

## Board of Directors' Meeting Report – 3 August 2016

### Agenda item 75/16

<b>Title</b>	Corporate Risk Register
<b>Sponsoring Director</b>	Yvonne Blucher, Chief Nurse
<b>Authors</b>	Denise Townsend, Associate Chief Nurse Sharon Murrell, Head of Risk & Patient Safety
<b>Purpose</b>	To provide a summary report to the Board on the Corporate Risk Register
<b>Previously considered at</b>	Corporate Governance Group, 7 July 2016
<p><b>Executive Summary</b> This paper has been reviewed at the Corporate Governance Group in July 2016 and provides assurance that there are systems in place to review the Trust's current clinical risk register for both moderate and high risks.</p> <p>There are currently 24 approved high rated risks on the risk register and 140 approved moderate rated risks.</p>	
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
<b>Related Risk</b>	Risk 1 Failure to provide adequate patient safety and quality of care Risk 2 Poor patient experience (linked to poor patient outcomes as per Risk 1) Risk 3 Failure to meet performance targets Risk 4 Trust not being financially sustainable Risk 5 Inability to recruit and retain staff Risk 6 The ageing buildings, physical environment, associated infrastructure and inadequate backlog resources present an almost certain risk of services failing and impacting on the delivery of patient services
<b>Legal implications / regulatory requirements</b>	To ensure the Trust complies with legal guidance and is able to effectively identify and remedy areas of poor practice as identified through risk in order to maintain compliance with the essential standards of quality and safety.
<b>Quality impact assessment</b>	By recognising risk and ensuring appropriate controls are in place to both monitor and respond to those risks will improve our standards and ensure we provide the best possible experience for our patients and their families.
<b>Equality impact assessment</b>	As far as can be considered this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010
<p><b>Recommendations:</b> The Committee is asked to receive assurance therefrom.</p>	

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### **1) INTRODUCTION**

This paper provides an overview of the Trust's current risk profile for high and medium risks. This information has been extracted from the Risk Module of the Datix Web Risk Management Information System.

### **2) CURRENT STATUS FOR CORPORATE RISKS**

2.1 All risks placed on the risk register are given an inherent risk rating and this is used comparatively against the current risk rating to monitor whether the controls in place are achieving their objectives.

2.2 The grading of each risk determines where it will be managed. Low risks are those that score less than 9 and moderate risks scored between 9 and 15 are managed within the directorate. Risks scoring 16 and above (high risks) are placed on the corporate risk register.

2.3 All high rated risks are required to be reviewed monthly.

2.4 Table 1 provides detail of the high graded risks that appear on the corporate risk register, detail on both the inherent and current risk rating and the controls and mitigation that is in place for each risk.

Since the last report, two risks rated as high have been removed from the corporate risk register. The risk of fines and penalties from the CCG no longer exists (2020) and industrial action by junior doctors has been reduced to a moderate risk, as there is no pending action (2537).

One new high risk was added by MSK in May 2016 and relates to patients for elective orthopaedic surgery list breaching the 18weeks target. Surgery have increased the risk of elective surgery being cancelled due to the bed pressures (2147).

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2287	Finance	Trust fails to meet its financial targets with closer scrutiny by Monitor and possible enforcement action.	4	Failure to control costs or deliver transformation plans leading to a materially adverse position against the plan.	25	Monthly financial monitoring and reporting; New monthly financial performance review with Clinical Directorates and corporate functions; Continued focus on the delivery of the Transformation plans through increased support from the PMO and accountability to the Transformation Board; The Trust is also in regular communication with Monitor about the financial position.  <i>Update July 2016: control total deficit has been set with increased financial challenges</i>	July 1st		Adrian Buggle	James O'Sullivan
1858	Surgical	Risk that harm maybe caused to patients due to backlog of follow-ups	1	Current backlog of patients not being seen for follow up could lead to failure to follow up patients; key area is Ophthalmology with a high turnover of medical staff at consultant, specialty doctor and clinical fellow grades (47% in 2014/15) and inability to replace all posts has had an adverse impact on ability to address backlog. Due to staffing shortages, long term solution has not been feasible.	25	Work being carried out to reduce backlog in follow up patients; Continuation for virtual clinical triage is included in the updated action plan.  <i>Update June 2016: New Medica Clinics have commenced, Glaucoma Referral Refinement Process commenced in April 2016, Shared Care Glaucoma community service will have full implementation end June 2016</i>	June 9th		Margaret-Ann Girvan	Jon Findlay
2621	Finance	The value of the block contract for clinical income may not be sufficient to reimburse the	4	From 2016/17 a new type of block contract has been introduced which removes the opportunity for additional income (during the year) for activity increases. If activity, during the year, rises above	20	Detailed planning and discussion with directorates in order to have a thorough understanding of the expected activity levels for the next year; Accurate and timely monitoring of actual performance against the plan in order that adverse	July 1st		Adrian Buggle	James O'Sullivan

