

Appendix I - High Very High Corporate Risks - May 2019

Risk ID	Title	Risk Type	Risk register level	Executive lead	Likelihood (current)	Severity (currently)	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned actions	Action priority	Lead specialty	Action due date	Progress	Next risk review date
4175	Management of emergency demand (corporate)	Service disruption	Corporate	Brassington, Mr Mark	Extremely likely	High	20	Very high risk	3813	<ul style="list-style-type: none"> Comprehensive and effective triage Improve time to RAT Reduce ambulance handover delay Improve time to 1st assessment Effective GP Streaming Improve non-admitted pathway compliance Delivery of an ambulatory care model Implementation of frailty model Reconfiguration Redesign the site management and bed meeting model SAFER implementation Effective discharge by 1000 Reduce number of stranded and super stranded patients Implementation of Red to Green Implementation of Full Capacity Protocol (FCP) Implementation of criteria led discharge 	Urgent and Emergency Care Programme work streams: QS04 Pilgrim EC1A Lincoln EC1B Grantham EC2 Assessment Function EC3 Site Function EC4 Inpatient Ward Function EC5 Discharge and Partnerships	1. Critical priority risk mitigation	Operational	30/09/2019	Project updates for each of the five work streams are brought to Recovery Steering Group meetings which take place fortnightly. The recovery steering group has now been extended to include partners, stakeholders and regulators.	30/05/2019
4362	Workforce capacity & capability (recruitment, retention & skills)	Service disruption	Corporate	Rayson, Martin	Extremely likely	High	20	Very high risk	3716	Substantial challenge to recruiting and retaining 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.	1. Critical priority risk mitigation	Human Resources	30/06/2019		30/06/2019
									3717	High vacancy rates for consultants & middle grade doctors throughout the Trust.	Focus on medical staff engagement & structuring development pathways. Utilisation of alternative workforce models to reduce reliance on medical staff.	1. Critical priority risk mitigation	Human Resources	30/06/2019		
									3718	A significant proportion of the current clinical workforce are approaching the age at which they could retire, which may increase skills gaps and vacancy rates.	Workforce plans are identifying the potential risk due to the age profile in more detail, by year and service area; People Strategy includes mitigating actions; 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.	2. High priority risk mitigation	Human Resources	30/06/2019		
									3720	The Trust is dependent on Deanery positions to cover staffing gaps with medical trainees; there have been issues also with the effectiveness of the Guardians of Safe Working Practice; shortages in the 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; issues with the effectiveness of the Guardians to be addressed by the Medical Director.	1. Critical priority risk mitigation	Human Resources	30/06/2019	Guardians trained, met and expectations clarified Given template reports New software to facilitate reporting Guardian Review on 17 Jan 2019. Paper presented at Workforce and OD 15 Jan 2019. To develop new model for Guardian Role. Current Guardians to stop in 12 weeks.	
									4704	NHSI propose the introduction of 2 further measures to reduce agency spend in non-clinical areas: - a restriction on the use of off-framework agency workers to fill non-clinical and unregistered clinical shifts (to use of on-framework agencies only) - A restriction on the use of admin and estates agency workers to bank or substantive / fixed term only (with exemptions for special projects and shortage specialties)	Review of proposals and potential impact, to identify any required action.	2. High priority risk mitigation	Human Resources	30/06/2019		
4383	Substantial unplanned expenditure or financial penalties (corporate)	Finances	Corporate	Matthew, Paul	Extremely likely	High	20	Very high risk	3798	Continued reliance upon a large number of temporary agency and locum staff to maintain the safety and continuity of clinical services across the Trust, at substantially increased cost.	Financial Recovery Plan schemes: recruitment improvement; medical job planning; agency cost reduction; workforce alignment.	1. Critical priority risk mitigation	Human Resources	31/03/2020		31/07/2019
									3800	Interest rate may increase if the Trust deviates adversely from plan in the financial year. Non-delivery of plan would also mean the Trust won't have access to FRF; PSF; and MRET (valued at £29m).	Delivery of the Financial Recovery Programme; maintaining grip & control on expenditure; use of PRM process to hold divisions to account and develop mitigating schemes where needed.	1. Critical priority risk mitigation	Finance	31/03/2020		

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4382	Delivery of the Financial Recovery Programme (corporate)	Finances	Corporate	Matthew, Paul	Extremely likely	High	20	Very high risk	3795	Identified schemes for 2019/20 cover the level of efficiency required (£25.6m). If assumptions are inaccurate; or if there are capacity & capability issues with delivery; it may result in failure to deliver these schemes.	Finance PMO team working with divisions to manage planned schemes and identify mitigating schemes. Additional external resource to be brought in to support delivery.	1. Critical priority risk mitigation	Finance	31/03/2020		31/07/2019
4405	Continuity of aseptic pharmacy services (corporate)	Service disruption	Emergent	Costello, Colin	Extremely likely	High	20	Very high risk	4666	Concerns about the reliability, sustainability and contingency of the current service. In-house aseptic capacity increasing due to lack of manufacturing capacity from outsourcing suppliers. With Lincoln facility currently closed due to its condition and risk of contamination, Pilgrim aseptic unit is unable to produce sufficient supplies of aseptic products to meet the current demand of the population. Pilgrim aseptic unit is also in need of refurbishment and is not likely to be fit for purpose in the medium to long term. No business continuity plans exist. Any failure of Pilgrim ASU would result in the Trust inability to provide treatments and patients will need to be treated out of county.	Plan for the future of aseptic services and additional resources to cope with the increasing capacity required. Options appraisal of all the aseptic service(s) options in progress. Full business case to be written for preferred option.	2. High priority risk mitigation	Pharmacy	31/03/2020	All aseptic production is now taking place at PHB under Section 10 exemption from the Medicines Act. The Aseptic Capacity Plan produced by the Trust's Aseptic Accountable Pharmacist is now signed off and accepted at Board level (as per QAAPS5). A business case is being developed for a new aseptic unit to comply with national GMP and QAAPS standards to mitigate risks to business continuity. This business case has been considered at CRIB in November 2018 and will be considered again early in 2019.	30/06/2019
