

Board of Directors' Meeting Report – 8 December 2016

Agenda item 110/16

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| Title | Corporate Risk Register |
| Sponsoring Director | Yvonne Blucher, Chief Nurse |
| Authors | Denise Townsend, Associate Chief Nurse Sharon Murrell, Head of Risk & Patient Safety |
| Purpose | To provide a 6 monthly summary report to the Board on the Corporate Risk Register |
| Previously considered at | Executive Team meeting 25 November 2016 |
| Executive Summary | |
| <p>The Corporate Risk Register is reviewed on a monthly basis by the Corporate Governance Group. This paper 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>On the 14th November, there were 27 approved high rated risks on the risk register and 138 approved moderate rated risks. Two new risks have been added, three high risks have been downgraded and one risk has been merged.</p> | |
| Related Trust Objective | Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate |
| Related Risk | <p>Risk 1 Failure to provide adequate patient safety and quality of care</p> <p>Risk 2 Poor patient experience (linked to poor patient outcomes as per Risk 1)</p> <p>Risk 3 Failure to meet performance targets</p> <p>Risk 4 Trust not being financially sustainable</p> <p>Risk 5 Inability to recruit and retain staff</p> <p>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</p> |
| Legal implications / regulatory requirements | 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. |
| Quality impact assessment | 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. |
| Equality impact assessment | As far as can be considered this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010 |
| Recommendations: | |
| The Committee is asked to receive assurance from the report. | |

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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 Changes to the risk register are summarised in Tables 1-3
- 2.5 Table 4 provides detail of the high graded risks that appear on the corporate risk register, detail on both the current risk rating, cause/effect, the controls that is in place for each risk and the latest updates

Table 1: New high risks added to the Risk Register

| ID | Directorate | Title | Update | Date increased |
|------|-------------|---|---|----------------|
| 2545 | D&T | Lack of robust equipment replacement programme for Medical Photography | <i>Rating increased by Radiology Governance meeting, for agreement at Directorate meeting</i> | 11.10.2016 |
| 2682 | TCC&A | Risk of patient/staff injury due to doors not working effectively – New | <i>For agreement at TCC&A Directorate Governance meeting</i> | 10.11.2016 |

Table 2: Risks removed from Corporate Risk Register

| ID | Directorate | Title | Update | Date removed |
|------|-------------|---|---|--------------|
| 2512 | D&T | Shortage of Radiographers results in risk of harm to patients due to delay in diagnosis that is dependent on imaging. | Staffing levels have improved following successful recruitment. Risk score now moderate 12 | 18.10.2016 |
| 2423 | D&T | Shortage of Radiologists results in risk of harm to patients due to delay in diagnosis that is dependant on imaging. | Three additional WTE staff have been recruited and locum provision is utilised when necessary. Risk score now moderate 12 | 18.10.2016 |
| 2044 | D&T | Effect on patient care due to failure of MRI equipment. | MRI scanner currently working and two new scanners have been purchased and are due for installation August 2017 | 11.11.2016 |
| 2624 | HR | Risk of failing to retain staff and therefore not meeting safe staffing levels | Risk merged with 2623 Risk of having insufficient substantive staff to meet Safer Staffing Requirements | 11.11.2016 |

Table 3: Newly created and approved risks since 1st October, 2016

| ID | Directorate | Risk | Grading |
|------|-------------|---|----------|
| 2723 | TCC&A | Financial risk to directorate due to run rate not accurate in budget - <i>For agreement at TCC&A Directorate Governance meeting</i> | Moderate |
| 2725 | Surgery | Lack of storage in ophthalmology theatre | Low |

