

High Operational Risks (March 2019)

Risk ID	Risk title	Risk Type	Divisional lead	Rating (current)	Level (current)	Action ID	Weaknesses or gaps in control	Planned mitigating action	Priority	Lead specialty	Action due date	Progress
4324	Access to essential areas of the estate (Cardiovascular CBU)	Service disruption	tbc	16	High risk	4715	<p>Outpatient Accommodation All sites – not enough OP capacity to deliver all CBU OP demand Risks: -RTT -Cancer target -Income -Efficient use of workforce Day to day management by CBU teams, assessing gaps with OP to validate planned clinics have accommodation and request to alternative spaces around site to run planned and adhoc clinics  Harm review process to consider patient harm when waited longer than necessary. RCAs identify causes i.e. capacity or error</p>	<p>Working with clinical support services division to identify resource Working with Estates Clinical Strategy to highlight these pressures and identify possible solutions  KPMG assessing implementation of improved efficiency of room booking</p>	2. High priority risk mitigation		28/06/2019	
						4719	<p>Buzzers / cardiac arrest alarm not working &amp; delayed response by facilities to fix (old system) – all CBUs Human reliance on responding to system could risk poor patient experience with delayed response to buzzers and potentially risk to delayed CPR if cardiac arrest alarm ignored / not functioning  Relevant to: - Dixon - FAU - CSSU - Johnson / CCU - Carlton Coleby</p>	<p>Nil at present - Action required via Estates – CBU to liaise with Estates</p>	2. High priority risk mitigation		28/06/2019	
4311	Access to essential areas of the estate (Specialty Medicine CBU)	Service disruption	tbc	16	High risk	4716	<p>Outpatient Accommodation All sites – not enough OP capacity to deliver all CBU OP demand Risks: -RTT -Cancer target -Income -Efficient use of workforce Day to day management by CBU teams, assessing gaps with OP to validate planned clinics have accommodation and request to alternative spaces around site to run planned and adhoc clinics  Harm review process to consider patient harm when waited longer than necessary. RCAs identify causes i.e. capacity or error</p>	<p>Working with clinical support services division to identify resource Working with Estates Clinical Strategy to highlight these pressures and identify possible solutions  KPMG assessing implementation of improved efficiency of room booking</p>	2. High priority risk mitigation		28/06/2019	
						4720	<p>Buzzers / cardiac arrest alarm not working &amp; delayed response by facilities to fix (old system) – all CBUs Human reliance on responding to system could risk poor patient experience with delayed response to buzzers and potentially risk to delayed CPR if cardiac arrest alarm ignored / not functioning  Relevant to: - Dixon - FAU - CSSU - Johnson / CCU - Carlton Coleby</p>	<p>Nil - Action required via Estates – CBU to liaise with Estates</p>	2. High priority risk mitigation		28/06/2019	

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4317	Exceeding annual budget (Cardiovascular CBU)	Finances	tbc	16	High risk	4452	Medical Increased cost due to reliance on agency staff & overtime to maintain services  See workforce risks in Urgent care, Cardiovascular & Speciality Medicine  Inability to deliver contractual income due to lack of capacity in OP  Monthly Divisional Board meetings monitoring budgets with CBU updates on individual positions and forecasts	Financial efficiencies (FEP) to be delivered. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff.	2. High priority risk mitigation		30/09/2019	
						4491	Potential for loss of income if stroke patients are not admitted directly to a stroke bed, as per Best Practice Tariff (loss of £1,026, as well 90% of stay on the SU).	Protocol in place to ring fence a bed on Stroke Unit. Continued reporting of loss of income.	2. High priority risk mitigation	Stroke	31/03/2019	
						4756	Nursing Increased cost due to reliance on agency staff & overtime to maintain services  See workforce risks in Urgent care, Cardiovascular & Speciality Medicine  Monthly Divisional Board meetings monitoring budgets with CBU updates on individual positions and forecasts	Financial efficiencies (FEP) to be delivered. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff.	1. Critical priority risk mitigation		28/06/2019	
4305	Exceeding annual budget (Specialty Medicine CBU)	Finances	tbc	16	High risk	4754	Medical Increased cost due to reliance on agency staff & overtime to maintain services.  See workforce risks in Urgent care, Cardiovascular & Speciality Medicine  Inability to deliver contractual income due to lack of capacity in OP  Monthly Divisional Board meetings monitoring budgets with CBU updates on individual positions and forecasts	Financial efficiencies (FEP) to be delivered. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff.	1. Critical priority risk mitigation		28/06/2019	
						4755	Nursing Increased cost due to reliance on agency staff & overtime to maintain services.  See workforce risks in Urgent care, Cardiovascular & Speciality Medicine  Monthly Divisional Board meetings monitoring budgets with CBU updates on individual positions and forecasts	Financial efficiencies (FEP) to be delivered. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff.	1. Critical priority risk mitigation		28/06/2019	
4331	Exceeding annual budget (Urgent & Emergency Care CBU)	Finances	tbc	16	High risk	4438	Heavy reliance on agency / locum middle grade doctors to fill rotas & maintain services (at increase cost) plus overtime to substantive staff, resulting in budget overspend.	On-going recruitment attempts to fill substantive posts. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff. Thinking about 'team around the patient' approach to use available clinical workforce creatively & reduce reliance on registered nurses.  See actions within workforce risks	2. High priority risk mitigation	Accident and Emergency	30/09/2019	
						4753	Nursing Increased cost due to reliance on agency staff & overtime to maintain services  See workforce risks in Urgent care, Cardiovascular & Speciality Medicine  Monthly Divisional Board meetings monitoring budgets with CBU updates on individual positions and forecasts	Financial efficiencies (FEP) to be delivered. Development of bespoke local recruitment strategies to fill substantive posts & reduce reliance on temporary staff.	1. Critical priority risk mitigation		28/06/2019	
4330	Workforce capacity & capability (Urgent & Emergency Care CBU)	Service disruption	tbc	15	High risk	4442	Staffing resource is inadequate to safely provide care to all patients, due to high levels of demand & potential for overcrowding.	Flow Co-ordinators in place to support improved clinical management and oversight on shop-floor to mitigate risks. Business case for significant investment in medical and nurse staffing.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	
						4444	LCH Staffing resource is inadequate to meet levels of demand & heavily reliant on agency / locum staff.	Business case for significant investment in medical and nurse staffing. Rolling recruitment to substantive posts.	2. High priority risk mitigation	Accident and Emergency	30/09/2019	