									4667	No provision for aseptic services out of hours (evening, weekends or bank holidays), Pharmacy on-call services do not include supply of aseptic products (including chemotherapy) & on-call pharmacists do not have required training. Lack of robust skill mix. Inability to provide robust cover when sickness and leave.	Exploration of options for out of hours aseptic service provision (including on call service; partnership with another Trust) along with purchasing of ready made chemotherapy and development of a policy & procedure for out of hours referral. Contingency: A voluntary list is maintained of staff who may be contacted but are not required to be available.	2. High priority risk mitigation	Pharmacy	31/03/2020		
3520	Compliance with fire safety regulations & standards (corporate)	Reputation / compliance	Corporate	Boocock, Paul	Quite likely	High	16	High risk	3494	The Fire Alarm System at LCH requires additional new work to ensure continued compliance with current standards.	Complete upgrade of LCH fire alarm system.	2. High priority risk mitigation	Estates	31/12/2021	Maternity block still outstanding. All other areas complete.	31/07/2019
									3495	Fire Doors, Fire/Smoke Dampers and Fire Compartment Barriers above ceilings in Pilgrim, Lincoln and Grantham require improvements to ensure compliant fire protection of patient and staff areas in accordance with statutory standards. See Fire Strategy surveys for areas affected. As referenced under article 8 in the Fire Enforcement Notices.	Complete improvements to Fire Doors, Fire/Smoke Dampers and Fire Compartment Barriers above ceilings in Pilgrim, Lincoln and Grantham.	1. Critical priority risk mitigation	Estates	30/06/2021	The work packages for the remedial works are taking place subject to availability of sufficient capital funding. Subject to agreement with LF&R for extension of additional 2 years.	
									3497	There are some areas of the estate with insufficient provisions of emergency lighting. Additional resources required to enable full compliance with Trust policy and applicable regulations.	Emergency lighting replacement programme in accordance with Fire Enforcement Notice Timescales.	1. Critical priority risk mitigation	Estates	31/07/2019	Pilgrim completed. Lincoln almost complete. Grantham in progress.	
									3498	Adherence to fire safety policy, procedures, strategic approach to active and passive fire safety measures and evacuation strategy. Adherence to Fire Safety training arrangements which include recording, analysis of training needs, personal development systems in place for all staff inclusive of permanent, temporary, agency and or bank staff.	New mandatory staff fire safety awareness module to be introduced; regular reminders to new divisional management indicating staff compliance.	1. Critical priority risk mitigation	Estates	31/10/2019	New mandatory staff fire safety awareness module now in place.	
3720	Critical failure of the electrical infrastructure (corporate)	Service disruption	Corporate	Boocock, Paul	Quite likely	High	16	High risk	3534	Electrical Infrastructure at Lincoln County Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at LCH & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	31/07/2019

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									3535	Electrical Infrastructure at Pilgrim Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at PHB & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	
										Electrical Infrastructure at Grantham District Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at GDH & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	
									3479	GDH: Main LV Electrical Switch Gear (Back of Theatres) connected to Transformer Number 3 requires upgrading. Switchgear is fully loaded with no room for future expansion to the southern part of the site.	Action Plan to be developed to upgrade main LV electrical switch gear at GDH. Any additional development to the southern half of the site will need to incorporate the replacement / upgrade of this switchgear.	2. High priority risk mitigation	Estates	31/03/2020	To be funded either through fire safety programme or emergency loan application to NHSI - to be determined.	
4384	Substantial unplanned income reduction or missed opportunities (corporate)	Finances	Corporate	Matthew, Paul	Quite likely	High	16	High risk	3801	Clinical coding & data quality issues impacting on income.	Iqvia engaged to review Trust data on a monthly basis; strengthening of clinical coding practice.	1. Critical priority risk mitigation	Information Services	31/03/2020		31/07/2019
									3802	Operational ownership of activity and income at specialty level.	Strengthening of management of activity and income plans at specialty level through the divisional PRM process.	1. Critical priority risk mitigation	Finance	30/06/2019		
										Activity levels increase above the plan where the Trust remains under tolerance, no additional income is received; where above tolerance only a percentage of tariff is received.	Internal control via PRM process for monitoring and agreeing any necessary actions to manage demand; & via Finance & Contracting Group for the system to manage demand.	1. Critical priority risk mitigation	Finance	31/03/2020		
										Up to £8m at risk through non-delivery of backlog improvements and repatriated activity.	System to develop robust plans and internal productivity gains to ensure there is sufficient capacity to deliver the activity; where the planned level of activity can't be achieved to secure income, the associated costs will need to be removed.	1. Critical priority risk mitigation	Operational	31/03/2020		
									3803	Commissioners have a combined shortfall to contract of c£8m. This could result in a number of schemes that will impact the Trust.	Agreed contractually that the impact of income reduction for these schemes will be on a net neutral basis for the Trust; monitored and managed through the Finance & Contracting Group.	2. High priority risk mitigation	Finance	31/03/2019		
