

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
4175	Management of emergency demand (corporate)	Service disruption	Brassington, Mr Mark	20	Very high risk	3813	Ambulance handovers and conveyance performance.	Ambulance Handovers and Conveyance improvement plan.	1. Critical priority risk mitigation	Operational	31/03/2019	Delivery of the Trust's Urgent & Emergency Care Recovery & Transformation programme, with implementation of revised models for LCH; PHB and GDH through detailed project plans addressing site specific processes and Trust-wide themes.
						3814	Streaming to services co-locating or outside of the Emergency Department.	Improvement plan for Streaming to Services Co-Locating or outside of the Emergency Department.	1. Critical priority risk mitigation	Operational	31/03/2019	
						3815	ED staffing levels (reliance on agency) and process inefficiencies.	PHB and LCH ED Staffing and Process Improvements.	2. High priority risk mitigation	Operational	31/03/2019	
						3816	Admissions areas and flow management issues.	Admissions areas and flow management improvement plans.	1. Critical priority risk mitigation	Operational	31/03/2019	
						3817	Bed configuration issues across the Trust.	Large Scale Trust Bed-Reconfiguration Trust-wide.	1. Critical priority risk mitigation	Operational	31/03/2019	
4382	Delivery of the Financial Recovery Programme (corporate)	Finances	Matthew, Paul	20	Very high risk	3795	Deliverable FRP schemes do not cover the extent of savings required. Financial plan for 2018/19 includes an efficiency programme of £25m; as of the end of Q1 the FRP was approx. £0.5m adverse to plan.	New Turnaround Director to oversee all planned FRP schemes & implement changes to support increased pace of delivery.	1. Critical priority risk mitigation	Finance	31/12/2018	
4383	Substantial unplanned expenditure or financial penalties (corporate)	Finances	Matthew, Paul	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 (at the end of Q1 pay expenditure was £0.8m adverse to plan).	Range of recruitment & retention initiatives as part of the People Strategy, to fill substantive posts and reduce reliance on temporary staff.	1. Critical priority risk mitigation	Finance	31/03/2019	
						3800	Trusts in Special Measures are charged a punitive interest rate of 6%. At the point the financial plan was submitted, NHSI had indicated that interest rates would be reduced to 3.5% if the Trust could achieve plan in three consecutive periods.	Financial plan to assume interest rates will reduce for both new and existing borrowing from August 2018.	1. Critical priority risk mitigation	Finance	31/12/2018	
4362	Workforce capacity & capability (recruitment, retention & skills)	Service disruption	Rayson, Martin	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	31/03/2019	
						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	31/03/2019	
						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	31/01/2019	
						3719	The Trust continues to employ a significant number of staff from the European Union, who may be affected by Brexit; at present there is not systematic communication and engagement with these employees, due to capacity issues.	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 at ULHT.	3. Medium priority risk mitigation	Human Resources	31/03/2019	

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						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	21/03/2019	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.
3520	Compliance with fire safety regulations & standards (corporate)	Reputation / compliance	Boocock, Paul	20	Very high risk	3494	The Fire Alarm System at LCH requires additional new work to ensure continued compliance with current standards. The Maternity Wing has a partially compliant alarm system in need of upgrading to current standards (Any works to the Fire alarm system within the Maternity Wing are constrained by the presence of asbestos. This applies to maintenance works and any upgrade works). Detection Zones plans are also referenced as a reason for the inadequate Fire Detection System under Article 13(1) (a) & 13 (2) of the Fire Enforcement noticed served 14th June 2017.	The Fire Alarm System at LCH is maintained by a specialist contractor and directly employed labour force. The system in some areas has been upgraded as part of services developments e.g. HDU & ICU and as part of previously funded upgrade. Programme of refurbishment and re-provision on a phased basis to install a 'loop' for the site and linking in modern equipment is underway.	2. High priority risk mitigation	Estates	31/12/2019	Phases 1, 2 and 3 complete. Phases 4 is underway and as part of these works; and to improve auditability and compliance with DDA, additional sounders and beakers are being installed. Phase 5 (Mat Wing) The Fire Alarm systems on 1st and 6th floor have been replaced, works are currently on-going to replace the Fire Alarm system within all lift lobby areas and within the 3rd floor ward area.
						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.	Fire Strategy Plans and surveys identify where compartmentation is required. Fire compartmentation works costs are detailed within the capital plan.	1. Critical priority risk mitigation	Estates	30/06/2019	The work packages for the remedial works are taking place subject to availability of sufficient capital funding.
						3496	Numerous sets of fire doors in poor condition due to wear and tear and damage where the fire resisting qualities have been reduced or negated. Under article 17(1).	Fire Doors will be addressed as part of the Fire Action Plan from the enforcement notices received for Lincoln and Pilgrim. Fire Doors requiring replacement to be replaced with new certified fire doors. PPM inspections and ad hoc repairs to fire doors in response to serious damage, etc.	1. Critical priority risk mitigation	Estates	30/06/2019	Replacement programme in progress.
						3497	There are some areas of the estate with insufficient provisions of emergency lighting. Testing of these units is required to ensure their continuing efficiency in the event of mains failure during fire incidents. Failure to comply with testing schedules could result in unit failure in service. Additional resources required to enable full compliance with Trust policy and applicable regulations.	Energy Performance Contract EPC being established to include full replacement of Emergency Lighting System Trust wide. EPC to be instructed to undertake replacement programme in accordance with Fire Enforcement Notice Timescales. Standby generator would come into operation to provide some essential emergency lighting.	1. Critical priority risk mitigation	Estates	30/06/2019	Replacement programme in progress.

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						3498	<p>Adherence to fire safety policy, procedures, strategic approach to active and passive fire safety measures and evacuation strategy.</p> <p>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.</p> <p>1. Staff failing to attend Fire Safety Training in accordance with policy, procedures and Training needs analysis.</p> <p>2. No testing of emergency procedures via evacuation drills.</p> <p>3. Fire safety training to be provided in accordance with role, seniority or professional discipline within the fire emergency plan.</p> <p>4. Undertaking and Recording of Personal Emergency Evacuation Plans for Less able bodied and disabled staff.</p> <p>5. Staff being allowed to continue within role against HTM guidance that states: 'should not be permitted to continue their duties with a gap in their record of training longer than twice the interval identified in the training needs analysis' which is two years within ULH.</p> <p>6. Non identification of staff by managers to attend core modules when undertaking annual PDR.</p>	<p>Specific actions in relation to fire safety training & evacuation:</p> <p>1. staff identified and managers informed to ensure staff attend</p> <p>2. Evacuation drills to be implemented and tested.</p> <p>3. New Fire safety training packages being introduced.</p> <p>4. persons requiring PEEP and procedures tested during evacuation drills.</p> <p>5. discussions with HR to identify an appropriate procedure to identify and inform staff outside of compliance dates, with managers cc into correspondence to ensure urgent attendance.</p> <p>6. Fire safety trainer to discuss with ESR team about information required for PDR and H & S team for reporting against core modules to ensure compliance.</p>	1. Critical priority risk mitigation	Estates	31/03/2019	New mandatory staff fire safety awareness module introduced.

