

## Appendix I – DRAFT Corporate Risk Register (May 2018)

Strategic objective	Our patients: Providing consistently safe, responsive, high quality care						
Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant, widespread deterioration in the quality and safety of nursing care impacting on a large number of patients across directorates	Director of Nursing	Minimal	12 High ---	<ul style="list-style-type: none"> <li>▪ Clinical governance management framework</li> <li>▪ Quality &amp; safety improvement programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ Challenge of maintaining safe staffing levels –</li> <li>▪ Learning from hospital acquired pressure ulcers &amp; falls –</li> <li>▪ Lack of Training Needs Analysis for use of medical devices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Exploration of new working models, role profiles &amp; career pathways</li> <li>▪ Review panels for falls &amp; pressure ulcer incidents set up &amp; operational</li> <li>▪ Departmental TNAs to be completed</li> </ul>	December 2018  Throughout 2018/19  August 2018
A significant, widespread deterioration in the effectiveness of safeguarding practice impacting on the care of vulnerable people across directorates	Director of Nursing	Minimal	12 High ---	<ul style="list-style-type: none"> <li>▪ Clinical governance management framework</li> <li>▪ Safeguarding strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of training in clinical holding / restraint –</li> <li>▪ No Trust medical photographer ( service provided by NUH) –</li> </ul>	<ul style="list-style-type: none"> <li>▪ Policy to be agreed; training provision to be identified</li> <li>▪ Resourcing options to be considered</li> </ul>	December 2018  September 2018
A significant, widespread deterioration in safe medicines management practice impacting on a large number of patients across directorates	Medical Director	Minimal	12 High ---	<ul style="list-style-type: none"> <li>▪ Medicine safety management framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reliance on paper-based prescribing process –</li> <li>▪ Reliance on manual monitoring of temperatures for storage of medicines –</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of e-prescribing solution</li> <li>▪ Exploration of options for electronic monitoring systems</li> </ul>	December 2019 September 2018

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A significant deterioration in the condition of the hospital environment impacting on the health and safety of a large number of patients, staff and visitors across directorates	Director of Estates & Facilities	Minimal	<b>12 High</b> ---	<ul style="list-style-type: none"> <li>▪ Health &amp; safety management framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited capital funding available for investment –</li> </ul>	<ul style="list-style-type: none"> <li>▪ Required works managed within available resources (PLACE audits will monitor)</li> </ul>	Throughout 2018/19
The imposition of regulatory sanctions for systemic non-compliance with clinical governance regulations & standards	Medical Director	Minimal	<b>12 High</b> ---	Clinical governance management framework & oversight at Patient Safety Committee	<ul style="list-style-type: none"> <li>▪ Low levels of compliance with Duty of Candour</li> <li>▪ Low levels of compliance with NICE guidelines baseline assessments</li> <li>▪ Backlog of Serious Incident investigations</li> <li>▪ Non-compliant aseptic medicine preparation facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Internal audit review commissioned to inform action plan</li> <li>▪ NICE performance management through PSC</li> <li>▪ Dedicated resources assigned to SI management</li> <li>▪ Exploration of options for new aseptic unit</li> </ul>	July 2018  Throughout 2018/19 September 2018  September 2018
The imposition of regulatory sanctions for systemic non-compliance with information governance regulations & standards	Deputy Chief Executive	Minimal	<b>12 High</b> ---	<ul style="list-style-type: none"> <li>▪ IG management framework</li> <li>▪ Oversight at IG Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ GDPR preparedness,</li> <li>▪ IG training compliance &lt; 95%</li> <li>▪ Corporate records compliance</li> </ul>	<ul style="list-style-type: none"> <li>▪ GDPR action plan (additional capability and capacity to execute the plan)</li> <li>▪ IG standards improvement plans</li> <li>▪ Additional capacity for Trust Secretary</li> </ul>	May 2018  Sept 2018  Sept 2018