4146	Effectiveness of safeguarding practice (corporate)	Harm (physical or psychological)	Corporate	Rhodes, Michelle	Quite likely	High	16	High risk	3660	Agitated patients may receive inappropriate sedation, restraint, chemical restraint or rapid tranquilisation; policies are now in place and training is in the process of being rolled out across the Trust. Audit of the use of chemical sedation is raising concerns that the Trust policy is not consistently being adhered to: choice of drug; dose; route of administration.	Develop & roll out clinical holding training for identified staff Trust-wide. Introduce debrief process. Identify trends and themes through incidents reported on Datix. Monitor training compliance rates. Introduce audit of 5 security incidents per month from September 2018. Review of chemical sedation pathway.	1. Critical priority risk mitigation	Safeguarding	30/06/2019	Clinical Holding training has now been running for 12 months. A training needs analysis was developed in conjunction with operational teams and 93 individual staff identified as requiring to attend the Level 4 2-day training. These staff are those who would potentially respond to a call for urgent assistance and as such be required to lead the response to the situation. As of February 2019 compliance with the training is at just 32%. Level 3 training is a one day course designed to provide skills and experience to staff working in identified 'hot spot' or high risk areas such as ED, admissions units, dependency withdrawal wards and elderly care. The training needs analysis resulted in 120 places being made available across these clinical areas. As of February 2019 compliance is at 48%.	31/07/2019
									3662	The Trust has no agreed pathway for referring clinicians, both internal and external, for patients with significant learning disabilities and challenging behaviours and no pathway to achieve a General Anaesthetic for procedures such as blood tests/ MRI, etc. This can lead to sub-optimal care and delays in diagnosis or treatment.	Development of an appropriate pathway for patients with learning disabilities: Plans currently made on an individual basis however this results in delays; task and finish group to scope extent of issues and to progress pathway development.	2. High priority risk mitigation	Safeguarding	30/06/2019		

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									3663	Commissioning gap – National shortage of specialist learning disability / mental health beds for children and young people with challenging behaviours, which can result in inappropriate admissions and increased length of stay.	Work being led by the CCG to address the shortage of specialist learning disability / mental health beds for children and young people with challenging behaviours; external support being sourced as required for 1:1 supervision etc.; Additional support offered by safeguarding team; Development of log to evidence issues.	2. High priority risk mitigation	Safeguarding	30/06/2019		
									4691	There is no mandatory, core learning or core learning plus formal training programme provision within the Trust for: 1. Mental Health - awareness; responsibilities in relation to administering the Mental Health Act, ligature risk 2. Learning disability - awareness, care in hospital and reasonable adjustments 3. Autism - awareness, care in hospital and reasonable adjustments	1. Liaise with training and development department to resubmit applications for core learning. 2. Liaise with clinical education department to determine numbers and reach of HEE funded programme. 3. Refresh training needs analysis to incorporate Autism developments. 4. Ensure reflected within MHL&A Strategy and associated work-plan.	2. High priority risk mitigation	Safeguarding	30/09/2019		
									4714	Children and young people (under 18) may be admitted to an adult inpatient ward, where there is a lack of specialist paediatric care and equipment available, such as paediatric resus trolleys. The current mechanism for real time alerting to safeguarding if staff fail to follow the current policy & do not complete the necessary risk assessment is not reliable (either ad hoc or retrospectively through incident reporting); this impairs the ability to respond in a timely manner to the needs of children & young people to ensure they receive appropriate care from appropriately trained staff in the right environment. Only areas that regularly care for children receive Level 3 child safeguarding training (others received L2). It is also not clear if an emergency call for a child on an adult ward would be responded to by paediatrics on-call. Paediatrics are not routinely involved in bed management meetings in order to be made aware of outliers.	To review and update the existing policy for admission of 14-18 year olds to adult inpatient areas, so that anyone under 16 must be admitted to a paediatric ward (unless they strongly object, fully aware of the risks). Those aged 16-17 to be given the choice, once made fully aware of the risks. Risk assessment to be reviewed. Potential for enhancements to patient administration systems to be considered to reinforce policy. Engagement of paediatrics with bed management meetings to be introduced.	1. Critical priority risk mitigation	Safeguarding	31/03/2020		
3688	Quality of the hospital environment (corporate)	Reputation / compliance	Corporate	Boocock, Paul	Quite likely	High	16	High risk	3558	Issues with the quality and condition of the hospital environment identified through PLACE annual inspection.	Paper to be prepared for ET to identify scale of work required and costs to address issues identified in the PLACE annual inspection.	2. High priority risk mitigation	Estates	31/05/2019	Report being prepared.	31/07/2019
									3560	The drains under the 'wash up floor' at Pilgrim Hospital are failing, leading to a build up of stagnant water and food waste that attract fruit flies, mosquitos and give off a pungent odour.	Excavate parts of the 'wash up floor' at Pilgrim Hospital, seal rainwater drains, remove sludge and fill the void under the main wash up area. The floor then needs to be sealed to stop any water going underneath.	1. Critical priority risk mitigation	Estates	30/06/2019	All drains have been removed. To finish dishwashers & flooring.	
									3680	Outpatient main reception inadequate for both staff, desk not ergonomically designed, no privacy screens for PCs therefore no patient privacy and inadequate security for staff. Noise levels from the adjoining catering outlet means confidential discussions are more difficult to undertake.	Refurbishment work to the main outpatient desk to address staff operational issues, noise and patient confidentiality. Also to relocate the ambulance desk next to this facility to deliver a 'one stop shop'.	1. Critical priority risk mitigation	Estates	30/06/2019	Works in progress.	
									3681	During winter months with the Main Entrance being East facing, any significant cold winds are funnelled into the main entrance foyer through the door lobby. Previous actions by fitting automatic doors have failed to improve the situation. Numerous staff and patient complaints.	To design an extension to the existing entrance that will prevent the wind funneling into the main foyer at Pilgrim.	1. Critical priority risk mitigation	Estates	31/03/2020	Scheme in this year's capital programme. Subject to prioritisation.	