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						4467	PHB Staffing resource is inadequate to meet levels of demand & heavily reliant on agency / locum staff.	Agency cap now in place. On-going recruitment. CESR rotations in place to attract doctors. Some progress with recruiting middle grade doctors for A&E.	1. Critical priority risk mitigation	Accident and Emergency	30/09/2019	
						4511	Insufficient paediatric trained nurses to cover opening hours. No paediatric ward at Grantham.	Existing nursing staff to undertake additional competencies in emergency paediatric care. Pilgrim or Lincoln contactable for advice if necessary.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	
						4515	GDH A&E Substantive Medical Staff Inability to recruit and retain substantive middle grade doctors and consultants.	TBC	2. High priority risk mitigation	Accident and Emergency	31/05/2019	
						4574	Nursing staff levels on ED & medical wards due to high vacancy rates, impacting on service productivity and resilience. Reliance on redeployed staff (not ward speciality/ED trained or experienced) and agency staff (new to Trust policies) which may reduce quality of service. Furthermore, redeploying staff cannot always be achieved therefore leaving staffing templates beneath expected / safe levels	Recruitment strategy in development recognising the specific issues with attracting staff. To address vacancy and further departures i.e. apprenticeship roles and Nursing Associates.	2. High priority risk mitigation		31/05/2019	Strategy completion date tbc (D Bates)
						4590	LCH A&E Paediatric Nursing Staff Levels of paediatric trained nursing staff is below requirement Support will be provided by children's ward when required  Every shift has at least one RSCN or registered nurse with L4 paediatric competencies, in addition to a member of staff with PILS or EPALS. Medical Team has at least one with PILS or EPALS.	Implement an urgent training programme that ensures all B6 staff & sufficient B5 staff are trained to guarantee a minimum a 2 staff on duty at all times who have completed paediatric emergency courses.  eRoster to be updated to ensure that all relevant skills are included so that training can be easily determined at roster planning.	2. High priority risk mitigation	Accident and Emergency	31/05/2019	E-roster criteria now updated to reflect the need for paediatric trained nurse / RN with appropriate competencies 24/7 with escalation process in place should this not be able to be met  Registered nurse seconded x1 to RSCN conversion course (starts Jan 2019). 2 x RNs attending urgent and emergency care paediatric module to commence March 2019. ED nursing team allocated time on rota to complete 'Spotting the Sick Child' learning with trajectory of 100% completion by end of May 2019
						4593	Risk of inability to retain staff if development is not possible as well as the Division having the skill mix of staff to deliver current and developing workloads of care due to access to training and access to budget. Clinical Educators posts are not considerably vacant positions within Medicine however the ability to allow the Clin Eds the time (0.2 or 0.4) to deliver supportive training / teaching to nursing teams is not there due to the vacancies and site pressures. This is variable across our Division. Such issues cause risks around patient safety and patient experience, with examples such as: -NIV trained -Trache competency -Diabetes Emergencies  Establishment headroom is insufficient to facilitate all essential training and development of ED and Acute Medicine nursing team	Core training compliance monitored with trajectories set and additional training / development planned appropriately to ensure rosters remain covered	2. High priority risk mitigation		31/05/2019	
4328	Quality of patient experience (Urgent & Emergency Care CBU)	Reputation / compliance	tbc	15	High risk	4439	Shortage of cubicles to provide privacy when examining patients.	Emergency Medical Floor Plan to be worked up which will provide a 5 year plan for ED.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	
						4440	Heavy reliance on agency / locum middle grade doctors to fill rotas may impact on the quality of patient experience.	Induction for agency locums; on-going recruitment to substantive posts.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	
						4441	Reduced quality of patient experience due to design of the Bay 4 footprint on MEAU/FEAU.	Review of the entire MEAU/FEAU/AEC and Alex Bay footprint.	2. High priority risk mitigation	Acute Internal Medicine	30/06/2019	
						4462	Reliance on redeployed staff (not A&E trained or experienced) and agency staff (new to Trust policies) which may reduce quality of service.	Local induction process to be used for redeployed / agency staff. Requests for longer-term volunteers for redeployment; block booking of agency staff where possible.	2. High priority risk mitigation	Accident and Emergency	30/06/2018	
						4463	The department has a capacity of 25 patients but recently we hit numbers exceeding 50 patients on a regular basis with inherent exit blocks. All these together contribute to overcrowding in ED with resultant patients safety, dignity and privacy issues.	GP streaming in place; 'fit to sit' protocol; reconfiguration of urgent care flow. Extra resus bays to be added, to increase capacity. Change in practice to admitted and non-admitted pathway.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	
4334	Access to essential areas of the estate (Urgent & Emergency Care CBU)	Service disruption	tbc	15	High risk	4456	Use of Integrated Assessment Centre (IAC) as an escalation area impacts on planned usage.	IAC patients diverted to A&E when IAC is in use as an escalation area. Planned site reconfiguration for Pilgrim should provide more medical beds & reduce need to use AEC.	2. High priority risk mitigation	Accident and Emergency	30/06/2019	

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						4721	A&E footprint: Shortage of cubicles to provide privacy when examining patients.  Extra resus bays required to increase capacity. Change in practice to admitted and non-admitted pathway  All these together contribute to overcrowding in ED with resultant patient safety, dignity and privacy issues.  Mitigation in place: - Site escalation policy in place - GP streaming in place; 'fit to sit' protocol - Reconfiguration of urgent care flow.	Emergency Medical Floor Plan to be worked up which will provide a 5 year plan for ED.	1. Critical priority risk mitigation	Accident and Emergency	28/06/2019	
4170	Workforce capacity & capability (Pharmacy)	Service disruption	Costello, Colin	15	High risk	3991	Risk to current Pharmacy workforce trustwide. Recruiting additional ward based clinical pharmacy technicians will impact directly on staffing levels of the pharmacy team. ULHT pharmacy department staff may be recruited into the ward based clinical pharmacy positions based on required skills set out in job description and person specification. Recruitment into these empty vacancies could prove difficult based on historical recruitment into these posts. Consequentially this will impact on the core pharmacy service provided.	Development of a business case to appoint further apprentice technicians. These roles will ensure skill set is developed for pharmacy technicians to develop competence in medicines reconciliation and clinical roles such as medicines administration.	1. Critical priority risk mitigation	Pharmacy	31/03/2019	
4320	Workforce capacity & capability (Cardiovascular CBU)	Service disruption	tbc	15	High risk	4455	Cardiac Physiology: Staffing vacancies resolved however establishment is still beneath workload.	B case is in progress to uplift establishment and ensure right skill mix with succession planning in place (apprentices and or alternative workforce) – going to CRIG in March	2. High priority risk mitigation	Cardiology Physiology	30/09/2019	
						4487	OFFICIAL TRUST FRAGILE SERVICE Deficit in Stroke Consultant staffing (reliance upon 2 agency locums out of establishment of 3). Market shortage. 1 in 3 consultant on-call not sustainable with current staffing levels.	Working with 12 approved agencies to bring candidates to interview. Likely to be a 6-9 month timeline.	2. High priority risk mitigation	Stroke	30/06/2019	TBC – awaiting AAC panel 14/2/19
						4488	Nurse staffing levels on Navenby ward at LCH due to high vacancy rates, impacting on service productivity and resilience.	Daily matron led process to redeploy staff from fully staffed wards, in accordance with agreed emergency templates. Process of escalation to bank & agency for short term nurse staffing issues. On-going recruitment to substantive posts.	2. High priority risk mitigation	Endocrinology/Diabetes	30/06/2019	
						4573	Levels on ED & medical wards due to high vacancy rates, impacting on service productivity and resilience. Reliance on redeployed staff (not ward speciality/ED trained or experienced) and agency staff (new to Trust policies) which may reduce quality of service. Furthermore, redeploying staff cannot always be achieved therefore leaving staffing templates beneath expected / safe levels	Recruitment strategy in development recognising the specific issues with attracting staff to the East Coast. To address vacancy and further departures i.e. apprenticeship roles and Nursing Associates.	2. High priority risk mitigation		31/05/2019	Strategy completion date tbc (D Bates)
						4583	Cardiology Consultant staff GDH OFFICIAL TRUST FRAGILE SERVICE  50% vacancy (1/2 in post) – 3 year vacancy. One agency locum but long periods experienced with no fill. Significant risk to inpatient services.	Refresh JD for an imaging consultant	2. High priority risk mitigation	Cardiology	28/06/2019	Going to college end of Feb, awaiting AAC date (expect June)
4302	Workforce capacity & capability (Specialty Medicine CBU)	Service disruption	tbc	15	High risk	4478	From the end of June the directorate will be losing 2 out of 5 Geriatric consultants, which will mean it will not be possible to cover all wards if these are not replaced with locums. There is already 1 vacancy which has been very difficult to get agency cover for so the chance of getting another 2 is highly unlikely.	TW service review to consider re-providing resource from all sites & attempt to fill 2 additional Geriatric consultant posts with locums.	2. High priority risk mitigation	Elderly Care	31/05/2019	Feb 19: Ward reconfiguration to enable ward round reduced time to allow current staff in post to deliver care and mitigate access / safety
						4479	MS service expanding, which requires additional workforce capacity.	Need for 2nd MS SpN, Infusion suit, LP SpN, secretarial support to account for expansion of the MS service.	2. High priority risk mitigation	Neurology	30/06/2019	
						4480	2 SpN Nurses in Epilepsy employed with no support, potential 4th and 5th Consultant Neurologists employment.	Secretarial support required for expanding Neurology service.	2. High priority risk mitigation	Neurology	30/06/2019	
						4481	Nurse staffing levels on Carlton-Coleby ward at LCH due to high vacancy rates, impacting on service productivity and resilience.	Daily matron led process to redeploy staff from fully staffed wards, in accordance with agreed emergency templates. Process of escalation to bank & agency for short term nurse staffing issues. On-going recruitment to substantive posts.	2. High priority risk mitigation	Respiratory Medicine	30/06/2019	



