

Appendix II - Corporate Risk Register (November 2018)

Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
4175	Management of emergency demand (corporate)	Service disruption	Open risks, escalated to BAF	Brassington, Mr Mark	20	Very high risk	3813	Ambulance handovers and conveyance performance.	Ambulance Handovers and Conveyance improvement plan.	1. Essential risk mitigation, urgent	Operational	31/03/2019	Actions are on track and performance continues to improve. SSG continue to support, the scheme is on track to deliver 2nd quartile national performance and <1% 120 minute delays by end of July 2018 (June 1.5%, July to date 1.2%).
							3814	Streaming to services co-locating or outside of the Emergency Department.	Improvement plan for Streaming to Services Co-Locating or outside of the Emergency Department.	1. Essential risk mitigation, urgent	Operational	31/03/2019	Remains poor despite recent additional actions, increasing diagnostics. ULHT requesting to review the service model at next governance meeting with a view to re-looking at who does the streaming. At risk.
							3815	ED staffing levels (reliance on agency) and process inefficiencies.	PHB and LCH ED Staffing and Process Improvements.	2. Essential risk mitigation, not urgent	Operational	31/03/2019	Rotas still heavily dependent on agency especially PHB. RAIT process and ACP developing on track, but risk of not recruiting staffing is very high.
							3816	Admissions areas and flow management issues.	Admissions areas and flow management improvement plans.	1. Essential risk mitigation, urgent	Operational	31/03/2019	Red2Green Marketplace is in place and maturing, System MFFD SOP not yet in place due in June, however pilot schemes have begun on Carlton Coleby, awaiting results. At risk.
							3817	Bed configuration issues across the Trust.	Large Scale Trust Bed-Reconfiguration Trust-wide.	1. Essential risk mitigation, urgent	Operational	31/03/2019	Programme manager in place, governance in place, plan signed off estates work timescales shortened, on track. SOC for Expansion of Resus Facilities at LCH and PHB; approved at CRIB, now forming part of bid for ETTF funding as part of wider urgent care strategy including Urgent Treatment Centres, on track.
4382	Delivery of the Financial Recovery Programme (corporate)	Finances	Open risks, escalated to BAF	Matthew, Paul	20	Very high risk	3795	Deliverable FRP schemes do not cover the extent of savings required. Financial plan for 2018/19 includes an efficiency programme of £25m; as of the end of Q1 the FRP was approx. £0.5m adverse to plan.	New Turnaround Director to oversee all planned FRP schemes & implement changes to support increased pace of delivery.	1. Essential risk mitigation, urgent	Finance	31/12/2018	
4383	Substantial unplanned expenditure or financial penalties (corporate)	Finances	Open risks, escalated to BAF	Matthew, Paul	20	Very high risk	3798	Continued reliance upon a large number of temporary agency and locum staff to maintain the safety and continuity of clinical services across the Trust, at substantially increased cost (at the end of Q1 pay expenditure was £0.8m adverse to plan).	Range of recruitment & retention initiatives as part of the People Strategy, to fill substantive posts and reduce reliance on temporary staff.	1. Essential risk mitigation, urgent	Finance	31/03/2019	
							3800	Trusts in Special Measures are charged a punitive interest rate of 6%. At the point the financial plan was submitted, NHSI had indicated that interest rates would be reduced to 3.5% if the Trust could achieve plan in three consecutive periods.	Financial plan to assume interest rates will reduce for both new and existing borrowing from August 2018.	1. Essential risk mitigation, urgent	Finance	31/12/2018	
4362	Workforce capacity & capability (recruitment, retention & skills)	Service disruption	Open risks, escalated to BAF	Rayson, Martin	20	Very high risk	3716	Substantial challenge to recruiting and retaining sufficient numbers of Registered Nurses (RNs) to maintain safely the full range of services across the Trust.	Focus on nursing staff engagement & structuring development pathways; use of apprenticeship framework to provide a way in to a career in nursing; exploration of new staffing models, including nursing associates; continuing to bid for SafeCare live funding.	1. Essential risk mitigation, urgent	Human Resources	31/03/2019	
							3717	High vacancy rates for consultants & middle grade doctors throughout the Trust.	Focus on medical staff engagement & structuring development pathways. Utilisation of alternative workforce models to reduce reliance on medical staff.	1. Essential risk mitigation, urgent	Human Resources	31/03/2019	
							3718	A significant proportion of the current clinical workforce are approaching the age at which they could retire, which may increase skills gaps and vacancy rates.	Workforce plans are identifying the potential risk due to the age profile in more detail, by year and service area; People Strategy includes mitigating actions; using HEE funding to bring additional capacity into OD in order to make progress on this project in 2018/19. Target date for completion is September 2018.	2. Essential risk mitigation, not urgent	Human Resources	31/01/2019	
							3719	The Trust continues to employ a significant number of staff from the European Union; at present there is not systematic communication and engagement with these employees, due to capacity issues.	Communication with EU staff and their managers, to ensure that they are aware of the position in respect of their employment rights and we are aware of their concerns and the actions we can take to reassure them and keep them at ULHT.	3. Strongly recommended risk mitigation	Human Resources	31/03/2019	
							3720	The Trust is dependent on Deanery positions to cover staffing gaps with medical trainees; there have been issues also with the effectiveness of the Guardians of Safe Working Practice; shortages in the medical recruitment team will impact on the next rotation if not resolved.	The Education Director has developed an action plan in relation to the issues raised.; two HEE fellows are currently looking at issues relating to engagement with the juniors; issues with the effectiveness of the Guardians to be addressed by the Medical Director.	1. Essential risk mitigation, urgent	Human Resources	31/01/2019	

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3520	Compliance with fire safety regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Boocock, Paul	20	Very high risk	3494	The Fire Alarm System at LCH requires additional new work to ensure continued compliance with current standards. The Maternity Wing has a partially compliant alarm system in need of upgrading to current standards (Any works to the Fire alarm system within the Maternity Wing are constrained by the presence of asbestos. This applies to maintenance works and any upgrade works). Detection Zones plans are also referenced as a reason for the inadequate Fire Detection System under Article 13(1) (a) & 13 (2) of the Fire Enforcement noticed served 14th June 2017.	The Fire Alarm System at LCH is maintained by a specialist contractor and directly employed labour force. The system in some areas has been upgraded as part of services developments e.g. HDU & ICU and as part of previously funded upgrade. Programme of refurbishment and re-provision on a phased basis to install a 'loop' for the site and linking in modern equipment is underway.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Phases 1, 2 and 3 complete. Phases 4 is underway and as part of these works; and to improve auditability and compliance with DDA, additional sounders and beakers are being installed. Phase 5 (Mat Wing) The Fire Alarm systems on 1st and 6th floor have been replaced, works are currently on-going to replace the Fire Alarm system within all lift lobby areas and within the 3rd floor ward area.
							3495	Fire Doors, Fire/Smoke Dampers and Fire Compartment Barriers above ceilings in Pilgrim, Lincoln and Grantham require improvements to ensure compliant fire protection of patient and staff areas in accordance with statutory standards. See Fire Strategy surveys for areas affected. As referenced under article 8 in the Fire Enforcement Notices.	Fire Strategy Plans and surveys identify where compartmentation is required. Fire compartmentation works costs are detailed within the capital plan.	1. Essential risk mitigation, urgent	Estates	30/06/2019	The work packages for the remedial works are taking place subject to availability of sufficient capital funding.
							3496	Numerous sets of fire doors in poor condition due to wear and tear and damage where the fire resisting qualities have been reduced or negated. Under article 17(1).	Fire Doors will be addressed as part of the Fire Action Plan from the enforcement notices received for Lincoln and Pilgrim. Fire Doors requiring replacement to be replaced with new certified fire doors. PPM inspections and ad hoc repairs to fire doors in response to serious damage, etc.	1. Essential risk mitigation, urgent	Estates	30/06/2019	Replacement programme in progress.
							3497	There are some areas of the estate with insufficient provisions of emergency lighting. Testing of these units is required to ensure their continuing efficiency in the event of mains failure during fire incidents. Failure to comply with testing schedules could result in unit failure in service. Additional resources required to enable full compliance with Trust policy and applicable regulations.	Energy Performance Contract EPC being established to include full replacement of Emergency Lighting System Trust wide. EPC to be instructed to undertake replacement programme in accordance with Fire Enforcement Notice Timescales. Standby generator would come into operation to provide some essential emergency lighting.	1. Essential risk mitigation, urgent	Estates	30/06/2019	Replacement programme in progress.
							3498	Adherence to fire safety policy, procedures, strategic approach to active and passive fire safety measures and evacuation strategy. Adherence to Fire Safety training arrangements which include recording, analysis of training needs, personal development systems in place for all staff inclusive of permanent, temporary, agency and or bank staff. 1. Staff failing to attend Fire Safety Training in accordance with policy, procedures and Training needs analysis. 2. No testing of emergency procedures via evacuation drills. 3. Fire safety training to be provided in accordance with role, seniority or professional discipline within the fire emergency plan. 4. Undertaking and Recording of Personal Emergency Evacuation Plans for Less able bodied and disabled staff. 5. Staff being allowed to continue within role against HTM guidance that states: 'should not be permitted to continue their duties with a gap in their record of training longer than twice the interval identified in the training needs analysis' which is two years within ULH. 6. Non identification of staff by managers to attend core modules when undertaking annual PDR.	Specific actions in relation to fire safety training & evacuation: 1. staff identified and managers informed to ensure staff attend 2. Evacuation drills to be implemented and tested. 3. New Fire safety training packages being introduced. 4. persons requiring PEEP and procedures tested during evacuation drills. 5. discussions with HR to identify an appropriate procedure to identify and inform staff outside of compliance dates, with managers cc into correspondence to ensure urgent attendance. 6. Fire safety trainer to discuss with ESR team about information required for PDR and H & S team for reporting against core modules to ensure compliance.	1. Essential risk mitigation, urgent	Estates	31/03/2019	New mandatory staff fire safety awareness module introduced.
4043	Compliance with clinical governance regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Hepburn, Dr Neill	20	Very high risk	3457	Persistently low levels of compliance with Duty of Candour (verbal and written) throughout 2018. CCGs can impose fines for failure to achieve agreed levels for verbal compliance (which occurred in several months of 2017/18). The CQC have threatened to take action if compliance does not improve.	Application for a bespoke Duty of Candour e-learning module to be added to Core Learning Plus, mandatory for all clinical staff; policy, guidance & letter templates to be revised; communication plan being implemented; performance management to be strengthened.	1. Essential risk mitigation, urgent	Clinical Governance	31/01/2019	Performance focus for October 2018 (all divisions to develop DoC action plans). Regular weekly chasing by Risk Team introduced. E-learning on CLP agenda for November.
							3458	Low levels of compliance with baseline assessments for NICE guidelines & Technology Appraisals.	Performance management of NICE guidelines backlog through PSC. TAs being managed through Medicines Optimisation (MOPS) & reported upwardly to PSC.	2. Essential risk mitigation, not urgent	Clinical Governance	31/03/2019	
							3459	Inconsistencies in clinical governance arrangements at specialty level.	Implementation of new support structure, as part of Clinical Governance directorate restructure, to provide additional support to specialties. Updates to Specialty Governance Toolkit.	3. Strongly recommended risk mitigation	Clinical Governance	31/01/2019	

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							3460	Limited identification and sharing of learning from Serious Incident (including Never Event) investigations.	Improved learning processes to be developed through the Safer Care work-stream of the QSIP. All changes to be incorporated within revised Incident Management Policy & supporting process guidelines.	2. Essential risk mitigation, not urgent	Clinical Governance	31/01/2019	SOP introduced to ensure Board members are informed of all Never Events once declared and a monthly report is provided to QGC.
4384	Substantial unplanned income reduction or missed opportunities (corporate)	Finances	Open risks, escalated to BAF	Matthew, Paul	16	High risk	3801	Clinical coding & data quality issues impacting on income.	Appointment of Grant Thornton to carry out short-term income review project.	2. Essential risk mitigation, not urgent	Finance	31/01/2019	
							3802	Operational ownership of income at directorate level.	Complete an income improvement plan for each Directorate & incorporate within performance review process.	2. Essential risk mitigation, not urgent	Finance	31/01/2019	
							3803	Commissioners have a combined shortfall to contract of c£5m. This could result in demand management schemes that the Trust cannot pull the costs out of at the same rate or aggressive in year fines and penalties.	Continued engagement with Commissioners throughout 2018/19 in the development & implementation of demand management schemes.	2. Essential risk mitigation, not urgent	Finance	31/03/2019	
3687	Delivery of an Estates Strategy aligned to clinical services (corporate)	Service disruption	Open risks, escalated to BAF	Boocock, Paul	16	High risk	3221	Lack of health community clinical strategy to inform the development of the Trust's Estates Strategy. No identified resource to develop Estates Strategy.	Develop, review and implement an Estates Strategy (aligned to the capital investment programme) with reference to the STP, ERIC data & Lord Carter's recommendations.	1. Essential risk mitigation, urgent	Estates	31/03/2019	
							3222	Lack of awareness of cost of space to the user / service and assumption that the Trust has space readily available and fit for purpose.	Continued development and implementation of Premises Assurance Model (NHS PAM).	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3223	Availability of sufficient capital and revenue funds to enable delivery of projects within the Estates Strategy & support prioritisation to ensure compliance with statutory and HSE Regulatory Requirements.	Review of defined Capital Prioritisation Process used to effectively stratify statutory risks in conjunction with available capital to confirm it remains fit for purpose. EFM Directorate Financial Reporting and Capital progress reporting to Estates Environment Infrastructure Investment Committee & Investment Programme Board	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3224	Processes for escalation of significant issues through Trust formal governance systems.	Review of Risk Reporting through core programmes to Estates Investment & Environment Group, through Finance, Performance & Estates Committee and up to Trust Board to confirm that it remains fit for purpose.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3225	Review required to look at the estate as leases become due for renewal and decision made on whether the lease renewal is financially viable to comply with modern day standards in relation to 3rd party occupants.	Full review of all lease clauses with Trust Legal Advisors and tenant to agree responsibilities. Business Case to be submitted to support the review of all the leases including legal advice.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
4146	Effectiveness of safeguarding practice (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Rhodes, Michelle	16	High risk	3660	Agitated patients may receive inappropriate sedation, restraint, chemical restraint or rapid tranquilisation; policies are now in place and training is in the process of being rolled out across the Trust. Audit of the use of chemical sedation is raising concerns that the Trust policy is not consistently being adhered to: choice of drug; dose; route of administration.	Develop & roll out clinical holding training for identified staff Trust-wide. Introduce debrief process. Identify trends and themes through incidents reported on Datix. Monitor training compliance rates. Introduce audit of 5 security incidents per month from September 2018. Review of chemical sedation pathway.	1. Essential risk mitigation, urgent	Safeguarding	31/01/2019	Clinical holding training commenced March 2018 and is scheduled for 2018/19 for identified staff; Debrief process being introduced; Staff encouraged to complete Datix IR1s so trends and themes can be identified; training compliance to be escalated through HoN and Site Operational Leads;
							3661	The Trust employs a part time medical photographer which covers 2 days per week and also provides an on-call service; there is currently no cover for absence, which may result in inability to provide evidence to police & social care in support of legal / criminal proceedings.	Develop on-call medical photography service through additional appointments onto the Bank. Quantify impact due to service availability issues.	3. Strongly recommended risk mitigation	Safeguarding	31/03/2019	Staff have been reminded of requirement to complete incident report on Datix when service has been unavailable to enable impact to be assessed.
							3662	The Trust has no agreed pathway for referring clinicians, both internal and external, for patients with significant learning disabilities and challenging behaviours and no pathway to achieve a General Anaesthetic for procedures such as blood tests/ MRI, etc. This can lead to sub-optimal care and delays in diagnosis or treatment.	Development of an appropriate pathway for patients with learning disabilities: Plans currently made on an individual basis however this results in delays; task and finish group to scope extent of issues and to progress pathway development.	2. Essential risk mitigation, not urgent	Safeguarding	31/03/2019	
							3663	Commissioning gap – National shortage of specialist learning disability / mental health beds for children and young people with challenging behaviours, which can result in inappropriate admissions and increased length of stay.	Work being led by the CCG to address the shortage of specialist learning disability / mental health beds for children and young people with challenging behaviours; external support being sourced as required for 1:1 supervision etc.; Additional support offered by safeguarding team; Development of log to evidence issues.	2. Essential risk mitigation, not urgent	Safeguarding	31/03/2019	