									4051	Tower Block Facia Boards rotten and falling off.	No mitigation possible. Removal required asap.	1. Critical priority risk mitigation	Estates	31/07/2019	Order placed.	

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									4058	Infrastructure and doors in freezer units at Pilgrim catering, the fridge walls were installed in 1984. According to the refrigeration contractor the walls are deteriorating and losing the thermal properties to keep the cold. The doors have gaps where the seal has gone. The locks do not work, causing security issues and non compliance to keep locked for security and possible unknown contamination. The Shelter on the roof above is metal and keeps heat that causes the compressors to over work and cut out. This drastically reduces the temperature control and space for frozen stock.	Replace the insulated walls, new correct fitting doors with locks, fit meshing instead of doors on the roof to allow air flow for the compressors to function properly.	2. High priority risk mitigation	Catering (F)	31/03/2020	This year's capital programme, subject to prioritisation.	
3721	Critical failure of the mechanical infrastructure (corporate)	Service disruption	Corporate	Boocock, Paul	Quite likely	High	16	High risk	3601	Mechanical Infrastructure at Lincoln County Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at LCH & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	31/07/2019
									3602	Mechanical Infrastructure at Pilgrim Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at PHB & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	
										Mechanical Infrastructure at Grantham District Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Work required to identify critical infrastructure risks at GDH & plan improvements, from backlog maintenance survey.	2. High priority risk mitigation	Estates	31/07/2019	Review in progress.	
									3612	Old maternity block at GDH houses 2 Wards and management offices and is serviced by 2 lifts. 1 lift has had a new motor fitted in 2015. The remaining lift is of the same age. If this lift fails then we will not be able to service 2 Wards(food, patient moves, patient admissions etc).	Prioritisation of capital for refurbishment of lifts in old maternity block at GDH. Fully comprehensive service/maintenance contract. Defects reported on Micad and a trapped person procedure. Lift failsafe system.	1. Critical priority risk mitigation	Estates	31/12/2019	If funding is available this year, this will be a high priority for use of available funds.	
3503	Sustainable paediatric services at Pilgrim Hospital, Boston (Children & YP CBU)	Service disruption	Emergent	Brassington, Mr Mark	Reasonably likely	High	12	High risk	4673	Issues with recruiting and retaining sufficient numbers of middle grade doctors to safely maintain paediatric services at PHB.	Interim paediatrics service model in place; dependent upon locum staffing and therefore vulnerable and not cost effective or sustainable.	2. High priority risk mitigation	Paediatric Medicine	30/03/2020		30/06/2019
									4674	Concerns about limited supervisory resource for trainee doctors at PHB could result in withdrawal of trainees by HEE.	Interim arrangements in place to provide sufficient supervision in order to maintain supply of trainee doctors. Sustainable position is dependent upon agreement and resourcing of long-term service model.	2. High priority risk mitigation	Paediatric Medicine	31/03/2020		
									4675	Long term service model not yet agreed; until this is agreed and in place the service remains vulnerable to staffing and demand management issues. Current demand is lower than expected (for reasons unknown).	Development of sustainable long-term model for paediatrics at PHB, through the STP.	2. High priority risk mitigation	Paediatric Medicine	31/03/2020		
4083	Workforce engagement, morale & productivity (corporate)	Reputation / compliance	Emergent	Rayson, Martin	Reasonably likely	High	12	High risk	3725	Impact of the cost reduction programme & organisational change 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.	2. High priority risk mitigation	Human Resources	30/06/2019		30/06/2019

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4082	Workforce planning process (corporate)	Service disruption	Corporate	Rayson, Martin	Reasonably likely	High	12	High risk	3727	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.	1. Critical priority risk mitigation	Human Resources	30/06/2019		30/06/2019
4300	Availability of medical devices & equipment (corporate)	Service disruption	Corporate	Hepburn, Dr Neill	Reasonably likely	High	12	High risk	3810	Resource constraints (insufficient funds available to deliver against identified equipment requirements).	Prioritisation by Medical Device Group through Capital & Revenue Investment Board throughout 2019/20.	2. High priority risk mitigation	Clinical Governance	31/03/2020		30/06/2019
									3811	Current contractual arrangements for bed frames and mattresses (with ARJO) have expired and continue on a 6 month rolling basis; the current contract model may not represent the best value for money. Bed management processes lack corporate oversight and effective control.	Appointment of a dedicated project manager to coordinate development of a revised bed / mattress operational model and contract review. Option to work collaboratively with LCHS and LPFT.	2. High priority risk mitigation	Clinical Engineering	30/06/2019		
3689	Compliance with asbestos management regulations & standards (corporate)	Reputation / compliance	Corporate	Boocock, Paul	Reasonably likely	High	12	High risk	3228	Asbestos Management Plan still to be fully developed.	Complete development & begin implementation of Asbestos Management Plan.	2. High priority risk mitigation	Estates	30/06/2019	To be reviewed at next Asbestos Group	31/07/2019
									3231	Continuity of contractors appointment requires resourcing and managing; verification of contractors training required.	Contract review control meeting to take place.	3. Medium priority	Estates	30/06/2019		
4043	Compliance with clinical governance regulations & standards (corporate)	Reputation / compliance	Corporate	Hepburn, Dr Neill	Reasonably likely	High	12	High risk	3457	Persistently low levels of compliance with Duty of Candour (verbal and written) throughout 2018. CCGs can impose fines for failure to achieve agreed levels for verbal compliance (which occurred in several months of 2017/18). The CQC have threatened to take action if compliance does not improve.	Application for a bespoke Duty of Candour e-learning module to be added to Core Learning Plus, mandatory for all clinical staff; policy, guidance & letter templates to be revised (included within Incident Management Policy); communication plan being implemented; performance management to be strengthened.	2. High priority risk mitigation	Clinical Governance	30/05/2019	Core Plus e-learning launched in January 2019. Datix process & guidance updated. Performance management strengthened through targeted central support to divisions. Only outstanding area is for revised approach to be documented in new incident management policy & procedure.	30/05/2019
									3460	Limited identification and sharing of learning from Serious Incident (including Never Event) investigations.	Improved learning processes to be developed through the Safer Care work-stream of the QSIP. All changes to be incorporated within revised Incident Management Policy & supporting process guidelines.	2. High priority risk mitigation	Clinical Governance	30/06/2019	Revision of national SI framework delayed. Decision made to proceed with update to Trust policy & procedure based on current framework.	