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
		Trust for the costs of activity.		planned levels then the Trust will be compelled to meet the costs of this without reimbursement from the Commissioners.		variances are identified and remedial action can be taken swiftly.  <i>Update July 2016: Block contract has been agreed which guarantees a level of income but leaves the cost of over-performance at the Trust's own risk</i>				
2623	Human Resources	Risk of having insufficient substantive staff to meet Safer Staffing Requirements	5,1,2	Inability to identify substantive staff through recruitment processes, national shortages of available qualified staff Effect - increase agency spend, poor patient care, increased workload, poor staff morale	20	Recruitment and workforce plan, national and international recruitment strategies, retention initiatives.  <i>Update June: No change</i>	June 15th	↔	Namdi Ngoka	Mary Foulkes
2147	Surgery	Bed pressures impact on Surgical Directorate and lead to cancellation of Elective Admissions	1,3	Demand for medical beds exceeds availability, medical patients to outliers in surgical beds, TTAs not ready in a timely fashion  Reduced ability to admit patients for elective surgery, poor patient experience and complaints; Financially Loss of income, reputationally; Failure to meet access targets; Patients held in post op ward waiting for a bed to become vacant	20	Constant daily review of available beds & elective patients requiring admission, through the bed meeting process.; Early morning support for the clinical site management team to prioritise elective patients for admission and assist with problem solving. Use of the elective admissions lounge; Ensuring that all medical patients outlying on surgical wards are reviewed daily; Collaborative working with MSK and Women's and Children's Business Units using their beds when availability allows. all operations are risk assessed with clinicians <i>Update July 2016: Risk remains</i>	July 18 <sup>th</sup>	↔	Jane Mulreany	Jon Findlay

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2500	MSK	Staffing shortages on MSK wards – Castlepoint & Shopland	1,2,5	In excess of 8 staff vacancies on wards and 4 going on Maternity leave between period of Aug and Dec 15. Castlepoint & Shopland Ward will be short staffed making it high risk.	20	Staffing numbers checked by ward managers and Matron when off duty completed. Staffing numbers required for patient numbers calculated as part of ward budget and Safer Nursing care Tool. Nursing posts advertised and applicants interviewed as soon as possible. Discuss with managers and Trust Executive and agree action if vacancies not filled  <i>Update April 2016: awaiting recruitment</i>	April 27th	↔	Julie Lander	Yvonne Blucher
2450	Corporate	Risk of failure to comply with the 4 hour target due to the implementation of the medical model	3	High level of demand for the A&E service, at the same time as implementing a reduced medical bed base, leads to a failure to deliver the clinical transformation programme.	20	Regular scrutiny of achievement of the A&E four hour target. On-going review of performance led by the Chief Operating Officer and Clinical Directorates. Site management team in place to manage bed use.  <i>Update July 2016: no change to risk</i>	June 16 <sup>th</sup>	↔	Gina Quantrill	Jon Finlay

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2581	Corporate	Risk to patient safety due to temporary opening of extra medical beds to increase capacity due to winter pressures	1,2	<p>Cause: Increased activity; insufficient medical bed base</p> <p>Effect: Inability to staff extra beds safely; Relocation of staff from within medical wards leaving staffing levels on those wards suboptimal; Lack of continuity of care affecting patient experience; Reliance on bank and agency staff; Unplanned cost pressure for medicine</p>	20	<p>Daily monitoring by Matrons and Head Nurse; Matron in conjunction with the ward staff undertake risk assessment of staffing levels and skill mix and patient safety on the ward; Clinical Site Managers in conjunction with ward staff undertake risk assessment for each patient transferred to the outside of the speciality; Duty Matron until 2000 daily; Daily swapping of Trust nursing staff with agency staff where possible; Discussed at the daily bed meetings; Gold control centre open during black status</p> <p><i>Update April 2016: Reviewed and no change</i></p>	April 11 <sup>th</sup>		Cheryl Schwartz	Yvonne Blucher
2152	Corporate	The trusts failure to meet 18 week access target	3	The trust is unable to consistently provide patients with definitive treatment within 18 weeks of referral from their General Practitioner, due to patient pathway inefficiencies or capacity constraints.	20	<p>Daily problem solving comm cell; Validation of the patient waiting lists; Active engagement in the bed management process; Support for the clinical site managers; Scoping the capacity and demand issues; Outsourcing has commenced</p> <p><i>Update June 2016: Reviewed and no change</i></p>	June 16 <sup>th</sup>		Gina Quantrill	Jon Findlay

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
70	Corporate	Increased use of nursing agency staff with varying skills and experience	1,2	<ul style="list-style-type: none"> <li>- sickness absence</li> <li>- Temporary inexperienced staff</li> <li>- Incorrect skill mix</li> <li>- bed pressures</li> <li>- specialising</li>   <li>- Increased patient safety risk</li> <li>- Increase in pay bill</li> <li>- service disruption</li> <li>- restricted student mentoring</li> </ul>	20	<p>Adherence to CM-57 Nursing &amp; Midwifery Duty Rostering Policy; Sickness/absence monitoring and management; E Rostering system; Monitoring of all duty rosters by matrons; Daily staffing level and risk assessment by matrons; Daily Duty Matron 0700-2000; Redeployment of staff by Matron/ Clinical Site Managers; Bank nurses used before agency staff are used; Skill mix reviews; Staffing reports sent to Chief Nurse on monthly basis with reports shared with the Board; Monthly meetings between Directorates and the Executive Team; Recruitment initiatives for vacancies (including national adverts); Dependency audit undertaken quarterly; regular bed meetings and safe at Southend daily reporting lines for high risk staffing</p> <p><i>Update January 2015: High utilisation of agency staff continues to provide safe staffing levels on wards</i></p>	Jan 29th		Cheryl Schwartz	Yvonne Blucher
2457	Surgical	Lack of consultant cover for max fax hub covering the Essex network	1,5	Retirement of consultant will lead to poor coverage of max fax hub no emergency cover across Essex effect no network for maxfax hub deanery will then remove junior doctors from Bromfield	20	<p>To recruit to vacancy</p> <p><i>Update June 2016: Project Board across all 3 trusts has been running for at least 10 months with various work streams to implement operational changes in the network. Currently two locums are in post working for MEHT. MEHT are leading on the changes as the HUB of the service. If posts are filled Southend consultants will have to support the HUB and it will be a</i></p>	June 3rd		Jane Mulreany	Jon Findlay