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A significant, widespread deterioration in the safety and effectiveness of medical care impacting on a large number of patients across directorates	Medical Director	Minimal	8 <b>Medium</b> --	<ul style="list-style-type: none"> <li>▪ Clinical governance management framework</li> <li>▪ Quality &amp; safety improvement programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ Processes for implementing learning from Serious Incident investigations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthening of action planning &amp; tracking arrangements</li> </ul>	Throughout 2018/19
An uncontrolled outbreak of serious infectious disease affecting a large number of patients, staff and visitors across directorates	Director of Nursing	Minimal	8 <b>Medium</b> --	<ul style="list-style-type: none"> <li>▪ Clinical governance management framework</li> <li>▪ Infection, prevention &amp; control management framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sub-optimal cleaning standards in many clinical areas</li> <li>▪ Limited capacity in IPC team</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased supervisory support for housekeepers to be introduced</li> <li>▪ Workforce model under review</li> </ul>	September 2018  December 2018
A significant, widespread deterioration in the quality of service provided across directorates affecting the experience of a large number of patients and visitors	Director of HR & OD	Minimal	8 <b>Medium</b> --	<ul style="list-style-type: none"> <li>▪ Patient experience strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of directorate level KPIs for patient experience</li> </ul>	<ul style="list-style-type: none"> <li>▪ Balanced scorecard approach to be introduced</li> </ul>	August 2018
A significant breach of confidentiality involving the sensitive personal information of a large number of patients or staff	Deputy Chief Executive	Cautious	8 <b>Medium</b> --	<ul style="list-style-type: none"> <li>▪ Information governance management framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information governance training compliance rates consistently below 90% -</li> </ul>	<ul style="list-style-type: none"> <li>▪ Performance management through IG Committee</li> </ul>	Throughout 2018/19

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Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
One or more significant missed opportunities to innovate and improve clinical outcomes and enhance service provision for the benefit of multiple patients.	Medical Director	Open	<p><b>8</b> <b>Medium</b></p> <p>--</p>	Research & Innovation 2021 Strategy	<ul style="list-style-type: none"> <li>Some strategy objectives still require resources to be agreed</li> </ul>	<ul style="list-style-type: none"> <li>Agreement of necessary resources to deliver the strategy</li> </ul>	September 2018
The imposition of regulatory sanctions for systemic non-compliance with health & safety regulations & standards	Director of Estates & Facilities	Minimal	<p><b>8</b> <b>Medium</b></p> <p>--</p>	Health & safety management framework & oversight at H&S Committee	<ul style="list-style-type: none"> <li>Backlog maintenance programme</li> </ul>	<ul style="list-style-type: none"> <li>PPM review programme</li> <li>Appointment of Authorising Engineers</li> </ul>	Throughout 2018/19 June 2018
The imposition of regulatory sanctions for systemic non-compliance with safeguarding regulations & standards	Director of Nursing	Minimal	<p><b>8</b> <b>Medium</b></p> <p>--</p>	Safeguarding management framework & oversight at Safeguarding Committee	<ul style="list-style-type: none"> <li>Gaps in front-line staff knowledge of MCA / DoLS &amp; limited staffing capacity in Safeguarding team to provide support</li> <li>Low level of compliance with safeguarding adults &amp; children training (core learning)</li> </ul>	<ul style="list-style-type: none"> <li>Development of sustainable resourcing model with provider partners</li> <li>90% target set by Core Learning Panel</li> </ul>	Throughout 2018/19  To be reviewed May 2018

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Strategic objective	Our services: Providing efficient, effective and financially sustainable services						
Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant increase in the volume of emergency demand or degree of patient acuity beyond resource capacity that impacts on the quality and productivity of services across directorates	Chief Operating Officer	Open	20 Very high -----	<ul style="list-style-type: none"> <li>▪ Urgent and emergency care board (UECB) delivery plan</li> <li>▪ STP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Planned system wide actions may not have desired impact of reducing ED attendances, emergency admissions, length of stay and DTOC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continued senior leadership at UECB</li> <li>▪ Delivery of agreed ULHT Improvement plan</li> </ul>	Throughout 2018/19
Significant unplanned expenditure which affects the delivery of the annual control total	Director of Finance, Procurement & Corporate Affairs	Cautious	20 Very high -----	Key financial controls & budget management	<ul style="list-style-type: none"> <li>▪ Over-reliance on temporary staff at premium cost to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continued work to increase substantive workforce</li> </ul>	Throughout 2018/19
Significant under-achievement of planned financial efficiency savings for the current year which affects delivery of the annual control total	Director of Finance, Procurement & Corporate Affairs	Cautious	20 Very high -----	Financial efficiency planning & delivery programme	<ul style="list-style-type: none"> <li>▪ Scale of efficiency savings required &amp; capability to deliver</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular monitoring of progress with delivery of savings projects</li> </ul>	Throughout 2018/19