									4563	Backlog of outstanding baseline assessments for NICE Technology Appraisals (primarily medicines-related).	Prioritisation of self assessments to clear backlog based on clinical risk and establishment of a robust management process. Regular progress to be monitored through Medicines Optimisation & Safety Group (MOpS).	2. High priority risk mitigation	Pharmacy	31/03/2020		
4385	Compliance with financial regulations, standards & contractual obligations (corporate)	Reputation / compliance	Corporate	Matthew, Paul	Reasonably likely	High	12	High risk		The Trust has a financial deficit and is therefore not able to meet its statutory obligation to break even.	In Financial Special Measures; agreed Financial Recovery Plan to return the Trust to a sustainable footing over the medium term.	2. High priority risk mitigation	Finance	31/03/2024		

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4399	Compliance with health & safety regulations & standards (corporate)	Reputation / compliance	Corporate	Boocock, Paul	Reasonably likely	High	12	High risk	3251	Quality Governance Committee raised issues with the effectiveness of the Trust Health & Safety Committee (only meets quarterly; disparity in engagement between sites; reporting assurance gaps raised concerns that full range of responsibilities are not being discharged).	Assurance issues identified by the Quality Governance Committee to be raised with the chair of the Health & Safety Committee. Future reports to cover all aspects of H&S management.	1. Critical priority risk mitigation	Facilities	30/06/2019	Health & Safety Strategic Plan / action plan (working in progress plan) has been developed to demonstrate the activities of work set from 2019 - 2024 in line with the British Safety Councils recommendations.	31/07/2019
									3252	The Trust does not currently have in place a sustainable programme of manual handling training for staff.	Proposals to be developed for resourcing of a sustainable manual handling training programme.	1. Critical priority risk mitigation	Facilities	30/06/2019	Business case approved for the recruitment of x1 Strategic Lead for Manual Handling Band 7 and x2 Band 5 Manual Handling Health & Safety Trainers. The Band 7 has been submitted for Job Match panel and of this date awaiting confirmation prior to commencing recruitment of these posts.	
4157	Compliance with medicines management regulations & standards (corporate)	Reputation / compliance	Corporate	Costello, Colin	Reasonably likely	High	12	High risk	3782	The Trust currently uses a manual prescribing process across all sites, which is inefficient and presents challenges to auditing and compliance monitoring.	Planned introduction of an auditable electronic prescribing system across the Trust.	2. High priority risk mitigation	Pharmacy	31/03/2020		30/06/2019
									3785	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.	Replacement of isolator cabinets at PHB and LCH. Closure of LCH facility until building works are complete.	1. Critical priority risk mitigation	Pharmacy	31/05/2019	Isolator cabinets replaced at PHB; LCH facility remains closed whilst awaiting necessary building works (not currently possible to reopen due to potential for contamination).	
									3786	Compliance with Falsified Medicines Directive (FMD) legislation (Directive 2011/62/EU) is mandatory from February 2019, aiming to provide assurance to patients that the medicines they are supplied are not counterfeit or 'Falsified Medicines' that might contain ingredients, including active ingredients, which are not of a pharmaceutical grade or incorrect strength or indeed may contain no active ingredient. Falsified medicines are considered a major threat to public health with seizures by regulators increasing annually across the globe. We do not currently have a plan in place to ensure that we will comply with this legislation, and be able to robustly provide the necessary assurance to patients.	The FMD legislation requires that a system be established to enable all pharmaceuticals to be tracked through the supply chain, from manufacturer, via wholesalers, to pharmacy and to end user, and will be facilitated through the use of 2D barcode scanning technology. The Trust will work regionally with wholesalers and pharmacy computer system providers. Funding for new equipment is likely to be needed.	2. High priority risk mitigation	Pharmacy	30/06/2019		
4145	Compliance with safeguarding regulations & standards (corporate)	Reputation / compliance	Corporate	Rhodes, Michelle	Reasonably likely	High	12	High risk	3656	Inconsistent compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and Trust safeguarding policy requirements (e.g. Failure to recognise the need to assess capacity & make a DoLS application) picked up by regular audits.	Increase visibility of the Safeguarding team who are providing advice, support and supervision to staff to bridge theory practice gap; Monthly audits to monitor progress which are reported through operational group and committee; Benchmarking data being explored.	2. High priority risk mitigation	Safeguarding	31/03/2019		30/06/2019
									3658	Capacity within the Safeguarding team affecting the ability to fulfil all statutory responsibilities of their roles (e.g. Domestic Homicide and Serious Case Reviews) and deliver proactive support to front-line staff.	Areas for more efficient working to be identified and improvements implemented; progress work to develop an integrated Safeguarding model for Lincolnshire that will deliver optimum benefits for Safeguarding across the county and ultimately deliver improved safeguarding outcomes for adults, children and young people in receipt of an holistic service: minimal duplication and gaps in provision (including transitions); greater innovation as future need is better anticipated; smooth patient hand-over and movement across organisational boundaries; urgent advice available via the Local Authority.	2. High priority risk mitigation	Safeguarding	31/03/2019		
									3659	The Trust is not yet fully compliant with recommendations made following the Savile and Bradbury inquiries (e.g. Chaperone Policy and Safer Recruitment).	Complete outstanding actions from Savile & Bradbury incorporated into Safeguarding QSIP plan as priorities for 2018/19; Task and finish group to review chaperone policy; Existing chaperone posters to be displayed in clinical areas; Risk assessments for areas unable to comply with policy; More information to be made available for patients about availability of chaperones; 3 yearly DBS checks to be implemented – process being explored by HR.	2. High priority risk mitigation	Safeguarding	31/03/2019		