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
						1:2 on call rota.				
2277	Corporate	The Trust does not achieve the 4 hours total time in ED standard	3	Cause: High vacancy rates across medical and nursing workforce Insufficient environmental footprint Inadequate primary care provision Outdated workforce model Exit block to the department Effect: Failure to meet 4 hour standard and other professional standards impacting patient care	20	Daily monitoring of medical and nursing rosters Strengthening of management support Implementation of SEEDS Investment in the nursing workforce Implementation of clear escalation pathways <i>Update April 2016: reviewed and no change</i>	April 11 <sup>th</sup>		Christine Cole	Jon Findlay
2461	Corporate	Risk of patients with Mental Health problems absconding or deteriorating whilst waiting for assessment	1,2	Poor response times from SEPT (mental health providers) Poor provision of transport to transfer to on-going care provider Effect - Patients leaves department, further self-harming, Death	20	MH room for assessment Availability of security staff Enhanced supervision policy  <i>Update April 2016: reviewed and no change</i>	April 11 <sup>th</sup>		Christine Cole	Jon Findlay
2451	Corporate	Inability to recruit staff, which will to a failure to meet expenditure targets	5	Failure to recruit staff is leading to increase in expenditure on temporary staffing and inability to achieve staff expenditure targets.	20	On-going recruitment effort to fill vacancies, particularly in hard to recruit areas. Trust staff bank in place to cover vacancies where possible. Agency cover used only when absolutely necessary.  <i>Update June 2016: reviewed and no change</i>	June 16 <sup>th</sup>		Namdi Ngoka	Mary Foulkes
2453	Corporate	Withdrawal of Junior Doctors in Medicine by Health	1,2	The withdrawal of Junior Doctors in Medicine by HEEOC would mean that the Trust was unable to maintain the on-call medical rota; The Trusts failure	20	A full action plan has been developed and submitted to HEEOE and this is monitored within the Trust to assure that we are on track with the actions planned. We are	June 16 <sup>th</sup>		Neil Rothnie	Mary Foulkes

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
		Education East of England		to provide adequate standards of training and support to Junior Doctors as per the HEEOE requirements.		required to provide regular updates to HEEOE the next is due in October 2015. <i>Update June 2016: reviewed and no change</i>				
1823	Corporate	Failure to stay within Department of Health targets for MRSA	3	<ul style="list-style-type: none"> <li>- Lack of opportunity to improve on current excellent practice</li> <li>- Financial effect as the infection is costly to treat.</li> <li>- Monitor intervention</li> </ul>	20	<p>1 All key MRSA policies and guidance in place, up to date and available for all staff to read and have reference to. 2 Anti-bacterial hand rub situated at point of care and at Ward and Unit entrances</p> <p>3 Root Cause Analysis by the IPC nurses, relevant Matron, patient's clinician and Ward Manager. 4 IPCT audit programme in place. 5 Mandatory Training Updates and drop-in days. 6 Quarterly audit of compliance and knowledge of MRSA policy IC 007. 7 Healthcare Associated Infection Surveillance - figures reported to the PCT and cascaded to SHA. 8 Signage which highlights the importance of hand hygiene. 9 EPIC 2 guidelines Implemented. 10 All elective and emergency admissions are screened for MRSA. 11 Information leaflets for patient and public informing them of protocol to follow. 12 National De-minimise of 6</p> <p><i>Update July 2016: no reports of post 48 hour MRSA bacteria</i></p>	July 11th		Emma Dowling	Yvonne Blucher

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2147	Surgery	Risk of bed pressures impacting on surgical directorate resulting in cancellation of elective admissions	1,2,3	Cause: demand for medical beds exceeds availability; medical patients to outlie in surgical beds; TTAs not ready in a timely fashion Effect: reduced ability to admit patients for elective surgery; poor patient experience – complaints; financially - Loss of income; Reputation - Failure to meet access targets; Patients held in post op ward waiting for a bed to become vacant	20	Constant daily review of available beds & elective patients requiring admission, through the bed meeting process; Early morning support for the clinical site management team to prioritise elective patients for admission and assist with problem solving; Use of the elective admissions lounge; Ensuring that all medical patients outlying on surgical wards are reviewed daily; Collaborative working with MSK and Women’s and Children’s using their beds when availability allows; All operations are risk assessed with clinicians; Now introduced ESAC and different ways of working for emergency patients to reduce admitting to IP wards  <i>Update July 2016: Reviewed and no change</i>	July 18th	↔	Jane Mulreany	Jon Findlay
2624	Human Resources	Risk of failing to retain staff and therefore not meeting safe staffing levels	5	Low levels of engagement due to a number of factors such as poor terms and conditions, communication , etc; High turnover and poor retention	16	Localised retention schemes in hard to recruit areas; Directorate and corporate staff survey action plans; Staff Friends and Family Tests and Exit surveys  <i>Update June 2016: reviewed and no change</i>	June 15 <sup>th</sup>	↔	Namdi Ngoka	Mary Foulkes
2512	Diagnostic and Therapeutic	Shortage of Radiographers results in risk of harm to patients due to	1,5	Cause: Shortage of radiographers - unable to recruit to the existing 10 WTE vacancies; High turnover (difficulty retaining radiographers); Staff	16	Actively recruiting including engagement with recruitment agencies; Flex capacity to ensure cross modality cover; Overtime /additional sessions; Prioritise acute/Inpatient workload; Train staff in	June 14 <sup>th</sup>	↔	Darren Taylor	Paul Cervi