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4384	Substantial unplanned income reduction or missed opportunities (corporate)	Finances	Matthew, Paul	16	High risk	3801	Clinical coding & data quality issues impacting on income.	Appointment of Grant Thornton to carry out short-term income review project.	2. High priority risk mitigation	Finance	31/01/2019	
						3802	Operational ownership of income at directorate level.	Complete an income improvement plan for each Directorate & incorporate within performance review process.	2. High priority risk mitigation	Finance	31/01/2019	
						3803	Commissioners have a combined shortfall to contract of c£5m. This could result in demand management schemes that the Trust cannot pull the costs out of at the same rate or aggressive in year fines and penalties.	Continued engagement with Commissioners throughout 2018/19 in the development & implementation of demand management schemes.	2. High priority risk mitigation	Finance	31/03/2019	
3690	Compliance with water safety regulations & standards (corporate)	Reputation / compliance	Boocock, Paul	16	High risk	3508	Unable to comply fully with ACOP and Trust Policies for legionella monitoring due to competing priorities.	Legionella monitoring carried out by direct labour as far as possible with competing priorities. Action required: appoint additional staff or contractor in lieu of staff to carry out work. Further actions required (subject to funding): water systems drawings are required for all sites (CAD); review and issue a Trustwide tender document for the monitoring work; to appoint a responsible person; to form a Trustwide Legionella group to consist of Facilities, Infection Prevention and Control Consultant and Nurses (sub group of Infection Prevention and Control Committee?)	3. Medium priority risk mitigation	Estates	31/12/2019	
						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.	3. Medium priority risk mitigation	Estates	31/12/2019	Obtain costs for the supply and installation of compliant units and prepare a business case for replacement.
						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.	Water flushing as per agreed IP&C Standard Operating Procedure. Surveys undertaken at Lincoln County, Pilgrim Hospital and at Grantham surveys are on-going.	3. Medium priority risk mitigation	Estates	30/06/2019	Funding required for replacement TMVs, sinks and hand basins. 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.
						3511	Although routine checks are undertaken, the water tanks at LCH do not comply with the Water Regulations	Bid for Capital funding to replace non-compliant water tanks made May 2016.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3512	Trustwide Water Systems - Chlorine Dioxide Dosing System. Scotmas inform that some of the monitors are now obsolete and require replacing. BMS is now linked to Lincoln.	Specification has been out to tender for the renewal of maintenance contract. Costs are to be obtained for Pilgrim and Grantham. If it fails, Scotmas will set new controllers.	3. Medium priority risk mitigation	Estates	30/06/2019	In December 2017 Scotmas were the only supplier to bid on this tender.
						3513	The Trust may not comply with drinking water guidelines and HTM04-01 at Pilgrim Hospital, because of Chlorine Dioxide dosing impurities due to lack of available maintenance.	Automatic monitors in place. It is being constantly monitored and completion of new water main which will be 2018/19. Capital investment required to mitigate this risk.	3. Medium priority risk mitigation	Estates	31/12/2019	Delayed completion of new water main which is required before we can gain access to complete the work required.
						3514	The Water Safety Statutory Improvement Programme (directed by site risk assessments) may not complete on time; on going upgrade to sanitary ware, WHB's, Showers etc. to comply with ACOP L8 and HTMs.	Stringent Water sampling and flushing programs in place. Funding required.	3. Medium priority risk mitigation	Estates	31/12/2019	
3687	Delivery of an Estates Strategy aligned to clinical services (corporate)	Service disruption	Boocock, Paul	16	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	31/03/2019	
						3222	Lack of awareness of cost of space to the user / service and assumption that the Trust has space readily available and fit for purpose.	Continued development and implementation of Premises Assurance Model (NHS PAM).	3. Medium priority risk mitigation	Estates	31/03/2019	

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						3223	Availability of sufficient capital and revenue funds to enable delivery of projects within the Estates Strategy & support prioritisation to ensure compliance with statutory and HSE Regulatory Requirements.	Review of defined Capital Prioritisation Process used to effectively stratify statutory risks in conjunction with available capital to confirm it remains fit for purpose. EFM Directorate Financial Reporting and Capital progress reporting to Estates Environment Infrastructure Investment Committee & Investment Programme Board	3. Medium priority risk mitigation	Estates	31/03/2019	
						3224	Processes for escalation of significant issues through Trust formal governance systems.	Review of Risk Reporting through core programmes to Estates Investment & Environment Group, through Finance, Performance & Estates Committee and up to Trust Board to confirm that it remains fit for purpose.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3225	Review required to look at the estate as leases become due for renewal and decision made on whether the lease renewal is financially viable to comply with modern day standards in relation to 3rd party occupants.	Full review of all lease clauses with Trust Legal Advisors and tenant to agree responsibilities. Business Case to be submitted to support the review of all the leases including legal advice.	2. High priority risk mitigation	Estates	31/03/2019	
						4070	The Baverstock House building is in a poor state of repair leading to potential claims of not meeting the Landlord obligations. The building is not compliant with our current fire strategy in line with the fire enforcement notice. The electrical infrastructure is fully loaded with no capacity and running at maximum. This could result in an electrical fire, loss of building. The social club is used as an infrastructure passing point for the electric supply to another building (Baverstock House) if there was a loss of electricity to the social club or a fire this would lead to disruption to Baverstock House (a leased property) potentially leading to loss of revenue for the Trust for both buildings. The building is leased to a third party for use as a social club/bar which has several fire risk factors including cooking and storage of flammable products. The bar is open to the general public and licenced for functions.	A dilapidation survey has been undertaken to assess the Baverstock House building condition and estimate costs to undertaken repairs. A Fire Risk Assessment has been undertaken by the Trust's Fire Safety Advisor and is due for review. A paper has been drafted for the Executive Team to consider investment in repairs and the options for a new lease. 1. Review Fire Risk Assessment - Action FSA 2. Finalise dilapidation survey and report to include estimated repair costs. 3. Review of Landlord and tenant obligations and agree with tenant responsibilities in respect of repair and maintenance.	2. High priority risk mitigation	Estates	31/12/2019	
						4071	Risk of non-compliance with obligations in lease to For Under Fives in respect of maintenance to the building. Key issues are poor electrical infrastructure and limited fire compartmentation. The nursery building is connected to Rheumatology and there is no fire stopping/compartmentation between the two departments. It is timber clad building which provides no fire resistance. Following the Grenfell Fire there is notice to reduce the risk posed by timber clad buildings. A fire in this building would result in a business continuity issue for the tenant who provide nursery care to children of employees on the hospital. Due to the nursery being adjacent to Rheumatology works to fire compartmentation is very difficult whilst the nursery is operation. To undertake the required fire improvement works the nursery would need to be temporarily relocated. The Trust Fire Safety Advisor is concerned about the lack of fire compartmentation in a nursery.	A Fire Risk Assessment has been undertaken in conjunction with the Nursery owner. A dilapidation survey/schedule of condition has been undertaken. A quote for repair works has been requested by contractors currently undertaking works on the Lincoln site to address the biggest dilapidation issues e.g. to make the brick part of the building adequately water tight, full electrical test and a heating flow and return test.. 1. Fire Risk Assessment to be reviewed - Action FSA 2. Dilapidation survey report to be reviewed and updated with cost of repairs 3.Quote for works to make the brick part of the building adequately water tight, full electrical test and a heating flow and return test. 4.Review options for temporary relocation whilst fire compartmentation works are undertaken.	2. High priority risk mitigation	Estates	31/12/2019	
						4390	To escalate to the Risk Register the lack of availability and prioritisation of meeting rooms or VC for Clinical leadership meetings.	To review the utilisation and governance for the use of rooms and maximisation of VC within these rooms. Need to prioritise speciality governance – meeting rhythm across the governance scheme – core principles.	1. Critical priority risk mitigation	Estates	31/05/2019	