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4176	Management of planned care (corporate)	Service disruption	Open risks, escalated to BAF	Brassington, Mr Mark	12	High risk	3812	Too much inappropriate activity defaults to ULHT. Sustainability of a number of specialties due to workforce constraints. Availability of physical assets & resources (e.g. diagnostic equipment; outpatient space; inpatient beds). ASR / STP not agreed / progressing at required pace (left shift of activity).	System-wide planned care group setting up referral facilitation service & 100 day improvement programme, amongst other projects. Local mitigations in place including locum workforce; recruitment & retention premium; altering the model of working. Strategic direction to be outlined in fragile services paper to Trust Board. Capital plan for estate development, space utilisation and medical equipment. Progression of 2021 Strategy. Engagement in local Acute Services Review (ASR) & Sustainability & Transformation Partnership (STP).	2. Essential risk mitigation, not urgent	Operational	31/03/2019	
4368	Management of demand for outpatient appointments (corporate)	Service disruption	Open risks, being reviewed	Rinaldi, Dr Ciro	12	High risk	3818	Potential for failure to meet national targets of 52 weeks for clinic waiting times due to patients not appearing on PTL & Business Units occasionally lacking visibility of long waiting patients.	Information Support team to develop further reports to minimise number of patients not been visible in PTL.	2. Essential risk mitigation, not urgent	Operational	31/03/2019	
							3819	Capacity to record e-outcomes onto Medway in a timely manner; Consultants not taking ownership of completing e-outcomes. May lead to Missing Outcomes not being completed & consequent delayed treatment.	Short term solution to offer overtime to reduce the number of patients outstanding in the report to within 48hours. Business case to be investigated and written to allow e-outcomes to update Medway with the outcomes.	3. Strongly recommended risk mitigation	Operational	31/03/2019	
							3820	Capacity gaps within individual specialties, and with outpatients from a staffing / estates perspective increase the potential for appointment delays due to issues with the management of overdue new referrals; Appointment Slot Issues (ASIs); and the Partial Booking Waiting List (PBWL) for management of Overdue follow-ups.	Clinical Directorates to provide trajectories for recovery plans - monitored at fortnightly RTT Recovery and Delivery Groups. Detailed plans at speciality level. C&A manually drawing down referrals from ASI list.	2. Essential risk mitigation, not urgent	Operational	31/03/2019	
							3821	Overdue new appointments may be incorrectly added / unvalidated on the Open Referrals worklist . The New Booking team identify 'other' new patient referrals added to the Open Referral worklist by other parties in BU's. As the New Booking Team did not make the entry they are unable to validate the referral.	The Trust was required to be fully compliant with an electronic booking system with a target set by NHSI of June 2018.	1. Essential risk mitigation, urgent	Operational	31/03/2019	
4300	Medical device & equipment management (corporate)	Service disruption	Open risks, being reviewed	Hepburn, Dr Neill	12	High risk	3809	Gaps in service history recorded on central equipment inventory.	Departments to be given system access to update central equipment inventory.	3. Strongly recommended risk mitigation	Clinical Engineering	31/03/2019	
							3810	Resource constraints (insufficient funds available to deliver against identified equipment requirements).	Prioritisation by Medical Device Group through Capital & Revenue Investment Board throughout 2018/19.	2. Essential risk mitigation, not urgent	Clinical Governance	31/03/2019	
							3811	Current contractual arrangements for bed frames and mattresses (with ARJO) have expired and continue on a 6 month rolling basis; the current contract model may not represent the best value for money. Bed management processes lack corporate oversight and effective control.	Appointment of a dedicated project manager to coordinate development of a revised bed / mattress operational model and contract review. Option to work collaboratively with LCHS and LPFT.	2. Essential risk mitigation, not urgent	Clinical Engineering	30/06/2019	
4138	Safety & effectiveness of medical care (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Hepburn, Dr Neill	12	High risk	3461	Areas of Hospital Standardised Mortality Ratio (HSMR) primary diagnosis outside of Dr Foster confidence intervals for the period April 2017 to March 2018: Septicaemia (except in labour); Other perinatal conditions; Aortic peripheral and visceral artery aneurysms.	HSMR: Sepsis task and finish group to review alerts; perinatal mortality to be added to QSIP & specific action plan to be developed; review of aortic peripheral and visceral artery aneurysms.	2. Essential risk mitigation, not urgent	Trust Policy	31/01/2019	Reviews underway.
							3462	Issues with consistent and timely completion of electronic discharge documents (eDDs), which can lead to medication inaccuracies on discharge and delayed handover to GPs.	eDD Committee to oversee compliance and implementation of improvement plans.	2. Essential risk mitigation, not urgent	Trust Policy	31/03/2019	
							3463	Inconsistent compliance with initiation and completion of sepsis bundle, particularly initial screening (currently below 70%).	Sepsis Committee to oversee compliance and implementation of improvement plans.	2. Essential risk mitigation, not urgent	Trust Policy	31/03/2019	
							3464	Inconsistent compliance with e-observation policy.	E-obs system audits all inpatients each month. Ward Accreditation has a deteriorating patient standard with the aim of driving improvement.	3. Strongly recommended risk mitigation	Trust Policy	31/03/2019	
							3465	An adult patient with suspected sepsis or high risk criteria who fails to respond within 1 hour of initial antibiotic and/or intravenous fluid resuscitation may not have a consultant attend in person (especially out of hours), as recommended by NICE Guideline NG51 Sepsis: recognition, diagnosis and early management. Funding and potential recruitment issues represent a barrier to increasing consultant resources.	Patients with suspected sepsis may be seen by CCOT and by senior decision makers below consultant level (ST/ middle grades); however this may not always be within 1 hour out of hours. There are also consultants on call 24/7, who could attend dependent upon availability. Further work required to understand the extent of residual risk to patients.	3. Strongly recommended risk mitigation	Critical Care	31/03/2019	

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							3466	Medical ward teams who work the day shift (9am-5pm) hand over patient jobs/tasks to the evening shift (12midday – 9pm) on-call at 5pm. The Trust currently has a SBAR tool that is available to Drs to use on the intranet (but not consistently utilised / mandated); most wards have their own tool in place; inconsistent formats are unhelpful to the on-call team. The current system is paper-based rather than electronic.	Implementation of an effective e-tool for medical handovers (following successful trial); clarify policy to support use of the handover tool (H@N group set up to complete this); develop training for Trust induction and or speciality; Working group to be created to manage implementation (to be commissioned / supported by Patient Safety Committee – to be recommended to H@N working group)	3. Strongly recommended risk mitigation	Trust Policy	31/03/2019	Business case underway for e-handover tool. QSO project underway to develop e-handover training within speciality induction.
4156	Safe management of medicines (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Costello, Colin	12	High risk	3787	The Trust currently uses a manual prescribing process across all sites, which is vulnerable to human error that increases the potential for delayed or omitted dosages; moving of charts from wards; and medicines not being ordered as required.	Planned introduction of an electronic prescribing system across the Trust, to eliminate some of the risks associated with manual prescribing.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2020	
							3789	Pharmacy is not sufficiently involved in the discharge process or medicines reconciliation, which increases the potential for communication failure with primary care leading to patients receiving the wrong continuation medication from their GPs.	Routine monitoring of compliance with electronic discharge (eDD) policy. Request for funding to support additional pharmacy resources for involvement in discharge medicine supply.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2019	
							3790	The Trust routinely stores medicines & IV fluids on wards in excess of 25 degrees (& in some areas above 30 degrees). This is worse in summer months. These drugs may not be safe or effective for use.	Introduction of electronic temperature monitoring systems for all drug storage areas to enable central monitoring. Capital investment required. Contingency - ward monitoring of temperatures & escalation of issues.	2. Essential risk mitigation, not urgent	Pharmacy	31/12/2019	
							3792	Inappropriate storage of refrigerated medicinal products (fridges constantly going above 8 degrees) due to lack of fridge(s) space. Periods of time where storage requirements are compromised has the potential to affect the stability of the products and therefore could have impact on patient treatment.	Temperatures of refrigerated medicinal products to be monitored continuously. Additional fridges required in order to ensure appropriate storage and product quality and comply with standards. Business case to request additional funding for fridges completed and approved. Fridges being purchased.	1. Essential risk mitigation, urgent	Pharmacy	31/03/2019	
							3793	Inadequate and unsecure storage and stock accountability of medical gas cylinders at all sites. Modifications required to meet standards and improve security.	Risk regarding unsecure storage and stock accountability of medical gas cylinders at all sites to be assessed with local security management specialist; recommendations will include new lighting to storage buildings, surveillance cameras, effective alarm system and new doors to replace weak hinges and stronger locks.	3. Strongly recommended risk mitigation	Pharmacy	30/06/2019	
4083	Workforce engagement, morale & productivity (corporate)	Reputation / compliance	Open risks, escalated to BAF	Rayson, Martin	12	High risk	3725	Impact of the cost reduction programme & organisational change on staff morale. The national staff survey results for 2017 shows that the impact of the Trust going into special measures for both quality and finance is being felt by staff. Morale has declined significantly, pride in working for ULHT has gone down and staff feel that decisions are taken on the basis of finance, rather than patient experience and safety and to the detriment of staff (e.g. increase in car parking charges & controls over travel and training). There is significant cynicism amongst staff, which will not be resolved until they see action alongside the words.	Shaping a response to the staff survey results which will inform the revised People Strategy and the 2021 Programme. One of the key themes will be creating a strategic narrative which gives hope for the future and addresses the issue that quality and money are not incompatible. Improvement methodology work provides means for staff to make efficiency and patient experience improvements. FAB programme will emphasise what is possible. Directorates will be tasked with also addressing staff survey issues at a local level. The actions proposed provide the mitigation, but we have to recognise that this remains a tough environment in which to drive up morale. Staff survey predated launch of 2021, but there is a need to tackle vacancy gaps as well.	2. Essential risk mitigation, not urgent	Human Resources	31/03/2019	
							3726	Relationships with staff side representatives are challenged by the scale of organisational change required and the extent to which staff side wish to protect the status quo. There are disagreements amongst staff side representatives and not all meetings have taken place as scheduled.	Reviewing the current recognition agreement to modernise it and ensure it is fit for purpose. It is based on the Sandwell model and seeks to ensure proper debate, without giving staff side the capacity to prevent us moving beyond the status quo. Intention is to write to staff side to propose a further partnership meeting. Formal consultation around the new recognition agreement will begin shortly.	3. Strongly recommended risk mitigation	Human Resources	31/01/2019	
4082	Workforce planning process (corporate)	Service disruption	Open risks, escalated to BAF	Rayson, Martin	12	High risk	3727	Capacity within the business to support the process and recognition of its priority is an inhibiting factor, which is less within the direct control of HR.	KPMG are providing additional capacity and capability. Created temporary team to take forward work aligned to CSR. Business partners to be appointed. Skill-building planned at STP level, where we also have continued support from WSP. Escalation to FRG if necessary.	1. Essential risk mitigation, urgent	Human Resources	31/01/2019	