Table 4: Current high risks

| 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 | <p>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.</p> <p><i>Update: Month 06 position shows a small adverse variance and the forecast is on plan. No change to risk score</i></p> | Oct 28 th |  | Adrian Buggle | James O'Sullivan |
| 2621 | Finance | The value of the block contract for clinical income may not be sufficient to reimburse the Trust for the costs of activity. | 4 | <p>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.</p> <p>If activity, during the year, rises above planned levels then the Trust will be compelled to meet the costs of this without reimbursement from the Commissioners.</p> | 25 | <p>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 variances are identified and remedial action can be taken swiftly.</p> <p><i>Update: Trust is currently over-performing against the block contract by approx. £2.8m. There is no change in the assessment</i></p> | Oct 28 th |  | 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 |
|------|-------------|---|-----|--|------------------|---|----------------------|-------------------------|---------------------|-------------|
| 1858 | Surgery | 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: Plan to merge risk with 2633. Quality and Safety action plan in place. The review backlog is improving with the current backlog standing at 5420 Additional pressure of 5 doctors' vacancies. There are also ad hoc backlog clinics scheduled when possible.</i> | Oct 21 st | | Margaret-Ann Girvan | Jon Findlay |
| 2633 | Surgery | Risk of further SIs in ophthalmology | 1,2 | As the remaining 8000 patients currently in review backlog are seen, further harm may be identified which will result in further SIs. Potential risk of patients suffering from loss of vision/visual field or other potential harm due to delay in review. | 20 | Ophthalmology Quality and Safety Action Plan and increased capacity through partnership working <i>Update: As per 1828</i> | Oct 21 st | | Rebecca Boyes | Jon Findlay |
| 2634 | Surgery | Continuing capacity and staffing shortages in ophthalmology risk a new review backlog | 1,2 | As the patients currently in review backlog are seen there is the potential for those new patients requiring follow up to create a new backlog. Further harm may be identified which will result in further SIs. Potential risk of patients suffering from loss of vision/visual field or other potential harm due to delay in review. | 20 | Ophthalmology Quality and Safety Action Plan and trajectory for backlog clearance. <i>Update: Backlog is reducing and five posts remain unfilled resulting in limited capacity.</i> | Oct 21 st | | Rebecca Boyes | 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 |
|------|-------------|---|-----|---|------------------|---|----------------------|-------------------------|---------------------|-------------|
| 2691 | Surgery | Risk of further incidences of endophthalmitis | 1,2 | <p>Acute endophthalmitis is a severe intraocular inflammation presumed to be due to entry of microbes into the eye during the perioperative period.</p> <p>It is identified usually in the first two weeks after surgery and presents as a red painful eye with severe anterior uveitis, often with fibrin and hypopyon, and vitritis. It is not always culture positive. It is one of the most serious postoperative complications of intraocular procedures and, despite treatment, often results in a very poor visual outcome. Incidence in the UK (as determined by BOSU in 20045) of 0.14% after cataract surgery and approximately 0.02-0.06% after intravitreal injections. Most cases of sporadic isolated postoperative endophthalmitis arise from the patient's own commensal bacteria (Staphylococci and Streptococci) and are mainly (60-80%) gram positive cocci. However, clusters of cases have a greater likelihood of arising from some particular source of contamination and have a much greater chance of being gram negative bacteria (Coliforms or Pseudomonas) or fungal with potentially worse outcomes. (RCO June 2016)</p> | 20 | <p>Rigorous theatre procedures are in place including thorough hand washing, following strict theatre discipline to maintain sanctity of preparation and sterile areas to avoid contamination, separation of clean and dirty areas and minimization of unnecessary theatre traffic. Clinicians are Following manufacturers' guidelines regarding single use of instruments, cleaning, disinfection and sterilisation of instruments and devices. Ensure theatres and the sterilizing unit comply with appropriate related standards.</p> <p><i>Update: Risk remains. One new case under investigation</i></p> | Oct 21 st | | Margaret-Ann Girvan | 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 |
|------|-----------------|---|-------|---|------------------|--|----------------------|-------------------------|--------------|----------------|
| 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: Reviewed and risk unchanged</i> | Oct 31st | ↔ | Namdi Ngoka | Mary Foulkes |
| 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: Risk remains as there are on-going recruitment issues</i> | Oct 13 th | ↔ | Julie Lander | Yvonne Blucher |
| 2450 | Corporate | Failure to meet the 4 hour A&E target due to bed capacity and increased activity | 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. Closure of walk in centre on April 1st 2016. Medical model has been in place for over a year now. The factors that now impact on our ability to achieve the 4hr target are lack of bed capacity caused by failure to discharge patients effectively due to a lack in community care and | 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. Implementation of the SAFER bundle August 2016. OPAT programme implemented and Red and Green project being investigated. Redirection commenced September 2016 <i>Update: No change</i> | Nov 4 th | ↔ | Jenny Frost | 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 |
|------|-------------|--|-----|---|------------------|--|---------------------|-------------------------|-----------------|----------------|
| | | | | placements. Also increased activity by approx. 100 patients a week | | | | | | |
| 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 | 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 <i>Update:</i> Operational Performance and Targets launched in September, which has resulted in improved daily engagement with the Directorates. Risk rating remains the same. | Nov 7 th | | Gina Quantrill | Jon Findlay |
| 70 | Corporate | Increased use of nursing agency staff with varying skills and experience | 1,2 | <ul style="list-style-type: none"> - sickness absence - Temporary inexperienced staff - Incorrect skill mix - bed pressures - 'specialling' - Increased patient safety risk - Increase in pay bill - service disruption - restricted student mentoring | 20 | Adherence to CM-57 Nursing & 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 | Nov 7 th | | 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 |
|------|-------------|---|-----|---|------------------|--|----------------------|---|--------------|--------------|
| | | | | | | staffing <i>Update:</i> Agency utilisation still required due to vacancy level and inability to consistently fill shifts through bank. Risk remains | | | | |
| 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. Failing to recruit staff could be as a result of a number of factors such as, pay competitiveness, attractiveness as a place to work, shortage occupations, effect of the Essex Success regime changes on the attractiveness of the Trust | 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: no change to risk</i> | Nov 11 th |  | Namdi Ngoka | Mary Foulkes |
| 2453 | Corporate | Withdrawal of Junior Doctors in Medicine by Health Education East of England | 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 to provide adequate standards of training and support to Junior Doctors as per the HEEOE requirements. | 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 required to provide regular updates to HEEOE. <i>Update: Review by HEE due in December 2016</i> | Oct 31 st |  | Mary Foulkes | Neil Rothnie |