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4146	Effectiveness of safeguarding practice (corporate)	Harm (physical or psychological)	Rhodes, Michelle	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	31/01/2019	Clinical holding training commenced March 2018 and is scheduled for 2018/19 for identified staff; Debrief process being introduced; Staff encouraged to complete Datix IR1s so trends and themes can be identified; training compliance to be escalated through HoN and Site Operational Leads;
						3661	The Trust employs a part time medical photographer which covers 2 days per week and also provides an on-call service; there is currently no cover for absence, which may result in inability to provide evidence to police & social care in support of legal / criminal proceedings.	Develop on-call medical photography service through additional appointments onto the Bank. Quantify impact due to service availability issues.	3. Medium priority risk mitigation	Safeguarding	31/03/2019	Staff have been reminded of requirement to complete incident report on Datix when service has been unavailable to enable impact to be assessed.
						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	31/03/2019	
						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	31/03/2019	
3720	Critical failure of the electrical infrastructure (corporate)	Service disruption	Boocock, Paul	12	High risk	3276	Street lighting and car park lighting cables at PHB are suffering from multiple faults due to their age.	Repairs to street lighting at PHB carried out when necessary. Need to re-wire street lighting circuits and replace light fittings. Funding dependant.	3. Medium priority risk mitigation	Estates	31/03/2019	
						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	31/01/2019	
						3481	HV incoming switchgear at GDH is obsolete and requires replacement. Western Distribution have been to site to inspect their side of the switchgear. There is a possibility that in the near future they will be upgrading the incoming HV supply. This will result in the Trust having to replace our side of the switchgear.	Funding required to replace the switchgear at GDH in the event that Western Power decide to upgrade the incoming HV supply.	3. Medium priority risk mitigation	Estates	31/01/2019	
						3528	Potential for failure of electrical distribution to large area of Pilgrim Hospital due to panel failure.	Complete review of the system. Accelerated replacement programme. Funding and resource required. Consider the use of thermal imaging camera.	3. Medium priority risk mitigation	Estates	31/12/2019	Funding and resource required. Infrastructure review carried out by DSSR across all sites. Apprx £50k cost

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						3529	Weakness of the distribution systems is the change over contactors which connect the electrical load to either the Mains or the standby generators. There are 60 around the LCH site and they cannot be maintained unless the supply is totally disconnected from the electrical supply. These emergency changeover contactors connect the emergency standby generation to the hospital electrical distribution system in the event of mains electrical supply failure. It is not possible to carry out maintenance on these without an interruption to the electrical supply to specific areas of the hospital.	Ad hoc defects addressed by Estates Team as required. Programme required for replacement of local distribution boards. Programme requirement for replacement of change over contactors with units which comprise a 'by pass' arrangement to enable maintenance to be carried out.	3. Medium priority risk mitigation	Estates	31/12/2019	Est cost £20k per unit. Total cost of appx £700-£800k.
						3530	Potential for extended standby generator usage & disruption to services due to failure of obsolete LV switchgear at LCH. Switchgear is obsolete and spare parts unobtainable. Some 630A Federal Electric Fuse Switches have failed and spare parts are not available. If a failure of similar units occur large sections of the site would be on the standby generator for a considerable time, as a replacement unit is not readily available.	Old equipment is re-used where possible to maintain services. A portable 630 Switchfuse has been mounted on a frame with cables attached which could hopefully be used to temporarily replace a failed unit whilst a permanent replacement was arranged. Funding required for a replacement programme for switchgear.	3. Medium priority risk mitigation	Estates	31/12/2019	Estimated Cost to initially replace the Main Panel Boards: £300K+vat per unit. Appx 17-20 units in total. £3-£5m Trustwide.
						3531	The majority of the high voltage switchgear and transformers on all three sites are oil filled. The majority of switchgear is over 40 years old and the majority of switchgear in the East Wing is over 25 years old. Generally in industry these are being replaced with vacuum and SF6 switchgear to reduce fire risks due to oil and maintenance costs.	All switchgear is regularly maintained by specialist high voltage contractor. Funding require for a programme of switchgear replacement.	3. Medium priority risk mitigation	Estates	31/12/2019	Estimated Cost £500k + vat. Pilgrim should be the first site to undertake.
						3532	Potential for disruption to clinical services as a result of Electrical Supply Distribution - Maternity Wing. Switchgear on each floor and sub mains cabling are 45 years old and obsolete. Circuit protection requires upgrading.	Completely replaced on the 1st floor and 6th floor. Asbestos removals and ceiling replacement will enable access for remedial works to remaining floors. £250k to run electrical system.	3. Medium priority risk mitigation	Estates	31/12/2019	Funding is not in place for a programme of Inspection & Testing of electrical installations so condition of switchgear cannot be rigorously assessed
						3533	Lightning protection inadequately protects the buildings at Lincoln County. This is caused by the age of the buildings and protection systems that do not comply with current standards (BS EN 62305 (2-2006), IEE Wiring Regs 17th). Would lead to an impact/effect on the ability of the buildings to withstand a lightning strike	Annual inspection carried out by specialist contractor. Funding required to install a compliant Lightning protection system to these buildings.	3. Medium priority risk mitigation	Estates	31/12/2019	Estimated Cost £20k+ VAT.
						3534	Potential for Mechanical & Electrical Infrastructure Breakdowns at LCH due to poor condition of distribution systems.	Regular Inspection & Essential repairs are carried out as necessary. Funding required to upgrade Infrastructure.	2. High priority risk mitigation	Estates	31/12/2019	Estimated cost £50k +vat.
						3535	Mechanical & 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	Regular inspection & urgent repairs as required. Identify backlog maintenance funding and capital funding. Allocate funding through the Facilities Capital allocations.	2. High priority risk mitigation	Estates	31/12/2019	
						3536	X Ray Department at GDH: Need to replace existing heater batteries and control panel with new. Controls are obsolete can no longer maintain. Heater batteries are old and starting to fail and need replacement	Maintain and inspect on a regular basis. Capital investment required.	2. High priority risk mitigation	Estates	31/12/2019	Capital funding applied for.

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						3537	Potential for failure of Electrical Infrastructure at GDH resulting in service interruption, fire and closure of clinical services. The site has an aging electrical infrastructure and some of the switchgear is obsolete and in need of replacing. It does not comply with current IET wiring regulations (BS7671). Area affected are:- Tower Block. Rayrole room. Main Switchgear fed from Transformer no 3 (back of Theatres). Main Switchroom outside of ward 6 including Ward 6 Distribution boards. Various Distribution are obsolete and we unable to obtain spare parts for. A&E Endoscopy X-ray Department Theatres Tower Block Out-Patients Medical Physic Pharmacy Rehabilitation	Capital investment required to upgrade electrical infrastructure at GDH.	2. High priority risk mitigation	Estates	31/12/2019	Capital funding applied for.
						3538	High Voltage Switchgear (Switching prohibition) EFN 2016 05 - GDH has a Log and Crawford GFE High Voltage Fuse Switch that has a switching prohibition on it. which means we cannot operate it. No contingency if this unit fails other than emergency generator which supplies limited outlets.	Log and Crawford GFE High Voltage Fuse Switch identified on capital programme for replacement.	2. High priority risk mitigation	Estates	31/12/2019	
						3539	Currently one generator provides backup power to ITU (and Endoscopy and Medical air plant) at Pilgrim Hospital during a power cut. Current generator was second hand when installed 4 years ago and has failed previously on start-up. There is the capability on other generators serving critical areas to switch in another generator onto the circuit should one fail but not in this case.	Option to hire a 2nd generator at approximately £750 per week until a permanent solution is found. A back up generator is required.	3. Medium priority risk mitigation	Estates	31/12/2019	A capital scheme needs to be drawn up to provide further generator back up.
						3540	Generator 1 and 2 contactor panels and associated switchgear are 40 years old and obsolete. These panels switch the generator supply onto load during a power outage to 90% of all clinical areas including the Tower Block, Theatres and A&E. Open design of the electrical panels means it is unsafe to work in panel unless isolated should a failure occur.	Contactors tested during weekly generator tests. Replace electrical panel (design already provided during the changeover panel replacement carried out in 2015/16).	2. High priority risk mitigation	Estates	31/12/2019	No parts available should breakdown occur. New electrical panel required but financial constraint prevents replacement.
						3541	The majority of the electrical switchgear and distribution boards on the Pilgrim Hospital site are over 40 years old. This is in excess of the recommended replacement age found in HTM06-02. Some of the distribution boards are showing signs of overheating and many boards are full to capacity. Distribution boards do not meet any Form 4 manufacturing standards meaning maintenance is difficult without isolation. Equipment is obsolete.	Monitoring and inspection of distribution boards on PPM (staff numbers allowing). Carry out audit of switchgear and distribution boards. Replace failing and obsolete equipment.	3. Medium priority risk mitigation	Estates	31/12/2019	