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4081	Quality of patient experience (corporate)	Reputation / compliance	Open risks, escalated to BAF	Rayson, Martin	12	High risk	3487	Staff engagement & ownership of patient experience feedback, staff morale and staff shortages; lack of pride or hope in working at ULHT translated as low energy and passion; communication features highly as a negative indicator within feedback; staff lacking awareness of the 'impact of self'; staff do not feel valued; workload and demand gives little time to provide the care to the standard aspired to leaving staff disappointed and dissatisfied.	Deliver against Patient Experience workplan; provide service and divisional level patient experience reports that are useful, timely and meaningful, secure a FAB Experience champion in every directorate; promote & spread Academy of FAB NHS Staff to highlight FAB patient experience quality projects and achievements - spreading celebration and enthusiasm to rebuild motivation and hope and passion; determine links between staff and patient experience and drill down to team level to support improvements and interventions; provide data that delivers confidence that this is what staff and patients are saying about their experience within that service - and then support that service to design and deliver improvements.	2. Essential risk mitigation, not urgent	Human Resources	30/09/2019	
3688	Quality of the hospital environment (corporate)	Reputation / compliance	Open risks, being reviewed	Boocock, Paul	12	High risk	3557	Due to lack of investment in the GDH site building fabric the windows, fascia and doors are in very poor state of repair, most of which are now beyond economic repair and require replacing. This causing drafts and water increase into buildings resulting in increased energy and maintenance costs.	Any dangerous windows and doors at GDH are replaced on individual basis. No identified funding.	3. Strongly recommended risk mitigation	Estates	31/12/2019	EPC contract awarded, some of these areas maybe picked up with this contract.
							3558	Reduced standards if painting & decorating of clinical areas at Pilgrim Hospital are not completed. (Identified through PLACE annual inspection).	Require a programme to improve standard of Pilgrim hospital environment, via painting & decorating of clinical areas.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Funding and resource to be allocated.
							3559	The air conditioning unit in Acute Care at Grantham Hospital has been condemned. Impact on patient and staff comfort.	Mobile Air Con units required for ACU at Grantham, Requested but not yet in place, no time frame and finance not agreed.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Mobile heaters are in place. They are bulky and a health and safety risk, with regard to heat and trip hazard, and potential to overload electrical systems, as they are placed in large cages. They are also not very effective in a large space. they glow bright orange, lighting the unit up at night, this is effecting the sleep patterns of patients, which in turn has the potential to have a detrimental effect on their recovery.
							3560	The drains under the 'wash up floor' at Pilgrim Hospital are failing, leading to a build up of stagnant water and food waste that attract fruit flies, mosquitos and give off a pungent odour. Over the last 5 years the pipework's under the floor have corroded and collapsed spilling out food waste into the soil underneath the floor. This has deteriorated over time and causes very bad smells and lots of drain flies. Environmental health aware and are monitoring with possible closure orders as per hygiene regulations.	Excavate parts of the 'wash up floor' at Pilgrim Hospital, seal rainwater drains, remove sludge and fill the void under the main wash up area. The floor then needs to be sealed to stop any water going underneath.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Spec being developed, waiting for quotes for remediation work. Spraying by pest control contractor. Steam from Estates to reduce flies. Chemicals have been used to balance PH levels in waste but not successful in all areas. Special vents attempt to extract smells but not always successful. Existing drains have been isolated. Waste excess has been removed.
							3561	Floor Coverings across the Trust - Many areas are 45 years old, looks tired and is damaged in areas. Frequently fails environment and PLACE audits. Sub Floor is also damaged in some cases. High risk areas include Maternity at Lincoln, Tower Block at Grantham, Theatre Corridors at Pilgrim.	Ad hoc repairs to flooring carried out across the Trust. Funding required for comprehensive programme.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3562	LCH & GDH: Lack of resources to carry out external decoration. High level areas in the East Wing are difficult and costly to access due to requirement to erect scaffolding. Deterioration of paint finish to wooden windows and door fascias and soffits leaving timber exposed to weather. Will lead to deterioration of timber window frames and their failure with associated costs. Physical appearance very poor. Fails annually on PLACE scores.	Repairs to external decoration at LCH & GDH undertaken based on available labour, accessibility. Monitor the situation and carry out ad hoc repairs where situation dictates. Funding required for a rolling programme of external decoration, window replacement and fascias.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3563	LCH: East Wing ward/theatre block - gutters leaking causing disruption to service and damage to fabric.	Reactive maintenance carried out to LCH gutters as required. Some areas re-lined; Funding Required to re-line areas of guttering not already done.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3564	LCH: Patient bed space curtain track systems within patient areas are obsolete; sufficient hooks to hang the curtains satisfactorily are not available; [REDACTED] inadequately hung curtains can affect patient dignity as reported on PLACE.	Existing curtain hooks at LCH are "spaced out" to increased distances to allow curtains to hang. Funding required to replace the obsolete curtain rail systems.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
3565	LCH: Failed Double Glazed Units in Windows of South Facing Wards; Windows "mist up" causing complaints from patients and staff and poor patient environment. Increased energy usage.	LCH: Funding required to replace affected double glazed units of south facing wards; Estimated cost £40k+vat.	3. Strongly recommended risk mitigation	Estates	31/12/2019								

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
							3566	LCH: Building Fabric Repairs required - East Wing.	Ad hoc repairs to building fabric of the East Wing; Funding required for a rolling programme of repairs. Estimated cost £30K +vat	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3635	Maternity Wing at LCH, 5th Floor Comfort Cooling. Currently no cooling provision. Areas overheated during summer period, adverse effect on patients and staff, in particular in the operating theatres.	Appoint consultant engineer to carry out detailed design and install comfort cooling system for Maternity Wing at LCH.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3679	PLACE inspection June 2018 Trust scores reduced compared to 2017. Trust Ranking 146/152. Patient perception and concern that the environment reflects the level of care they may receive.	PLACE Inspection reported to ET in November 2018, see attached report. Requested to scope the work required to improve the environment to an acceptable standard.	2. Essential risk mitigation, not urgent	Estates	29/11/2019	
							3680	Outpatient main reception inadequate for both staff, desk not ergonomically designed, no privacy screens for PCs therefore no patient privacy and inadequate security for staff. Noise levels from the adjoining catering outlet means confidential discussions are more difficult to undertake.	Refurbishment work to the main outpatient desk to address staff operational issues, noise and patient confidentiality. Also to relocate the ambulance desk next to this facility to deliver a 'one stop shop'.	1. Essential risk mitigation, urgent	Estates	31/12/2018	
							3681	During winter months with the Main Entrance being East facing, any significant cold winds are funnelled into the main entrance foyer through the door lobby. Previous actions by fitting automatic doors have failed to improve the situation. Numerous staff and patient complaints.	To design an extension to the existing entrance that will prevent the wind funnelling into the main foyer at Pilgrim.	1. Essential risk mitigation, urgent	Estates	31/12/2018	
4403	Compliance with electrical safety regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Boocock, Paul	12	High risk	3543	ULHT Electrical Installation is not being tested to IET regulations leading to increased regulatory risk.	Requires an initial programme to meet statutory requirements for testing Electrical Installation to IET regulations and rolling programme thereafter.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	A programme to carry out an electrical condition report for the whole site as of 4th January 2018 the majority of the site has been completed and outstanding areas will be tested within the next 2 months. The EICR's and the schematic drawings are still awaited for the areas completed. 31/08/18 - 5 year tender awarded for inspections on 20% on each site per year
							3544	Potential non-compliance with legislation due to old and beyond economical repair emergency lighting not functioning. Many units either not functioning are old and beyond economical repair. Non-compliance with H&S legislation. An inspection/testing regime was carried out by a specialist contractor and approx. 60% of units were found to be defective. The coverage/compliance with current standards was found to be poor.	Planned emergency lighting maintenance regime in place, defects reported through helpdesk. Rolling programme to replace defective units required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Funding is required for a programme of upgrading and replacement. A specification is being prepared.
							3545	Electrical Installation 2nd Floor Maternity Wing: Wiring is 45 years old, conduits corroded; Accessories 45 years old and does not comply with IEE Regulations. Nurse call system is defective and obsolete.	Ad-hoc repairs and defects in electrical installation within the Maternity Wing at LCH reported through Estates Helpdesk. Action required: rewire 2nd Floor - area to be vacated to facilitate works.	1. Essential risk mitigation, urgent	Estates	31/03/2019	1st Floor rewired as part of upgrade works carried out by Kier 2015/16.
							3546	Bed head luminaires fitted with GLS tungsten filament lamps may become obsolete, due to the introduction of new European Legislation and standards.	Phase out of non directional halogen lamps used in bed head luminaries.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Option 1: Remove dimming (half-light) facility to enable replacement lamp of suitable weight to be used. Cost £30 per bed Option 2: Remove dimming (half-light) and replace existing with replacement unit which contains a compact fluorescent lamp. Cost £130 per unit (installed). £3,640 for a 28 bed ward
							3547	GDH Tower Block Statutory Rewire (BS standards). Back half of the top floor of the tower block is still wired in VIR cable. Which is contrary to IET wiring regulations and the Electricity at work act.	Back half of the top floor of the tower block at GDH - Area Currently Closed and all electrical service isolated and disconnected. Funding required.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
4399	Compliance with health & safety regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Boocock, Paul	12	High risk	3251	Quality Governance Committee raised issues with the effectiveness of the Trust Health & Safety Committee (only meets quarterly; disparity in engagement between sites; reporting assurance gaps raised concerns that full range of responsibilities are not being discharged).	Assurance issues identified by the Quality Governance Committee to be raised with the chair of the Health & Safety Committee. Future reports to cover all aspects of H&S management.	1. Essential risk mitigation, urgent	Facilities	31/12/2018	
							3252	The Trust does not currently have in place a sustainable programme of manual handling training for staff.	Proposals to be developed for resourcing of a sustainable manual handling training programme.	1. Essential risk mitigation, urgent	Facilities	31/12/2018	
							3782	The Trust currently uses a manual prescribing process across all sites, which is inefficient and presents challenges to auditing and compliance monitoring.	Planned introduction of an auditable electronic prescribing system across the Trust.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2020	
							3785	Significant areas of non-compliance with national standards for aseptic preparation of injectable medicines have been identified. Key issues are the inadequacy of current staffing resources & skills mix and the condition of the facilities.	Replacement of isolator cabinets at PHB and LCH. Closure of LCH facility until building works are complete.	1. Essential risk mitigation, urgent	Pharmacy	31/05/2019	Isolator cabinets replaced at PHB; LCH facility remains closed whilst awaiting necessary building works (not currently possible to reopen due to potential for contamination).

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
4157	Compliance with medicines management regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Costello, Colin	12	High risk	3786	Compliance with Falsified Medicines Directive (FMD) legislation (Directive 2011/62/EU) is mandatory from February 2019, aiming to provide assurance to patients that the medicines they are supplied are not counterfeit or 'Falsified Medicines' that might contain ingredients, including active ingredients, which are not of a pharmaceutical grade or incorrect strength or indeed may contain no active ingredient. Falsified medicines are considered a major threat to public health with seizures by regulators increasing annually across the globe. We do not currently have a plan in place to ensure that we will comply with this legislation, and be able to robustly provide the necessary assurance to patients.	The FMD legislation requires that a system be established to enable all pharmaceuticals to be tracked through the supply chain, from manufacturer, via wholesalers, to pharmacy and to end user, and will be facilitated through the use of 2D barcode scanning technology. The Trust will work regionally with wholesalers and pharmacy computer system providers. Funding for new equipment is likely to be needed.	3. Strongly recommended risk mitigation	Pharmacy	30/06/2019	
4145	Compliance with safeguarding regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Rhodes, Michelle	12	High risk	3656	Inconsistent compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and Trust safeguarding policy requirements (e.g. Failure to recognise the need to assess capacity & make a DoLS application) picked up by regular audits.	Increase visibility of the Safeguarding team who are providing advice, support and supervision to staff to bridge theory practice gap; Monthly audits to monitor progress which are reported through operational group and committee; Benchmarking data being explored.	2. Essential risk mitigation, not urgent	Safeguarding	31/03/2019	
							3657	Not yet consistently achieving 90% compliance with safeguarding training requirements.	Confirm that safeguarding training completion continues to be included in performance framework with compliance reviewed and managers held to account through operational performance management reviews; individual accountability to be managed through appraisal process.	3. Strongly recommended risk mitigation	Safeguarding	31/03/2019	
							3658	Capacity within the Safeguarding team affecting the ability to fulfil all statutory responsibilities of their roles (e.g. Domestic Homicide and Serious Case Reviews) and deliver proactive support to front-line staff.	Areas for more efficient working to be identified and improvements implemented; progress work to develop an integrated Safeguarding model for Lincolnshire that will deliver optimum benefits for Safeguarding across the county and ultimately deliver improved safeguarding outcomes for adults, children and young people in receipt of an holistic service: minimal duplication and gaps in provision (including transitions); greater innovation as future need is better anticipated; smooth patient hand-over and movement across organisational boundaries; urgent advice available via the Local Authority.	2. Essential risk mitigation, not urgent	Safeguarding	31/03/2019	
3690	Compliance with water safety regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Boocock, Paul	12	High risk	3659	The Trust is not yet fully compliant with recommendations made following the Savile and Bradbury inquiries (e.g. Chaperone Policy and Safer Recruitment).	Complete outstanding actions from Savile & Bradbury incorporated into Safeguarding QSIP plan as priorities for 2018/19; Task and finish group to review chaperone policy; Existing chaperone posters to be displayed in clinical areas; Risk assessments for areas unable to comply with policy; More information to be made available for patients about availability of chaperones; 3 yearly DBS checks to be implemented – process being explored by HR.	2. Essential risk mitigation, not urgent	Safeguarding	31/03/2019	
							3508	Unable to comply fully with ACOP and Trust Policies for legionella monitoring due to competing priorities.	Legionella monitoring carried out by direct labour as far as possible with competing priorities. Action required: appoint additional staff or contractor in lieu of staff to carry out work. Further actions required (subject to funding): water systems drawings are required for all sites (CAD); review and issue a Trustwide tender document for the monitoring work; to appoint a responsible person; to form a Trustwide Legionella group to consist of Facilities, Infection Prevention and Control Consultant and Nurses (sub group of Infection Prevention and Control Committee?)	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3509	13 waste disposal units do not incorporate a 'Type A Air Gap' on the water supply inlet and therefore as they are classed as 'CAT 5 Fluid' they do not comply with the 'Water Regulations' which is a statutory regulation.	A 'Double Check' valve has been fitted to waste disposal units to non-compliant provide a higher level of protection after discussion with Anglian Water's 'Regulations Inspector' as an 'interim measure'. The non-compliant units to be replaced with those which comply with the Water Regulations.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Obtain costs for the supply and installation of compliant units and prepare a business case for replacement.
							3510	Lack of compliance with ACOP L8 and HTM standards in respect of water schematics for the hot and cold water systems could impact on the Trust's ability to demonstrate compliance with statutory standards and potentially place service users at risk of poor water safety.	Water flushing as per agreed IP&C Standard Operating Procedure. Surveys undertaken at Lincoln County, Pilgrim Hospital and at Grantham surveys are on-going.	3. Strongly recommended risk mitigation	Estates	30/06/2019	Funding required for replacement TMVs, sinks and hand basins. Schematics produced by surveyors have not been quality assessed and have not been stitched into Estates and Facilities master CAD models. Some funding has been identified from Facilities CIP.
							3511	Although routine checks are undertaken, the water tanks at LCH do not comply with the Water Regulations	Bid for Capital funding to replace non-compliant water tanks made May 2016.	3. Strongly recommended risk mitigation	Estates	31/12/2019	