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
		delay in diagnosis that is dependent on imaging.		recruited recently are very junior and do not replace the experience levels lost through staff leaving; Reduced capacity across all imaging modalities; Unable to provide adequate capacity to maintain waiting times within agreed KPIs; Breaches of 6 week diagnostic target. Impact on Trust targets of 18 weeks RTT and cancer; Risk of losing work to the private sector as a result of long waiting times; Additional pressure placed on existing staff; Staff morale lowered; Issues with skill mix due to junior staffing		limited CT scanning to improve turnaround times for acute work overnight; Recruitment and retention premia and associated plan now in place. Locum radiographers in place  <i>Update June 2016: positions have been offered to nine radiographers</i>				
2423	Diagnostic and Therapeutic	Shortage of Radiologists results in risk of harm to patients due to delay in diagnosis that is dependent on imaging.	1, 3	Cause: Shortage of radiologists - unable to recruit to the existing 5 WTE vacancies Effect: Reduced capacity for ultrasound scanning sessions, urgent and routine report provision, interventional cases and clinic-radiological discussions; Unable to provide adequate capacity to maintain waiting times within agreed KPIs; Delays in cases and reports impacting on patient care and delayed diagnosis; Breaches of 6 week diagnostic target. Impact on Trust targets of 18 weeks RTT and cancer; Additional pressure on existing team members; Reduced morale	16	Actively recruiting including engagement with recruitment agencies; Flex capacity to ensure cross modality cover; Additional sessions being run; Prioritise acute/Inpatient workload; Use of locum staff  <i>Update June 2016: positions have been offered to two locums</i>	June 14 <sup>th</sup>		Darren Taylor	Paul Cervi

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2359	Diagnostic and Therapeutic	Mortuary Services Ensuring the deceased are managed with dignity and respect	6	<p>There are 90 spaces available in purpose built accommodation in two locations; one in the basement accessed via a service tunnel which is not suitable for general pedestrian use.</p> <p>There are a further 36 spaces available in the old Pathology Annexe, in temporary storage units which should not be used on a long term basis, but are used for at least 6 months of the year. Transport of the deceased from the Annexe is via the public pavement using a concealment trolley which is not ideal.</p> <p>The conditions make it difficult to care for the deceased with dignity and respect. The condition of the basement access route and transport method from the annexe could cause distress to relatives.</p>	16	<p>Guidance and training is in place to ensure the deceased are treated with dignity and respect this will be subject to audit and reporting to the directorates governance forum. An external assessment of the service and technical assessment against HTM / HBN has been undertaken and a business case written to support discussions with stakeholders to secure resources to invest in the service. Phase 1 improvements to ensure capacity is improved to prevent further temporary storage being introduced resulted from discussions with Funeral Directors, a transfer SLA has been put into place. The bereavement co-ordinators will be placed within the extended annex to facilitate improved management of the patient / relatives service. Phase 2 refurbishment will provide: a non denominational viewing room and a corridor between the annex and the mortuary to reduce movement of patients in common areas and increase the number of fridges in the main mortuary, M+E improvements will be made to the annex. This should reduce the need to use the basement area storage area. The basement and tunnel will also be improved.</p> <p><i>Update June 2016: Draft plans and costings to be developed following meeting with Essex County Council</i></p>	June 8 <sup>th</sup>		Dominic Hall	Janet China

