

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan	
1	Corporate Services	953	Estates	Risk of fire spreading because of breaches in fire compartmentation throughout Esher Wing	In a developing fire situation, premature spread of fire and/or smoke beyond compartment of origin as a result of identified breaches within fire resisting compartmentation throughout the Esher Wing building.	InternalReport	Health & Safety	5	5	25	5	20	Health & Safety Committee	Director Of Estates & Faciliti	08/11/2016	31/05/2018	05/06/2018	<p>1. Full building survey to be undertaken to establish status of fire resisting compartmentation.</p> <p>2. Notify London Fire Brigade (LFB) of current situation.</p> <p>3. Inform Esher Wing staff of current situation and interim Fire Action Plan.</p> <p>4. Contractor to be engaged to carryout remedial works as required. 5. Exercise/drill needed to reiterate vertical evacuation techniques.</p> <p>6. Dedicated patrolling Fire Watch to be introduced.</p> <p>7. Remedial works to protect Means of Escape.</p> <p>8. Remedial work to reinstate compartmentation between levels.</p> <p>9. Remedial work to reinstate 60 minute compartmentation between wards/departments.</p> <p>10. Remedial works to reinstate 30 minute compartmentation of hazard rooms.</p>	<p>03/18 (RE) - Fire remedial works completed in Theatres 1,2,4,6,7,8. Work currently being carried out to common areas beginning with Level 5. Work within the ward areas projected to restart after winter pressures. Risk remains at current level until total evacuation protocol is removed.</p> <p>Date Entered : 07/03/2018 14:35 Entered By : Kate Callaghan -----</p> <p>We are still on vertical evacuation with the fire service delivering 100% attendance. Full Executive Team oversight through Fire Safety monthly meeting. Fire Training in induction continues.</p> <p>Date Entered : 19/02/2018 10:34 Entered By : Helen Moyles -----</p> <p>12/17 (RE) - Progress through Esher Wing in line with Capital Project Programme (4.4). Five wards now completed. Projected downgrading of risk (to 15) in April 2018 prior to further reduction in the summer of 2018.</p> <p>Date Entered : 08/12/2017 10:06 Entered By : Kate Callaghan -----</p> <p>08/17 (SB) - Progress being made</p> <p>Date Entered : 14/08/2017 14:06 Entered By : Kate Callaghan -----</p> <p>1. The survey to establish status of compartmentation has been commissioned and is due for completion on the 17th March 2017.</p> <p>2. 10/11/16 - Duncan Hodge, Inspecting Officer has been to site and advised of the current situation and mitigating actions being put in place. He will advise relevant parties of the current situation to give an appropriate understanding of evacuation, firefighting requirements, appropriate level of attendance etc. Regular updates given to LFB (on-going).</p> <p>3. Global e-mails sent at regular intervals (on-going). Relevant information sent to all Matrons and ASP to give this info. at team talks/handovers.</p> <p>4. The first stage of this work was to bulkheads within hidden voids, to the 3 x service riser cupboards. This work was completed on the 9th February 2017. Work to enhance fire stopping to electrical cupboards within the North/South protected staircases started on the 20th February 2017 and was completed on the 3rd March 2017.</p> <p>5. LFB/Trust evacuation exercise using vertical evacuation was conducted on the 8th February 2017. Principal elements to this exercise were the practical use of Ski-Sheets to facilitate vertical (staircase) evacuation of dependent service users and triage in relation to evacuation requirements. A further exercise is planned for 24/05/17.</p> <p>6. Dedicated patrolling Fire Watch introduced 25/02/17.</p> <p>Date Entered : 02/05/2017 15:36 Entered By : Kate Callaghan</p>