| ID | Directorate | Title | BAF | Cause and Effect | Rating (current) | Controls in place | Date of last review | Change from last review | Risk Lead | Risk Owner |
|------|-------------|--|-----|--|--------------------|--|----------------------|-------------------------|--------------|----------------|
| 1823 | Corporate | Failure to stay within Department of Health targets for MRSA | 3 | <ul style="list-style-type: none"> - Lack of opportunity to improve on current excellent practice - Financial effect as the infection is costly to treat. - Monitor intervention | 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: no reports of post 48 hour MRSA bacteria.</i></p> | Oct 25 th | | Emma Dowling | Yvonne Blucher |
| 2159 | ED | Inadequate Capacity of Emergency Department with resultant reduction in patient safety | 1,2 | Cause: Large numbers of patients waiting to be seen by all specialities with no capacity in the hospital (or teams not accepting pt to ward - wanting to see in the ED. Staffing rotas in Minors does not reflect capacity and acuity. staffing in resus remains at 2 nurses even when it has to become a 5 bedded area (should be 4 maximum but this is regularly | 20 (From Oct 2016) | <p>When possible to avoid putting patients on trolleys in the Minors area but capacity is exceeded on most days and this becomes impossible. Escalation process exists to ED Consultant when resus exceeds 4 patient capacity</p> <p>We have had up to 13 ambulances queuing as winter pressures have started to increase</p> <p>Created extra minors capacity by splitting</p> | Oct 14 th | | Jenny Frost | Jon Findlay |