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Risk ID	Title	Risk Type	Risk register level	Executive lead	Likelihood (current)	Severity (currently)	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned actions	Action priority	Lead specialty	Action due date	Progress	Next risk review date
3690	Compliance with water safety regulations & standards (corporate)	Reputation / compliance	Corporate	Boocock, Paul	Reasonably likely	High	12	High risk	3509	13 waste disposal units do not incorporate a 'Type A Air Gap' on the water supply inlet and therefore as they are classed as 'CAT 5 Fluid' they do not comply with the 'Water Regulations' which is a statutory regulation.	A 'Double Check' valve has been fitted to waste disposal units to non-compliant provide a higher level of protection after discussion with Anglian Water's 'Regulations Inspector' as an 'interim measure'. The non-compliant units to be replaced with those which comply with the Water Regulations.	2. High priority risk mitigation	Estates	31/12/2019	Obtain costs for the supply and installation of compliant units and prepare a business case for replacement.	31/07/2019
									3510	Lack of compliance with ACOP L8 and HTM standards in respect of water schematics for the hot and cold water systems could impact on the Trust's ability to demonstrate compliance with statutory standards and potentially place service users at risk of poor water safety.	Funding required for replacement TMVs, sinks and hand basins.	2. High priority risk mitigation	Estates	30/03/2020	Schematics produced by surveyors have not been quality assessed and have not been stitched into Estates and Facilities master CAD models. Some funding has been identified from Facilities CIP. Water flushing as per agreed IP&C Standard Operating Procedure. Surveys undertaken at Lincoln County, Pilgrim Hospital and at Grantham surveys are on-going.	
4406	Critical failure of the medicines supply chain (corporate)	Service disruption	Corporate	Costello, Colin	Reasonably likely	High	12	High risk	3825	The Trust currently uses a manual prescribing process across all sites, which is inefficient and increases the potential for medication not being ordered when needed.	Planned introduction of an electronic prescribing system across the Trust.	2. High priority risk mitigation	Pharmacy	31/03/2020		30/06/2019
									3826	Shortages of several brands of normal immunoglobulin. Gap in immunologist input for switching patients between brands.	Senior pharmacist and medical staff to manage switch between immunoglobulin brands with advice from the responsible consultant. Where patients are not looked after by any consultant following retirement of consultant immunologist, the patients will remain on existing brand until Immunology cover is available.	2. High priority risk mitigation	Pharmacy	31/05/2019		
									3827	Frequency and duration of medication shortages are presenting an increasing problem, with associated risks to patient care. May mean increasing reliance on unlicensed import products. Management of shortages often involves procurement of more expensive alternatives. Identification of shortages is often at the point at which stocks are depleted – a more robust system would be desirable whereby we anticipate shortages.	Shortages of contract lines are reported centrally; shortages of non-contract lines rely on identification by Trust pharmacy staff. Where shortages are identified, aim to put in place an appropriate management plan, after liaison with relevant members of pharmacy staff or specialist clinicians.	2. High priority risk mitigation	Pharmacy	31/05/2019		
									3828	Due to a significant shortage of Varicella zoster immunoglobulin (VZig), Public Health England (PHE) has centralised stock holding of this product within their unit at Collindale. Ordinarily the Trust holds stock of this product on site to facilitate timely, appropriate treatment of patients. Pregnant patients in the first 20 weeks of pregnancy, with negative VZ antibody, who are eligible for treatment may experience a delay – this may be a risk if they are presenting towards the end of the treatment window as the product needs to be given within 10 days of exposure.	Information regarding the restrictions to use of VZig and also the process for obtaining stock have been shared with all pharmacy staff. Stock will routinely be supplied on the next working day to the pharmacy or GP surgery. Clarification has been sought from PHE regarding out of hours emergency access.	1. Critical priority risk mitigation	Pharmacy	31/05/2019		
4437	Critical failure of the water supply (corporate)	Service disruption	Corporate	Boocock, Paul	Reasonably likely	High	12	High risk	3507	Pilgrim Hospital is served by only one incoming water main. This is in very poor condition and has burst on several occasions causing loss of supply to the site.	Regular inspection, automatic meter reading and telemetry for the incoming water main at Pilgrim Hospital. Install additional supply to provide resilience.	2. High priority risk mitigation	Estates	31/07/2019	Water main installed; to be connected.	31/07/2019
3687	Delivery of an Estates Strategy aligned to clinical services (corporate)	Service disruption	Corporate	Boocock, Paul	Quite likely	Moderate	12	High risk	3221	Lack of health community clinical strategy to inform the development of the Trust's Estates Strategy. No identified resource to develop Estates Strategy.	Develop, review and implement an Estates Strategy (aligned to the capital investment programme) with reference to the STP, ERIC data & Lord Carter's recommendations.	1. Critical priority risk mitigation	Estates	31/09/2019	Draft strategy to be presented to August Trust Board.	31/07/2019
4421	Delivery of the E-prescribing project (corporate)	Service disruption	Emergent	Hepburn, Dr Neill	Reasonably likely	High	12	High risk	4669	Funding not yet in place - requirement for successful application to NHSI. Initial application was rejected.	Application to NHSI for funding to be re-submitted in early 2019.	2. High priority risk mitigation	Pharmacy	30/06/2019		30/06/2019