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
							3512	Trustwide Water Systems - Chlorine Dioxide Dosing System. Scotmas inform that some of the monitors are now obsolete and require replacing. BMS is now linked to Lincoln.	Specification has been out to tender for the renewal of maintenance contract. Costs are to be obtained for Pilgrim and Grantham. If it fails, Scotmas will set new controllers.	3. Strongly recommended risk mitigation	Estates	30/06/2019	In December 2017 Scotmas were the only supplier to bid on this tender.
							3513	The Trust may not comply with drinking water guidelines and HTM04-01 at Pilgrim Hospital, because of Chlorine Dioxide dosing impurities due to lack of available maintenance.	Automatic monitors in place. It is being constantly monitored and completion of new water main which will be 2018/19. Capital investment required to mitigate this risk.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Delayed completion of new water main which is required before we can gain access to complete the work required.
							3514	The Water Safety Statutory Improvement Programme (directed by site risk assessments) may not complete on time; on going upgrade to sanitary ware, WHB's, Showers etc. to comply with ACOP L8 and HTMs.	Stringent Water sampling and flushing programs in place. Funding required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3276	Street lighting and car park lighting cables at PHB are suffering from multiple faults due to their age.	Repairs to street lighting at PHB carried out when necessary. Need to re-wire street lighting circuits and replace light fittings. Funding dependant.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3479	GDH: Main LV Electrical Switch Gear (Back of Theatres) connected to Transformer Number 3 requires upgrading. Switchgear is fully loaded with no room for future expansion to the southern part of the site.	Action Plan to be developed to upgrade main LV electrical switch gear at GDH. Any additional development to the southern half of the site will need to incorporate the replacement / upgrade of this switchgear.	2. Essential risk mitigation, not urgent	Estates	31/01/2019	
							3481	HV incoming switchgear at GDH is obsolete and requires replacement. Western Distribution have been to site to inspect their side of the switchgear. There is a possibility that in the near future they will be upgrading the incoming HV supply. This will result in the Trust having to replace our side of the switchgear.	Funding required to replace the switchgear at GDH in the event that Western Power decide to upgrade the incoming HV supply.	3. Strongly recommended risk mitigation	Estates	31/01/2019	
							3528	Potential for failure of electrical distribution to large area of Pilgrim Hospital due to panel failure.	Complete review of the system. Accelerated replacement programme. Funding and resource required. Consider the use of thermal imaging camera.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Funding and resource required. Infrastructure review carried out by DSSR across all sites. Apprx £50k cost
							3529	Weakness of the distribution systems is the change over contactors which connect the electrical load to either the Mains or the standby generators. There are 60 around the LCH site and they cannot be maintained unless the supply is totally disconnected from the electrical supply. These emergency changeover contactors connect the emergency standby generation to the hospital electrical distribution system in the event of mains electrical supply failure. It is not possible to carry out maintenance on these without an interruption to the electrical supply to specific areas of the hospital.	Ad hoc defects addressed by Estates Team as required. Programme required for replacement of local distribution boards. Programme requirement for replacement of change over contactors with units which comprise a 'by pass' arrangement to enable maintenance to be carried out.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Est cost £20k per unit. Total cost of appx £700-£800k.
							3530	Potential for extended standby generator usage & disruption to services due to failure of obsolete LV switchgear at LCH. Switchgear is obsolete and spare parts unobtainable. Some 630A Federal Electric Fuse Switches have failed and spare parts are not available. If a failure of similar units occur large sections of the site would be on the standby generator for a considerable time, as a replacement unit is not readily available.	Old equipment is re-used where possible to maintain services. A portable 630 Switchfuse has been mounted on a frame with cables attached which could hopefully be used to temporarily replace a failed unit whilst a permanent replacement was arranged. Funding required for a replacement programme for switchgear.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Estimated Cost to initially replace the Main Panel Boards: £300K+vat per unit. Appx 17-20 units in total. £3-£5m Trustwide.
							3531	The majority of the high voltage switchgear and transformers on all three sites are oil filled. The majority of switchgear is over 40 years old and the majority of switchgear in the East Wing is over 25 years old. Generally in industry these are being replaced with vacuum and SF6 switchgear to reduce fire risks due to oil and maintenance costs.	All switchgear is regularly maintained by specialist high voltage contractor. Funding require for a programme of switchgear replacement.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Estimated Cost £500k + vat. Pilgrim should be the first site to undertake.
							3532	Potential for disruption to clinical services as a result of Electrical Supply Distribution - Maternity Wing. Switchgear on each floor and sub mains cabling are 45 years old and obsolete. Circuit protection requires upgrading.	Completely replaced on the 1st floor and 6th floor. Asbestos removals and ceiling replacement will enable access for remedial works to remaining floors. £250k to run electrical system.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Funding is not in place for a programme of Inspection & Testing of electrical installations so condition of switchgear cannot be rigorously assessed
							3533	Lightning protection inadequately protects the buildings at Lincoln County. This is caused by the age of the buildings and protection systems that do not comply with current standards (BS EN 62305 (2-2006), IEE Wiring Regs 17th). Would lead to an impact/effect on the ability of the buildings to withstand a lightning strike	Annual inspection carried out by specialist contractor. Funding required to install a compliant Lightning protection system to these buildings.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Estimated Cost £20k+ VAT.
							3534	Potential for Mechanical & Electrical Infrastructure Breakdowns at LCH due to poor condition of distribution systems.	Regular Inspection & Essential repairs are carried out as necessary. Funding required to upgrade Infrastructure.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Estimated cost £50k +vat.

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead specialty	Due date	Progress
3720	Critical failure of the electrical infrastructure (corporate)	Service disruption	Open risks, escalated to BAF	Boocock, Paul	12	High risk	3535	Mechanical & electrical Infrastructure at Pilgrim Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity	Regular inspection & urgent repairs as required. Identify backlog maintenance funding and capital funding. Allocate funding through the Facilities Capital allocations.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3536	X Ray Department at GDH: Need to replace existing heater batteries and control panel with new. Controls are obsolete can no longer maintain. Heater batteries are old and starting to fail and need replacement	Maintain and inspect on a regular basis. Capital investment required.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Capital funding applied for.
							3537	Potential for failure of Electrical Infrastructure at GDH resulting in service interruption, fire and closure of clinical services. The site has an aging electrical infrastructure and some of the switchgear is obsolete and in need of replacing. It does not comply with current IET wiring regulations (BS7671). Area affected are:- Tower Block. Rayrole room. Main Switchgear fed from Transformer no 3 (back of Theatres). Main Switchroom outside of ward 6 including Ward 6 Distribution boards. Various Distribution are obsolete and we unable to obtain spare parts for. A&E Endoscopy X-ray Department Theatres Tower Block Out-Patients Medical Physic Pharmacy Rehabilitation	Capital investment required to upgrade electrical infrastructure at GDH.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Capital funding applied for.
							3538	High Voltage Switchgear (Switching prohibition) EFN 2016 05 - GDH has a Log and Crawford GFE High Voltage Fuse Switch that has a switching prohibition on it. which means we cannot operate it. No contingency if this unit fails other than emergency generator which supplies limited outlets.	Log and Crawford GFE High Voltage Fuse Switch identified on capital programme for replacement.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3539	Currently one generator provides backup power to ITU (and Endoscopy and Medical air plant) at Pilgrim Hospital during a power cut. Current generator was second hand when installed 4 years ago and has failed previously on start-up. There is the capability on other generators serving critical areas to switch in another generator onto the circuit should one fail but not in this case.	Option to hire a 2nd generator at approximately £750 per week until a permanent solution is found. A back up generator is required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	A capital scheme needs to be drawn up to provide further generator back up.
							3540	Generator 1 and 2 contactor panels and associated switchgear are 40 years old and obsolete. These panels switch the generator supply onto load during a power outage to 90% of all clinical areas including the Tower Block, Theatres and A&E. Open design of the electrical panels means it is unsafe to work in panel unless isolated should a failure occur.	Contactors tested during weekly generator tests. Replace electrical panel (design already provided during the changeover panel replacement carried out in 2015/16).	2. Essential risk mitigation, not urgent	Estates	31/12/2019	No parts available should breakdown occur. New electrical panel required but financial constraint prevents replacement.
							3541	The majority of the electrical switchgear and distribution boards on the Pilgrim Hospital site are over 40 years old. This is in excess of the recommended replacement age found in HTM06-02. Some of the distribution boards are showing signs of overheating and many boards are full to capacity. Distribution boards do not meet any Form 4 manufacturing standards meaning maintenance is difficult without isolation. Equipment is obsolete.	Monitoring and inspection of distribution boards on PPM (staff numbers allowing). Carry out audit of switchgear and distribution boards. Replace failing and obsolete equipment.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3542	The LV network within blocks OA, OD, OJ, OW, OL, OU, OT, OV, OX and OY is full to capacity. The N+1 design capacity of the original installation no longer exists, meaning under HV fault conditions all the hospital load cannot be switched within the LV network to continue supply. There is no capacity for new schemes, etc without investing in extending the HV network and taking some of the load of the existing network and re-supply from extended HV network.	Smaller schemes requiring power can bring power in from other parts of the site, but the infrastructure cost to this is not insignificant. Increase HV network and load shed existing LV network onto new LV network fed from extended HV system.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Financial constraints

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
3721	Critical failure of the mechanical infrastructure (corporate)	Service disruption	Open risks, escalated to BAF	Boocock, Paul	12	High risk	3491	Lift controls for lifts 9 & 10 at LCH are obsolete and the excessive heat in the motor room if affecting the ride quality of the lift. Risk to patients and visitors of malfunctioning lift.	Regular inspection and maintenance of lifts at LCH. Service contract in place. Price received to replace controllers: £30K + VAT.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3601	Mechanical Infrastructure at Pilgrim Hospital is in poor condition and needs significant investment to eliminate backlog maintenance, reduce maintenance costs, maintain capacity of the estate to deliver clinical activity.	Regular inspection & urgent repairs as required. Identify backlog maintenance funding and capital funding. Allocate funding through the Facilities Capital allocations.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3602	Potential for Mechanical Infrastructure Breakdowns at LCH due to poor condition of distribution systems.	Regular Inspection & Essential repairs are carried out as necessary. Funding required to upgrade Infrastructure: estimated cost £50k +vat.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3603	Potential for plant failure for Medical oxygen for all sites.	Consider provision of a further VIE at a separate location, which would provide site resilience in the event of plant failure to original medical oxygen unit. Regular PPM and reactive maintenance.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3604	At Grantham Hospital, vital transportation of samples and other items around the site via the airtube system may not be possible due to the need to continue upgrading programmer to maintain the capacity of the system. Main controller is obsolete and requires replacement.	Monitoring and continuous repair. Partial replacement of air tube stations, as and only when funding becomes available. Replacement controller added to Capital / Backlog Maintenance List.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	50% of stations have been replaced.
							3605	Maternity Lifts at Pilgrim are in poor condition and in need of further refurbishment /replacement. Risk of failure whilst in use and unavailability.	Capital and revenue investment to refurbish Maternity lifts at Pilgrim. Safety checks in place supplementary inspections in place Comprehensive maintenance contract in place. Use of alternative lifts available.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3606	Mechanical ventilation (Air Handling Units) within the Maternity Wing at LCH is 45 years old and should be considered for replacement. The ductwork systems within the building have not been internally cleaned since installation due to cost and logistical constraints.	Replacement programme required for air Handling Units across the LCH site. Ductwork cleaning programme required. Estimated Cost £100k+vnt Ad hoc cleaning takes place when areas have be upgraded and access was possible. Planned Maintenance carried out on AHU's.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3607	Potential Loss of the medical air to ICU, HDU, Cath Lab 1&2, A&E, Interventional Suite X Ray, Oncology Unit, Cardiac Short Stay at LCH. The current plant does not meet HTM02-01 recommendations, the plant is 12 years old and the manufacturers recommend a service life of 10 to 15 years.	Recommend as a minimum to install an additional air compressor to upgrade the current plant at LCH to a triplex configuration (three compressors) cost circa £22k. Replace air plant with a new triplex (three compressor) plant as recommended by the current HTM02-01, cost circa £100k together with a large cylinder backup. Increase the necessary number of back up cylinders to maintain 4 hours recommendation as per HTM02-01. Ensure our cylinder supplier (BOC) has the resources to have the required backup cylinders on site if needed and within a timely timescale.	3. Strongly recommended risk mitigation	Estates	31/12/2019	We have been informed by BOC that they can deliver cylinders to site within 4 hours including out of hours working).
							3608	Medical Gas alarms at Pilgrim are obsolete and cannot be upgraded.	Ensure all alarms are linked to BMS system. Consider duplex panel. Funding required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	£20k + VAT identified on the capital programme.
							3609	Potential for a severe leak of heating and hot water service due to the poor condition of plastic pipework at Pilgrim. Plastic Pipework in very poor condition. Severe water leak will cause loss of heating and hot water services. Several leaks have occurred in the past.	£50k + VAT identified in the capital plan to replace the plastic pipework at Pilgrim. Subway inspections and planned maintenance.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	There will be some disruption to services to allow the work to go ahead.
							3610	Mechanical Services Valves at GDH are all of varying ages and some are over 50 years old and are no longer serviceable and are beyond economic repair. Unable to satisfactorily isolate services for maintenance. Causes isolation of large areas, wastes water and causes disruption and inconvenience to wider areas of the hospital.	Year on year replacement programme is required. Use of pipeline freezing techniques if possible.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3611	Existing gas main at LCH runs from maternity wing subway underground across the site under the corridor to clinic 9 was installed to feed additional areas and is grossly oversized. Risk of leaks due to age and possible condition and it is difficult to identify leaks due to limited use. It is also current guidance that natural gas pipes DO NOT pass beneath buildings.	Disconnect the gas pipeline at LCH at the valve which is located within the Maternity wing subway and install a local Propane manifold within the courtyard adjacent to the Dental Department. Estimated Costs £5K +vat.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3612	Old maternity block at GDH houses 2 Wards and management offices and is serviced by 2 lifts. 1 lift has had a new motor fitted in 2015. The remaining lift is of the same age. If this lift fails then we will not be able to service 2 Wards(food, patient moves, patient admissions etc).	Prioritisation of capital for refurbishment. Fully comprehensive service/maintenance contract. Defects reported on Micad and a trapped person procedure. Lift failsafe system.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
							3613	Frost batteries located within the air handling units in plant rooms 3, 9 and 10 and heater batteries in plant room 13 at LCH do not have the capacity to cope with extremely low ambient temperatures as experienced during the winter of 2010/11.	Funding required to replace frost batteries located within the air handling units at LCH with units of larger output. Estimated Cost £40K +vat.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3614	Medical Vacuum Plant Located in Plant Room 1 at LCH. Supplies 10 East Wing Operating Theatres, 9 wards, OPD Clinics and 4 X-ray rooms. Plant is 25 years old. Does not conform to current HTM 02-01. Replacement parts increasingly difficult to obtain. If it failed this would cause major disruption to the areas outlined above.	Replace Medical Vacuum Plant Located in Plant Room 1 at LCH with unit compliant with HTM 02-01. Estimated Cost £55k +vat	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3615	Seized and Defective Isolation Valves on Mechanical Services at LCH. Risk of interruption to clinical services due to access to isolate services for maintenance.	Rolling programme required to replace Seized and Defective Isolation Valves on Mechanical Services at LCH. Use pipeline freezing techniques if possible.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3616	The theatres infrastructure on at least the Lincoln and Pilgrim sites needs to be reviewed in light of primary services: i.e. electrical supply / medical gases / air exchange. As new technology is introduced the loading on individual circuits is closing in on the circuit limits. Air exchange plant is running at its maximum. The provision of medical gases is stretched.	Clinical Strategy to be in place. Appoint design consultants. Map clinical requirements to functional space and engineering requirements. Produce strategy & design. Commission / construct new theatre installation.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Establishing capacity within Theatres to enable design of fit for purpose infrastructure.
							3617	Potential for failure of air conditioning plant which affects large parts of the Tower Block at Pilgrim.	Perform site survey. Allocate funding through the Facilities Capital allocations.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Need to repair defective plant, (£5,000 committed to date).
							3618	Obsolete controls to the Ventilation system within Maternity at Lincoln. The Heating and Ventilation system controls are obsolete and functionality limited. Not energy efficient and provide little or no control of temperature within Maternity Wing including Labour Ward Operating Theatre No. 1.	1. Survey of the ventilation system within Maternity at Lincoln needs to be carried out to determine the correct contract strategy. 2. Replacement programme implementation (The presence of Asbestos Containing Materials - ACM's would present difficulties). Funding required to replace existing defective and obsolete controls. Estimated Cost £30k + VAT.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3619	Ambulatory Care at LCH - Heating Calorifier. Only 1 unit installed. There is no means of heating the ward if this fails.	Funding required to install additional plate heat exchangers (duty and standby) for Ambulatory Care at LCH. Estimated cost £ 80k +vat.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3620	Heating Pipework for Robey House at LCH is steel and is suffering from a build up of internal deposits which cause lack of circulation and therefore heating.	Replace heating system within Robey House at LCH, est £80k +vat.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Some sections of ground floor pipework replaced as part of Trust Board move into this building.
							3621	Physiotherapy Heating Calorifier at LCH is 40 years old, labour intensive to maintain and not energy efficient. Not duplex so service vulnerable if this one fails during period of very cold weather.	Funding required to install plate heat exchangers for Physiotherapy Heating Calorifier at LCH. Estimated costs £80k +vat	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3622	Maternity Wing Drains at LCH are susceptible to blockages caused by the condition and capacity of the drains. The drainage system within the Maternity Wing is subject to higher frequencies of blockages due to capacity and condition of the drainage system. In addition users are placing inappropriate items down toilets and the presence of Asbestos Containing Materials (ACM's) present difficulties in accessing large sections of the drainage system.	Business Case to be developed for a drainage replacement programme for the Maternity Wing at LCH. Estimated Cost £200k + VAT	3. Strongly recommended risk mitigation	Estates	31/12/2019	1. Some sections have been replaced. 2. Sewage spillages are managed as they occur using agreed procedures. 3. Signs are placed adjacent to each toilet to request users not to place inappropriate items in them.
							3623	The lifts at Lincoln County may not function correctly. This is caused by out of date components and inadequate control circuit configurations on lifts that are 20 - 25 years old this would lead to an impact/effect on Lift no. 1-6 and Lifts 9-11 in terms of overheating, fire risk and poor reliability.	Funding required for lifts at LCH. --Lifts 1-6 replace control panels at £8k each (total £48k) Replace car top controls at £900 each (total £5.4k). Replace door operator at £4.6k each (total £27.6k). Lifts 9-11 - replace control panels at £8k each (total £24k). Replace car top controls at £900 each (total £2.7k).	3. Strongly recommended risk mitigation	Estates	31/12/2019	Quotes received from Stannah Lifts.
							3824	Potential impact of Brexit on medicine supplies to the UK (particularly in the event of a 'no deal' scenario as of March 2019), which may restrict the availability of some medicines.	National preparations directed by the Dept of Health & Social Care to ensure at least 6 weeks supply of medicines in case imports to the UK are affected.	3. Strongly recommended risk mitigation	Pharmacy	31/03/2019	
							3825	The Trust currently uses a manual prescribing process across all sites, which is inefficient and increases the potential for medication not being ordered when needed.	Planned introduction of an electronic prescribing system across the Trust.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2020	
							3826	Shortages of several brands of normal immunoglobulin. Gap in immunologist input for switching patients between brands.	Senior pharmacist and medical staff to manage switch between immunoglobulin brands with advice from the responsible consultant. Where patients are not looked after by any consultant following retirement of consultant Immunologist, the patients will remain on existing brand until Immunology cover is available.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2019	