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|------|-------------|---|-----|--|------------------|--|----------------------|-------------------------|---------------|---------------------------|
| | | | | breached) Effect: Capacity particularly in the resuscitation area regularly overwhelmed resulting in overflow of patients into the majors area or . Increased waiting times generally plus increased waiting times for ambulances to offload. Delays experienced in ability to provide treatment including analgesia and on-going assessment. Breach of targets (hourly observations in majors and 4 hours disposal target) | | two cubicles. EPP work looking at the Emergency Admission Process as a whole. Addressing flow through all areas. Introduction of more defined streaming and re-definition of True Major/Minor to ensure patient is in the right place. Additional majors and minors cubicles now open. IPS replacing 10 steps has led to further deterioration in the process and specialties now regularly refusing to take patients. This is now an everyday occurrence that patients are being managed in unsafe areas and no moderation is changing this risk <i>Update: Additional mitigation added, risk remains the same</i> | | | | |
| 2682 | TCC&A | Risk of patient/staff injury due to doors not working effectively | 1,6 | Cause: Doors not opening and closing efficiently due to high usage and failure of the door closer mechanisms Effect: Potential risk to patient safety Staff injury. Damage/missing intumescent fire strip fittings - impact on fire resistance | 20 | Regular maintenance and repair by company providing doors and SGH facilities service. TH seeking advice from the door company for a walk round and review. July 2016 DSU doors have been reviewed and adjusted. Escalated to performance meeting. Advised staff to have two members of staff to manoeuvre beds through doors and advised staff to use doors safely i.e. both hands/back to prevent injury. Update Oct 2016 - survey of doors and quote for repair - however recommendation is to replace with automatic door closer to provide a long term solution | Nov 11 th | NEW | Karen Kinnear | Karen Kinnear / Jan China |

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| 2347 | Operational risk | Risk of Critical Incident being declared due to high demand of activity | 1,2,3 | When the trust has an unexpected peak in activity there is the risk that a Critical incident will be declared, this causes a risk to elective work and patient safety if the increased demand continues. A major incident is defined as - Any occurrence that presents serious threat to the health of the community, disruption to the service of causes such numbers of types of casualties as to require special arrangements implemented by hospital, ambulance trusts of primary care organisations. | 16 | The Trust has a major incident policy that will be followed in the event of a major incident being declared. <i>Update: risk remains due to current operational activity</i> | Nov 11 th | | Denise Townsend | Jon Findlay |
| 2003 | Finance | In-year demands on the Capital Programme exceed the funding available | 4 | Cause: The capital programme only funds, at present, the high priority schemes; Likely that some of the other priority schemes will need consideration during the year. Effect : Potential over spend on the programme; - Requirement to slip other important schemes in order to balance the budget. | 16 | Regular and frequent review of current capital programme position and year-end forecasts Processes in place where schemes are deferred where possible and further funding sources looked into. Update: Considerable pressure on the budget and with a significant proportion of the year remaining, the risk remains high | Oct 28 th | | Adrian Buggle | James O'Sullivan |
| 2656 | Medicine | There is a cardiology and respiratory clinic backlog for follow-up appointments | 1,2,3 | Significant backlog in cardiology and respiratory follow up appointments - patient safety risk due to lack of clinical follow-up | 16 | Weekend clinics are being held, but struggling to match demand. Management team looking at radical measures to ensure ward coverage is appropriate and that patient safety is optimised. Agreement in place that a significant number of patients on respiratory backlog who have been | Nov 11 th | | James Currell | Jon Findlay |

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| | | | | | | <p>waiting over 18 months can be discharged back to the care of their GP.</p> <p><i>Update:</i> Patients who have waited longer than 18 months are being discharged back to the care of their GP in batches of approximately 100 at a time (due to administrative workload).</p> <p>Patients who have waited between 12-18 months are being triaged by the Lead Respiratory Nurse - if any have community interaction, these are being discharged back to community; if any have concerns are identified then respiratory consultants will review patients prior to discharging back to care of GP.</p> <p>Waiting list initiative clinics continue to be run, but demand still outstrips capacity. Risk rating unchanged</p> | | | | |
| 2680 | D&T | Incorrect diagnoses and treatment of patients due to Pathology First contract failing | 1,2,3,5 | <p>Staffing in Pathology is currently at low levels. Several errors and delays in reporting results have been attributed to inadequate staffing, both numbers of staff and grade.</p> <p>There are insufficient senior scientific staff available to provide support and guidance to basic grade and assistant staff.</p> | 16 | <p>Recruitment of staff to fill vacancies. Retention plan to keep existing staff. Action plan in place</p> <p><i>Update: Risk updated to confirm the risk is contract failure by Pathology First. SM update: Regular reports sent to D&T and members of the Exec Team. Update requested on risk</i></p> | Sept 21 st |  | Dominic Hall | Jon Findlay |