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3722	Energy performance and sustainability (corporate)	Finances	Corporate	Boocock, Paul	Reasonably likely	High	12	High risk	4177	The CHP engine plant and equipment has an estimated 6 months life expectancy remaining. The current maintenance contract has been extended for 6 months but does not include the same coverage that is currently in place. The only contingency to maintain the sites heating if the CHP fell over is to procure generators to keep the buildings heated.	The replacement and upgrade of the CHP at LCH is part of the Trusts overall EPC but because of the inherent risks, weaknesses and gaps in control the replacement and upgrade of the CHP is now being prioritised as an individual action to address to TB and ET.	2. High priority risk mitigation	Estates	30/09/2019	Replacement under EPC, scheduled by November 2019.	31/07/2019
4467	Impact of a 'no deal' EU Exit scenario (corporate)	Service disruption	Emergent	Turner, Kevin	Reasonably likely	High	12	High risk	4394	The supply of medicines & vaccines may be disrupted in the event of a 'no deal' EU Exit.	Completion of all required actions in respect of medicines and vaccines, as detailed in the national EU Exit guidance. Specific instruction not to stockpile medicines or to prescribe extra medicines.	2. High priority risk mitigation	Pharmacy	31/03/2019	As a rural Trust, normal stock levels equate to 30 days which will continue as normal. Local protocol for management of short supply medicines. Most significant residual risk concerns high-cost drugs that cannot readily be switched to an alternative. Supply chain heavily reliant on national arrangements. Options to manage the impact of the current recruitment freeze on staffing capacity in Pharmacy procurement to be considered.	30/06/2019
4179	Major cyber security attack (corporate)	Service disruption	Corporate	Turner, Kevin	Reasonably likely	High	12	High risk	3671	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.	Prioritisation of available capital and revenue resources to essential cyber security projects through the business case approval process.	2. High priority risk mitigation	Information & Communications Technology	30/06/2019		30/06/2019
									3672	Digital business continuity & recovery plans are in place but need to be updated with learning from the 'Wannacry' incident (May 2017) and routinely tested.	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. High priority risk mitigation	Information & Communications Technology	30/06/2019		
4404	Major fire safety incident (corporate)	Harm (physical or psychological)	Corporate	Boocock, Paul	Quite likely	Moderate	12	High risk	3503	Potential inability to evacuate Trust premises in the event of an emergency in the event of poor or non-existent fire training.	Volunteer Fire Safety Advisor. Free up Fire Safety Advisors to facilitate bespoke training. Need to substantially officially appoint additional Fire Safety Advisor. TNA (Training Needs Analysis) in place and being managed. Formal training programme to be implemented.	1. Critical priority risk mitigation	Estates	30/06/2019	Training in higher risk areas has commenced. Recent appointment of additional fire resource.	31/07/2019
4368	Management of demand for outpatient appointments (corporate)	Service disruption	Corporate	Rinaldi, Dr Ciro	Reasonably likely	High	12	High risk	3818	Potential for failure to meet national targets of 52 weeks for clinic waiting times due to patients not appearing on PTL & Business Units occasionally lacking visibility of long waiting patients.	Information Support team to develop further reports to minimise number of patients not been visible in PTL.	2. High priority risk mitigation	Operational	30/06/2019		30/06/2019
									3820	Capacity gaps within individual specialities, and with outpatients from a staffing / estates perspective increase the potential for appointment delays due to issues with the management of overdue new referrals; Appointment Slot Issues (ASIs); and the Partial Booking Waiting List (PBWL) for management of Overdue follow-ups.	Clinical Directorates to provide trajectories for recovery plans - monitored at fortnightly RTT Recovery and Delivery Groups. Detailed plans at speciality level. C&A manually drawing down referrals from ASI list.	2. High priority risk mitigation	Operational	30/06/2019		
									3821	Overdue new appointments may be incorrectly added / unvalidated on the Open Referrals worklist. The New Booking team identify 'other' new patient referrals added to the Open Referral worklist by other parties in BU's. As the New Booking Team did not make the entry they are unable to validate the referral.	The Trust was required to be fully compliant with an electronic booking system with a target set by NHSI of June 2018.	1. Critical priority risk mitigation	Operational	30/06/2019		

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4176	Management of demand for planned care (corporate)	Service disruption	Corporate	Brassington, Mr Mark	Reasonably likely	High	12	High risk	3812	Too much inappropriate activity defaults to ULHT. Sustainability of a number of specialities due to workforce constraints. Availability of physical assets & resources (e.g. diagnostic equipment; outpatient space; inpatient beds). ASR / STP not agreed / progressing at required pace (left shift of activity).	System-wide planned care group setting up referral facilitation service & 100 day improvement programme, amongst other projects. Local mitigations in place including locum workforce; recruitment & retention premium; altering the model of working. Strategic direction to be outlined in fragile services paper to Trust Board. Capital plan for estate development, space utilisation and medical equipment. Progression of 2021 Strategy. Engagement in local Acute Services Review (ASR) & Sustainability & Transformation Partnership (STP).	2. High priority risk mitigation	Operational	30/06/2019		30/06/2019