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead specialty	Due date	Progress
4406	Critical failure of the medicines supply chain (corporate)	Service disruption	Open risks, being reviewed	Costello, Colin	12	High risk	3827	Frequency and duration of medication shortages are presenting an increasing problem, with associated risks to patient care. May mean increasing reliance on unlicensed import products. Management of shortages often involves procurement of more expensive alternatives. Identification of shortages is often at the point at which stocks are depleted – a more robust system would be desirable whereby we anticipate shortages.	Shortages of contract lines are reported centrally; shortages of non-contract lines rely on identification by Trust pharmacy staff. Where shortages are identified, aim to put in place an appropriate management plan, after liaison with relevant members of pharmacy staff or specialist clinicians.	2. Essential risk mitigation, not urgent	Pharmacy	31/03/2019	
							3828	Due to a significant shortage of Varicella zoster immunoglobulin (VZig), Public Health England (PHE) has centralised stock holding of this product within their unit at Collindale. Ordinarily the Trust holds stock of this product on site to facilitate timely, appropriate treatment of patients. Pregnant patients in the first 20 weeks of pregnancy, with negative VZ antibody, who are eligible for treatment may experience a delay – this may be a risk if they are presenting towards the end of the treatment window as the product needs to be given within 10 days of exposure.	Information regarding the restrictions to use of VZig and also the process for obtaining stock have been shared with all pharmacy staff. Stock will routinely be supplied on the next working day to the pharmacy or GP surgery. Clarification has been sought from PHE regarding out of hours emergency access.	1. Essential risk mitigation, urgent	Pharmacy	31/01/2019	
4437	Critical failure of the water supply (corporate)	Service disruption	Open risks, escalated to BAF	Boocock, Paul	12	High risk	3506	The cold-water supply pipe work on all floors of the Maternity Wing at LCH is of varying sizes and manufactured from PVC. It has been in place since the construction of the building (approaching 45 years) Over time there have been a number of failures. This has been apparent at pipe work junctions and joints, and is probably as a result of adhesive degeneration. Similarly, with age, the pipe works ability to expand and contract has been reduced and the resulting 'brittleness' of the installation is increasing the risk of failure which could result in serious service interruption and contamination of other services and equipment, resulting in potential for injury and disruption to patient care.	Funding required for refurbishment of water systems throughout the Maternity Wing (estimated Cost £3M +Vat). A robust defect reporting system is in place.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3507	Pilgrim Hospital is served by only one incoming water main. This is in very poor condition and has burst on several occasions causing loss of supply to the site.	Regular inspection, automatic meter reading and telemetry for the incoming water main at Pilgrim Hospital. Install additional supply to provide resilience.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Scheme of work and design currently being produced.
3722	Energy performance and sustainability (corporate)	Finances	Open risks, being reviewed	Boocock, Paul	12	High risk	3237	LCH: Large areas of lagging damaged and/or missing; results in heat loss and inefficiency.	Bespoke capital investment programme to improve insulation standards at LCH and therefore improve energy performance standards. The exact requirement of which to be determined by site surveys.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3238	LCH: Windows in Block 27; Aluminium construction seals have perished and obsolete, single glazed, draughty and not energy efficient.	LCH: Windows in Block 27; Plastic sheets in place to control draughts. Funding required to replace windows.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3239	LCH: Maternity Wing Heating Calorifier is 45 years old, labour intensive to maintain and not energy efficient.	LCH: Maternity Wing Heating Calorifier is on planned maintenance programme. Funding required to install plate heat exchangers. Consider as part of EPC.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3240	LCH: Over 20% of the heat lost through the building fabric escapes through the roof. All East Wing is currently insulated to depth of 100mm -the current guidance is for a minimum of 150mm. Insulation to areas of pipework within subways is damaged and not of adequate thickness. Insulation to areas of ventilation ductwork is damaged/not adequate.	LCH: Commence programme of upgrading the insulation levels within East Wing roof voids, pipework and ductwork.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3241	Boilerhouse Heating Calorifiers are 45 years old labour intensive to maintain and not energy efficient as were designed for the heating load of whole of the West Wing. Plant Room 1 Heating Calorifier is 30 years old, Plant Room 12 Heating Calorifier is 22 years old.	LCH: EPC Programme to replace Heating Calorifiers.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3242	LCH: Luminaires; many units over 25 years old and obsolete, resulting in poor lighting and energy performance. Obsolete & Defective Lighting Control System within County Restaurant and East Wing Corridor.	Replacement luminaires and lighting control systems are required to be installed.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3243	Emergency standby generator no. 3 is obsolete and major components are very difficult to source. The generator is 30 years old and supplies the Maternity Wing, West Wing and Pathology Block.	Emergency standby generator no. 3 is routinely checked and maintained by Estates and specialist contractors. Action required to obtain funding to carry out assessment of connected load. Supply and install generator, modify louvres, cabling and exhaust, test and commission.	3. Strongly recommended risk mitigation	Estates	31/03/2019	

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
						High risk	3244	Poor performance and energy utilisation at Pilgrim caused by ineffective plant.	The Energy Performance Control will consider upgrading ineffective plant at Pilgrim. Appoint a preferred partner to carry out an Investment Grade Audit.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3245	Potential for overheating of Medical/Industrial Air Plant at Pilgrim.	Carry out final stage of work to separate medical/industrial air at Pilgrim (compliance with HTM); Carry out additional ventilation to plant room to reduce overheating of equipment.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3246	Maternity building drain stacks at Grantham need to be replaced; they are no longer fit for purpose due to ward reconfiguration and increased use of pulp products. Presence of asbestos within the Tower Block prevents the removal of drain stacks.	Capital Funding Required to proceed with replacement of Maternity building drain stacks at Grantham. Awaiting asbestos removals works before continuing.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3247	OPD boilers are in need of major refurbishment in order to provide full service to a number of critical areas including OPD Rehabilitation Pathology and Ward 6.	Increased level of maintenance for OPD boilers which cannot fully prevent breakdown. Funding required.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3248	Lack of serviceable equipment due to obsolete BMS outstations, field controls and actuators in very poor state of repair and require replacement which would lead to an impact/effect on increased energy consumption & running costs.	Equipment replacement program (BMS outstations, field controls and actuators) needs to be developed and funded.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3548	Lack of automatic controls on corridor lighting at LCH resulting in excessive energy usage; lighting is virtually all controlled by manual switching.	Ad hoc lighting controls replacement & energy campaign. Staff encouraged to switch off lighting in unused areas. Programme is required to install automatic lighting controls in appropriate priority areas.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3549	There is an environment and maintenance overhead due to obsolete luminaires at GDH. We have an aging site which contains old and inefficient lighting and controls. These are wasting energy and resources in the increasing time it takes to maintain them.	Replacement programme required for luminaires at GDH.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Capital funding applied for. EPC Contract Awarded these issues will be dealt as part of the contract.
4397	Exposure to asbestos (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Boocock, Paul	12	High risk	3234	Areas of the LCH site contaminated with asbestos: • West Wing Subways and Undercrofts - areas beneath Blocks 61, 62 and Trust HQ are contaminated with asbestos debris; Also, pipework within subways and undercrofts has asbestos residues beneath lagging and gaskets. Areas sealed off to prevent access and contamination of asbestos free areas • Between Pipe Lagging and in Pipe Gaskets Within West Wing Subway • Ceiling voids and pipe boxings within Maternity	Carry out asbestos removal and environmental clean in affected areas at LCH.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
							3235	Areas of the GDH site contaminated with asbestos: • Within the ceiling voids of the Maternity Tower Block • Packing on Facia boards in Main duct Area disintegrated due to weather and a potential for fibres release • Tower Block - Ground Floor; 1st Floor; 2nd Floor has been removed 3rd floor (partial removal) • Roof voids in Block A front of hospital	Carry out asbestos removal and environmental clean in affected areas at GDH.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
							3236	Areas of the PHB site contaminated with asbestos: • Maternity building, in the ceiling voids on pipework in plant rooms sprayed on support beams, risers	Carry out asbestos removal and environmental clean in affected areas at PHB.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
4179	Major cyber security attack (corporate)	Service disruption	Open risks, escalated to BAF	Turner, Kevin	12	High risk	3670	A structured framework approach to cyber security would provide more reliable assurance that existing measures are effective and support any necessary improvement work.	The Trust is working towards compliance with the Cyber Essential Plus framework and EU Network Security Directive.	3. Strongly recommended risk mitigation	Information & Communications Technology	31/03/2019	
							3671	Availability of sufficient funds to support required hardware & software upgrades & deliver the digital strategy, with increasing scale of threat which may leave the network vulnerable to attack.	Prioritisation of available capital and revenue resources to essential cyber security projects through the business case approval process.	2. Essential risk mitigation, not urgent	Information & Communications Technology	31/03/2019	
							3672	Digital business continuity & recovery plans are in place but need to be updated with learning from the 'Wannacry' incident (May 2017) and routinely tested.	Digital business continuity & recovery plans to be updated & tested at STP level. ICT plan to engage an independent security consultant to advise on any further action required.	2. Essential risk mitigation, not urgent	Information & Communications Technology	31/03/2019	
							3493	Fire alarm systems in the Catering Dept and 1st floor theatre block (Block OJ) are conventional systems which were connected to the newly installed system 20 years ago. Trinity the maintenance contractor have highlighted the need to replace the systems due to the age of the devices and lack of support for the old alarm panels.	Replacement of detection devices & panels in the Catering Dept and 1st floor theatre block (Block OJ). Regular maintenance carried out as per recommendations of BS 5839-1:2013 and HTM 05-03 Part B.	3. Strongly recommended risk mitigation	Estates	31/03/2019	Quotations have been submitted to bring systems up to date.