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| 2581 | Corporate | Risk to patient safety due to temporary opening of extra 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> | 16 | <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: risk now also applies to surgical wards as additional bed capacity has been opened in some surgical wards. SOP for full capacity protocol has been developed</i></p> | Nov 7th |  | Cheryl Schwartz | Yvonne Blucher |
| 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</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</p> | Nov 7 th |  | Dominic Hall | Janet China |

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| | | | | <p>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> | | <p>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: Funding has not been approved by Essex County Council and notification is being prepared to end Coroner Work</i></p> | | | | |
| 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</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</p> | Nov 7 th |  | Cheryl Schwartz | Yvonne Blucher |

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| | | | | 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 | | 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 <i>Update: No change to risk level due to vacancy factor on the wards</i> | | | | |
| 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: Performance action plan in place which is monitored with the CCG at monthly meetings. In addition, there are weekly directorate meetings. No amendment to the risk score.</i> | Nov 7 th |  | Gina Quantrill | Jon Findlay |

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|------|-------------|---|-------|--|------------------|--|----------------------|---|--------------|----------------|
| 2365 | Medicine | Risk to patient safety due to Nursing vacancies in medical 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: Risk title updated to include all medical wards as 96 RN vacancies.</i> | Oct 20 th |  | Mel Hood | Yvonne Blucher |
| 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: Hospital on black alert for past two months. Ratio of nursing staff on orthopaedic wards too low to support safe practice, placing patients at risk. Mitigation assessed on a daily basis.</i> | Nov 10 th |  | Julie Lander | 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 |
|------|-------------|--|------|--|------------------|--|----------------------|-------------------------|---------------|-------------|
| 2545 | D&T | Lack of robust equipment replacement programme for Medical Photography | 1, 6 | Breakage to, loss of, damage to or outdatedness of any of the Medical Photography equipment: iMACs Digital cameras Photograph printers Studio lights, diffusers, etc. (spread sheet listing items in detail attached to this RA) Could result in the Dept. being unable to perform certain or all services required of it. This would have a direct effect on patient care and management. | 16 | At present any breakage of, loss of or damage to any of the Medical Photography equipment is replaced from contingency funds from Diagnostic Imaging. <i>Update risk rating increased due to age of equipment. Risk rating increase has not yet been approved by the D&T Board</i> | Oct 11 th | NEW | Darren Taylor | Jon Findlay |

2.4 There are currently 582 approved risks on the risk register with 165 risks graded as high or moderate and they can be broken down into the following categories. There has been a 1% (n=7) increase in high risks since the previous report.