4081	Quality of patient experience (corporate)	Reputation / compliance	Corporate	Rayson, Martin	Reasonably likely	High	12	High risk	3487	Staff engagement & ownership of patient experience feedback, staff morale and staff shortages; lack of pride or hope in working at ULHT translated as low energy and passion; communication features highly as a negative indicator within feedback; staff lacking awareness of the 'impact of self'; staff do not feel valued; workload and demand gives little time to provide the care to the standard aspired to leaving staff disappointed and dissatisfied.	Deliver against Patient Experience workplan; provide service and divisional level patient experience reports that are useful, timely and meaningful, secure a FAB Experience champion in every directorate; promote & spread Academy of FAB NHS Staff to highlight FAB patient experience quality projects and achievements - spreading celebration and enthusiasm to rebuild motivation and hope and passion; determine links between staff and patient experience and drill down to team level to support improvements and interventions; provide data that delivers confidence that this is what staff and patients are saying about their experience within that service - and then support that service to design and deliver improvements.	2. High priority risk mitigation	Human Resources	30/09/2019		30/06/2019
4041	Safe and responsive delivery of Non-Invasive Ventilation (NIV)	Harm (physical or psychological)	Emergent	Rhodes, Michelle	Reasonably likely	High	12	High risk	4686	Treatment may not commence within 1 hour of decision to treat if NIV bed unavailable on the ward or if insufficient nurse capacity. There may be no patients suitable for escalation to ICU as NIV is ceiling of care and admitting COPD patients who have a ceiling of care of NIV alone to a level 2/3 critical care/ICU bed is against the Critical Care Network agreed admission and operational policies. Many patients do not meet the criteria for escalation to a level2/3 bed. Supply of Bank and Agency staff with NIV competencies is limited and may involve use of Tier 4 agencies. High level of RN vacancies on the ward. Potential for delays in identifying deterioration in NIV patients as continuous ECG monitoring is not available on Carlton-Coleby Ward and the service is not in line with BTS/NCEPOD recommendations that NIV should only be provided in clinical areas where this is available to support monitoring of tachycardia, dysrhythmia or possible cardiomyopathy. High vacancy rate at pilgrim Hospital	1. Escalation Process for Ward Based NIV Capacity developed. 2. Requirements for ability to commence NIV in EDs being scoped, SOP will be required. 3. 24 hour band 6 recruitment in place. 4. On-going competency training in place for new Nurses 5. On-going recruitment 5. Cardiac monitoring available from Out Reach as required.	2. High priority risk mitigation	Respiratory Medicine	30/09/2019		31/07/2019
									4687	Treatment may not commence within 1 hour of decision to treat if NIV bed unavailable on the ward or if insufficient nurse capacity. There may be no patients suitable for escalation to ICU as NIV is ceiling of care and admitting COPD patients who have a ceiling of care of NIV alone to a level 2/3 critical care/ICU bed is against the Critical Care Network agreed admission and operational policies. Many patients do not meet the criteria for escalation to a level2/3 bed. Supply of Bank and Agency staff with NIV competencies is limited and may involve use of Tier 4 agencies. High level of RN vacancies on the ward. Age of the 4 NIV machines on Ward 7b (15 years+).	1. Escalation Process for Ward Based NIV Capacity developed. 2. Requirements for ability to commence NIV in EDs being scoped, SOP will be required. 3. Capacity & demand being reviewed. 4. Cohort recruitment for medical specialities being planned. 5. Review of ward establishment when SafeCare data available. 6. Additional NIV machine available in Clinical Engineering if needed.	2. High priority risk mitigation	Respiratory Medicine	30/09/2019		

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4156	Safe management of medicines (corporate)	Harm (physical or psychological)	Corporate	Costello, Colin	Reasonably likely	High	12	High risk	3787	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.	Planned introduction of an electronic prescribing system across the Trust, to eliminate some of the risks associated with manual prescribing.	2. High priority risk mitigation	Pharmacy	31/03/2020		30/06/2019
									3789	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.	Routine monitoring of compliance with electronic discharge (eDD) policy. Request for funding to support additional pharmacy resources for involvement in discharge medicine supply.	2. High priority risk mitigation	Pharmacy	31/03/2019		
									3790	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.	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.	2. High priority risk mitigation	Pharmacy	31/12/2019		
									3792	Inappropriate storage of refrigerated medicinal products (fridges constantly going above 8 degrees) due to lack of fridge(s) space. Periods of time where storage requirements are compromised has the potential to affect the stability of the products and therefore could have impact on patient treatment.	Temperatures of refrigerated medicinal products to be monitored continuously. Additional fridges required in order to ensure appropriate storage and product quality and comply with standards. Business case to request additional funding for fridges completed and approved. Fridges being purchased.	1. Critical priority risk mitigation	Pharmacy	31/03/2019		
4138	Safety & effectiveness of medical care (corporate)	Harm (physical or psychological)	Corporate	Hepburn, Dr Neill	Reasonably likely	High	12	High risk	3461	Areas of Hospital Standardised Mortality Ratio (HSMR) primary diagnosis outside of Dr Foster confidence intervals for the period April 2017 to March 2018: Septicaemia (except in labour); Other perinatal conditions; Aortic peripheral and visceral artery aneurysms.	HSMR: Sepsis task and finish group to review alerts; perinatal mortality to be added to QSIP & specific action plan to be developed; review of aortic peripheral and visceral artery aneurysms.	2. High priority risk mitigation	Trust Policy	30/06/2019	Reviews underway.	30/06/2019
									3462	Issues with consistent and timely completion of electronic discharge documents (eDDs), which can lead to medication inaccuracies on discharge and delayed handover to GPs.	eDD Committee to oversee compliance and implementation of improvement plans.	2. High priority risk mitigation	Trust Policy	30/09/2019		
									3463	Inconsistent compliance with initiation and completion of sepsis bundle, particularly initial screening (currently below 70%).	Sepsis Committee to oversee compliance and implementation of improvement plans.	2. High priority risk mitigation	Trust Policy	30/09/2019		