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2	Unplanned	1116	Gastroenterology And Endoscopy	Recurring break down of near -obsolete Decontamination washers within the Endoscopy Department	05/04/2018- Failure of equipment can lead to cancellation of lists or possible risk of infection. Decontamination kit replacement missed off trust capital planning. Replacement plan for decon machines required, needs to be undertaken by AP (Rob Kingston) Risk of infection due to age of machines - department will experience increased costs with increased contracts and more expensive filters now needing to be purchased to minimize risk of infection Decontamination manager's role is now too large to properly cover previous post - holders duties within endoscopy decontamination.	Incident	Health & Safety	4	4	16	16	16	Medical Device Committee	Service Line Manager	28/02/2018	28/05/2018	29/05/2018	<p>04/04/2018- Await further feedback after department audit. Audit undertaken to assess scale of risk and possible solutions Very positive feedback received with an outline recommendations: -</p> <p>Trust to commit to ensure that this department remains open. Trust to embark on An EWD Replacement Programme. Decontamination Quality Management System to be implemented in accordance with the MHRA Top Ten Tips. Decontamination Quality Management System to be registered with a Notified Body (similar to that of the SSD). Trust to determine and clarify who the "Official User" for this department is and in turn provide suitable support and resources. Item to be added back on to capital plan Business case to be drawn up re purchase of new equipment Estates to set up PO for Bob Kingston (Authorised Person) Specification for new washers and RO plant to be drawn up by Bob Kingston Go through tender process Increase contracts to cover the increased maintenance while we await outcome of business case</p>	<p>Division was asked to wait until SSD plan has been reviewed. Unit has received no further feedback. Unsure what long term plan is for replacement of machines that have reached end of life.</p> <p>Date Entered : 27/03/2018 14:16 Entered By : Helen Moyles</p>
3	Corporate Services	925	Estates	Defective electrical panels on Esher Wing level 4	Defective electrical panels on Esher Wing level 4 are nearly 50 years old due to age of panels and overloading, risk of power supply failure to theater and ITU. These panels supply electrical power both mains and generated back to all of Esher Wing, i.e. main theatres and ITU.	Other	Health & Safety	5	3	15	6	15	Health & Safety Committee	Director Of Estates & Facilities	24/02/2017	01/03/2018	16/04/2018	<p>Develop action plan to present to Board in order to replace the panels 04/04/2018- Replacement plan in 17-18 Capital Plan? Generator for this area?</p>	<p>PPM - Planned Preventative Maintenance</p> <p>Date Entered : 15/02/2018 12:36 Entered By : Helen Moyles ----- 04/04/2018 Currently regular checks are carried out as part of PPM.</p> <p>Date Entered : 15/02/2018 12:35 Entered By : Helen Moyles ----- 01/18 (CH) - No change</p> <p>Date Entered : 16/01/2018 15:00 Entered By : Kate Callaghan ----- 11/17 (PF) - Aspirator system Quotes received</p> <p>Date Entered : 23/11/2017 12:42 Entered By : Kate Callaghan ----- 08/17 (SB) - Quote for fire alarm system received for aspirator system to be fitted in</p>

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4	Unplanned	929	Pathology	Failure of Apex pathology system in SW London which could lead to Patient Safety and Reputational Risk.	Failure of pathology system in SW London. Failure of Apex system would result in unavailability in pathology investigations and results. Which could cause disruptions/delays with patient care. In the event of system failure, system restoration may be difficult due to non-viable Trust recovery plan and the age of the system. Therefore services will be severely disrupted for a prolonged period of time.	Incident	Quality	5	2	10	5	15	Kingston Pathology Governance	Operational Services Manager	21/12/2016	31/12/2018	17/03/2018	<p>Business case for new LIMS to be presented to the SWLP Board on 26 January 2017</p> <p>9/3/17 Initial Case outlined and agreed, however more information requested around savings</p> <p>Date Entered : 15/08/2017 14:13 Entered By : Kate Callaghan</p> <p>Date Entered : 09/03/2017 13:46 Entered By : David Greenwood</p>	<p>level 4 LV Switch Room, Esher Wing as per the advice of Fire Officer.</p>