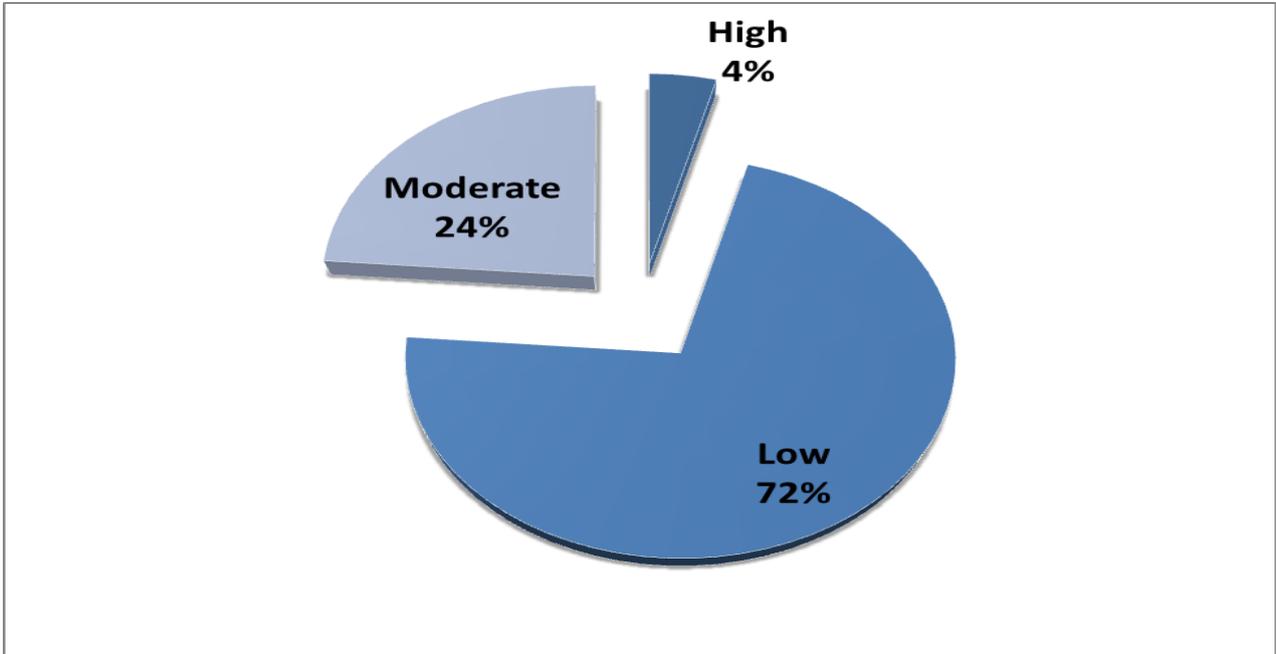
ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2030	Governance and Nursing	Poor patient experience and compromised safety due to staffing levels	1,2	<p>Some wards are under established and some have the wrong skill mix; Current nursing establishment is insufficient to provide sustainable safe care during increases in acuity and dependency of patients;</p> <p>Ward nursing staff unable to provide essential safety and quality of care in a sustainable manner; Continual reporting to the Board of high numbers of understaffed wards on a shift by shift basis as required from April 2014; A poor Monitor governance rating due to low nurse staffing levels not being managed by the Board; Poor publicity and reputational damage as the above measures must be reported at public Board meetings; CCG, CQC and NHS England intervention in terms of 'special measures' and instructing ward closures to provide safe staffing; Risk of loss of recognition for nurse training due to poor ward nurse staffing numbers; Inability to recruit and maintain retention in ward nursing; Poor staff morale</p>	16	<p>Safer Nursing Care Tool is used to review nursing levels required for patient levels that aids future planning; E-rostering system in use to manage planning and allocation of resources; Use of bank and agency staff to ensure sufficient staff working on wards; Staff made aware of escalation process where any identified shortfalls of nursing are reported to managers, 12-hour shifts have been implemented in wards, where appropriate; Duty Matron role implemented, providing senior clinical leadership and support until 8pm; Central "gold command control room set up 04/01/16; Staff with NMC registration and staff with HCA experience asked to report to nerve centre to assist; Senior nurses co-ordinating staffing deployment; Minimum of 5 meetings daily to review staffing; Matrons and senior nurses providing support; Permanent staff moved, where necessary to support temporary (bank and agency) staff and ensure appropriate skill mix</p> <p><i>Update June 2016: reviewed and no change</i></p>		June 29 <sup>th</sup>	Cheryl Schwartz	Yvonne Blucher

ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2455	Corporate	The Trust not meeting the 62 day cancer target	3	The Trust has not met the 62 day cancer target for more than the previous year This may cause reputational damage to the trust and the effect will be on patients not receiving treatment as stipulated	16	Weekly performance meetings; Monthly directorate reviews led by the Executive team; longer term - review of all services within the specialities  <i>Update June 2016: reviewed and no change</i>	June 16 <sup>th</sup>	↔	Gina Quantrill	Jon Findlay
2365	Medicine	Risk to patient safety due to Nursing vacancies in care of the elderly wards	1,2,5	Cause: Vacancies, increased staffing requirements and unable to recruit to post Effect: Increased risk to the delivery and quality of direct patient care due to the level of staff nurse vacancies and the number of HCA unavailable for work due to the level of acuity/dependency and number of beds on ward; The ward routinely have had a significant number of patients requiring 1-1 nursing via the enhanced nursing policy; The patients have met the required standard by MCA3 and Deprivation of Liberty being granted	16	Bank and agency shifts are being filled to uplifted nursing levels, however some shifts are not being filled. Use of HCA talent pool There are financial restrictions on the ward which may impact on being able to request staff from the bank or agency. Within the last 6 months concerns have been raised regarding the levels of staffing and the level of acuity on ward.  <i>Update May 2016: vacancies out to advert</i>	May 23 <sup>rd</sup>	↔	Mel Hood	Yvonne Blucher