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						4571	Risk of inability to staff clinical areas with number of staff to template as well as speciality trained nurses, causing risks around patient safety and patient experience, with examples such as: -Timely NIV delivery -Appropriate Paediatric treatment in ED -Managing acuity at their sickest whilst in ED / MEAU such as DKAs -Timely Sepsis Screening / Sepsis 6 treatment -SOD performance -Ward Accreditation status -EFT performance	Recruitment strategy in development recognising the specific issues with attracting staff to the East Coast. To address vacancy and further departures i.e. apprenticeship roles and Nursing Associates.	2. High priority risk mitigation		31/05/2019	Strategy completion date tbc (D Bates)
						4588	Respiratory Consultant Workforce LCH 1 vacancy PHB 1 vacancy GDH 2 vacancies No ability to cross cover  Inpatient risk of high acuity patients without specialist input  Outpatient risk of high activity of 2ww referrals on top of high volume OP workload, delayed pathway progress / commencing treatment such as chemotherapy	Risk summit planned for GDH acute services	2. High priority risk mitigation	Respiratory Medicine	31/05/2019	
						4589	Neurology Medical Staff 4 substantive posts, 3 in post On-going generic recruitment for NHS locum and substantive	Out to advert at present with applicants shortlisted awaiting interview in Feb	2. High priority risk mitigation	Neurology	31/05/2019	
4340	Workforce capacity & capability (Cancer Services CBU)	Service disruption	Lalloo, Yavenuscha	15	High risk	4504	Demand for Haematology outpatient appointments exceeds consultant staffing capacity.	Overbooking of consultant clinics (unsustainable); introduction of nurse-led clinics to manage demand.	2. High priority risk mitigation	Clinical Haematology	30/06/2019	
						4505	There are currently four consultant oncologist gaps within the oncology department. There is no provision for Upper Lower GI Oncology at PHB, reduced breast and lung capacity at LCH and PHB and in the short term (due to long term sickness) reduced urology and gynae capacity at Lincoln. This will cause delays in treatment to patients on cancer pathways for both the radiotherapy and chemotherapy treatment modalities, increasing potential harm to patients and reduction in cancer operational performance.	Where possible tumour site coverage has been shared across the remaining oncologists, but this is not currently guaranteeing a safe service. Short term stability to be secured through use of locums, however there are significant issues in finding suitable locums.	2. High priority risk mitigation	Oncology	30/06/2019	Risk summit to be held on the 1st October to discuss on-going issues and plan way forward.
4435	Access to essential areas of the estate (Diagnostics CBU)	Service disruption	Fullock, Mr Ian	12	High risk	3391	Ultrasound: Requirement to increase capacity for ultrasound services at LCH to meet demand.	Ultrasound: Staff undertaking additional out of hours scanning sessions with evenings and weekend working to manage demand; business case proposal for additional Ultrasound room required.	1. Critical priority risk mitigation	Radiology	31/03/2019	
						3639	Potential power failure affecting the Radiology department at LCH. The only x-ray room currently connected to the trust emergency supply is the A&E x-ray room. When CT is out of action major trauma has to be diverted from A&E to another hospital. ITU patients will not be able to be scanned. Target scan times for stroke, major trauma will not be met. There is an increased risk to the patient having to be transferred without diagnosis derived from the CT scan report. The interventional radiology suite performs a wide range of diagnostic and interventional procedures. If power is lost during a case the outcome to the patient will be compromised. MRI waiting times will be adversely affected. All of the radiology x-ray equipment including Cardiac Catheter Suite and MRI are very sensitive to power disruption. Unplanned power cuts can seriously damage the equipment causing each service to be withdrawn until engineers can make repairs.	CT, MRI, Interventional Suite, Cardiac Catheter Laboratory to be connected to back up generator capable to providing power required to continue to running of each service during a power cut. Funding required initially for a Consultant Engineer to survey and produce a feasibility study for connecting to the Essential Electrical Supply System. Investigation and report required by Consultant Engineer. Then funding for installation modifications; estimated Cost £100k +vat.	2. High priority risk mitigation	Radiology	31/12/2019	
						4697	Relocation of breast unit due to site pressures for other services. The risk is that if the services/area is not fit for purpose with Public Health England and SQAS approval then service provision could be removed from ULH and we may disenfranchise staff in an at risk service to the extent they leave ULH. Radiology has had minimal involvement in the plans and Estates have already broken ground on new development.	Meet regularly Engage with PHE/SQAS Engage with relevant project team and radiology/breast service staff.	2. High priority risk mitigation	Radiology	30/09/2019	Notified PHE/SQAS. Contacted estates team to see plans and be involved in future. Notified CSS Clinical Director and General Manager of concerns.
4426	Availability of essential equipment & supplies (Diagnostics CBU)	Service disruption	Fullock, Mr Ian	12	High risk	3413	The Diabetic Eye Screening Programme (DESP) does not have an OCT machine to provide 3D images to allow for the assessment of retinal thickness for the patients on the surveillance pathway.	Appointments for the assessment of retinal thickness for the patients on the surveillance pathway are currently being carried out in Ophthalmology, which does not fully utilise the capacity available in DESP. Alternative solution required.	2. High priority risk mitigation	Screening	31/03/2019	