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						3542	The LV network within blocks OA, OD, OJ, OW, OL, OU, OT, OV, OX and OY is full to capacity. The N+1 design capacity of the original installation no longer exists, meaning under HV fault conditions all the hospital load cannot be switched within the LV network to continue supply. There is no capacity for new schemes, etc without investing in extending the HV network and taking some of the load of the existing network and re-supply from extended HV network.	Smaller schemes requiring power can bring power in from other parts of the site, but the infrastructure cost to this is not insignificant. Increase HV network and load shed existing LV network onto new LV network fed from extended HV system.	3. Medium priority risk mitigation	Estates	31/12/2019	Financial constraints
						3992	There is a risk that communications with ULHT elements at Louth will not work, because the Louth Switchboard (both equipment and cabling) is obsolete and deteriorating rapidly due to age. The impact of this is possible risk of no communication internal and externally between ULHT areas. Additionally, sound quality is poor raising a subordinate risk of errors in clinical care.	Gap analysis to be carried out, by system owner - Arden GEM. Completing risk assessments to justify cost. Business Continuity plan to be raised. Possible solution for all ULHT areas to buy a phone possible cost of £300 pounds per phone.	2. High priority risk mitigation	Estates	31/12/2019	The maintainer (NG Bailey) is currently employing scavenging techniques to carry out repairs due to many of the parts being obsolete. ULHT have no contingency plan.
						4059	Both CT scanners in the x-ray room at Lincoln Radiology are supplied by the same electrical switch and both cardiac rooms are supplied by another electrical switch. In order for any maintenance on these switches to occur or a failure in either switch would result in loss of power to either both CT scanners or both cardiac rooms at the same time.	To explore the possibility of changing the arrangement to the CT and Cardiac labs, so that 1 CT and 1 Cardiac lab are on one circuit and vice versa. This would provide some resilience to the trust.	3. Medium priority risk mitigation	Estates	31/12/2019	Engineers to carry out a feasibility study for these works.
3721	Critical failure of the mechanical infrastructure (corporate)	Service disruption	Boocock, Paul	12	High risk	3491	Lift controls for lifts 9 & 10 at LCH are obsolete and the excessive heat in the motor room if affecting the ride quality of the lift. Risk to patients and visitors of malfunctioning lift.	Regular inspection and maintenance of lifts at LCH. Service contract in place. Price received to replace controllers: £30K + VAT.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3601	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.	Regular inspection & urgent repairs as required. Identify backlog maintenance funding and capital funding. Allocate funding through the Facilities Capital allocations.	2. High priority risk mitigation	Estates	31/12/2019	
						3602	Potential for Mechanical Infrastructure Breakdowns at LCH due to poor condition of distribution systems.	Regular Inspection & Essential repairs are carried out as necessary. Funding required to upgrade Infrastructure: estimated cost £50k +vat.	2. High priority risk mitigation	Estates	31/12/2019	
						3603	Potential for plant failure for Medical oxygen for all sites.	Consider provision of a further VIE at a separate location, which would provide site resilience in the event of plant failure to original medical oxygen unit. Regular PPM and reactive maintenance.	2. High priority risk mitigation	Estates	31/12/2019	
						3604	At Grantham Hospital, vital transportation of samples and other items around the site via the airtube system may not be possible due to the need to continue upgrading programmer to maintain the capacity of the system. Main controller is obsolete and requires replacement.	Monitoring and continuous repair. Partial replacement of air tube stations, as and only when funding becomes available. Replacement controller added to Capital / Backlog Maintenance List.	2. High priority risk mitigation	Estates	31/12/2019	50% of stations have been replaced.
						3605	Maternity Lifts at Pilgrim are in poor condition and in need of further refurbishment /replacement. Risk of failure whilst in use and unavailability.	Capital and revenue investment to refurbish Maternity lifts at Pilgrim. Safety checks in place supplementary inspections in place Comprehensive maintenance contract in place. Use of alternative lifts available.	2. High priority risk mitigation	Estates	31/12/2019	
						3606	Mechanical ventilation (Air Handling Units) within the Maternity Wing at LCH is 45 years old and should be considered for replacement. The ductwork systems within the building have not been internally cleaned since installation due to cost and logistical constraints.	Replacement programme required for air Handling Units across the LCH site. Ductwork cleaning programme required. Estimated Cost £100k+vnt Ad hoc cleaning takes place when areas have be upgraded and access was possible. Planned Maintenance carried out on AHU's.	3. Medium priority risk mitigation	Estates	31/12/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						3607	Potential Loss of the medical air to ICU, HDU, Cath Lab 1&2, A&E, Interventional Suite X Ray, Oncology Unit, Cardiac Short Stay at LCH. The current plant does not meet HTM02-01 recommendations, the plant is 12 years old and the manufacturers recommend a service life of 10 to 15 years.	Recommend as a minimum to install an additional air compressor to upgrade the current plant at LCH to a triplex configuration (three compressors) cost circa £22k. Replace air plant with a new triplex (three compressor) plant as recommended by the current HTM02-01, cost circa £100k together with a large cylinder backup. Increase the necessary number of back up cylinders to maintain 4 hours recommendation as per HTM02-01. Ensure our cylinder supplier (BOC) has the resources to have the required backup cylinders on site if needed and within a timely timescale.	3. Medium priority risk mitigation	Estates	31/12/2019	We have been informed by BOC that they can deliver cylinders to site within 4 hours including out of hours working).
						3608	Medical Gas alarms at Pilgrim are obsolete and cannot be upgraded.	Ensure all alarms are linked to BMS system. Consider duplex panel. Funding required.	3. Medium priority risk mitigation	Estates	31/12/2019	£20k + VAT identified on the capital programme.
						3609	Potential for a severe leak of heating and hot water service due to the poor condition of plastic pipework at Pilgrim. Plastic Pipework in very poor condition. Severe water leak will cause loss of heating and hot water services. Several leaks have occurred in the past.	£50k + VAT identified in the capital plan to replace the plastic pipework at Pilgrim. Subway inspections and planned maintenance.	2. High priority risk mitigation	Estates	31/12/2019	There will be some disruption to services to allow the work to go ahead.
						3610	Mechanical Services Valves at GDH are all of varying ages and some are over 50 years old and are no longer serviceable and are beyond economic repair. Unable to satisfactorily isolate services for maintenance. Causes isolation of large areas, wastes water and causes disruption and inconvenience to wider areas of the hospital.	Year on year replacement programme is required. Use of pipeline freezing techniques if possible.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3611	Existing gas main at LCH runs from maternity wing subway underground across the site under the corridor to clinic 9 was installed to feed additional areas and is grossly oversized. Risk of leaks due to age and possible condition and it is difficult to identify leaks due to limited use. It is also current guidance that natural gas pipes DO NOT pass beneath buildings.	Disconnect the gas pipeline at LCH at the valve which is located within the Maternity wing subway and install a local Propane manifold within the courtyard adjacent to the Dental Department. Estimated Costs £5K +vat.	2. High priority risk mitigation	Estates	31/12/2019	
						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.	2. High priority risk mitigation	Estates	31/12/2019	
						3613	Frost batteries located within the air handling units in plant rooms 3, 9 and 10 and heater batteries in plant room 13 at LCH do not have the capacity to cope with extremely low ambient temperatures as experienced during the winter of 2010/11.	Funding required to replace frost batteries located within the air handling units at LCH with units of larger output. Estimated Cost £40K +vat.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3614	Medical Vacuum Plant Located in Plant Room 1 at LCH. Supplies 10 East Wing Operating Theatres, 9 wards, OPD Clinics and 4 X-ray rooms. Plant is 25 years old. Does not conform to current HTM 02-01. Replacement parts increasingly difficult to obtain. If it failed this would cause major disruption to the areas outlined above.	Replace Medical Vacuum Plant Located in Plant Room 1 at LCH with unit compliant with HTM 02-01. Estimated Cost £55k +vat	3. Medium priority risk mitigation	Estates	31/12/2019	
						3615	Seized and Defective Isolation Valves on Mechanical Services at LCH. Risk of interruption to clinical services due to access to isolate services for maintenance.	Rolling programme required to replace Seized and Defective Isolation Valves on Mechanical Services at LCH. Use pipeline freezing techniques if possible.	3. Medium priority risk mitigation	Estates	31/12/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						3616	The theatres infrastructure on at least the Lincoln and Pilgrim sites needs to be reviewed in light of primary services: i.e. electrical supply / medical gases / air exchange. As new technology is introduced the loading on individual circuits is closing in on the circuit limits. Air exchange plant is running at its maximum. The provision of medical gases is stretched.	Clinical Strategy to be in place. Appoint design consultants. Map clinical requirements to functional space and engineering requirements. Produce strategy & design. Commission / construct new theatre installation.	3. Medium priority risk mitigation	Estates	31/12/2019	Establishing capacity within Theatres to enable design of fit for purpose infrastructure.
						3617	Potential for failure of air conditioning plant which affects large parts of the Tower Block at Pilgrim.	Perform site survey. Allocate funding through the Facilities Capital allocations.	3. Medium priority risk mitigation	Estates	31/12/2019	Need to repair defective plant, (£5,000 committed to date).
						3618	Obsolete controls to the Ventilation system within Maternity at Lincoln. The Heating and Ventilation system controls are obsolete and functionality limited. Not energy efficient and provide little or no control of temperature within Maternity Wing including Labour Ward Operating Theatre No. 1.	1. Survey of the ventilation system within Maternity at Lincoln needs to be carried out to determine the correct contract strategy. 2. Replacement programme implementation (The presence of Asbestos Containing Materials - ACM's would present difficulties). Funding required to replace existing defective and obsolete controls. Estimated Cost £30k + VAT.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3619	Ambulatory Care at LCH - Heating Calorifier. Only 1 unit installed. There is no means of heating the ward if this fails.	Funding required to install additional plate heat exchangers (duty and standby) for Ambulatory Care at LCH. Estimated cost £ 80k +vat.	2. High priority risk mitigation	Estates	31/12/2019	
						3620	Heating Pipework for Robey House at LCH is steel and is suffering from a build up of internal deposits which cause lack of circulation and therefore heating.	Replace heating system within Robey House at LCH. est £80k +vat.	3. Medium priority risk mitigation	Estates	31/12/2019	Some sections of ground floor pipework replaced as part of Trust Board move into this building.
						3621	Physiotherapy Heating Calorifier at LCH is 40 years old, labour intensive to maintain and not energy efficient. Not duplex so service vulnerable if this one fails during period of very cold weather.	Funding required to install plate heat exchangers for Physiotherapy Heating Calorifier at LCH. Estimated costs £80k +vat	3. Medium priority risk mitigation	Estates	31/12/2019	
						3622	Maternity Wing Drains at LCH are susceptible to blockages caused by the condition and capacity of the drains. The drainage system within the Maternity Wing is subject to higher frequencies of blockages due to capacity and condition of the drainage system. In addition users are placing inappropriate items down toilets and the presence of Asbestos Containing Materials (ACM's) present difficulties in accessing large sections of the drainage system.	Business Case to be developed for a drainage replacement programme for the Maternity Wing at LCH. Estimated Cost £200k + VAT	3. Medium priority risk mitigation	Estates	31/12/2019	1. Some sections have been replaced. 2. Sewage spillages are managed as they occur using agreed procedures. 3. Signs are placed adjacent to each toilet to request users not to place inappropriate items in them.
						3623	The lifts at Lincoln County may not function correctly. This is caused by out of date components and inadequate control circuit configurations on lifts that are 20 - 25 years old this would lead to an impact/effect on Lift no. 1-6 and Lifts 9-11 in terms of overheating, fire risk and poor reliability.	Funding required for lifts at LCH. --Lifts 1-6 replace control panels at £8k each (total £48k) Replace car top controls at £900 each (total £5.4k). Replace door operator at £4.6k each (total £27.6k). Lifts 9-11 - replace control panels at £8k each (total £24k). Replace car top controls at £900 each (total £2.7k).	3. Medium priority risk mitigation	Estates	31/12/2019	Quotes received from Stannah Lifts.
						4532	Contaminated Medical Vacuum Pipework resulting from upgrading and new plant fitted within the Maternity Unit	Remove the old plant and pipework from the Boiler house complex to the Maternity Wing Ground Floor. Quote obtained.	3. Medium priority risk mitigation	Estates	31/05/2019	
3722	Energy performance and sustainability (corporate)	Finances	Boocock, Paul	12	High risk	3237	LCH: Large areas of lagging damaged and/or missing; results in heat loss and inefficiency.	Bespoke capital investment programme to improve insulation standards at LCH and therefore improve energy performance standards. The exact requirement of which to be determined by site surveys.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3238	LCH: Windows in Block 27; Aluminium construction seals have perished and obsolete, single glazed, draughty and not energy efficient.	LCH: Windows in Block 27; Plastic sheets in place to control draughts. Funding required to replace windows.	3. Medium priority risk mitigation	Estates	31/03/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						3239	LCH: Maternity Wing Heating Calorifier is 45 years old, labour intensive to maintain and not energy efficient.	LCH: Maternity Wing Heating Calorifier is on planned maintenance programme. Funding required to install plate heat exchangers. Consider as part of EPC.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3240	LCH: Over 20% of the heat lost through the building fabric escapes through the roof. All East Wing is currently insulated to depth of 100mm -the current guidance is for a minimum of 150mm. Insulation to areas of pipework within subways is damaged and not of adequate thickness. Insulation to areas of ventilation ductwork is damaged/not adequate.	LCH: Commence programme of upgrading the insulation levels within East Wing roof voids, pipework and ductwork.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3241	Boilerhouse Heating Calorifiers are 45 years old labour intensive to maintain and not energy efficient as were designed for the heating load of whole of the West Wing. Plant Room 1 Heating Calorifier is 30 years old, Plant Room 12 Heating Calorifier is 22 years old.	LCH: EPC Programme to replace Heating Calorifiers.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3242	LCH: Luminaires; many units over 25 years old and obsolete, resulting in poor lighting and energy performance. Obsolete & Defective Lighting Control System within County Restaurant and East Wing Corridor.	Replacement luminaires and lighting control systems are required to be installed.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3243	Emergency standby generator no. 3 is obsolete and major components are very difficult to source. The generator is 30 years old and supplies the Maternity Wing, West Wing and Pathology Block.	Emergency standby generator no. 3 is routinely checked and maintained by Estates and specialist contractors. Action required to obtain funding to carry out assessment of connected load. Supply and install generator, modify louvres, cabling and exhaust, test and commission.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3244	Poor performance and energy utilisation at Pilgrim caused by ineffective plant.	The Energy Performance Control will consider upgrading ineffective plant at Pilgrim. Appoint a preferred partner to carry out an Investment Grade Audit.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3245	Potential for overheating of Medical/Industrial Air Plant at Pilgrim.	Carry out final stage of work to separate medical/industrial air at Pilgrim (compliance with HTM); Carry out additional ventilation to plant room to reduce overheating of equipment.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3246	Maternity building drain stacks at Grantham need to be replaced; they are no longer fit for purpose due to ward reconfiguration and increased use of pulp products. Presence of asbestos within the Tower Block prevents the removal of drain stacks.	Capital Funding Required to proceed with replacement of Maternity building drain stacks at Grantham. Awaiting asbestos removals works before continuing.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3247	OPD boilers are in need of major refurbishment in order to provide full service to a number of critical areas including OPD Rehabilitation Pathology and Ward 6.	Increased level of maintenance for OPD boilers which cannot fully prevent breakdown. Funding required.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3248	Lack of serviceable equipment due to obsolete BMS outstations, field controls and actuators in very poor state of repair and require replacement which would lead to an impact/effect on increased energy consumption & running costs.	Equipment replacement program (BMS outstations, field controls and actuators) needs to be developed and funded.	3. Medium priority risk mitigation	Estates	31/03/2019	
						3548	Lack of automatic controls on corridor lighting at LCH resulting in excessive energy usage; lighting is virtually all controlled by manual switching.	Ad hoc lighting controls replacement & energy campaign. Staff encouraged to switch off lighting in unused areas. Programme is required to install automatic lighting controls in appropriate priority areas.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3549	There is an environment and maintenance overhead due to obsolete luminaires at GDH. We have an aging site which contains old and inefficient lighting and controls. These are wasting energy and resources in the increasing time it takes to maintain them.	Replacement programme required for luminaires at GDH.	3. Medium priority risk mitigation	Estates	31/12/2019	Capital funding applied for. EPC Contract Awarded these issues will be dealt as part of the contract.