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4404	Major fire safety incident (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Boocock, Paul	8	Moderate risk	3499	The Fire Dampers located within the ventilation system in Maternity at LCH may not operate correctly in a Fire situation. The fire dampers should be inspected and tested annually but this is not possible within the Maternity Wing as they are located within the ventilation duct work in the ceiling voids and risers. Access is restricted due the presence of ACM's. Effective operation of the fire dampers is essential to prevent the spread of fire and smoke in the event of a fire. Failure to implement the recommended schedule of testing could result in an increased risk of in-service failure of these units.	Replacement of Fire Dampers required in Maternity Wing in accordance with developing Fire Strategy Plans.	2. Essential risk mitigation, not urgent	Estates	30/06/2019	Replacement programme in progress.
							3500	Pilgrim Hospital does not have adequate 1hr fire integrity. This is caused by the age of the structure, leading to an impact/effect on the structural integrity of the building under fire conditions potentially placing patients, staff and service users at risk of harm in the case of a major fire.	Compliance with Fire Enforcement Notice through Statutory Fire Safety Programme implementation. Early warning system due to automatic fire detection system.	1. Essential risk mitigation, urgent	Estates	30/06/2019	As built façade scheme drawings indicate fire protection of structural elements to the perimeter of the building recently upgraded.
							3501	Fire Dampers within the East Wing of LCH are located within ventilation system ductwork to prevent the spread of smoke and fire. A number of the dampers are connected to the fire alarm system and activate when the alarm system operates. Other dampers are controlled by a "fusible link". No regular testing regime is currently in place. This is an issue for all sites.	Specialist contractor to carryout a survey to establish operational status and provide report of any remedial works required. Initiate remedial work programme. Implement regular testing regime.	2. Essential risk mitigation, not urgent	Estates	30/06/2019	Survey undertaken 2015/16 - identified remedial works required. to be considered for backlog maintenance. Refer to EFAN.
							3502	Some pipework & fittings in the External Underground Fire Ringmain at Pilgrim in poor condition. Water leaks could affect Fire fighting capability. RPZ valve faulty, requires repair/replacement.	Going out to tender in new financial year replacing pipework and valve in the External Underground Fire Ringmain at Pilgrim.	2. Essential risk mitigation, not urgent	Estates	30/06/2019	Specific work on RPZ valve has been completed.
							3503	Potential inability to evacuate Trust premises in the event of an emergency in the event of poor or non-existent fire training.	Volunteer Fire Safety Advisor. Free up Fire Safety Advisors to facilitate bespoke training. Need to substantially officially appoint additional Fire Safety Advisor. TNA (Training Needs Analysis) in place and being managed. Formal training programme to be implemented.	1. Essential risk mitigation, urgent	Estates	30/06/2019	Training in higher risk areas has commenced. Recent appointment of additional fire resource.
							3505	Potential for water leaks causing a fire if replacement of heating, hot and cold water services in main duct is not done (under EAU corridor, GDH).	Multiple leaks repaired and patches placed on the pipework. Ensure Emergency repair kits are available onsite. Identify Capital Funding.	3. Strongly recommended risk mitigation	Estates	30/06/2019	Routine monitoring, repair as best we can when leaks occur.
4003	Major security incident (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Boocock, Paul	8	Moderate risk	3214	Current security staffing capacity is insufficient to safely cover all sites.	Commission an independent security review and development of revised security specification model for the Trust.	2. Essential risk mitigation, not urgent	Security	31/03/2019	Funding for additional resources secured. Plan to implement the new model early in 2019.
							3215	Not all areas of Trust sites are covered by CCTV and CCTV is not monitored across all sites.	Identify capital investment required to upgrade current CCTV capability and increase CCTV coverage.	2. Essential risk mitigation, not urgent	Security	31/03/2019	
							3216	Security staff are currently using outdated radio communication systems.	Complete a survey of current security radio equipment across all sites. ICT involvement required to determine the most appropriate system.	3. Strongly recommended risk mitigation	Security	31/03/2019	
							3217	Inadequate control of site boundaries (e.g. dwellings adjacent to GDH); no lockdown management procedure in place in the event of a major security incident.	Complete a Task & Finish Group review of site lockdown procedures & public rights of way. Introduction of a desktop support system (Notify).	2. Essential risk mitigation, not urgent	Security	31/03/2019	Trial period for use of Notify system to take place before full implementation.
							3218	LCH access control system - maintenance company is sole UK provider of key processor equipment.	Engagement of an alternative provider of access control systems to establish if they can support the current system, or if it is possible to migrate to an alternative system.	3. Strongly recommended risk mitigation	Security	31/03/2019	
							3589	Potential for unauthorised access to Plant Rooms, Subways, Electrical Switchrooms & Lift Motor Rooms across all sites. Access was gained to the subway area at LCH using a key by thieves who stole large sections of the main earth cabling to HV sub-station No 6. This could have caused a dangerous situation for staff, visitors and patients. Access to specific areas needs to be controlled to comply with H&S legislation e.g electrical switchroom should only be accessed by competent personnel.	Survey required on each site to determine the areas which require replacement locks. An appropriate "key suite system" for each site should then be developed. Develop a specification to replace the relevant locks. AE to undertake survey and develop specification.	3. Strongly recommended risk mitigation	Estates	31/12/2019	At Lincoln "Off Suite" locks fitted to Plant Rooms 1 & 12 and subways as these deemed most vulnerable following theft.
3840	Issues with the provision of body armour to security officers; possibility of introducing body cameras.	Review current body armour provision; LSMS to risk assess the use of body cameras by security staff.	3. Strongly recommended risk mitigation	Security	31/03/2019	Some security companies used by the Trust already make use of body cameras.							

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							3841	Security incidents (e.g. missing persons) that are identified by partner agencies based on ULHT premises (e.g. LPFT mental health services) may follow their own security policies & therefore not inform and engage with ULHT security, clinical & management teams. No SOP currently in place for situations such as this.	LSMS to work with LPFT to establish a protocol to ensure that ULHT policies are followed when security incidents occur on ULHT premises.	2. Essential risk mitigation, not urgent	Security	31/03/2019	
							3842	Information that is held by other agencies (e.g. police; other healthcare providers) on the potential security threat posed by individuals to themselves and others is not currently available to ULHT staff to aid in the management of risks when those individuals access ULHT services or visit ULHT premises.	LSMS to work with the police to assess the potential for information sharing arrangements to be established so that information about the risk posed by known individuals to themselves and others could be made available to ULHT staff (such as by use of a flag on care portal records).	3. Strongly recommended risk mitigation	Security	31/03/2019	
							3843	Challenges for staff when managing incidents of violence and aggressive behaviour; lack of training provision currently in place.	Development of regular training for relevant staff in managing incidents of violent and aggressive behaviour.	2. Essential risk mitigation, not urgent	Patient Experience	31/03/2019	Bid to HEE for half day training programme, to be open to all relevant clinical and non-clinical staff. Currently awaiting outcome of the bid. Sessions to be established, with or without HEE funding support.
							3844	Increase in reports of individuals carrying knives onto ULHT premises; further information required to understand the extent to which this is a trend and the extent to which it may be due to either individuals with mental health issues, or gang / violent crime related.	LSMS to assess the risks associated with individual carrying knives onto ULHT premises, and in particular the links to either mental health issues or gang-related crime.	3. Strongly recommended risk mitigation	Security	31/03/2019	
4402	Compliance with regulations and standards for mechanical infrastructure (corporate)	Reputation / compliance	Open risks, escalated to BAF	Boocock, Paul	8	Moderate risk	3482	Engineering services may not be fully compliant with current recommendations in relevant HTMs and CIBSE guidance and recommendations for maintenance as per documents TM26:2000 and HVCA TR 17. Damaged, deteriorating plant causing more regular breakdowns and failures with consequent possible environmental contamination with particulate and micro-biological hazardous material (including potential for legionellae contamination and/or development for sick building syndrome). This would lead to an impact/effect on major service provision implications and H&S(Welfare at Work) compliance issues, litigation, prosecution and receipt of HSE improvement/prohibition notices.	Planned maintenance system in place but not fully implemented due to resourcing issues i.e. ductwork cleaning. Estimated cost £250k + VAT	3. Strongly recommended risk mitigation	Estates	31/12/2019	Funding required for programme to replace/upgrade AHU's.
							3624	Lack of Training relating to MGPS (Medical gases) for all sites. Limited number of AP qualified staff.	External Authorising Engineer has been appointed to oversee management of MGPS. Some training has been arranged. A training programme for Clinical Staff is required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3625	Non-compliant Medical Gas (MGPS) Plant and Equipment at Pilgrim. Wards 2B,3A,3B,5A, 5B,7B, 8A in Pilgrim Tower block. Lack of medical gas outlets to each bed head in accordance with HTM02 01.	Requires MGPS Authorising Engineer to carry out audit of MGPS plant & equipment installation. To advise of non compliance with HTM02-01.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Business Case to be developed to secure funding.
							3626	Non-compliance with HTM02-01 to provide accurate schematic drawings for Medical Gas Pipeline Systems (MGPS). Limited amount of drawings available.	Compile all as fitted Medical Gas (MGPS) drawings & transfer to autocad. Survey areas with missing or incomplete data, provide detailed drawings in accordance with HTM02-01.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Site surveyed and draft drawings have been produced. Completed site drawings expected by the end of September 2017.
							3627	Obsolete Gas Scavenging equipment, theatres 1,2,3 & 8 at Pilgrim. Needs replacing.	To be reviewed by the contractor, findings will then allow remedial works to be carried out	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3628	There are 52 items of cooling plant containing R22 gas at Pilgrim (this is now obsolete and is considered to cause ozone depletion). These should be replaced in accordance with current legislation.	Schedule and specification required to replace 52 items of cooling plant containing R22 gas at Pilgrim.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3629	The manifolds at LCH for Equanox & Nitrous Oxide - Emergency Supply located at :- 1. Maternity Wing--Equanox & Nitous Oxide 2. Plant Room 1- Nitrous Oxide 3. Plant Room 12-Nitrous Oxide These do not comply with HTM 02-01 and were highlighted by the Trust's Authorising Engineer on his site assessment in October 2015	Replace manifolds at LCH for Equanox & Nitrous Oxide - Emergency Supply with compliant control panels -- estimated costs £15 k +vat. Planned Maintenance Regime with the Trust's specialist Medical Gas Contractor and are also inspected weekly by Estates Staff.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3630	Radiators at GDH: Corridor A, Corridor C, Corridor E, Tower Block Link Corridor. Non Compliance with HTM's and HSE Guidance.	Replace existing radiators at GDH with new LST radiators and encase pipework.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Identified on capital programme.
							3631	Non-compliance with gas regulations (lack of interlock between ventilation and gas using appliance) at LCH. Risk of carbon monoxide poisoning.	Interlock between gas supply valve and kitchen extract system required at LCH.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Gas hobs need to be replaced in conjunction with this equipment as current gas hobs not compliant.

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
							3632	All sites are not compliant with Oil Storage Regulations. 5 standby generators require the replacement of their "day tanks" and pipework from bulk diesel tank in order to comply with "The Control of Pollution (Oil Storage) (England) Regulations 2001" Currently installations do not comply with these Statutory Requirements. Potential of fines for non-compliance by Environment Agency.	Funding required for oil storage tank replacement at all sites with banded/double skinned units. Estimated cost £90k + VAT. Regular inspections and maintenance carried out therefore leakage would be swiftly identified and action taken to contain.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3633	Generally ventilation ductwork at LCH has not been cleaned internally. This is Non-compliant with Work Place Regulations and accepted codes of practice.	Funding required to appoint specialist contractor to carry out cleaning of ventilation ductwork at LCH on rolling programme.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
4141	Compliance with infection prevention & control regulations & standards (corporate)	Reputation / compliance	Open risks, escalated to BAF	Rhodes, Michelle	8	Moderate risk	3582	Pilgrim Housekeeping originally had 3 mop washers which allowed continuous laundering of housekeeping floor mops for thermal disinfection. Deep Clean Team and Rapid Response Team repeatedly deep clean wards / departments and therefore require clean mops at all times. One washer is many years old and is now proving unreliable with constant break downs , costly repairs and the risk of not meeting the current guidelines of infection control for laundry HSG(95)18. To consistently have clean, laundered mops for continuous cleaning services, two more washers and one tumble dryer are required. Now Lincoln also require a mop washer.	Funding to be identified for replacement mop washers for Pilgrim and Lincoln Hospitals. In the case of machine breakdown, dirty mops are transported to Grantham Hospital for laundering.	2. Essential risk mitigation, not urgent	Facilities	31/03/2019	
							3583	Sub-optimal cleaning standards in many areas increase the likelihood that the Trust will breach the yearly Clostridium difficile threshold set by NHS England.	Confirm that Matrons are reviewing cleanliness standards during golden hour walk rounds & Quality Matrons are reviewing as part of the ward accreditation standard. Purchase 3 machines & commence HPV cleaning. Increase supervisory support for housekeepers.	1. Essential risk mitigation, urgent	Corporate Nursing	31/03/2019	HPV cleaning commenced following the purchase of 3 machines. Increased supervisory support for housekeepers being rolled out.
							3584	Insufficient housekeeping resource to provide and maintain a clean and appropriate environment and poor cleaning audit compliance with the Infection Code of Practice.	To progress housekeeping plan & business case for further investment in housekeeping resources (centralisation and coordination of all Trust housekeeping resources).	3. Strongly recommended risk mitigation	Corporate Nursing	31/03/2019	
							3675	Introduction of new UK data protection legislation that brought into effect the EU General Data Protection Regulation (GDPR) from May 2018 - the Trust is not yet fully compliant with the new laws and is awaiting further guidance from the ICO on some key aspects (including consent).	GDPR Task & Finish Group to manage initial implementation of compliance action plan; once essential actions are complete, any outstanding actions to transfer to the IG Group for oversight.	2. Essential risk mitigation, not urgent	Information & Communications Technology	31/03/2019	GDPR T&F Group now concluded. Outstanding actions now moved to 'business as usual' under the IGC work programme.
4044	Compliance with information governance regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Turner, Kevin	8	Moderate risk	3676	Compliance with mandatory IG training remains below the required level of 95% and is therefore assessed as unsatisfactory in the national toolkit submission.	IG mandatory training to be comprehensively revised & brought up to date with GDPR, then re-launched in October 2018. The method used to calculate compliance is to be reviewed to ensure the Trust is not under-reporting compared with peers.	2. Essential risk mitigation, not urgent	Information & Communications Technology	31/01/2019	
							3677	Issues with achieving compliance with the Freedom of Information Act timescales, due to gaps in the Information Asset Register and lack of knowledge of how to apply exemptions.	Review of Freedom of Information Act management processes and introduction of regular compliance reporting to the IGG.	2. Essential risk mitigation, not urgent	Trust Policy	31/03/2019	
							3678	The data protection / privacy impact assessment process is not consistently followed at the start of a system change project, therefore results may not be available to inform decision-making.	Review of the data protection / privacy impact assessment process to include staff communication.	3. Strongly recommended risk mitigation	Information & Communications Technology	31/03/2019	
							3227	Asbestos Policy is overdue for review.	Asbestos Policy to be reviewed, updated and approved by Estates Environment & Investment Committee.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
3689	Compliance with asbestos management regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Boocock, Paul	8	Moderate risk	3228	Asbestos Management Plan still to be fully developed.	Complete development & begin implementation of Asbestos Management Plan.	1. Essential risk mitigation, urgent	Estates	31/12/2018	
							3229	Availability of sufficient capital funding to remove Asbestos; or other higher risk competing priorities depleting capital resources.	Involvement with Trust Capital prioritisation process to make case for Estates backlog maintenance to cover costs associated with the Asbestos Management Plan.	1. Essential risk mitigation, urgent	Estates	31/12/2018	
							3230	Appointed Person not yet in place; Asbestos Management Structure to be agreed.	Agree Appointed Person & structure for Asbestos management.	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3231	Continuity of contractors appointment requires resourcing and managing; verification of contractors training required.	Review of asbestos contractors appointment & verification of training.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
							3232	No Access areas still to be surveyed for asbestos.	Asbestos re-inspection Programme to be completed (including 'no access' areas).	3. Strongly recommended risk mitigation	Estates	31/03/2019	
							3233	Potentially inaccurate survey data due to restricted access to areas.	Periodic review of site survey data to ensure current and up to date; Micad to go live with the Asbestos Module.	3. Strongly recommended risk mitigation	Estates	31/03/2019	