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						3414	The Diabetic Eye Screening Programme (DESP) van 2 is in poor condition; in the event that the van experiences mechanical failure clinics may be cancelled.	Maintenance programme in place; contingency to use static clinics where possible. Capital funding required for replacement.	2. High priority risk mitigation	Screening	31/03/2019	
						3441	Trolleys at Lincoln & Grantham have been condemned and removed from the units due to the age (over 10 years) and safety. This will restrict the number of sedated patients that can be accommodated on the units.	Replace patient trolleys as per identified in the 5 year replacement programme.	2. High priority risk mitigation	Endoscopy	31/03/2019	
						3470	The air conditioning unit in the decontamination area keeps freezing; there is the potential for failure of this equipment to reduce/stop service delivery.	To progress the business case for a replacement air con unit. Currently managing risks with the air con by monitoring the cabinets when it goes down and reprocessing any endoscopes that are compromised but this has an impact on service time and cannot be monitored overnight and we run the risk of theatre collecting a compromised scope.	1. Critical priority risk mitigation	Endoscopy	31/01/2019	Funding approved for this back in April/May time but still not any further forward with getting this installed. Raised with Estates & escalated to Clinical Lead for Diagnostics & Director of Ops.
						3477	Ultrasound machine in US breast room 1 was installed in 2007; machine in breast room 2 was installed in 2008. The NHSBSP recommended age limit for US scanners is 5 years. Deteriorating image quality may lead to a missed cancer diagnosis.	Ultrasound machines in Breast Rooms 1 & 2 are under a maintenance contract with the manufacturer. Medical physics perform periodic testing as per NHSBSP guidelines. Replacement machines to be ordered.	1. Critical priority risk mitigation	Radiology	31/12/2018	
						3478	A specimen cabinet is required to x-ray breast biopsy specimens to confirm the presence of calcifications. Having a functioning specimen cabinet is a requirement of the NHSBSP and QA. The current specimen cabinet is not performing to expected standards. Images are of a poor quality, this can lead to further biopsy samples being taken, and can be more distressing for patients.	Specimen cabinet has been under a maintenance contract, that does not include the PC part of the equipment. To look for alternative companies.	1. Critical priority risk mitigation	Radiology	31/03/2019	14/5/18 new contractor been found.
						3636	Potential loss of the medical air to all endoscopy instrument washers at LCH. Due to this no endoscopes could be processed meaning that procedures and clinics would have to be cancelled. Impact on other departments that use endoscopes, Theatres, ICU etc. The current plant is simplex unit with no backup in the event of failure.	Install an additional air compressor to upgrade the plant to a duplex system (two number air compressors) cost circa £8500. The plant is maintained weekly by Estates and quarterly by specialist outside medical gas systems contractor (Getinge Ltd).	2. High priority risk mitigation	Endoscopy	31/12/2019	
						4389	General fluoroscopy equipment. 14 years old at Boston and Lincoln. Failing image quality, increasing radiation dose. Safety alarm doesn't work, overhead tube faulty and causes main machine to freeze during procedures. Philips don't support this equipment any more – can only cannibalise other units if parts are required, and those numbers are reducing too. Unit used for upper/lower GI examinations, pacing's, complex device insertion, arthrograms, joint injections. Also resilience/back-up for IR suite.	Urgent replacement with Hybrid Unit as all contingencies explored.	2. High priority risk mitigation	Radiology	30/03/2020	Pilgrim Unit - Philips Medical Systems are withdrawing support for this from 1 April 2019, as 'end of life', and unable to source parts. Assessment by Physics shows increased radiation doses 30-40%, reduced image quality. There is also a safety issue with the loss of audible warning when xrays being exposed.
4168	Availability of essential equipment & supplies (Pharmacy)	Service disruption	Costello, Colin	12	High risk	4657	Within the Pharmacy department at Lincoln there is insufficient refrigerated storage for items waiting to go to wards and departments and for items that are in bond. Air flow in the fridge is restricted due to the quantity of items being stored.	Procuring a larger fridge or fridges is required to cope with the increased capacity of products.	2. High priority risk mitigation	Pharmacy	31/12/2019	
						4658	Fire risk in the Lincoln dispensary, identified through an incident on 1st December 2018 due to a faulty component in a metal faced light switch. An uncontrolled fire would have put the entire stock of pharmaceuticals and the Pharmacy facility at risk.	Fire safety advisor to carry out an urgent fire risk assessment and liaise with Estates to arrange and complete any necessary works to reduce the likelihood of similar incidents in future.	2. High priority risk mitigation	Pharmacy	30/09/2019	
4262	Availability of essential equipment & supplies (T&O and Ophthalmology CBU)	Service disruption	Motkur, Mr Prabhakar	12	High risk	4418	Nidek YAG laser at Pilgrim is nearing the end of its useful life (12 years old) & needs replacement.	YAG laser is currently on a twice yearly planned maintenance service contract which also includes call-outs; referral to MDG for replacement.	2. High priority risk mitigation	Ophthalmology	30/09/2019	
						4419	Luminis Green Light laser is 9 years old and needs replacing.	There is no alternative to the Luminis laser. Selection process needs to settle on replacement ahead of having budget allocated.	2. High priority risk mitigation	Ophthalmology	30/09/2019	
						4420	Phaco machine is 9 years old and failure rates have increased.	In Dec 2017 the Intra Ocular Lens contract came to an end. No alternative available. Will Phaco emulsifiers be part of end of year procurement process for replacement of intra-ocular lens? Cost options unclear.	2. High priority risk mitigation	Ophthalmology	30/09/2019	
						4422	he Visbion OPACS system is incompatible with OCT images and Visbion, despite requests, will not update their software. It needs replacing with a system that genuinely is compatible with key ophthalmic equipment i.e. fluorescein fundus cameras, OCTs and Humphrey field analysers.	To agree a strategic direction with clinical service across all sites. Request further information from Zeiss on achieving compatibility with PACS.	2. High priority risk mitigation	Ophthalmology	30/09/2019	
						4518	Shortage of serviceable arthroscopic shoulder equipment (suture passers), due to age and poor condition. Future provision of this surgery is now at risk.	One suture passer on loan from supplier. Plan to procure 6 to replace existing tools.	2. High priority risk mitigation	Orthopaedics	30/06/2019	
4191	Availability of essential equipment (Surgery CBU)	Service disruption	tbc	12	High risk	4404	Current dental x-ray processing equipment requires the use of dangerous chemicals, presents confidentiality risks and does not allow the exchange of dental x-rays in a practical manner.	The manual system has been superseded by digital X-rays. 3 units identified @£10k each.	2. High priority risk mitigation	Orthodontics	30/06/2019	