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Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
Imposition of sanctions for non-compliance with the enforcement notice issued by Lincolnshire Fire & Rescue that could result in closure of a substantial proportion of the estate	Director of Estates & Facilities	Not yet agreed	<b>20</b> <b>Very high</b> -----	<ul style="list-style-type: none"> <li>Fire safety policy and related procedures</li> <li>Oversight at Estates Governance Committee</li> </ul>	<ul style="list-style-type: none"> <li>Failure to maintain appropriate fire safety precautions, procedures &amp; training; availability of capital to address issues</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of comprehensive improvement plan; application to NHSI for capital</li> </ul>	Throughout 2018/19
A major cyber security incident that causes significant disruption to digital continuity across multiple directorates	Deputy Chief Executive	Minimal	<b>12</b> <b>High</b> -----	<ul style="list-style-type: none"> <li>Cyber security plan</li> <li>Digital Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Investment constraints</li> </ul>	<ul style="list-style-type: none"> <li>Agreement of prioritised plan within capital resources available</li> <li>Construction of business cases for external funding</li> </ul>	May 18  June 18
A significant deterioration in estates & facilities backlog maintenance capability & delivery of the development programme that causes significant disruption to services across multiple directorates	Director of Estates & Facilities	Cautious	<b>12</b> <b>High</b> -----	Backlog survey completed Increased reactive maintenance PPM review programme	<ul style="list-style-type: none"> <li>Lack of Capital Investment to address backlog maintenance</li> </ul>	<ul style="list-style-type: none"> <li>New PPM programme</li> </ul>	October 2018

## Appendix I – DRAFT Corporate Risk Register (May 2018)

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Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant deterioration in health records management capability that impacts on the availability of information essential to services across multiple directorates	Chief Operating officer	Minimal	<b>12 High</b> ---	Delivery of outpatient improvement plan	<ul style="list-style-type: none"> <li>▪ Resource constraints</li> </ul>	<ul style="list-style-type: none"> <li>▪ Progress prioritised through Capital &amp; Revenue Investment Board</li> </ul>	Throughout 2018/19
A significant deterioration in medical equipment maintenance capability & delivery of the replacement programme that affects the availability of equipment essential to services across multiple directorates	Medical Director	Cautious	<b>12 High</b> ---	Whole life cycle management of medical devices	<ul style="list-style-type: none"> <li>▪ Gaps in service history recorded on central equipment inventory</li> <li>▪ Resource constraints</li> </ul>	<ul style="list-style-type: none"> <li>▪ Departments to be given system access to update equipment inventory</li> <li>▪ Prioritisation by Medical Device Group through Capital &amp; Revenue Investment Board</li> </ul>	August 2018  Throughout 2018/19
A significant increase in the volume of elective, outpatient and diagnostic demand beyond resource capacity that impacts on the quality and productivity of services across directorates	Chief Operating Officer	Open	<b>8 Medium</b> --	<ul style="list-style-type: none"> <li>▪ Engagement in:                             <ul style="list-style-type: none"> <li>○ ASR</li> <li>○ STP</li> </ul> </li> <li>▪ 100 day improvement programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ Too much inappropriate activity defaults to ULHT</li> <li>▪ Sustainability of a number of specialties due to workforce constraints</li> <li>▪ ASR/STP not agreed/progressing at required pace (left shift of activity)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Engage fully in ASR/STP /100 day programme</li> </ul>	Throughout 2018/19