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4389	Compliance with corporate governance regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Sobieraj, Jan	8	Moderate risk	3822	Board committee terms of reference and work programmes are not up to date or fully reflective of the role of the committees.	Terms of Reference and work programmes for all Board committees to be reviewed and updated.	1. Essential risk mitigation, urgent	Trust Policy	31/01/2019	
							3823	The Board Assurance Framework (BAF) needs to be aligned with strategic objectives and the corporate risk register and integrated with work programmes of Board committees.	The BAF to be refreshed, aligned with strategic objectives and the corporate risk register and integrated with the work programmes of Board committees.	1. Essential risk mitigation, urgent	Trust Policy	31/01/2019	
4154	Participation in important clinical research projects (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Hepburn, Dr Neill	8	Moderate risk	3806	ULH has not recently been successfully attracting research grants.	ULH research funding can be increased by ULH clinicians/nurses/AHPs attracting their own or collaborative research grants.	3. Strongly recommended risk mitigation	Research and Development	31/03/2019	
							3807	There is an identified need and an opportunity for the Trust to drive rural health research.	ULH is leading a new initiative to set up a Centre for Rural Health and Care.	3. Strongly recommended risk mitigation	Research and Development	31/03/2019	
							3808	There is an opportunity for LCRF to be recognised by the NIHR to attract further funding.	Development of new, dedicated accommodation for a joint Lincolnshire Clinical Research Facility to support formal recognition by the NIHR as a registered CRF.	3. Strongly recommended risk mitigation	Research and Development	31/03/2019	
4352	Public consultation & engagement (corporate)	Reputation / compliance	Open risks, being reviewed	Sobieraj, Jan	8	Moderate risk	3804	Current arrangements for collaboration with other teams across Lincolnshire are not formalised in a service level agreement.	Development of a combined Communications & Engagement team across the Lincolnshire area.	3. Strongly recommended risk mitigation	Communications	30/09/2019	
							3805	Lack of formal governance arrangements for public involvement in decision making increases the potential for major decisions to be made without adequate public consultation & engagement.	Escalation of public engagement governance issues to Chief Executive & Trust Secretary.	3. Strongly recommended risk mitigation	Communications	31/01/2019	
4180	Reduction in data quality (corporate)	Reputation / compliance	Open risks, being reviewed	Turner, Kevin	8	Moderate risk	3666	Information requirements and flows need to be better understood to improve core data quality. Multiple sources are used to provide information to the Trust Board and its committees. There is currently no assurance mechanism for KPIs that they are correct, valid, QA'd and signed off by an appropriate person.	Quality and Safety Improvement Plan (QSIP) Data Quality project to include: - Core data quality improvement - information requirements and flow mapping - Development of the InPhase system as the single source of governance information - Development of a quality assurance mechanism for KPIs throughout the Trust	2. Essential risk mitigation, not urgent	Information Services	31/03/2019	Project lead to be identified.
4353	Safe use of medical devices & equipment (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Hepburn, Dr Neill	8	Moderate risk	3688	Lack of clarity over corporate responsibility for medical equipment management Trust-wide. Inventory of 'in use' medical equipment is incomplete. No formal SOP for distribution of Safety Alerts & oversight of actions. Limited records of staff competency in equipment use or evidence that equipment is impact assessed to determine training priorities. Information on safe use of medical equipment is not routinely part of speciality governance arrangements. Potential for equipment management process to vary between sites - requires standardisation. Prioritisation process for capital investment in equipment requires clarification. Incident reporting & management processes (Datix) for equipment related safety incidents require review & clarification.	Project on 'Safe Use of Medical Equipment' included in Quality & Safety Improvement Plan 2018/19, to address all identified weaknesses in control.	2. Essential risk mitigation, not urgent	Clinical Governance	31/03/2019	Project plan being further developed through QSIG weekly review.
4142	Safety & effectiveness of nursing care (corporate)	Harm (physical or psychological)	Open risks, escalated to BAF	Rhodes, Michelle	8	Moderate risk	3651	Issues have been identified with the accuracy and reliability of patient falls data; understanding patient risk; use of evidence-based interventions and resource availability.	Delivery of the Corporate Falls Plan, monitored through the Trust Falls Group. Directorates will also have local action plans linked to ward accreditation.	2. Essential risk mitigation, not urgent	Corporate Nursing	31/03/2019	
							3652	Issues have been identified with the accuracy and reliability of pressure ulcer data; understanding patient risk; use of evidence-based interventions and resource availability.	Delivery of the Corporate Pressure Ulcer Action Plan, monitored through the Trust Pressure Ulcer Group. Directorates will also have local action plans linked to ward accreditation.	2. Essential risk mitigation, not urgent	Corporate Nursing	31/03/2019	
							3653	The Trust has consistently reported a relatively high contaminated blood culture rate which could lead to delayed diagnosis and therefore timely and effective treatment resulting in avoidable patient deterioration.	Recruit to sepsis nurse post permanently; develop a teaching package; progress site improvement plans; develop a business case for a team to take blood cultures as per Worcestershire model.	2. Essential risk mitigation, not urgent	Corporate Nursing	31/03/2019	
							3710	Issues have been identified with the accuracy and reliability of data relating to catheter-associated urinary tract infections (CAUTIs); understanding patient risk; use of evidence-based interventions and resource availability.	Delivery of the Corporate CAUTI Action Plan, monitored through the Trust CAUTI Group. Directorates will also have local action plans linked to ward accreditation.	2. Essential risk mitigation, not urgent	Corporate Nursing	31/03/2019	
							3711	Inconsistent identification of the deteriorating patient, including Sepsis screening & intervention.	Delivery of the comprehensive Deteriorating Patient project action plan as part of the 2018/19 Quality & Safety Improvement Plan (QSIP).	2. Essential risk mitigation, not urgent	Corporate Nursing	31/03/2019	
							3712	Trust-wide issues with the availability of suitable equipment (e.g. beds / trolleys; wheelchairs; weighing scales; blood pressure cuffs) and appropriate policies, procedures & pathways supported by training for the safe care of bariatric patients.	To review and update where necessary policies, procedures and relevant pathways to improve the safety of care for bariatric patients across existing policy areas, including: moving & handling policy; Theatres - procedures on trolleys / tables; observation policy (e.g. right size cuff to take blood pressure); A&E; outpatients.	2. Essential risk mitigation, not urgent	Corporate Nursing	30/06/2019	Risk Manager to discuss with new Patient Safety Lead Nurse & reassign action plan when in post (December 2018).

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
4401	Safety of the hospital environment (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Boocock, Paul	8	Moderate risk	3255	Road lining (including both white and yellow) is in a poor state; road and footway surfaces uneven and 'pot holed' leading to claims for slips, trips and falls; major deterioration of the condition of roads	Ad hoc repairs to road lining carried out when resources allow and if large pot holes are reported; rolling programme of repairs / resurfacing required.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
							3480	GDH: Facia Boards on Tower Block very poor condition - danger of falling debris in high winds or in extreme weather conditions.	Periodic visual inspection of fascia boards on Tower Block at GDH from the ground. Removal of high level facia from the tower block, dependant on funding.	1. Essential risk mitigation, urgent	Estates	31/03/2019	
							3527	Potential for total loss of chlorine dioxide control measure at Pilgrim Hospital, caused by not having the new main completed. This could lead to a degradation of water quality. The current reaction chamber located in the mains water supply line requires replacement in order to: a) ensure correct purity of dioxide b) prevent complete failure & loss of biocide treatment	Finish new main and re-build reaction chamber at Pilgrim Hospital. To remediate it will impact services as the water supply would need to be stopped for 10 hours. Constant monitoring in place.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Financial constraints (on new mains).
							3550	Ageing and obsolete nurse call systems in the Maternity Wing are leading to an increase in breakdown and system failure. Similarly, while not currently obsolete, the majority of the nurse call systems in Phase 1 and Phase 2 of the hospital buildings are approaching 30 years old and present similar risks together with difficulties in cleaning them to infection control standards. They are not disabled user friendly. Whole or part system failure impacts on patient care and increases the risk of adverse patient incidents. Johnson Ward at Lincoln is a particular risk.	Action required: planned programme of replacement/refurbishment of nurse call system at LCH (funding required). Est cost £100k per ward as worse case scenario.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Nurse call system to be replaced in: Cardiac Short Stay (52.15), Carlton Coleby (52.13), Johnson (52.16), Greetwell (52.212), Hatton (52.21), SEAU (52.2B), Surgical Admissions Lounge (48.2N), Dixon (48.1E), Digby (52.2A), Shuttleworth (48.2S), Stow (48.2R), Clayton (52.213). Note: Maternity Wing not included as part of separate piece of work. Survey carried out in August 2013 by Static Systems which highlights particular issues (Static Systems report ref MT/LCHNCCR/1/51/310)
							3551	Ageing and obsolete nurse call systems at GDH leading to an increase in breakdown and system failure. A number of beds do not have nurse call impact on clinical risk and the ability of the Trust to maximise utilisation of these beds. ACU Day Ward Ward 6 Endoscopy A&E (Physiotherapy/Med physics/OT)	Funding required to secure replacement nurse call system at GDH. Defect reporting system in place. Repairs on an ad-hoc basis. PPM regime in place.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Funding applied for via the Trust's backlog maintenance listings.
							3552	All patient bed spaces are served by a single plug socket. Facilities were supposed to have upgraded all the bed spaces to multiple sockets by April 2015, to allow the ward to use the new electronic beds and accommodate the the infusion pumps which are now part of everyday care. Use of bar sockets creates an additional trip hazard.	Investment and replacement programme required for bed space plug sockets. To develop a programme of works to install additional power sockets (amalgamating with the Nurse Call replacement).	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3567	Flooring expansion joints within LCH corridors and corridor floor covering repairs. Joints are breaking up. In many areas subject to heavy use, the floor coverings are worn and may cause a trip hazard.	Patching and emergency repairs of flooring at LCH carried out as required. Funding required to replace failed areas of floor covering and expansion joints.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3569	Poor pedestrian access to LCH from Greetwell Road (both entrances) and from car park areas to the RT department. Additional paths are required.	Funding required to create footpaths from both Greetwell Road entrances to LCH to provide safe pedestrian access.	2. Essential risk mitigation, not urgent	Estates	31/12/2018	
							3572	Risk of scalding and burning from contact with heating radiators and exposed heating and hot water pipework across all sites.	Protection installed for exposed radiators and hot water pipework in some areas across all sites within patient environments. Consultant Engineer is required to determine where low surface temperature radiators and pipework covers are required. Survey to highlight high, medium and low risk locations. Funding required to fit LST covers to radiators based on Risk Assessment.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3573	Block 99 at LCH was intended as a limited -life structure; Currently identified maintenance issues with structure which will increase with age and more intensive use as Endoscopy Unit.	Planned and Reactive Maintenance regime in place for Block 99 (Endoscopy unit) at LCH; Funding required to adequately maintain the structure, estimated cost £10K+vat.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3574	Many of the roof areas in buildings across all sites have leaks, these cause damage to the building fabric which then incurs additional costs for remedial works. Water on the floor causes a slip hazard and access to roofs affects costs due to the requirement of erecting costly scaffolding in many cases.	Roof checks across all sites carried out as part of Planned Maintenance Programme. Various receptacles placed within roof voids to collect and/or divert rain water where possible. Targeted survey required for each site. Identify rolling programme, priority of high risk areas. Business Case needs to be developed.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3575	Patient beds may not be adequately maintained and the assurance of their maintenance may not be possible. This is caused by poor governance of maintenance and repairs. This would lead to an impact/effect on the safety and use of these beds in respect of patient services.	Ad hoc repairs to patient beds undertaken as and when reported. Funding required for full maintenance package.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	

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3576								Old style shower rooms at Pilgrim have one way doors. These only open into the shower room and prevent medical staff gaining access should a patient fall against it. Access is not controlled, space is limited	Survey of old shower rooms at Pilgrim Hospital to be undertaken. Discuss issue with colleagues to review risk on LCH and GDH.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
3577								Approx 1000 bleeps across the Trust. Majority are 10-15 years old. The multi-tone bleep system is coming to the end of production. The company will not be able to support maintenance, as spares are no longer available. This is 1980's technology. Consider new system. This equipment is also installed at Lincoln County Hospital.	Repairs carried out where possible at cost of £50 per unit, or replaced at a cost of £600. Funding required for replacement of Trust wide bleep system to enable cross site communication. Options for replacing the multi-tone bleep system to be discussed with ICT. Business Case needs to be developed to secure funding. A support agreement is in place with Multitone.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	"Cloned Bleeps" have been issued to the Nurses Stations and these staff have been instructed by their managers, that if these bleeps are activated, then they are to physically check that the relevant Doctors have received the call. A presentation of the upgraded system has been given to the Director of Estates and Facilities. Estimated cost for Lincoln to upgrade the system is £55k plus VAT. With regard to the "coverage Issues" Multitone carried out an In depth Signal Survey in May. This clearly identified problem areas. A quotation has been obtained from Multitone to resolve these issues. Estimated Cost for works in total inc 100 No. Mk 6 pagers -(£18k) (with improved reception capabilities), Estates works for power supplies and cabling--TOTAL £40k.
3578								The northern boiler house at GDH was closed after a fire and is no longer in use. (Asbestos hazard). Water and electrical feed to building still live. Part of the building is still safe to access. Upper floors and firing floor are potentially contaminated with Asbestos fibres. Electric supply and water supply to the building is still connected. Upper floors and firing floor are disconnected. No regular inspection of whole building	GDH Boiler house secured, visual inspection of ground floor under taken weekly, alongside legionella flushing of live water outlets. Asbestos warning notices are displayed on all entrance doors. Need to identify within the Estates Strategy if surplus area can be disposed of. Requires security boarding at all doors and windows.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
3579								Pedestrian Crossings, poor road markings and illumination across the Trust.	Existing street lighting is maintained and repairs to road markings are undertaken as funding permits. Funding required to upgrade lighting and road markings. Estimated cost £10k for Road Markings. Estimated cost £35k for lighting; with annual improvements required.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
3580								No up-to-date glazing survey and an insufficient maintenance regime has led to a deterioration in the condition of windows and glazing throughout the estate. Limited to no precautions are being taken to prevent serious harm or injury if patients, visitors or staff were to harm themselves either accidentally, deliberately or out of a confused mental state. There is also a risk to breaches in suitable security due to the poor condition of windows and glazing.	Undertake a window and glazing survey during 2018/19 financial year to support with the Directorates PPM review and asset management work stream. Perform a review of legislation to understand the requirements. Limited planned preventative maintenance (PPM) is undertaken at Pilgrim Hospital Boston and Grantham and District Hospital.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Windows and glazing are currently only upgraded as a result of capital refurbishments to wards and departments.
3634								The nurse call system in the Tower Block at Pilgrim is 33 years old. Reports are regularly received about faulty call bells. Estates are starting to run out of solutions to repair / restore the system Some faults are taking up to 48 hours to restore (on occasions this has been up to 4 days) and there is a serious impact on the care of acutely ill patients; the nurses workload; and the ability of Estates staff to maintain the system satisfactorily	Planned programme of replacement/refurbishment (funding required).	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Business Case needs to be developed to secure funding. Est cost £30k per ward.
3682								The current Grantham snow clearing tractor (F Reg) has rotted owing to salt corrosion and the loss of drive shaft coupling. Unable to grit during icy and snowy conditions and unable to snow clear.	Purchase a new tractor for Grantham.	1. Essential risk mitigation, urgent	Estates	30/11/2018	
3839								Hutton Block Complex at LCH - Pointing to brickwork has deteriorated, water ingress is damaging internal finishes and plasterwork. This will lead to compromise of structural stability of building. Building structure is compromised.	Staff report defects via Micad. Funding required or disposal.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
3253								Insufficient low friction slides sheets. Inappropriate use of not fit for purpose products for patient handling.	Site H&S Leads to encourage the use of best practice products; departments to order these slide sheets or each site to have a central stock.	3. Strongly recommended risk mitigation	Facilities	31/12/2018	
3254								Patient hoists could fail when being used to hoist a patient as they are no longer serviceable from Sept 2018. The failure could cause severe harm to patients and staff. 19 Passive Hoists and 10 active hoist are discontinued, 4 passive Hoists are beyond there serviceable life and 15 other passive hoists are just beyond their manufactures expected life.	Business case for 21 replacement passive hoists and 6 active hoists (cost around £115,000).	1. Essential risk mitigation, urgent	Facilities	31/12/2018	