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						4405	The diathermy generator unit (21 years old) has exceeded its estimated useful life. Its performance is now unreliable, users report it works intermittently.	Clinical Engineering maintain the electro-surgery unit and make repairs whenever possible; to seek funding for replacement from the new revenue budget in 2018.	2. High priority risk mitigation	Maxillo-facial surgery	30/06/2019	
						4407	The Bipolar instrument at Grantham, used to stop bleeding in surgical procedures in Maxillofacial surgery, is malfunctioning. It has been tested twice and found to have viable circuitry, but fails once in use for more than 1-2 minutes. It is essential for skin procedures and without it we would need to cancel patients.	Process replacement of the Bipolar instrument at Grantham.	2. High priority risk mitigation	Maxillo-facial surgery	30/06/2019	
4169	Availability of essential information (Pharmacy)	Service disruption	Costello, Colin	12	High risk	4661	The Trust currently uses a manual prescribing process across all sites, which is inefficient and restricts the timely availability of patient information when required by Pharmacists.	Planned introduction of an electronic prescribing system across the Trust.	2. High priority risk mitigation	Pharmacy	30/09/2020	
						4662	Network disruption affecting access to core pharmacy system - Ascribe. This disrupts pharmacy functions - inpatient dispensing, worksheet production in aseptic, stock control and out patient dispensing. As Pilgrim and Grantham sites have only one functioning back up computer and Lincoln does not have a back up - the pharmacy department trust wide cannot continue to carry out all necessary services sufficiently in the event of network failure.	Access to Ascribe 'back up' system. IT jobs 804862 & 804864 - raised 24/4/18. Updating Ascribe stand-alone to latest version.	2. High priority risk mitigation	Pharmacy	30/09/2019	
4410	Compliance with regulations & standards (Children & Young Persons CBU)	Reputation / compliance	Kollipara Sitarama, Narasimha	12	High risk	4712	Large volume of expired guidelines	Maintain monthly Guideline meetings Administrative support to be sourced	2. High priority risk mitigation	Paediatric Medicine	31/07/2019	
4372	Compliance with regulations & standards (Outpatient Services)	Reputation / compliance	Rinaldi, Dr Ciro	12	High risk	4665	There is a continuous backlog of patient health records awaiting return to Trust Health Records libraries for filing due to a lack of adequate storage capacity for Health Records casenotes within Health Records and Medical Secretarial workplaces. Health records are now 'held up' currently in wards, secretarial offices and areas, service departments, portering transport, and hospital corridors. Results in compliance issues against H&S Improvement Order (PHB), Health Records Code of Practice and CQC Essential Standards.	Submission of space allocation request to Estates at PHB for additional pre-filing. £352k has been allocated to Health Records for storage issues to be dealt with. Currently team leaders risk assess on a daily basis areas of risk outside of Health Records and repatriate from highest risk areas.	2. High priority risk mitigation		31/12/2019	
4315	Delayed patient diagnosis or treatment (Cardiovascular CBU)	Harm (physical or psychological)	tbc	12	High risk	4451	Cardiology – overdue follow ups Demand on the service exceeds the capacity that it is set up to deliver. This adversely affects patient safety and 18 week RTT performance Trust-wide in Cardiology.  Locums allow patients to be seen but discharge rate does not occur with locums  Harm review process in place to establish root cause of delay i.e. capacity or error	Workforce risk would allow resolution of this.  Discussions re service right sizing; staff numbers and skill mix review for final physiology business case; new ways of working in Physiology being trialled (i.e. new echo software, new ways of working DSE lists etc.) to ensure staff are utilised correctly; greater use of Trust-wide working across all services.	2. High priority risk mitigation	Cardiology	30/09/2019	
						4492	Increasing demand for diabetic foot service (x3 from 2017-18) without sufficient Plaster Room slots for charcot casting; insufficient staffing resource and lack of referrals process & guidelines. Delayed treatment significantly increases the risk of amputation.	Increased consultant clinic capacity; up-skilling of podiatrists to carry out routine casting. Liaison with Orthopaedics directorate to resolve plaster room availability issues; attempts to locate alternative trusts or private providers who can offer charcot casting service. Referrals only accepted when staffing levels are safe. Diabetic team to source own plaster staff.	2. High priority risk mitigation	Endocrinology/Diabetes	30/06/2019	
4327	Delayed patient diagnosis or treatment (Urgent & Emergency Care CBU)	Harm (physical or psychological)	tbc	12	High risk	4469	Demand pressures create delays in ambulance handover resulting in patients waiting on trolleys for longer than the national standard of 15 minutes. SOP in place and usually adhered to; improvements noted in handover times for longer waits.	PHB: Pre-hospital handover practitioner to access the interface between EMAS and ULHT and have oversight of the patients waiting to be admitted; will liaise with the nurse in charge and prioritise the queue. Increase RAIT cubicles to create additional space.  LCH:TBC GDH:TBC	1. Critical priority risk mitigation	Accident and Emergency	30/09/2019	
						4514	Issues with responsiveness of EMAS when required to transfer patients who cannot be admitted to Grantham (e.g. paediatric; mental health; gynaecological; surgical).	Ring-fenced beds on EAU to ensure safe care temporarily (not available for paediatric patients). Discussions on-going regarding the transport issue.	2. High priority risk mitigation	Accident and Emergency	30/09/2019	



High Operational Risks (March 2019)