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						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	31/03/2019	
4043	Compliance with clinical governance regulations & standards (corporate)	Reputation / compliance	Hepburn, Dr Neill	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	30/04/2019	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.
						3458	Backlog of outstanding baseline assessments for NICE guidelines.	Prioritisation of outstanding baseline assessments based on assessment of clinical risk; most recent guidelines to be assessed first. Establishment of robust management process. Progress to be monitored by Clinical Effectiveness Group.	3. Medium priority risk mitigation	Clinical Governance	31/03/2020	Progress being made, prioritising most recent / relevant guidelines.
						3459	Inconsistencies in clinical governance arrangements at specialty level.	Implementation of new divisional support structure, as part of Clinical Governance directorate restructure, to provide additional support to Clinical Business Units and specialties. Implementation of corporate approach to divisional governance.	3. Medium priority risk mitigation	Clinical Governance	31/03/2019	Consultation period now concluded. Awaiting completion of job matching process before commencing slotting in & recruitment. Revised divisional governance arrangements in development with divisions.
						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	
4081	Quality of patient experience (corporate)	Reputation / compliance	Rayson, Martin	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	
4082	Workforce planning process (corporate)	Service disruption	Rayson, Martin	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	31/01/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
4083	Workforce engagement, morale & productivity (corporate)	Reputation / compliance	Rayson, Martin	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	31/03/2019	
						3726	Relationships with staff side representatives are challenged by the scale of organisational 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.	3. Medium priority risk mitigation	Human Resources	31/01/2019	
4138	Safety & effectiveness of medical care (corporate)	Harm (physical or psychological)	Hepburn, Dr Neill	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	31/01/2019	Reviews underway.
						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	31/03/2019	
						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	31/03/2019	
						3464	Inconsistent compliance with e-observation policy.	E-obs system audits all inpatients each month. Ward Accreditation has a deteriorating patient standard with the aim of driving improvement.	3. Medium priority risk mitigation	Trust Policy	31/03/2019	
						3465	An adult patient with suspected sepsis or high risk criteria who fails to respond within 1 hour of initial antibiotic and/or intravenous fluid resuscitation may not have a consultant attend in person (especially out of hours), as recommended by NICE Guideline NG51 Sepsis: recognition, diagnosis and early management. Funding and potential recruitment issues represent a barrier to increasing consultant resources.	Patients with suspected sepsis may be seen by CCOT and by senior decision makers below consultant level (ST/ middle grades); however this may not always be within 1 hour out of hours. There are also consultants on call 24/7, who could attend dependent upon availability. Further work required to understand the extent of residual risk to patients.	3. Medium priority risk mitigation	Critical Care	31/03/2019	
						3466	Medical ward teams who work the day shift (9am-5pm) hand over patient jobs/tasks to the evening shift (12midday – 9pm) on-call at 5pm. The Trust currently has a SBAR tool that is available to Drs to use on the intranet (but not consistently utilised / mandated); most wards have their own tool in place; inconsistent formats are unhelpful to the on-call team. The current system is paper-based rather than electronic.	Implementation of an effective e-tool for medical handovers (following successful trial); clarify policy to support use of the handover tool (H@N group set up to complete this); develop training for Trust induction and or speciality; Working group to be created to manage implementation (to be commissioned / supported by Patient Safety Committee – to be recommended to H@N working group)	3. Medium priority risk mitigation	Trust Policy	31/03/2019	Business case underway for e-handover tool. QSO project underway to develop e-handover training within speciality induction.