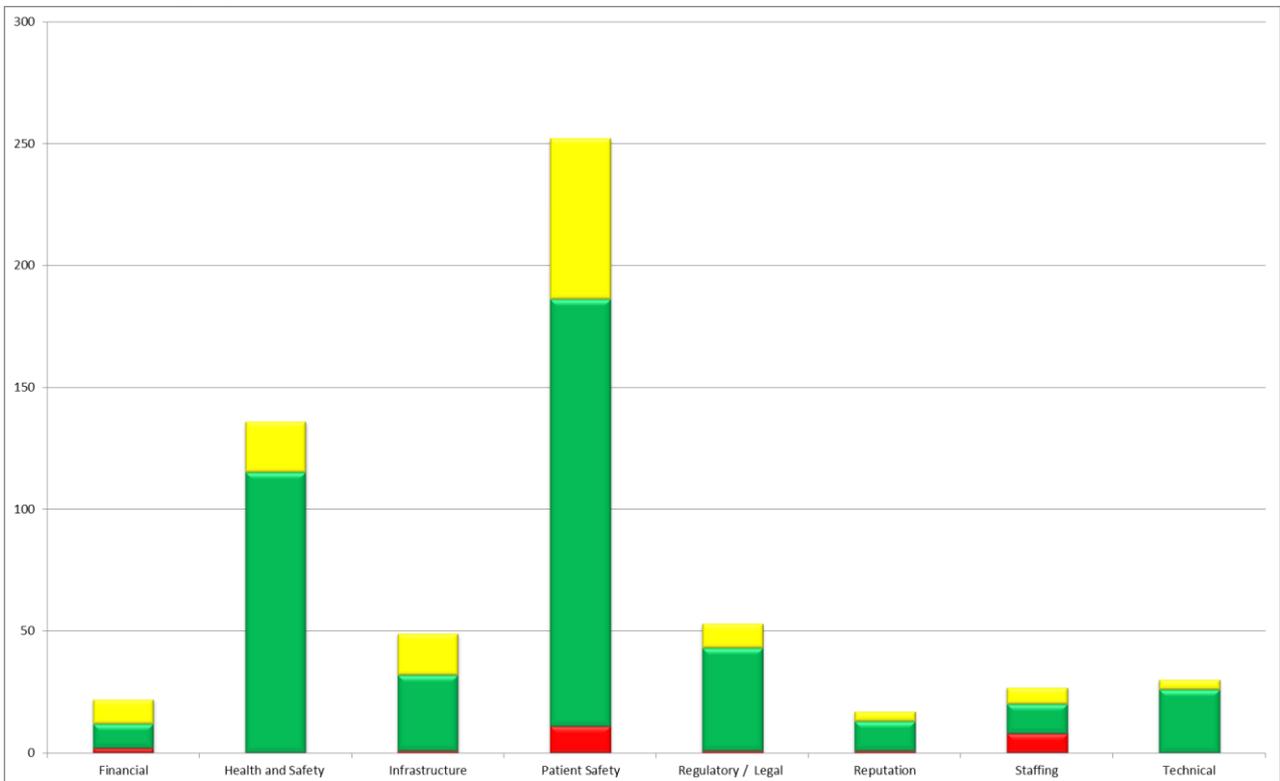
ID	Directorate	Title	BAF	Cause and Effect	Rating (current)	Controls in place	Date of last review	Change from last review	Risk Lead	Risk Owner
2617	MSK	Patients planned for orthopaedic surgery on escalating waiting list breaching the 18weeks	1,5	Cause: Hospital on black alert for past 2 months; Ratio of nursing staff on orthopaedic wards too low to support safe practice placing patients at risk Effect: Therefore 20% of beds closed	16	MDT assessment and treatment plan pilot to commence April 2016 to mitigate the waiting times and to treat patients waiting for surgery by keeping the patients mobile and providing a holistic approach to self-management  <i>Update May 2016: reviewed and no change</i>	May 25th	<b>NEW</b>	Julie Lander	Jon Findlay

2.4 There are currently 586 risks on the risk register with 163 risks graded as high or moderate and they can be broken down into the following categories