Risk ID	Risk title	Risk Type	Divisional lead	Rating (current)	Level (current)	Action ID	Weaknesses or gaps in control	Planned mitigating action	Priority	Lead speciality	Action due date	Progress
						4748	Aortic Dissections A&E + Acute Medicine (+ partial relevance to cardiology / radiology) – aortic dissections. Inadequate induction, teaching and awareness has contributed to delayed or missed diagnosis leading to avoidable deaths  Mitigation: - TW action plan in place from 5 SIs during 2017 - Continuous audit of CTPA by Radiology with Cardiac ACP - Induction of ED, admission ward and cardiology junior doctors - All substantive staff have completed CEM podcast	Audit – registrar lead quality improvement projects supported by Cardiac ACP to monitor success of actions  All ED and admission ward senior nursing staff to complete tailored teaching slide set	2. High priority risk mitigation		28/06/2019	
4195	Delayed patient discharge or transfer of care (Surgery CBU)	Reputation / compliance	tbc	12	High risk	4172	Modern Surgical Emergency pathways would make provision for emergency ambulatory care and assessment before decisions about admission. Currently the assessment / admissions unit on the 5th floor is essentially used as an admissions unit with patients thinking they have been admitted as they have been moved to a speciality ward. The ward space on the 5th floor is really required for speciality admission. As a result patients may be admitted unnecessarily and default is to A&E when 5th floor SAU is full, affecting A&E flow.	Surgical MG was in A&E doing patient assessments to avoid admissions during the winter period. Exploring the possibility of continuing Surgical MG in A&E. Paper sent to ET outlining the need for an Emergency Floor model at Front of hospital - feedback awaited.	2. High priority risk mitigation	General Surgery	30/09/2019	
4333	Delayed patient discharge or transfer of care (Urgent & Emergency Care CBU)	Reputation / compliance	tbc	12	High risk	4437	A lack of empty beds on the Lincoln Site, with increased attendance of patients that require admission to an inpatient facility.	Bay system of working implemented for medical and nursing teams to improve patient flow and ownership by the clinical teams. Emergency Medical Floor Plan to be worked up. Business Case for significant investment and uplift to medical and nursing staffing.	2. High priority risk mitigation	Accident and Emergency	30/09/2019	
						4459	Inpatients who are medically fit for discharge with no onward journey planned is high for the Pilgrim site and impacts on Pilgrim A&E services. Increased length of stay and increased mortality. Issues with capacity at other healthcare providers.	Engagement in national initiative on 'stranded and super-stranded' patients to reduce delayed discharges.	1. Critical priority risk mitigation	Accident and Emergency	30/06/2019	
4409	Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	Harm (physical or psychological)	Kollipara Sitarama, Narasimha	12	High risk	4196	Nurse staffing levels in Children's Services areas do not meet the standards for nursing to patient ratios in children's areas set by the Royal College of Nursing; this can result in an increase in stress amongst staff.	Paediatrics included in Trust-wide nursing establishment review.	2. High priority risk mitigation	Paediatric Medicine	30/06/2019	
						4197	Additional pressure on staff due to insufficient capacity increases the likelihood of staff sickness / absence.	Recruitment to consultant and ADHD nurse posts.	2. High priority risk mitigation	Community Paediatrics	30/06/2019	Recruited to 2 nurses. To review risk requirements for service in terms of further recruitment.
						4200	Difficulties in managing children & young people exhibiting behaviours that challenge, if admitted to a general children's ward whilst awaiting mental health assessment; insufficient staffing to always provide 1:1 supervision; staff lack training in conflict management & use of restraint. Long standing issue with availability of Tier 4 beds locally.	Working party set up with CAMHs and medical directors of LPFT and ULHT to look at solution to finding safe environments for children exhibiting behaviours that challenge. Risk Assessment to be undertaken to identify need for one to one nursing with escalation of issues pathway in place to identify support as required.	2. High priority risk mitigation	Paediatric Medicine	30/06/2019	
4408	Safety & effectiveness of patient care (Children & Young Persons CBU)	Harm (physical or psychological)	Kollipara Sitarama, Narasimha	12	High risk	4190	Children under 16 that require specialist or a higher level of care or that are a time critical transfer have to be transferred with escort provided by nursing and medical staff from the ward which depletes the staffing; staff do not practice transfer skills regularly enough to fully maintain competencies.	Any uplift in nurse staffing needs to take potential transfers into account. EMAS and NSL have confirmed that they are a transfer platform only and cannot always provide paramedic crews. Private ambulances are used as an alternative method.	2. High priority risk mitigation	Paediatric Medicine	31/03/2019	
						4193	A critically sick child may be transferred from the ED to the Children's ward 4a whilst waiting for transfer to a tertiary PICU/CICU; nurses on ward 4a are not ITU trained and do not have the correct skills and training to care for an intubated and ventilated child; the area is not commissioned for this level of care & does not have the necessary equipment.	Policy to be agreed for safe transfer of children and young people to clarify the process.	2. High priority risk mitigation	Paediatric Medicine	30/06/2019	
						4194	There is no medicines management policy for delivering intravenous medicines in the home / community setting & it is out of date for joint agencies within school setting; limited guidance for HCSWs administering medicine to children & young people in the home.	Updates to medicines management policy & guidance to cover delivery of IV medicines in home / community settings; joint agencies within school setting; and unregistered staff (HCSWs) administering medicine in the home.	2. High priority risk mitigation	Children's Community Services	31/03/2019	St Francis School reviewing draft policy.
						4195	As there is currently no local multi-agency autism team in Lincolnshire community paediatricians continue to assess & diagnose autism as a sole agency; increased potential for over- or under-diagnosis.	An interim Autism assessment pathway is currently in place. Speech and Language therapists have been involved in ADOS assessments and providing reports to paediatricians. Discussions between ULHT and Commissioners regarding a pathway for the longer term are on-going.	2. High priority risk mitigation	Community Paediatrics	30/06/2019	Work is on-going.
4190	Safety & effectiveness of patient care (Surgery CBU)	Harm (physical or psychological)	tbc	12	High risk	4413	On-going issues with lack of provision of therapies: insufficient specialist dietetic resource for the service; limited availability of speech and language therapy support. Lack of clear guidelines, pathways and robust communication processes which may compromise the quality of patient experience clinical outcomes.	Actions being overseen by specialist commissioning team who are holding fortnightly assurance meetings. Business case in relation to therapies provision awaiting approval.	2. High priority risk mitigation	Oral Surgery	30/06/2019	



High Operational Risks (March 2019)