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
4145	Compliance with safeguarding regulations & standards (corporate)	Reputation / compliance	Rhodes, Michelle	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	
						3657	Not yet consistently achieving 90% compliance with safeguarding training requirements.	Confirm that safeguarding training completion continues to be included in performance framework with compliance reviewed and managers held to account through operational performance management reviews; individual accountability to be managed through appraisal process.	3. Medium priority risk mitigation	Safeguarding	31/03/2019	
						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	
3688	Quality of the hospital environment (corporate)	Reputation / compliance	Boocock, Paul	12	High risk	3557	Due to lack of investment in the GDH site building fabric the windows, fascia and doors are in very poor state of repair, most of which are now beyond economic repair and require replacing. This causing drafts and water increase into buildings resulting in increased energy and maintenance costs.	Any dangerous windows and doors at GDH are replaced on individual basis. No identified funding.	3. Medium priority risk mitigation	Estates	31/12/2019	EPC contract awarded, some of these areas maybe picked up with this contract.
						3558	Reduced standards if painting & decorating of clinical areas on all sites are not completed. (Identified through PLACE annual inspection).	Require a programme to improve standard of hospital environments, via painting & decorating of clinical areas.	2. High priority risk mitigation	Estates	31/12/2019	Funding and resource to be allocated.
						3559	The air conditioning unit in Acute Care at Grantham Hospital has been condemned. Impact on patient and staff comfort.	Mobile Air Con units required for ACU at Grantham, Requested but not yet in place, no time frame and finance not agreed.	3. Medium priority risk mitigation	Estates	31/12/2019	Mobile heaters are in place. They are bulky and a health and safety risk, with regard to heat and trip hazard, and potential to overload electrical systems, as they are placed in large cages. They are also not very effective in a large space. they glow bright orange, lighting the unit up at night, this is effecting the sleep patterns of patients, which in turn has the potential to have a detrimental effect on their recovery.

