, dedicated accommodation for a joint Lincolnshire Clinical Research Facility to support formal recognition by the NIHR as a registered CRF.	2 Quite unlikely	4 High	8	4	Hepburn, Dr Neill	30/09/2018

ID	Risk title	Risk Type	Primary controls in place	Gaps in Control	Risk action plan	Likelihood (current)	Severity (current)	Rating (current)	Rating (Target)	Manager	Review date
4144	Uncontrolled outbreak of serious infectious disease	Harm (physical or psychological)	Infection control policies, guidance, systems and supporting documentation. Infection Control Committee & sub-group governance structure. Mandatory infection control training as part of Core Learning. Specialist advice & support from the Infection Control team. Datix incident reporting & investigation processes. Root cause analysis of hospital acquired infections. Infection control compliance monitoring / auditing.	ULHT does not currently have any compliant negative pressure rooms on any of its hospital sites. This may incur the risk of transmission of infectious pathogens if patients with suspected/ known highly infectious conditions are cared for within existing side rooms at ULHT for any period of time. Potential for failure to identify alert organisms in a timely manner due to the fact that data presentation has been changed to accommodate for new catalogue features on Apex software. A lack of bay doors on wards including MEAU has been identified at the Lincoln Site. This may impact service provision due to lack of capacity to cohort nurse affected patients during an outbreak, leading to increased bed or ward closures.	In line with the current risk assessment, any patients with suspected / known MDR-TB are transferred immediately to a healthcare provider in another county. There are negative pressure facilities available within the trust however they do not fully meet the required HBN 04-01 (Isolation facilities for infectious patients in acute settings). They are still the preferred option for isolation of patients with high risk infectious pathogens and priority would be given to inpatients with these risks. Pathlinks working to rectify alert organism surveillance issue but may be some time before data is available in a format to allow easy access. Estates have action plan to replace doors on all bays in MEAU and awaiting opportunity to complete this work once operational pressures allow.	2 Quite unlikely	4 High	8	4	Rhodes, Michelle	30/09/2018
4155	Safety of research project participants (corporate)	Harm (physical or psychological)	UK Policy Framework for Health & Social Care Research. National approval process (Ethics Committee; relevant professional body, e.g. MHRA). Written protocols prepared for every research project. Risk assessment process for every research project. Commercial studies are closely monitored by the sponsoring company.	Current management processes do not include regular audit of research projects for compliance with requirements. Current risk assessment methodology is due for review.	Review of capacity to build in annual compliance audit of 10% of research projects. Review of research project risk assessment methodology.	1 Highly unlikely	4 High	4	4	Hepburn, Dr Neill	30/09/2018
4061	Financial loss due to fraud (corporate)	Finances	NHS Counter Fraud Authority (NHSCFA) Anti-Fraud Manual and Standards for Providers – Fraud, Bribery and Corruption (updated annually). NHS Fraud and Corruption Reporting Line (FCRL). Local Counter Fraud, Bribery and Corruption Policy and Response Plan (2018-21). Director of Finance, Procurement and Corporate Affairs is the Accountable Officer for counter fraud work across the Trust. Audit Committee provides strategic leadership and oversight for counter fraud work. Counter Fraud Report to the Audit Committee. Annual Self-Review Toolkit (SRT) and Quality Assurance submissions to NHSCFA. Local Counter Fraud Specialist (LCFS) accredited by the Counter Fraud Professional Accreditation Board (CFPAB). Core learning requirement (all staff, every 3 years): Fraud awareness e-learning. Fraud Awareness sessions provided by the LCFS. Local Fraud Risk Assessment (annual) conducted by the LCFS. Counter Fraud Operational Fraud Plan 2018/19. Finance department operating procedures: payroll; creditor payments / bank mandate fraud; budgetary controls. HR department operating procedures: employment checks; management of working hours / leave / absence. Overseas patient procedures. Procurement department operating procedures. Charitable funds management procedures.			1 Highly unlikely	4 High	4	4	Brown, Karen	30/06/2018
4069	Major incident (Grantham Hospital)	Service disruption	Emergency planning & business continuity policies, guidelines & mandatory training (core learning). Local emergency & business continuity plans. Incident reporting and management systems and processes (Datix).			1 Highly unlikely	4 High	4	4	Mathur, Mr Dilip	29/06/2018