Table 5 Breakdown of full current risk register by category

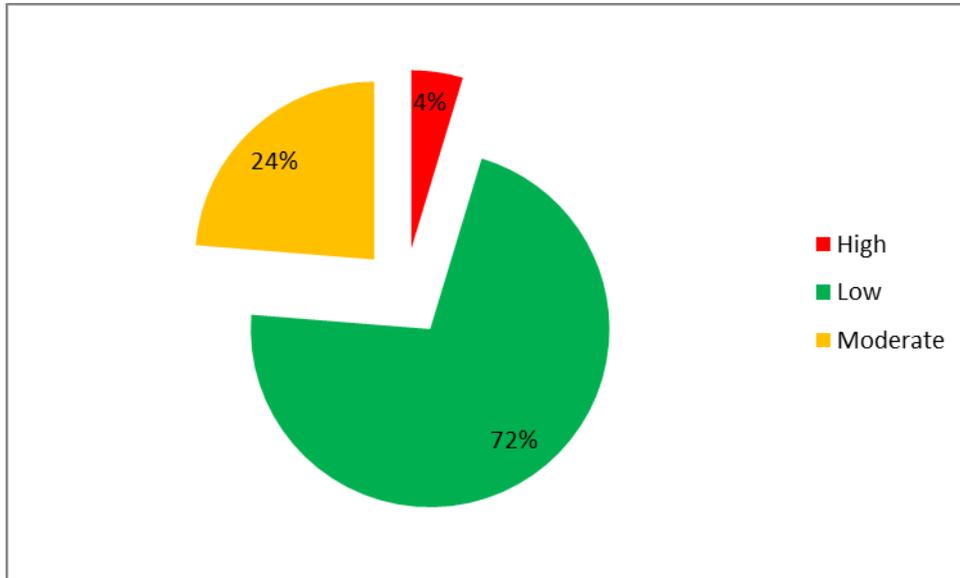
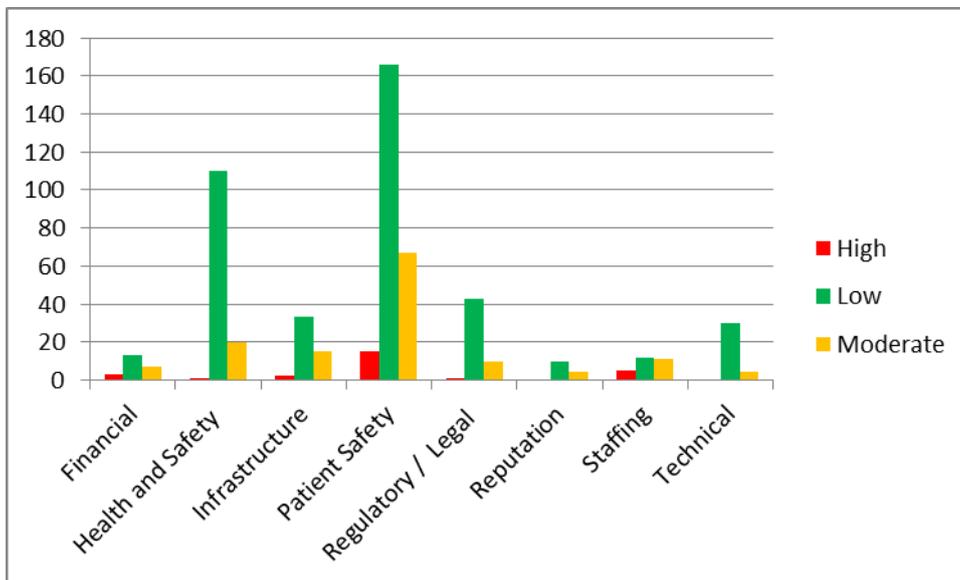
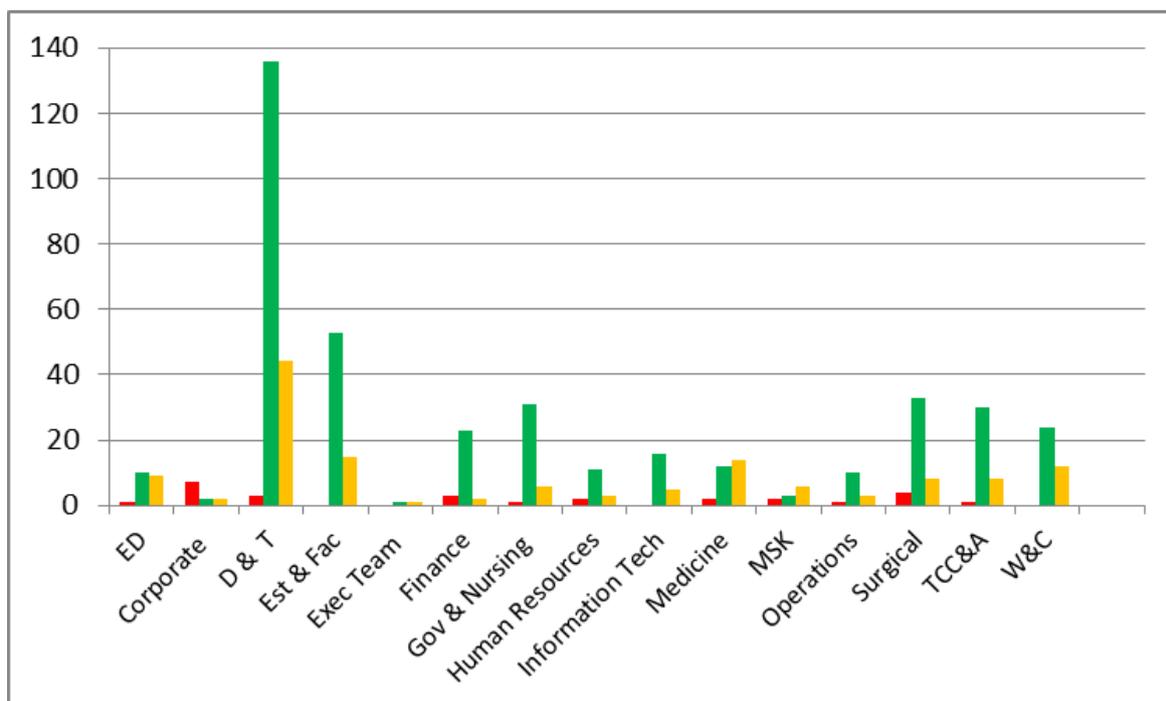