**Table 2 Breakdown of full current risk register by category –**

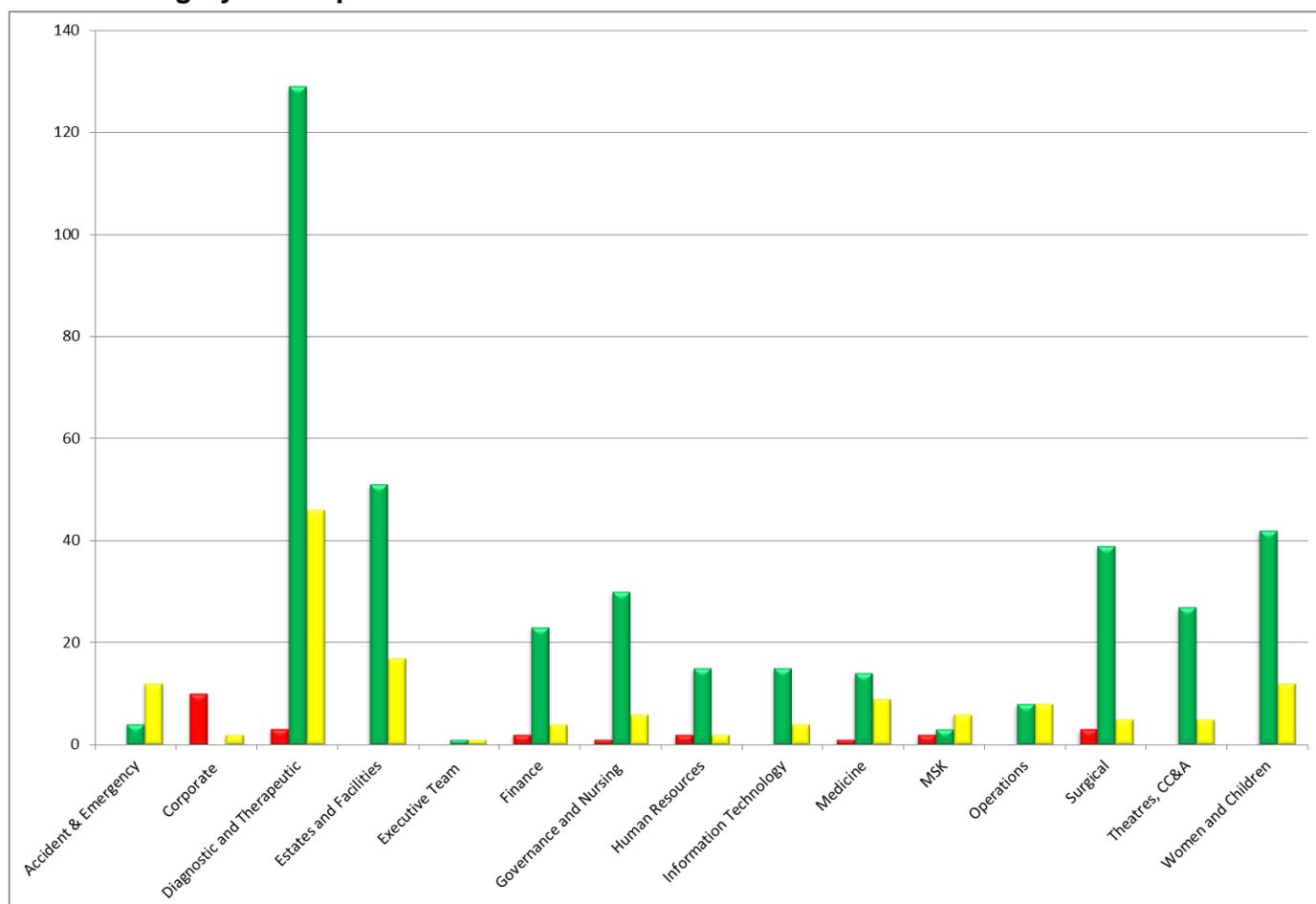


**Table 3 Category of current risks**



Graph key - Red High risk, Yellow Moderate risk, Green Low risk

**Table 4 Category of risk per clinical directorate with level of risk**



Graph key - Red High risk - Yellow Moderate risk - Green Low risk

### 3) TOP RISKS FOR EACH CLINICAL DIRECTORATE

ID	Emergency Department	Rating	Risk level
2461	Risk of patient with mental health problems absconding or deteriorating whilst waiting for assessment	25	High
2277	Trust does not achieve the 4 hours target in the ED standard	20	High
2468	Risk of violence and aggression from Red carded patient in ED	15	Mod
2470	Risk of SEEDS not providing service to support ED	12	Mod
2471	Delays in patient receiving timely treatment in ED due to lack of equipment	12	Mod
2467	Inability to lockdown ED in the event of major incident	12	Mod
2469	Risk to patients if assessment with 15 mins of arrival to department delayed	12	Mod
2465	Risk of patients not receiving timely transfer to tertiary centres due to lack of transfer policy	12	Mod
2466	Risk to patients due to inconsistencies in the Triage process in ED	12	Mod

2462	Risk to patient safety due to medical staff vacancies at consultant and middle grade level	12	Mod
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ID	Diagnostics & Therapeutics	Rating	Risk level
2359	Mortuary Services Ensuring the deceased are managed with dignity and respect	16	HIGH
2423	Shortage of Radiologists results in risk of harm to patients due to delay in diagnosis that is dependent on imaging.	16	HIGH
2512	Shortage of Radiographers results in risk of harm to patients due to delay in diagnosis that is dependent on imaging.	16	HIGH
2535	Inability to identify patients who are entering the last year of life	15	MOD
2303	Clinical Pharmacy service is under-resourced	15	MOD
2499	Reputational damage and risk of inequitable access to specialist palliative care over 7 days	15	MOD

ID	Medicine	Rating	Risk level
2365	Risk to patient safety due to Nursing vacancies in care of the elderly wards	16	HIGH
1853	Number of beds required by specialty not defined leading to poor patient flow and wrong patient in wrong bed on wrong ward	15	MOD
2458	High level of RN vacancies on Eleanor Hobbs ward	12	MOD
1849	Risk of inconsistent service to patients due to high reliance on temporary staffing - Clinicians and Nursing - Medicine	12	MOD
1850	Key risk issues in the Financial position are Pay over spend with unmet Pay Cost Savings schemes	12	MOD
1949	Shortage of Registrars and therefore a reduced medical cover over 24 hours	12	MOD
2361	Risk to patient safety due to failed their microbial counts renal ports - Blenheim	12	MOD

ID	MSK	Rating	Risk level
2617	Patients planned for orthopaedic surgery on escalating waiting list breaching the 18weeks	20	HIGH
2500	Staffing Shortages on MSK wards	16	HIGH
2647	Increase demand for MSK appointments and shortage of staff affecting staff welcome being	15	MOD
1847	Risk that patient will not be notified if there is a recall on prosthesis products due to lack of database	12	MOD

1860	Severe winter weather could increase trauma demand above capacity, converting elective capacity into trauma capacity.	12	MOD
2149	Risk to MSK patients due to over reliance in theatres on temporary staff	12	MOD
2474	Risk of infection to orthopaedic patients due to use of beds on Shopland ward by Medical patients	12	MOD

ID	Surgery	Rating	Risk level
1858	Risk that harm maybe caused to patients due to backlog of follow-ups	25	HIGH
2457	Lack of consultant cover for max fax hub covering the Essex network	20	HIGH
2147	Bed pressures impact on Surgical Directorate and lead to cancellation of Elective Admissions	20	HIGH
2410	Risk of aspiration following inappropriate diet / fluids being given to patients	15	MOD
1686	Errors in film reading or management may lead to delay or error in diagnosis	12	MOD
2520	Issues with reporting monitors may lead to delay in diagnosis	10	MOD
1846	Staff morale and loss of control of management of orthodontic services	9	MOD
2495	Female patients undergoing surgery without pregnancy tests	9	MOD