Risk ID	Risk title	Risk Type	Divisional lead	Rating (current)	Level (current)	Action ID	Weaknesses or gaps in control	Planned mitigating action	Priority	Lead specialty	Action due date	Progress
						4414	No air changes are currently taking place within outpatient maxillofacial clinics at Pilgrim Hospital (all failed tests carried out in July 2018); clinics at Grantham Hospital have not been tested. Surgical procedures >2cm are routinely carried out. Without air changes there is an increased risk of contaminated air causing infections.	Assessment required by Infection Control to advise which procedures can be carried out safely in outpatient maxillofacial clinics at PHB & GDH. Review of air changing capability Trust-wide is also required. If the upgrading of these rooms requires a cessation in activity there is a risk that Skin cancer target times may be missed and patients could come to harm.	2. High priority risk mitigation	Maxillo-facial surgery	30/06/2019	
4329	Safety & effectiveness of patient care (Urgent & Emergency Care CBU)	Harm (physical or psychological)	tbc	12	High risk							
4461	Safety & effectiveness of patient care (Women's Health CBU)	Harm (physical or psychological)	Bennion, Sue	12	High risk	4217	Lack of bariatric equipment and facilities (beds, Flotron mattresses, chairs, birthing balls, wet rooms) on Labour Ward, maternity ward areas; antenatal clinic areas; Branston & Hemswell wards; Bardney & Nettleham wards; Theatres. Increased likelihood of injury, pressure ulcers, or delayed care.	MDT care plans completed for all women with a raised BMI; equipment hired where possible (at additional cost); planned relocation of maternity ward, with improved facilities. Proposals to be developed for investment in bariatric equipment.	2. High priority risk mitigation	Obstetrics	30/09/2019	
4420	Workforce capacity & capability (Children & Young Persons CBU)	Service disruption	Kollipara Sitarama, Narasimha	12	High risk	4157	Ward establishments for Registered Nurses on Ward 4A (PHB); Safari / Rainforest (LCH) and Clinics do not enable the service to meet the standards set out by the Royal College of Nursing for nursing to patient ratios in Children's Services areas day and night.	Ward establishments for Registered Nurses on Ward 4A (PHB); Safari / Rainforest (LCH) and Clinics have been included in the establishment review (HR recruitment plan).	2. High priority risk mitigation	Paediatric Medicine	30/06/2019	The risk is being mitigated with Agency staff and overtime for substantive staff.
						4158	Difficulties in recruiting medical staff (especially middle grade doctors) means that there are frequent occasions where the medical rota cannot be fully compliant for first and middle grade tier.	Use of locum staff for cover; use of locums who have worked in the unit previously so they are familiar with the wards; on-going recruitment to substantive posts.	2. High priority risk mitigation	Paediatric Medicine	30/06/2019	Still a shortfall in middle grade doctors. Recruitment on-going. Step approach taken to ensure compliance. Work on-going on a plan for every post. Recruiting to 4 consultant posts at the moment. There is a plan for when doctors are joining the rota. Dr's have been recruited to PHB but are not yet able to work at registrar level on the rota. There is a 6 month plan.
4425	Workforce capacity & capability (Diagnostics CBU)	Service disruption	Fulloway, Mr Ian	12	High risk	3379	MRI: Potential for disruption to the cardiac MRI service if there is a reduction in availability of cardiologists.	MRI: Requests made to Cardiology for extra sessions where possible to cover staffing shortages; efforts made to keep waiting lists as low as possible through use of other imaging modalities. Contingency is referral to another provider (Glenfield; Nottingham), which increases cost and waiting times.	2. High priority risk mitigation	Radiology	31/03/2019	
						3407	High proportion of vacancies for Radiographers. Ability to recruit / sufficient number(s) radiographers with suitable experience; supervision is required where experience is limited.	Contract recruitment agencies Maxxima, ttm and Globe to assist in the recruitment process for Radiographers. Inexperience mitigated by buddying up junior/inexperienced staff with qualified senior radiographers. If they don't have HCPC Registration, a candidate may be appointed at Band 4 Asst Practitioner whilst awaiting Registration.	1. Critical priority risk mitigation	Radiology	31/03/2019	Overseas recruitment Paper has been approved.
						3408	Shortage of Nurses and radiographers in the trust that are trained to work in the Interventional Radiology suite (IR) on Lincoln site and the Lincolnshire Heart Centre (Cardiac Catheter Laboratories). Shortage of Interventional / Vascular Consultant Radiologists in post and On-call provision.	Interventional Radiology: On-going recruitment to substantive nursing & radiographer posts; interim engagement of locum agencies. ULH radiologists working pan trust to minimise service disruption, cases prioritised on urgency, out to advert continually, looking for locum support.	1. Critical priority risk mitigation	Radiology	31/03/2019	
						3409	AAA staffing levels impacting on the ability to screen within the National Standards as per Public Health England and detect Abdominal Aortic Aneurysms.	Prioritising surveillance patients for higher risk of AAA to ensure risk of harm is reduced. Implemented lone working to support patient throughput and maximise capacity. Engagement of neighbouring programmes for support.	2. High priority risk mitigation	Screening	31/03/2019	
						3411	Unable reliably recruit long term locums radiologists. Unable to retain locums. No substantive radiologists available.	Align capacity around radiology availability. Provide additional lists where possible. Move to hub and spoke model. Reassess job plans.	1. Critical priority risk mitigation	Radiology	31/03/2019	
						3412	Breast modality lead vacant until 22-10-18. No director of breast screening.	Consider ceasing breast screening model; however severe financial penalty, loss of income. Expedited to risk summit. Regular meeting to assess progress.	1. Critical priority risk mitigation	Screening	31/01/2019	
						3433	Bowel Screening have been struggling with capacity since August mainly due to a lack of screening colonoscopists. We are presently only achieving 40% of patient's scoped within the 2ww timescale.	1 x Endoscopist to retake exam in 6 months; Expression of interest gone out to Endoscopists for a screening role. Capacity & Demand study commenced. Operational contingency plan in place which will affect our diagnostic waiting times and although we are looking into ways of supporting this with Nurse Endoscopist cover it will not meet all the lost capacity.	2. High priority risk mitigation	Endoscopy	31/03/2019	We have had a consultant going through the accreditation process which would have resolved this issue and that of the backlog, unfortunately he was unsuccessful in getting accreditation last week and it will be another 6 months before the exam can be re-taken therefore due to the current waiting times and pressures to increase the invite rates we have needed to implement a contingency plan.

High Operational Risks (March 2019)

Risk ID	Risk title	Risk Type	Divisional lead	Rating (current)	Level (current)	Action ID	Weaknesses or gaps in control	Planned mitigating action	Priority	Lead speciality	Action due date	Progress
						3434	Gaps in the management team which leave the service vulnerable. Band 8a Business Manager leaves in October 2018 & cannot be replaced due to recruitment freeze in place Trust-wide; Head of Endoscopy due to retire in January 2019.	Workload is being prioritised to the day to day management of the Endoscopy services, waiting times and 2ww patients. Team leaders supporting the management team. Annual leave is being adjusted to accommodate the service. New structure has been submitted and a skill mix case of needed submitted to the DOF.	1. Critical priority risk mitigation	Endoscopy	31/03/2019	
						3436	Endoscopy has a shortage of Administration within the booking and reception teams due to a combination of sickness, levels of WTE staffing numbers and increase of 4000 referrals in 1 year with no extra staff to cover this. This is causing inefficiencies with some lists not being filled to capacity, potential loss of income, pressure being put on existing staff members, patients waiting longer for appointment dates and other departments having to chase up on patients dates.	Business case for more staffing and bank to cover the short fall (however due to the specialised nature of Endoscopy booking this is only existing staff doing extra). Management team are helping wherever possible and extra reports are being run daily to keep a track of patients.	1. Critical priority risk mitigation	Endoscopy	31/01/2019	On-going staffing shortfall which is now causing an effect on patient booking and therefore a loss of income to the Trust. The 3 month recruitment freeze was lifted on 9/10/18 but staff will not be in place for a further 2-3 months.
						4690	The DXA service requires a minimum of 6500 available hours to provide a DXA scanning and reporting service across two sites. The current staffing ratio is supported in full by the clinic lead who is not on the DXA establishment. The service is currently 700 hours short of workforce. The Band 4 1.0wte is also due to leave with an estimated leave date eight weeks and the potential 0.4wte Band 5 may also leave.	1. Reduced the number of scanning days at Pilgrim. 2. Reduce clinics to a safe level. 3. Potential to incur overtime to maintain no breaches. 4. Ensure the overtime is safely and equally shared.	2. High priority risk mitigation	Radiology	30/09/2019	The potential for breach was escalated to senior management 4/3/2019 and a meeting with the senior remaining staff to agree a strategy to ensure the essential elements of the DXA service are maintained. The contingency depends totally on the inclusion of the Band 8a Lead working full time in DXA which will result in overtime costs to maintain the current level of service.
4196	Workforce capacity & capability (Surgery CBU)	Service disruption	tbc	12	High risk	4127	Insufficient middle grade doctors to manage demand (specialty doctors, associate specialists, staff grades). National shortage, not enough being trained. Impact being felt nationally. There are 8 in total across all sites, at the moment 3 of these slots are covered by agency. Two of our agency staff will be leaving shortly and right now we have no replacements so the service is very fragile.	Recruitment process underway for middle grade doctors, agency staff currently filling the other gaps. A number of options are being considered by management including recruiting ACP's to fill the gaps however this will be a medium-long term plan.	1. Critical priority risk mitigation	Urology	30/06/2019	We have just recruited one permanent middle grade who will hopefully be in post by January.
						4173	Registered Nurse staff vacancies and cover for sickness absence on Wards 5A & 5B.	Wards 5A & 5B: Daily review of staffing with Matron and Ops Matron; Ward Sister working clinically when necessary (impact on management role); block booking of agency staff to aid fill rate and continuity; Pilgrim site now linked to external recruiting agency Sterling Cross who are targeting specific nurses re working at PHB.	2. High priority risk mitigation	General Surgery	30/06/2019	
						4174	Medical staff recruitment difficulties and gaps in cover.	Plan is to recruit ACP to provide cover where possible for loss of junior medical roles. Re-advertise for Medical staff and where unsuccessful use locum staff for temporary cover.	2. High priority risk mitigation	General Surgery	30/06/2019	
						4175	Lack of substantive Business Managers for the CBU, impacting on continuity and sustainability of service support.	Interim arrangements in place to cover Business Manager posts; longer term solution to form part of trust-wide review of directorate / divisional structure.	2. High priority risk mitigation	General Surgery	31/03/2019	
						4366	It is a mandatory requirement by the vascular society for each vascular unit to provide 24/7 vascular interventional radiology cover. There is a lack of 24/7 interventional radiology to cover the vascular unit within Lincolnshire, the main reason is shortage of radiologists available to run a rota. At present there are 3 Interventional Radiologists (IR) out of a standard compliment of 6.	There is a proposal for a limited rota which would involve the 3 IR and one of the vascular surgeons (with radiology skills) this will cover some of the days but still will not fulfil the standard. This was proposed to begin in February 2019.	1. Critical priority risk mitigation	Vascular Surgery	31/03/2019	
						4372	The majority of vascular patients are elderly, complex and require medical input and complex discharge arrangements. At present there is a lack of physician input for vascular patients.	Vascular get advice when required (when there is a complication). Not all patients get a review.	2. High priority risk mitigation	Vascular Surgery	31/05/2019	
						4415	Dietetic service is not commissioned to support patients with head & neck cancer. Service does not fulfil requirements of national recommendations on staffing.	Business case written and participating in service review. Proposal for 2 year funding from McMillan to support a Dietetic post. Further meeting planned with McMillan Lead and seeking agreement from Cancer Lead Nurse. Not yet agreed.	2. High priority risk mitigation	Oral Surgery	30/06/2019	
						4416	Resignation of consultant surgeon(s) means that the Trust cannot sustain its head & neck cancer service. National shortage of ENT surgeons has impacted on NU as the regional centre for the East Mids.	Formal reports on service performance to be provided to the Exec Team on a weekly basis to monitor impact. Recruitment of locum surgeons to provide temporary resource.	1. Critical priority risk mitigation	Oral Surgery	30/04/2019	
4214	Workforce capacity & capability (T&O and Ophthalmology CBU)	Service disruption	Motkur, Mr Prabhakar	12	High risk	4434	Considerable trained staffing deficit on Ward 3A.	Advanced rota planning. Use of overtime to provide cover; forfeit of supervisory time; Ops Matron daily review of staffing levels & risk assessment of patient acuity. Site specific advertising to support recruitment to substantive posts.	2. High priority risk mitigation	Orthopaedics	30/09/2019	
4115	Workforce capacity & capability (TACC & Pain CBU)	Service disruption	tbc	12	High risk	4074	ICU at Lincoln, issues with maintaining medical staffing levels to establishment.	Review of current medical staff recruitment strategy.	2. High priority risk mitigation	Critical Care	31/03/2019	As of 21/11/2018 the dept was 2 consultants down.
						4133	Uncertainty over the future of the service has already led to several resignations and potential for more. Increasing backlog of patient appointments.	Consideration of future service model options.	2. High priority risk mitigation	Pain Service	31/03/2019	