Table 6 Category of current risks



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

Table 7 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 |
|------|---|--------|------------|
| 2159 | Inadequate Capacity of Emergency Department with resultant reduction in patient safety | 20 | High |
| 2461 | Risk of patient with mental health problems absconding or deteriorating whilst waiting for assessment | 15 | 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 |

| ID | Diagnostics & Therapeutics | Rating | Risk level |
|------|---|--------|------------|
| 2359 | Mortuary Services Ensuring the deceased are managed with dignity and respect | 16 | High |
| 2680 | Incorrect diagnoses and treatment of patients due to Pathology First contract failings | 16 | High |
| 2545 | Lack of robust equipment replacement programme for medical photography – risk score to be confirmed | 16 | High |
| 2303 | Clinical Pharmacy service is under-resourced | 15 | Mod |

| | | | |
|------|--|----|-----|
| 2259 | Failure to comply with same sex accommodation requirements for interventional recovery areas | 15 | Mod |
| 2535 | Inability to identify patients who are entering the last year of life | 15 | Mod |
| 2693 | Emergency Drug Cupboard exceeds safe temperature for storing drugs | 15 | Mod |
| 2718 | Lack of patient changing facilities in Medical Photography Dept. (Dignity and respect failure) | 15 | Mod |

| ID | Medicine | Rating | Risk level |
|------|--|--------|------------|
| 2656 | Cardiology and Respiratory Backlog for follow-up appointments | 16 | High |
| 2365 | Risk to patient safety due to Nursing vacancies in medical 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 |
| 2681 | Missed or delayed diagnosis of head injury post inpatient fall | 15 | Mod |
| 2655 | Diabetes and Endocrinology Backlog for follow-up patients - New | 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 |
|------|---|--------|------------|
| 2500 | Staffing Shortages on MSK wards | 20 | High |
| 2617 | Patients planned for orthopaedic surgery on escalating waiting list breaching the 18weeks | 16 | High |
| 2647 | Increase demand for MSK appointments and shortage of staff affecting staff well 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 in Ophthalmology | 25 | High |
| 2633 | Risk of further SIs in ophthalmology | 20 | High |
| 2634 | Continuing of capacity and staffing shortages could create a new review backlog in Ophthalmology | 20 | High |
| 2691 | Risk of further incidences of Endophthalmitis | 20 | High |
| 2410 | Risk of aspiration following inappropriate diet / fluids being given to patients | 15 | Mod |