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Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant deterioration in data quality that causes significant disruption to service provision across multiple directorates	Deputy Chief Executive	Minimal	<p style="text-align: center;"><b>8</b> <b>Medium</b></p> <p style="text-align: center;">--</p>	Data Quality Strategy	<ul style="list-style-type: none"> <li>▪ Limited audit functionality in Medway</li> </ul>	<ul style="list-style-type: none"> <li>▪ Awaiting development of fix by supplier</li> </ul>	During 2018/19
A significant deterioration in IT infrastructure & system functionality that causes significant disruption to digital continuity across multiple directorates	Deputy Chief Executive	Cautious	<p style="text-align: center;"><b>8</b> <b>Medium</b></p> <p style="text-align: center;">--</p>	IT infrastructure plan (5 year)	<ul style="list-style-type: none"> <li>▪ Resource constraints</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agreement of prioritisation plan within capital resources</li> </ul>	May 18



## Appendix I – DRAFT Corporate Risk Register (May 2018)

Strategic objective		Our people: Providing services by staff who demonstrate our values and behaviours					
Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant deterioration in medical staff vacancy levels which results in extended, unplanned closure of one or more services or sustained disruption to multiple services across directorates	Medical Director	Cautious	20 Very high -----	<ul style="list-style-type: none"> <li>Medical staff recruitment framework &amp; strategy</li> </ul>	<ul style="list-style-type: none"> <li>High vacancy rates for consultants and middle grades</li> <li>Middle grade staffing in Paediatrics at Pilgrim</li> </ul>	<ul style="list-style-type: none"> <li>Focus on engagement &amp; structuring development pathways</li> <li>Service model options under consideration</li> </ul>	<p>Throughout 2018/19</p> <p>Decision to be made June 2018</p>
A significant deterioration in nursing staff vacancy levels which results in extended, unplanned closure of one or more services or sustained disruption to multiple services across directorates	Director of Nursing	Cautious	20 Very high -----	<ul style="list-style-type: none"> <li>Nursing staff recruitment framework &amp; strategy; focus on staff engagement &amp; retention</li> </ul>	<ul style="list-style-type: none"> <li>High vacancy rates for registered nurses &amp; midwives</li> <li>National issue with nurse staff retention</li> </ul>	<ul style="list-style-type: none"> <li>Focus on engagement &amp; structuring development pathways</li> <li>Engagement with NHSI project</li> </ul>	<p>December 2018</p> <p>Throughout 2018/19</p>
A significant deterioration in staff engagement, morale & job satisfaction that affects productivity and the quality of service	Director of HR & OD	Cautious	20 Very high -----	<ul style="list-style-type: none"> <li>Staff engagement strategy</li> </ul>	<ul style="list-style-type: none"> <li>National Staff Survey results in Dec 18.</li> <li>Pulse survey in July 18</li> </ul>	<p>Strategy based around four main drivers of engagement:</p> <ul style="list-style-type: none"> <li>Strategic narrative – story of hope for ULHT</li> <li>Leadership and management</li> <li>Employee voice</li> <li>Organisational integrity</li> </ul>	<p>Progress expected and to be measured through 2018 national staff survey</p>

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Strategic objective	Our people: Providing services by staff who demonstrate our values and behaviours						
Corporate risk	Executive lead	Risk appetite	Current rating	Primary risk controls	Gaps in control	Planned response	Timescales
A significant deterioration in site & service specific (as opposed to corporate) workforce cultural issues	Director of HR & OD	Cautious	<p><b>20</b> <b>Very high</b></p> <p>-----</p>	<ul style="list-style-type: none"> <li>Definition of common safety-based culture through vision and values</li> <li>Staff charter sets out what this means for people in more detail</li> </ul>	<ul style="list-style-type: none"> <li>The site-specific cultures are longstanding</li> </ul>	<ul style="list-style-type: none"> <li>We need to make that site affiliation a source of strength rather than weakness. Need to continue to promote the message “one Trust, three sites”</li> <li>All Directorates asked to consider their own response to staff survey results</li> </ul>	Measure progress through 2018 staff survey results, available in Dec 2018
A significant deterioration in leadership capacity & capability which has a prolonged impact on service performance and productivity across multiple directorates	Director of HR & OD	Cautious	<p><b>16</b> <b>High</b></p> <p>-----</p>	<ul style="list-style-type: none"> <li>Leadership development framework</li> </ul>	<ul style="list-style-type: none"> <li>Results from 2017 staff survey suggest that there are a number of issues to be addressed</li> </ul>	<ul style="list-style-type: none"> <li>New leadership programme to be launched in Spring 2018</li> <li>Attendance will be prioritised through appraisal and proposed development centres.</li> <li>Impact will be measured through appraisal</li> </ul>	Programmes will run through 18/19 and beyond
A significant deterioration in staff training & appraisal rates which has a prolonged impact on service performance and productivity across multiple directorates	Director of HR & OD	Minimal	<p><b>16</b> <b>High</b></p> <p>-----</p>	<ul style="list-style-type: none"> <li>Continued action to hold managers to account for ensuring staff have completed core learning and had an appraisal</li> </ul>	<ul style="list-style-type: none"> <li>At present, we are not achieving the targets for non-medical appraisal and core learning completion</li> </ul>	<ul style="list-style-type: none"> <li>New individual performance management system being introduced in Spring 2018</li> </ul>	Progress monitored through the year. Targets to be met by 31/3/19