High Operational Risks (March 2019)

Risk ID	Risk title	Risk Type	Divisional lead	Rating (current)	Level (current)	Action ID	Weaknesses or gaps in control	Planned mitigating action	Priority	Lead specialty	Action due date	Progress
						4134	Lack of pre-assessment slots due to resignation and sickness absence of significant number of nurses.	Increase in working hours for current staff to provide cover where possible; recruitment to substantive posts.	2. High priority risk mitigation	Anaesthetics	31/03/2019	
4297	Workforce capacity & capability (Therapies & Rehabilitation)	Service disruption	Cooper, Mrs Anita	12	High risk	4552	Difficulties in recruiting to established funded posts in Physiotherapy at Pilgrim Hospital. High turnover rate and small pool of potential applicants. Shortage of qualified staff to be able to cover the evening on call rota resulting in critically ill patients not receiving urgent respiratory physiotherapy when needed (unable to run the service with fewer than 6 staff).	Recruitment strategies & plans, including: staff development events; supervision, prompt response to vacancies; use of bank staff overseas advertisement options. Training to bring new Band 5 staff up to the level of being on call competent.	2. High priority risk mitigation	Physiotherapy	30/09/2019	
						4553	Ashby ward has a high level of complex rehabilitation patients and regularly has 3 or more patients requiring enhanced care due to high risk of falls; cognitive impairment; wandering - security of self and other patients. Enhanced care support is rarely available at the level required for the number of patients who require it.	Business case to be written and submitted for additional Band 2 HCSW staff for the ward to ensure enhanced care requirements can be met and within the ward budget rather than regularly overspending on Bank and Agency staff.	2. High priority risk mitigation	Rehabilitation	30/06/2019	
						4554	The Speech & Language Therapy (S&LT) service provided to the Trust by LCHS is experiencing on-going staffing capacity issues, which impacts on the achievement of Sentinel Stroke National Audit Programme (SSNAP) standards and the ability to respond in a timely manner to other inpatient referrals.	S&LT staff are moved where possible to provide the most effective cover across the whole service. Senior team lead providing greater level of clinical input to support other staff. Prioritisation of referrals. Review of staffing levels and skill mix; working in partnership with ADSS team to recruit.	2. High priority risk mitigation		30/06/2019	
						4681	Insufficient staffing on Ashby ward to meet needs of the complex nature of these patients. Regularly require 2/3+ enhanced care. Current number of vacancies in Pilgrim Physio, Pilgrim OT, Dietetics, and gaps in admin staff through vacancies and long term sickness absence. Unable to access appropriate locum staff. Concern around number of vacancies advertised by other agencies across Lincolnshire which could further destabilise Therapies staffing particularly Physiotherapy.	Business continuity plans for shortage of available staff. Exploring alternative recruitment options with SHRBP. Conversion of Band 5 posts to Band 4. Introduction of degree apprenticeship posts from April 19.	2. High priority risk mitigation		30/09/2019	
4460	Workforce capacity & capability (Women's Health CBU)	Service disruption	Edwards, Nick	12	High risk	4214	Insufficient radiology capacity to support delivery of the Breast Cancer service.	Additional weekend working used to cover any shortfall in radiology capacity.	2. High priority risk mitigation	Breast Surgery	31/03/2019	
						4215	Reduction in productivity, performance and timely intervention due to Oncologist vacancy & time to recruit / train replacement.	Reliant on progress with recruitment & training of replacement Oncologist.	2. High priority risk mitigation	Breast Surgery	30/06/2019	
						4473	Reduction in productivity, performance and timely intervention due to Pathology vacancy & time to recruit/train replacement.	Reliant on progress with recruitment & training of replacement Pathologist.	2. High priority risk mitigation	Breast Surgery	31/05/2019	
						4474	Improved Radiology capacity has resulted in insufficient nursing cover for weekdays and weekends additional activity.	Discussion ongoing with David Hutcheon (Interim deputy general manager). Requirement is 2 * band 2 and one band 5.	2. High priority risk mitigation	Breast Surgery	31/05/2019	