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						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. Over the last 5 years the pipework's under the floor have corroded and collapsed spilling out food waste into the soil underneath the floor. This has deteriorated over time and causes very bad smells and lots of drain flies. Environmental health aware and are monitoring with possible closure orders as per hygiene regulations.	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	31/12/2019	All drains have been removed. Potentially eliminated fly problem. Recommend sealing the floor.
						3561	Floor Coverings across the Trust - Many areas are 45 years old, looks tired and is damaged in areas. Frequently fails environment and PLACE audits. Sub Floor is also damaged in some cases. High risk areas include Maternity at Lincoln, Tower Block at Grantham, Theatre Corridors at Pilgrim.	Ad hoc repairs to flooring carried out across the Trust. Funding required for comprehensive programme.	2. High priority risk mitigation	Estates	31/12/2019	
						3562	LCH & GDH: Lack of resources to carry out external decoration. High level areas in the East Wing are difficult and costly to access due to requirement to erect scaffolding. Deterioration of paint finish to wooden windows and door fascias and soffits leaving timber exposed to weather. Will lead to deterioration of timber window frames and their failure with associated costs. Physical appearance very poor. Fails annually on PLACE scores.	Repairs to external decoration at LCH & GDH undertaken based on available labour, accessibility. Monitor the situation and carry out ad hoc repairs where situation dictates. Funding required for a rolling programme of external decoration, window replacement and fascias.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3563	LCH: East Wing ward/theatre block - gutters leaking causing disruption to service and damage to fabric.	Reactive maintenance carried out to LCH gutters as required. Some areas re-lined; Funding Required to re-line areas of guttering not already done.	2. High priority risk mitigation	Estates	31/12/2019	
						3564	LCH: Patient bed space curtain track systems within patient areas are obsolete; sufficient hooks to hang the curtains satisfactorily are not available; no [redacted] inadequately hung curtains can affect patient dignity as reported on PLACE.	Existing curtain hooks at LCH are "spaced out" to increased distances to allow curtains to hang. Funding required to replace the obsolete curtain rail systems.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3565	LCH: Failed Double Glazed Units in Windows of South Facing Wards; Windows "mist up" causing complaints from patients and staff and poor patient environment. Increased energy usage. Mold growth in some frames.	LCH: Funding required to replace affected double glazed units of south facing wards; Estimated cost £40k+vat. Survey has been completed, need to identify funding to progress.	2. High priority risk mitigation	Estates	31/12/2019	
						3566	LCH: Building Fabric Repairs required - East Wing.	Ad hoc repairs to building fabric of the East Wing; Funding required for a rolling programme of repairs. Estimated cost £30K +vat	2. High priority risk mitigation	Estates	31/12/2019	
						3635	Maternity Wing at LCH, 5th Floor Comfort Cooling. Currently no cooling provision. Areas overheated during summer period, adverse effect on patients and staff, in particular in the operating theatres.	Appoint consultant engineer to carry out detailed design and install comfort cooling system for Maternity Wing at LCH. Part of refurbishment programme.	3. Medium priority risk mitigation	Estates	31/12/2019	
						3679	PLACE inspection June 2018 Trust scores reduced compared to 2017. Trust Ranking 146/152. Patient perception and concern that the environment reflects the level of care they may receive.	PLACE Inspection reported to ET in November 2018, see attached report. Requested to scope the work required to improve the environment to an acceptable standard.	2. High priority risk mitigation	Estates	29/11/2019	
						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	31/12/2018	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	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 a extension to the existing entrance that will prevent the wind funnelling into the main foyer at Pilgrim.	1. Critical priority risk mitigation	Estates	31/12/2018	
						4051	Tower Block Facia Boards rotten and falling off.	No mitigation possible. Removal required asap.	1. Critical priority risk mitigation	Estates	31/01/2019	
						4052	Dishwasher machine Pilgrim Hospital CPU, that washing all patient and restaurant cutlery crockery, 15 years old and beyond economical repair and parts are obsolete.	Tender process required for replacement machine. In an emergency hand dishwashing which will require additional staff.	1. Critical priority risk mitigation	Facilities	31/03/2019	
						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)	31/12/2019	
						4060	CPU - Building Fabric at Lincoln County Hospital. The general internal fabric is deteriorating and increasingly hard to maintain in a manner compliant with food safety legislation. Structurally, drainage and ceilings are particularly at risk from failure that would compromise the provision of service.	Robust defect reporting system in place. Regular local authority Environmental Health Officers inspections. PPM regime in place on all plant and environmental cleaning. HACCP system in place (monitoring and temperature checks etc.). Funding required for building repairs estimated cost £30K+vat.	3. Medium priority risk mitigation	Catering (F)	31/12/2019	
						4537	Lack of appropriate religious space for staff of different faiths resulting in difficulties in staff recruitment and retention and therefore affecting staff morale and service resilience	Provision of additional multi faith areas at Lincoln	1. Critical priority risk mitigation	Estates	31/05/2019	
4176	Management of demand for planned care (corporate)	Service disruption	Brassington, Mr Mark	12	High risk	3812	Too much inappropriate activity defaults to ULHT. Sustainability of a number of specialties 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	31/03/2019	
4179	Major cyber security attack (corporate)	Service disruption	Turner, Kevin	12	High risk	3670	A structured framework approach to cyber security would provide more reliable assurance that existing measures are effective and support any necessary improvement work.	The Trust is working towards compliance with the Cyber Essential Plus framework and EU Network Security Directive.	3. Medium priority risk mitigation	Information & Communications Technology	31/03/2019	
						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	31/03/2019	
						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	31/03/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
4300	Availability of medical devices & equipment (corporate)	Service disruption	Hepburn, Dr Neill	12	High risk	3809	Gaps in service history recorded on central equipment inventory.	Departments to be given system access to update central equipment inventory.	3. Medium priority risk mitigation	Clinical Engineering	31/03/2019	
						3810	Resource constraints (insufficient funds available to deliver against identified equipment requirements).	Prioritisation by Medical Device Group through Capital & Revenue Investment Board throughout 2018/19.	2. High priority risk mitigation	Clinical Governance	31/03/2019	
						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	
4156	Safe management of medicines (corporate)	Harm (physical or psychological)	Costello, Colin	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	
						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	
						3793	Inadequate and unsecure storage and stock accountability of medical gas cylinders at all sites. Modifications required to meet standards and improve security.	Risk regarding unsecure storage and stock accountability of medical gas cylinders at all sites to be assessed with local security management specialist; recommendations will include new lighting to storage buildings, surveillance cameras, effective alarm system and new doors to replace weak hinges and stronger locks.	3. Medium priority risk mitigation	Pharmacy	30/06/2019	
4157	Compliance with medicines management regulations & standards (corporate)	Reputation / compliance	Costello, Colin	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	
						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).