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4400	Safety of working practices (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Boocock, Paul	8	Moderate risk	3447	Bed frame equipment Trust-wide requires immediate replacement due to age and condition. Could lead to injury to patients and staff.	Routine maintenance Programme to identify the equipment's' safety as per the manufacturers operating instructions. Programme of replacement of bed frame equipment based on service life and manufacturers recommendations. Lincoln 521 Require replacement over a 5 year plan 195- 1 year plan Grantham 128 Require replacement over a 5 year plan 23- 1 year plan Pilgrim 337 Require replacement over a 5 year plan 120- 1 year plan	3. Strongly recommended risk mitigation	Estates	31/03/2023	
4181	Significant breach of confidentiality (corporate)	Reputation / compliance	Open risks, being reviewed	Turner, Kevin	8	Moderate risk	3667	Compliance with mandatory IG training was 86% in 2017/18, which suggests a potential vulnerability in terms of staff knowledge of IG requirements.	IG training to be reviewed and updated in line with new GDPR requirements and re-launched.	1. Essential risk mitigation, urgent	Information & Communications Technology	31/01/2019	Updated training has been developed, to include online, classroom and departmental specific training.
							3668	Unencrypted patient data held on dictation machines is not secure and could be lost due to encryption states not being enabled and inadequate storage.	Implementation of electronic dictation upgrade project.	2. Essential risk mitigation, not urgent	Information & Communications Technology	30/09/2019	
							3669	The Audit functionality within the current release of Medway is lacking in a number of areas and doesn't meet with the IG and other national requirements. Some audit detail can be obtained through workarounds. Other detail has to be obtained through contact with SystemC. Users that only read an entry, and make no changes are not currently able to be audited as the data is not stored.	Plan to upgrade to Medway version 4.8.x.	3. Strongly recommended risk mitigation	Information & Communications Technology	30/06/2019	Have been advised that some audit functions are still not fixed in this release either.
	Uncontrolled outbreak of						3515	ULHT does not currently have any fully compliant negative pressure rooms on any of its hospital sites. This may incur the risk of transmission of infectious pathogens if patients with suspected/ known highly infectious conditions are cared for within existing side rooms at ULHT for any period of time.	In line with the current risk assessment, any patients with suspected / known MDR-TB are transferred immediately to a healthcare provider in another county. There are negative pressure facilities available within the trust however they do not fully meet the required HBN 04-01 (Isolation facilities for infectious patients in acute settings). They are still the preferred option for isolation of patients with high risk infectious pathogens and priority would be given to inpatients with these risks.	3. Strongly recommended risk mitigation	Corporate Nursing	31/03/2019	
							3516	Potential for failure to identify alert organisms in a timely manner due to the fact that data presentation has been changed to accommodate for new catalogue features on Apex software.	Pathlinks working to rectify alert organism surveillance issue but may be some time before data is available in a format to allow easy access.	2. Essential risk mitigation, not urgent	Corporate Nursing	30/06/2019	
							3517	A lack of bay doors on wards including MEAU has been identified at the Lincoln Site. This may impact service provision due to lack of capacity to cohort nurse affected patients during an outbreak, leading to increased bed or ward closures.	Estates have an action plan to replace doors on all bays in MEAU and are awaiting opportunity to complete this work once operational pressures allow.	3. Strongly recommended risk mitigation	Estates	30/06/2019	
							3518	At present an outbreak or infectious disease would be managed as an individual incident in its own right, without a defined corporate approach.	Development of an outbreak management plan for the response to infectious outbreaks across any site.	3. Strongly recommended risk mitigation	Corporate Nursing	31/03/2019	
							3519	Potential for pseudomonas contamination of shower heads and hoses due to the poor condition of the majority of shower heads across the Trust. Shower hoses are too long and the retaining clips broken allowing the showerhead in many instances to reach the floor and drain thus creating cross contamination. There are approximately 345 shower heads and hoses.	Microbiological testing and the use of POU filters where appropriate (In which there are too many). Trust to move to a programme of disposable shower head and hoses which are replaced on a quarter basis with new units. Circa £9k per annum.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	Financial constraints.
							3520	Thermostatic Mixing Valves - Replacement of valves that are difficult to access & maintain (insufficient resources to carry out compliant maintenance regime) and have been installed remote from the outlets, consequently causing risk of exposure to legionella and pseudomonas at outlets.	Testing of water quality and Water Safety Group governance controls. Some maintenance carried out where resources and accessibility allow, however due to lack of labour resources, Planned Preventative Maintenance (PPM) on these valves are being missed.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	A survey is required to identify the location where TMV's are difficult to access. Need to quantify the extent of the extra resources required to ensure the PPM programme is carried out in full. Going out to advert for 3 No. Mechanical Craftsmen in Dec 2016.

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
4144	Uncontrolled outbreak of serious infectious disease (corporate)	Service disruption	Open risks, being reviewed	Rhodes, Michelle	8	Moderate risk	3521	In order to minimise risks associated with build-up of micro-organisms such as legionellae it is necessary to undertake preventative maintenance on little-used outlets, in line with approved guidance. Failure to do so may result in higher risk of infection.	On-going prioritisation of PPM work on little-used water outlets in order to reduce infection hazards in high risk areas. Contractors being used to supplement direct labour. Contractor labour input to be maintained and monitored.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3522	Sentinel taps. Temperature checks on furthest point outlets of the domestic hot water supply are required to protect against legionellae hazards. Failure to comply with testing schedules may result in an increased risk of infection.	On-going prioritisation of PPM work in order to reduce hazards in high risk areas. Domestic hot water temperature monitoring/control regime in place. Contractors are being used to supplement direct labour.	2. Essential risk mitigation, not urgent	Estates	31/12/2019	
							3523	During works to upgrade the 1st floor of the Maternity Wing at LCH it has been discovered that there are issues with flow and return temperatures. These potentially pose a risk to patients, staff and visitors as microbiological activity will increase.	Regular routine flushing of little used outlets. Temperature monitoring and microbiological testing and governance controls via water safety group. Consultant Engineer to determine the cause of the problem. A Business Case will need to be produced to secure funding.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3524	The blended and warm water tanks and inlet / outlet pipework at Pilgrim Hospital are in very poor condition. This is potential for an outbreak of legionella.	Replace inlet / outlet pipework at Pilgrim Hospital and re-line blended and warm water tanks.	3. Strongly recommended risk mitigation	Estates	31/12/2019	Waiting for Capital to release the money to complete work.
							3525	The Trust has recently reported high levels of water contamination due to Legionella (Grantham Site) and Pseudomonas (Boston Site).	Immediate action plans in place at both sites in line with requirements of HTM 04-01 include: use of point of use filters for affected outlets; enhanced flushing regime; TMV and outlet maintenance and disinfection; urgent replacement of sensor taps; thermal and chemical disinfection measures; repeat sampling; survey of water systems to identify dead legs and formulate plans for removal.	1. Essential risk mitigation, urgent	Corporate Nursing	31/03/2019	A detailed programme of work is being implemented that will seek to resolve the identified issues. A programme for shower hose and head replacement is programmed to be implemented over the coming months.
							3526	Potential for microbiological contamination of water dispensed from water cooler outlets; majority of water machines at LCH are obsolete and poorly located within high risk clinical areas i.e ICU.	6 monthly maintenance. Completing a survey and Risk Assessment of all drinking water machines to assess the requirement across site.	3. Strongly recommended risk mitigation	Estates	31/03/2019	Authorising Engineer (Water) has now completed the survey on the Lincoln County Hospital Site and provided information to be compiled into the Water Cooler Risk Assessment Pro Forma.
							3581	A review has been carried on the quality and condition of the Trust owned bed bay curtains. The outcome of the review is the curtains have been deemed as unfit for purpose and require replacement.	A Business case for replacement bed bay curtains is being developed between Facilities and Purchasing with several options to be reviewed.	2. Essential risk mitigation, not urgent	Facilities	31/03/2019	Majority of wards have now decided to purchase disposable curtains from their ward budgets.
4177	Critical ICT infrastructure failure (corporate)	Service disruption	Open risks, being reviewed	Turner, Kevin	8	Moderate risk	3673	Availability of sufficient funds to support required hardware & software upgrades & deliver the digital strategy, with increasing demands which may leave the network vulnerable to overload.	Prioritisation of available capital and revenue resources to essential projects through the business case approval process.	2. Essential risk mitigation, not urgent	Information & Communications Technology	31/03/2019	
							3674	Local service / site specific vulnerabilities which may not be prioritised and addressed by the relevant management teams.	Comprehensive risk assessment to be completed and distributed to relevant managers for inclusion within their own risk registers and implementation of required actions.	3. Strongly recommended risk mitigation	Information & Communications Technology	31/03/2019	
							3249	Lack of up to date strategy, policy & plan for sustainability.	Develop and update Sustainability Policy and procedures; develop and implement sustainable development management plan (SDMP); promote planning and strategy in respect of Trusts energy performance.	2. Essential risk mitigation, not urgent	Estates	31/03/2019	
							3250	LCH Vacuum plant is non-compliant with HTM 02-01. This was highlighted by the Trust's Authorising Engineer on his site assessment carried out in October 2015.	Vacuum plant is on a planned maintenance regime with the Trust's Medical Gas Specialist Contractor and is inspected weekly by Estates Staff.	3. Strongly recommended risk mitigation	Estates	31/03/2019	

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead speciality	Due date	Progress
4398	Compliance with environmental and energy management regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Boocock, Paul	8	Moderate risk	3587	The majority of the disposal rooms on wards and clinics do not meet the required standard for waste separation. Most waste generated in wards and clinics is stored on the floor in small rooms with no segregation between different bags of waste categories or sharps bins. Lack of space within disposal rooms could result in injury to staff from sharps or other items of waste. Manual Handling risks to Porter staff moving waste from disposal room to waste cart. Risk of spillage from burst waste bags from different waste streams being piled on top of each other. The incorrect storage of waste could result in contamination of clothing, increasing risk of infection. Transfer of waste debris between different areas increases risk of harm/infection. Lack of portering staff at times to carry out sufficient emptying of waste bags from these waste bags from the waste disposal.	As ward and department upgrade schemes are planned, they need to include improved accommodation for waste management & disposal.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
							3588	Wall Protection and Covering in CPU across the Trust; existing tiled areas subject to damage with consequent environmental health risks and non-compliance with EHO advice when the areas are damaged.	Ad hoc repairs carried out to Wall Protection and Covering in CPU across the Trust, defects reported through Micad by CPU manager. Funding required to replace tiled areas with plastic wall coverings.	3. Strongly recommended risk mitigation	Estates	31/12/2019	
4351	Compliance with equalities and human rights regulations, standards & contractual requirements (corporate)	Reputation / compliance	Open risks, being reviewed	Rayson, Martin	8	Moderate risk	3721	The Trust has scope to improve its compliance with the NHS Accessible Information Standard (AIS) by consistently tailoring its communications to meet individual needs.	AIS: Implementation of the Hybrid Mail System project.	3. Strongly recommended risk mitigation	Human Resources	31/03/2019	
							3722	In 2019 it is anticipated that a new contractual NHS Workforce Disability Equality Standard (WDES) will be introduced, which the Trust will need to prepare to comply with.	Preparatory work to support compliance with the new WDES (similar to requirements for WRES). Establishment of a disability staff network.	2. Essential risk mitigation, not urgent	Human Resources	31/03/2019	
							3723	Monitoring of equality KPIs & data is still in draft.	Complete implementation of equalities KPI monitoring.	2. Essential risk mitigation, not urgent	Human Resources	31/03/2019	
							3724	NHS England has published a new Sexual Orientation Monitoring Standard, but its implementation date has not yet been mandated.	Dataset prepared. Awaiting confirmation of implementation date in order to activate changes to patient information systems and train and equip staff.	3. Strongly recommended risk mitigation	Human Resources	31/03/2019	
4385	Compliance with financial regulations, standards & contractual requirements (corporate)	Reputation / compliance	Open risks, being reviewed	Matthew, Paul	4	Low risk							
4387	Critical supply chain failure (corporate)	Service disruption	Open risks, being reviewed	Matthew, Paul	4	Low risk							
4386	Critical failure of a contracted service (corporate)	Service disruption	Open risks, being reviewed	Matthew, Paul	4	Low risk							
4388	Compliance with procurement regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Matthew, Paul	4	Low risk							
4363	Compliance with HR regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Rayson, Martin	4	Low risk							
4441	Compliance with radiation protection regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Brassington, Mr Mark	4	Low risk							
4061	Financial loss due to fraud (corporate)	Finances	Open risks, being reviewed	Matthew, Paul	4	Low risk							

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Risk ID	Title	Risk Type	Approval status	Executive Lead	Rating (current)	Risk level (current)	Action ID	Weakness/Gap in Control	Mitigation plan	Priority	Lead specialty	Due date	Progress
4439	Industrial action (corporate)	Service disruption	Open risks, being reviewed	Brassington, Mr Mark	4	Low risk							
4438	Severe weather or climatic event (corporate)	Service disruption	Open risks, being reviewed	Brassington, Mr Mark	4	Low risk							
4440	Compliance with emergency planning regulations & standards (corporate)	Reputation / compliance	Open risks, being reviewed	Brassington, Mr Mark	4	Low risk							
4277	Adverse media or social media coverage (corporate)	Reputation / compliance	Open risks, being reviewed	Sobieraj, Jan	4	Low risk							
4155	Safety of research project participants (corporate)	Harm (physical or psychological)	Open risks, being reviewed	Hepburn, Dr Neill	4	Low risk							