5	Corporate Services	959	Estates	Breaches in fire compartmentation throughout the site where patients stay overnight	Based upon the outcome of a recent survey, in a developing fire situation there is a risk of premature spread of fire and/or smoke beyond compartment of origin as a result of breaches within fire resisting compartmentation throughout all buildings on the hospital site.	Other	Health & Safety	5	3	15	5	15	Health & Safety Committee	Director Of Estates & Facilities	11/01/2017	01/12/2017	05/06/2018	<p>1. A full site wide building survey to be undertaken to establish the status of fire resisting compartmentation.</p> <p>2. Undertake remedial works to reinstate compartmentation as required.</p> <p>03/18 (RE) - No change</p> <p>Date Entered : 07/03/2018 14:39 Entered By : Kate Callaghan</p> <p>-----</p> <p>12/17 (RE) - Full site survey undertaken by architects, report awaited to allow for this risk to be broken in more detailed sections referring to buildings on site. Currently it is accepted that there will be breaches in compartmentation in most areas of the Trust however until the report is received accurate risks cannot be written. Delivery of the report has been chased several times by Capital Projects.</p> <p>Date Entered : 08/12/2017 11:07 Entered By : Kate Callaghan</p> <p>-----</p> <p>08/17 (SB) - Work in progress</p> <p>Date Entered : 14/08/2017 14:32 Entered By : Kate Callaghan</p> <p>-----</p> <p>05/17 (SB) - Hunters to undertake site survey to establish status of fire resisting compartmentation</p> <p>Date Entered : 03/05/2017 10:20 Entered By : Kate Callaghan</p> <p>No works as yet has started - risk to remain the same.</p> <p>Date Entered : 27/03/2018 14:18 Entered By : Helen Moyles</p> <p>-----</p> <p>Update from EMC - works to resolve this will be completed by March 2018.</p> <p>Date Entered : 15/02/2018 11:32 Entered By : Helen Moyles</p> <p>-----</p> <p>This risk was reviewed in the Radiology Risk meeting (Clinical Governance Meeting) on the 12/2/18</p> <p>No Change</p>	
6	Unplanned	1027	Radiology	Risk of death / injury due to poor fire compartmentalisation & Poor fire doors. Risk of fire spread to floor above.	<p>There has been a compromise to the fire compartmentalisation in the Department, due to works above the doors.</p> <p>12 2CS 2.C01 12 2CS 2.CO2 12 2W 2.C41 12 BASEMENT FIRE ZONE II 12 2N 2.C11 12 2N 2.106</p> <p>There is a large gap or poor state of repair in door number</p> <p>12 2CS 2.C01 - Large Gap 12 2.CS 2.C02- Large Gap</p>	Review	Health & Safety	5	3	15	5	15	Clinical Governance Meeting	Manager	31/08/2017	01/06/2018	30/09/2017	<p>This risk was identified in the Radiology Clinical Governance Meeting.</p> <p>The notes suggested that there was a risk.</p>	

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				12 2.CS 2.C03 - Door does not close correctly 12 4N 4.118 - Door does not close correctly 12 4N 4.116 - Door does not close correctly Door from Radiology to Dental - does not close correctly 12 2W S.004 - Door does not close correctly														<p>Progress against Action Plan</p> <p>A separate internal audit has been arranged to re-assign the risk</p> <p>Date Entered : 14/02/2018 13:56 Entered By : Paul Reid -----</p> <p>This risk was reviewed in the Radiology Risk meeting (Clinical Governance Meeting) on the 11/12/17</p> <p>No Change</p> <p>The Radiology department has yet to receive a copy of the Hunters report.</p> <p>Date Entered : 13/12/2017 08:58 Entered By : Paul Reid -----</p> <p>This risk was reviewed in the Radiology Risk meeting on 6th November 2017 - No change.</p> <p>Date Entered : 07/12/2017 13:44 Entered By : Paul Reid -----</p> <p>This risk was reviewed in the Radiology Risk meeting on 16th October 2017 - No change to risk - however the security grills have now been removed.</p> <p>Date Entered : 17/10/2017 14:54 Entered By : Paul Reid -----</p> <p>Risk Reviewed at the Radiology Clinical Governance meeting (11/9/17) - No change.</p> <p>Date Entered : 14/09/2017 10:45 Entered By : Paul Reid</p>
7	Planned	26	Oral & ENT	Risk of delayed or duplicated care due to lack of full remote IMT access at community sites	Lack of remote IMT access at six community sites where over 3000 patients are seen annually, leading to delayed patient care, duplication of care and poor patient experience. Non compliance with IQIPS standards Clinical Domain.	Incident	Quality	3	4	12	6	12	Clinical Governance Meeting	Head Of Service	07/03/2014	31/12/2018	30/04/2018	<p>-ensure local protocol in place -ensure hard copies of current protocols retained by staff -submit new work take on application to IMT -ensure remote access solution identified and introduced</p> <p>Unchanged position. Need for support/resolution on Sharon Gregory's list of requests for prioritisation in 2018/2019 IMT Plan.