| ID | Theatres, Critical Care & Anaesthetics | Rating | Risk level |
|------|--|--------|------------|
| 2682 | Risk of patient/staff injury due to doors not working effectively – New | 20 | High |
| 1855 | Risk of compromising continuity & quality of care, service delivery and patient safety due to inadequate staffing - Theatres | 15 | Mod |
| 2374 | Cleaning and staff health and safety compromised due to lack of storage space in main theatres | 15 | Mod |
| 2723 | Financial risk to directorate due to run rate not accurate in budget - NEW | 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 |
| 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 |
| 2309 | Midwives required to provide care outside our current practice guideline | 12 | Mod |
| 2284 | Growing waiting list for children to have an assessment for ASD | 12 | Mod |
| 1851 | Failure to recognise and manage deterioration in maternal/fetal condition | 12 | Mod |
| 2543 | Security of children in Neptune Paediatric Ward not robust | 12 | Mod |
| 2712 | Routine Gynaecology operations cancelled | 12 | Mod |

TOP RISKS FOR EACH NON-CLINICAL DIRECTORATE

| ID | Corporate – moderate risks | Rating | Risk level |
|------|--|--------|------------|
| 2537 | Industrial action by some junior doctors would result in partial or full withdrawal of medical care and may lead to patient harm | 12 | Mod |
| 26 | Risk to exacerbation of patients health due to non-clinical cancellation/delays to patients | 9 | Mod |

| ID | Estates & Facilities | Rating | Risk level |
|------|--|--------|------------|
| 1784 | Failure to maintain evidence of staff training for medical devices | 12 | Mod |
| 2504 | Testing of fire & smoke dampers & ensuring fire stopping integrity (Trust deferred Capital improvement project) | 12 | Mod |
| 2550 | Risk to accreditation (refurbishment / waterproofing programme required for SSD) | 12 | Mod |
| 2479 | Tower Block Repairs (CP ON HOLD) | 12 | Mod |
| 2477 | Fire compartmentation review highlighted presence of fire doors that required replacement (Trust deferred Estates Project) | 12 | Mod |
| 2439 | Escape and potential exposure to sewage waste containing radioactive iodine | 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 | High |
| 2621 | The value of the block contract for clinical income may not be sufficient to reimburse the Trust for the costs of activity. | 25 | High |
| 2003 | In-year demands on the Capital Programme exceed the funding available | 16 | High |
| 2006 | Unfunded service developments | 12 | Mod |
| 2620 | The implementation of the Success Regime disrupts the Trust's own financial plans. | 9 | Mod |

| ID | Governance & Nursing | Rating | Risk level |
|------|---|--------|------------|
| 2030 | Poor patient experience and compromised safety due to staffing levels | 16 | High |
| 2032 | The Trust governance rating 2 is below the Quality Governance Framework standards | 15 | Mod |
| 1803 | Failure to stay within Department of Health ceiling for C.difficile- ceiling < 30 | 12 | Mod |
| 2437 | Middle East Respiratory Syndrome Coronavirus | 9 | Mod |
| 2366 | Meeting the statutory Duty of Candour | 9 | Mod |
| 1685 | Lack of availability of slide sheets for patient transfer | 9 | Mod |
| 413 | Inappropriate manual handling risk assessments | 9 | Mod |

| ID | Human Resources | Rating | Risk level |
|------|---|--------|------------|
| 2453 | Withdrawal of Junior Doctors in Medicine by Health Education East of England | 20 | High |
| 2623 | Risk of having insufficient substantive staff to meet Safer Staffing Requirements | 20 | High |
| 2567 | Staff in the Trust are not adequately trained in Conflict Resolution training | 9 | Mod |
| 2570 | Staff not being able to undertake Stat Man training | 9 | Mod |
| 2679 | The risk is of financial penalties and that agencies withdraw their services due to unpaid invoices | 9 | 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 |
| 2598 | Failure of Red Telephone System - system no longer fit for purpose. | 9 | 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 | 16 | High |
| 2435 | IT System Support Provision does not reflect criticality of system or hours of usage. | 12 | 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 endeavours to attend directorate governance and risk meetings to oversee the reviewing of the risk assessments. Clinical Directorates are advised weekly and monthly of overdue 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.