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						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	
4368	Management of demand for outpatient appointments (corporate)	Service disruption	Rinaldi, Dr Ciro	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	31/03/2019	
						3819	Capacity to record e-outcomes onto Medway in a timely manner; Consultants not taking ownership of completing e-outcomes. May lead to Missing Outcomes not being completed & consequent delayed treatment.	Short term solution to offer overtime to reduce the number of patients outstanding in the report to within 48hours. Business case to be investigated and written to allow e-outcomes to update Medway with the outcomes.	3. Medium priority risk mitigation	Operational	31/03/2019	
						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	31/03/2019	
						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	31/03/2019	
4385	Compliance with financial regulations, standards & contractual obligations (corporate)	Reputation / compliance	Matthew, Paul	12	High risk	4046	Actual forecast outturn for 2018/19 varies from the approved plan by c£15m. This forecast is not approved by NHSI, therefore there is no guarantee the Trust will be able to draw the additional cash required to meet its payment obligations.	Development of a financial recovery plan for 2018/19 and 2019/20, subject to NHSI approval, which would secure access to the required level of cash for 2018/19. Development of a contingency plan - to identify clinical service priorities with required staff and essential supplier / utility costs and a strategy for operational implementation. To agree with the CCGs to continue to fund these services.	1. Critical priority risk mitigation	Finance	31/01/2019	Trust Board has approved a financial recovery plan for remainder of 2018/19 and 2019/20. Awaiting review by NHSI.
4397	Exposure to asbestos (corporate)	Harm (physical or psychological)	Boocock, Paul	12	High risk	3234	Areas of the LCH site contaminated with asbestos: • West Wing Subways and Undercrofts - areas beneath Blocks 61, 62 and Trust HQ are contaminated with asbestos debris; Also, pipework within subways and undercrofts has asbestos residues beneath lagging and gaskets. Areas sealed off to prevent access and contamination of asbestos free areas • Between Pipe Lagging and in Pipe Gaskets Within West Wing Subway • Ceiling voids and pipe boxings within Maternity	Carry out asbestos removal and environmental clean in affected areas at LCH.	2. High priority risk mitigation	Estates	31/03/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						3235	Areas of the GDH site contaminated with asbestos: <ul style="list-style-type: none"> • Within the ceiling voids of the Maternity Tower Block • Packing on Facia boards in Main duct Area disintegrated due to weather and a potential for fibres release • Tower Block - Ground Floor; 1st Floor; 2nd Floor has been removed 3rd floor (partial removal) • Roof voids in Block A front of hospital 	Carry out asbestos removal and environmental clean in affected areas at GDH.	2. High priority risk mitigation	Estates	31/03/2019	
						3236	Areas of the PHB site contaminated with asbestos: <ul style="list-style-type: none"> • Maternity building, in the ceiling voids on pipework in plant rooms sprayed on support beams, risers 	Carry out asbestos removal and environmental clean in affected areas at PHB.	2. High priority risk mitigation	Estates	31/03/2019	
4399	Compliance with health & safety regulations & standards (corporate)	Reputation / compliance	Boocock, Paul	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	29/03/2019	16/1/19 entry update following a request for papers relating to Health & Safety Management systems for the Finance, Performance & Estates Committee meeting 18 January 2019. The papers provide information relating to the 1. Health & Safety Strategic Statement, 2. Strategy, 3. Strategic Plan, 4. Health & Safety Policy, (review) 5. Health & Safety Group Constitution and Terms of Reference. A numbers of attachments have been submitted for agenda item 2.2/2.3 with recommendations to FPEC to support/ approve the documents detailing the systems for managing health & safety. The risk rating of 12 reflects the current residual risk allocated to the documents not being approved and therefore not published.
						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	29/03/2019	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. Documents related to training have been added to the update to demonstrate the communication of information to the Trust Health & Safety Group meeting January 2019.
4403	Compliance with electrical safety regulations & standards (corporate)	Reputation / compliance	Boocock, Paul	12	High risk	3543	ULHT Electrical Installation is not being tested to IET regulations leading to increased regulatory risk.	Requires an initial programme to meet statutory requirements for testing Electrical Installation to IET regulations and rolling programme thereafter.	2. High priority risk mitigation	Estates	31/12/2019	A programme to carry out an electrical condition report for the whole site as of 4th January 2018 the majority of the site has been completed and outstanding areas will be tested within the next 2 months. The EICR's and the schematic drawings are still awaited for the areas completed. 31/08/18 - 5 year tender awarded for inspections on 20% on each site per year
						3544	Potential non-compliance with legislation due to old and beyond economical repair emergency lighting not functioning. Many units either not functioning are old and beyond economical repair. Non-compliance with H&S legislation. An inspection/testing regime was carried out by a specialist contractor and approx. 60% of units were found to be defective. The coverage/compliance with current standards was found to be poor.	Planned emergency lighting maintenance regime in place, defects reported through helpdesk. Rolling programme to replace defective units required.	3. Medium priority risk mitigation	Estates	31/12/2019	Funding is required for a programme of upgrading and replacement. A specification is being prepared. 08/01/19 PHB Emergency Lighting has been replaced? LCH & GDH Gone out to tender anticipated start March 2019.
						3545	Electrical Installation 2nd Floor Maternity Wing: Wiring is 45 years old, conduits corroded; Accessories 45 years old and does not comply with IEE Regulations. Nurse call system is defective and obsolete.	Ad-hoc repairs and defects in electrical installation within the Maternity Wing at LCH reported through Estates Helpdesk. Action required: rewire as part of the Fire Improvement works 2019/20.	1. Critical priority risk mitigation	Estates	31/03/2019	1st Floor rewired as part of upgrade works carried out by Kier 2015/16.

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
						3546	Bed head luminaires fitted with GLS tungsten filament lamps may become obsolete, due to the introduction of new European Legislation and standards.	Phase out of non directional halogen lamps used in bed head luminaries.	2. High priority risk mitigation	Estates	31/12/2019	Option 1: Remove dimming (half-light) facility to enable replacement lamp of suitable weight to be used. Cost £30 per bed Option 2: Remove dimming (half-light) and replace existing with replacement unit which contains a compact fluorescent lamp. Cost £130 per unit (installed). £3,640 for a 28 bed ward
						3547	GDH Tower Block Statutory Rewire (BS standards). Back half of the top floor of the tower block is still wired in VIR cable. Which is contrary to IET wiring regulations and the Electricity at work act.	Back half of the top floor of the tower block at GDH - Area Currently Closed and all electrical service isolated and disconnected. Funding required.	2. High priority risk mitigation	Estates	31/12/2019	
4406	Critical failure of the medicines supply chain (corporate)	Service disruption	Costello, Colin	12	High risk	3824	Potential impact of Brexit on medicine supplies to the UK (particularly in the event of a 'no deal' scenario as of March 2019), which may restrict the availability of some medicines.	National preparations directed by the Dept of Health & Social Care to ensure at least 6 weeks supply of medicines in case imports to the UK are affected.	3. Medium priority risk mitigation	Pharmacy	31/03/2019	
						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	
						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	31/03/2019	
						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	31/03/2019	
						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	31/01/2019	

Risk ID	Title	Risk Type	Executive lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Planned mitigating action	Priority	Specialty	Due date	Progress
4437	Critical failure of the water supply (corporate)	Service disruption	Boocock, Paul	12	High risk	3506	The cold-water supply pipe work on all floors of the Maternity Wing at LCH is of varying sizes and manufactured from PVC. It has been in place since the construction of the building (approaching 45 years) Over time there have been a number of failures. This has been apparent at pipe work junctions and joints, and is probably as a result of adhesive degeneration. Similarly, with age, the pipe works ability to expand and contract has been reduced and the resulting 'brittleness' of the installation is increasing the risk of failure which could result in serious service interruption and contamination of other services and equipment, resulting in potential for injury and disruption to patient care.	Funding required for refurbishment of water systems throughout the Maternity Wing (estimated Cost £3M +Vat). A robust defect reporting system is in place.	3. Medium priority risk mitigation	Estates	31/12/2019	
						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	31/12/2019	Scheme of work and design currently being produced.