ID	Theatres, Critical Care & Anaesthetics	Rating	Risk level
2374	Cleaning and staff health and safety compromised due to lack of storage space in main theatres	15	MOD
1836	Risk of reduced theatre activity as theatres 3 & 4 could become unable to deliver surgery due to their ageing condition	12	MOD
2249	Environment not fit for purpose in Critical care causing multiple issues listed under cause and effect	12	MOD
2260	Risk to patients due to staff being unable raise alarm through buzzers in an emergency situation	12	MOD
2473	Risk of breach of same sex accommodation in Critical Care when a discharge is delayed	12	MOD

ID	Women & Children	Rating	Risk level
2517	Agency and locum medical staff have no IT access for clinical systems (Ice/PACS/CED) Often use other Drs access.	12	MOD
1230	fetal compromise due to Incorrect assessment of electronic fetal monitoring (EFM)	12	MOD
2284	Growing waiting list for children to have an assessment for ASD	12	MOD
2306	Midwives are required to provide high-risk care in an inappropriate environment or without recommended monitoring.	12	MOD
2326	Associated morbidities of Major obstetric haemorrhage	12	MOD
2543	Security of children in Neptune Paediatric Ward not robust	12	MOD

## TOP RISKS FOR EACH NON-CLINICAL DIRECTORATE

ID	Corporate – moderate risks	Rating	Risk level
2537	Industrial action by Junior Doctors belonging to the BMA would result in the provision of emergency care only initially and then total withdrawal of junior doctor labour on two days	12	MOD
26	Risk to exacerbation of patients health due to non-clinical cancellation/delays to patients		

ID	Estates & Facilities	Rating	Risk level
2550	Risk to accreditation (refurbishment / waterproofing programme required for SSD)	12	MOD
2504	Testing of fire & smoke dampers & ensuring fire stopping integrity	12	MOD
2439	Escape and potential exposure to sewage waste containing radioactive iodine	12	MOD
2445	Failure to maintain integrity of electrical utilities to hospital areas fed from electrical sub-station 3	12	MOD
2479	Tower Block Repairs (CP ON HOLD)	12	MOD
2477	Fire compartmentation review highlighted presence of fire doors that required replacement (CP ON HOLD)	12	MOD
1784	Failure to maintain evidence of staff training for medical devices	12	MOD

ID	Finance	Rating	Risk level
2287	Trust fails to meet its financial targets with closer scrutiny by Monitor and possible enforcement action	25	MOD
2621	The value of the block contract for clinical income may not be sufficient to reimburse the Trust for the costs of activity.	20	MOD
2006	Unfunded service developments	12	MOD
2321	Income lower than plan	12	MOD
1458	Incorrect coding or delay in coding may lead to financial loss for the Trust	12	MOD

ID	Governance & Nursing	Rating	Risk level
2623	Risk of having insufficient substantive staff to meet Safer Staffing Requirements	20	High
2030	Poor patient experience and compromised safety due to staffing levels	16	High
2624	Risk of failing to retain staff and therefore not meeting safe staffing levels	16	High
2032	The Trust governance rating 2 is below the Quality Governance Framework standards	15	MOD
2422	Lack of assurance that NICE guidance is reviewed or actioned within the Trust	12	MOD
1803	Failure to stay within Department of Health ceiling for C.difficile- ceiling of 30	12	MOD

ID	Information Technology	Rating	Risk level
1609	Loss of Trust Computer Room	15	MOD
2401	Disruption to IT Due to End of Life Equipment Failure	12	MOD
2577	Loss of Trust staff ID badges - contactless	12	MOD
2576	Loss of Medway Patient Administration System	9	MOD

ID	Operations	Rating	Risk level
2347	Risk of Critical Incident being declared due to high demand of activity	12	MOD
2435	IT System Support Provision does not reflect criticality of system or hours of usage.	12	MOD
1838	Risk of patient safety incidents due to under-establishment for nursing in all inpatient ward areas	12	MOD
2156	Risk of harm to patients when Referral to Treatment (RTT) waits going on longer than 52 weeks	10	MOD
2598	Failure of Red Telephone System - system no longer fit for purpose.	9	MOD
1738	Risk of Patient harm and loss of income due to Incorrect RTT Outcomes on PAS	9	MOD
54	Risk of patient falls in all in-patient areas	9	MOD
1864	Failure to comply with National Cancer waiting time targets.	9	MOD

#### 4) FURTHER EMBEDDING OF RISK MANAGEMENT

The risks on the corporate risk register will continue to be reviewed and updated at least monthly by the risk owner.

The Head of Risk & Patient Safety is now attending directorate governance and risk meetings to oversee the reviewing of the risk assessments.

Risk quality reviews are undertaken by the Governance team in conjunction with the directorate governance leads in order to ensure risks are described and graded appropriately and:

- mitigating actions are sufficient to manage the risk;
- controls and assurances are clear, accurate and up- to-date
- to review reported incidents and serious incidents to identify any new or increasing risks that need to be logged on the risk register
- the escalation of high risks to the executive and corporate team and periodic reports to QAC and the Trust board

#### 5) RECOMMENDATIONS

The Board is asked to review the content of this report and take assurance that risks are being managed appropriately.