## Appendix I – DRAFT Corporate Risk Register (May 2018)

### Risk Scoring Guide

Risk type	Severity score & descriptor (with examples)				
	1 Very low	2 Low	3 Moderate	4 High	5 Very high
<b>Harm (physical or psychological)</b>	Significant but not permanent harm affecting a small number of patients, staff or visitors within a single location.	Significant but not permanent harm affecting a large number of patients, staff or visitors within a single location.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors within a single directorate.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors across more than one directorate.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors throughout the Trust.
<b>Service disruption</b>	Manageable, temporary disruption to peripheral aspects of service provision affecting one or more services.	Noticeable, temporary disruption to essential aspects of service provision reducing the efficiency & effectiveness of one or more services.	Temporary, unplanned service closure affecting one or more services or significant disruption to efficiency & effectiveness across multiple services.	Extended, unplanned service closure affecting one or more services; prolonged disruption to services across multiple directorates / sites.	Indefinite, unplanned general hospital or site closure.
<b>Compliance &amp; reputation</b>	Limited impact on public, commissioner or regulator confidence. e.g.: Small number of individual complaints / concerns received.	Noticeable, short term reduction in public, commissioner and / or regulator confidence. e.g.: Recommendations for improvement for one or more services; concerns expressed in local / social media; multiple complaints received.	Significant, short term reduction in public, commissioner and / or regulator confidence. e.g.: Improvement / warning notice for one or more services; independent review; adverse local / social media coverage; multiple serious complaints received.	Significant, long-term reduction in public, commissioner and / or regulator confidence. e.g.: Special Measures; prohibition notice for one or more services; prosecution; sustained adverse national / social media coverage.	Fundamental loss of public, commissioner and / or regulator confidence. e.g.: Suspension of CQC Registration; Parliamentary intervention; vitriolic national / social media coverage.
<b>Finances</b>	Some adverse financial impact (unplanned cost / reduced income / loss) but not sufficient to affect the ability of the service / department to operate within its annual budget.	Noticeable adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more services / departments to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more directorates to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of the organisation to achieve its annual financial control total.	Significant aggregated financial impact (unplanned cost / reduced income / loss) affecting the long-term financial sustainability of the organisation.

Likelihood score & descriptor (with examples)				
1 Extremely unlikely	2 Quite unlikely	3 Reasonably likely	4 Quite likely	5 Extremely likely
Unlikely to happen except in very rare circumstances. Less than 1 chance in 1,000 (< 0.1% probability). No gaps in control. We managed.	Unlikely to happen except in specific circumstances. Between 1 chance in 1,000 & 1 in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.	Likely to happen in a relatively small number of circumstances. Between 1 chance in 100 & 1 in 10 (1- 10% probability). Evidence of potential threats with some gaps in control.	Likely to happen in many but not the majority of circumstances. Between 1 chance in 10 & 1 in 2 (10 - 50% probability). Evidence of substantial threats with some gaps in control.	More likely to happen than not. Greater than 1 chance in 2 (>50% probability). Evidence of substantial threats with significant gaps in control.

## Appendix I – DRAFT Corporate Risk Register (May 2018)

Risk scoring matrix						
Severity	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	Likelihood					
Risk rating	Very low (1-3)	Low (4-6)	Medium (8-10)	High (12-16)	Very high (20-25)	