</p> <p>Date Entered : 27/03/2018 14:21 Entered By : Helen Moyles -----</p> <p>Risk reviewed with our IMT lead and Information Asset Controller. The lack of IMT access for all of our community clinics is causing significant daily difficulties, affecting everyday care for every patient we see at these clinics. I expect this to be a mandatory finding during the forthcoming external UKAS IQIPS accreditation onsite visit planned for 4-6 April 18.</p> <p>Date Entered : 30/01/2018 08:21 Entered By : Helen Moyles -----</p> <p>Project Initiation Document presented to and support by IM&T Steering Group. IM&T Project Manager allocated and completely feasibility options processes with the support the Audiology IMT Lead.</p>

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																		<p>Date Entered: 19/01/2018 Entered by: Justine Sweet</p> <p>- VDI's installed in Emberbrook HC, Surbiton HC and Cobham DSU but but not functioning reliably so IMT meeting requested. - VDI to be installed at Brockle Bank Health Centre. PID IMT request submitted</p> <p>Date Entered : 09/01/2018 07:50 Entered By : Justine Sweet ----- - VDI access now available at Emberbrook. IMT progressing for other sites</p> <p>Date Entered : 10/11/2017 10:14 Entered By : Justine Sweet ----- - Progressing offsite access solution with support of IMT</p> <p>Date Entered : 11/08/2017 09:21 Entered By : Justine Sweet ----- - VDI access now available at Emberbrook. IMT progressing for other sites</p> <p>Date Entered : 10/05/2017 11:26 Entered By : Justine Sweet ----- IM&T PID submitted and IM&T project lead working with service-line IT lead to explore solutions</p> <p>Date Entered : 22/02/2017 11:20 Entered By : Justine Sweet ----- -local protocol in place -hard copies of current protocols retained by staff -new work take on application submitted to IMT -IMT project manager scoping remote access solutions by 31 July 2014 27/06/14 - TM/FW reviewed score and reduce. June 15 and Dec 15 - reviewed by JS: - IMT scoping works on hold until 2016/2017 due to lack of funding 31 March 16 - Reviewed by JS: Need included in service-line capital plan 2016-2017 4/5/16 - JS reviewed and increased risk following unsuccessful request for capital IMT funding in 2015/16 and need to resolve issue being highlighted during external IQIPS accreditation visit. Escalated to Associate Director 16/3/2016 - no progress. To be escalated at PRM meeting</p>	
8	Planned	66	Cancer And Palliative	Risk of not achieving the 62 day cancer performance	The risk of not sustaining the current trend of achieving the 62 day cancer performance throughout the year. We have achieved all our Cancer performance over the last three months. Our concern now is sustaining this trend.	Other	Quality	4	3	12	8	12	Cancer Board	Associate Director	12/10/2015	01/04/2020	30/03/2018	<p>- Continue with the weekly PTL meetings to ensure that patients are moved through the pathways, particularly those with a confirmed cancer diagnosis. and February. (Ongoing)</p> <p>- Visibility at Cancer Board every month</p> <p>- Better Engagement with service Line Managers; weekly meetings.</p> <p>- Robust escalation pathways and processes; weekly</p> <p>- Introduction of timed pathways across the tumour sites; 01/01/2016.</p>	<p>We have reviewed today against last year's performance, which was excellent. We do have some issues at present and are unable to guarantee compliance in January and February.</p> <p>We will be failing the 2WW Breast Symptomatic target for Jan. The consequence of a failed 62 day performance is Risk to patients with delayed treatment and downgrading stage of cancer.</p> <p>Date Entered : 22/01/2018 12:24 Entered By : Jacqueline Harris</p>

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9	Unplanned	241	Elderly Care	High Vacancy rate in Elderly Care Nursing.	Risk of not having enough nursing staff and appropriate skill mix to deliver high quality care.	Risk Assessment	Quality	3	4	12	3	12	Quality Assurance Committee	Lead Nurse Manager	05/04/2012	31/12/2018	25/04/2018	<p>Establishment review undertaken and implementation plan developed</p> <p>Review test applicants sit</p> <p>Revise drug test</p> <p>24/12/14 Trust wide recruitment and retention project, Care of the elderly focus on retention.</p> <p>Recruitment of CoE Matron to support staff in post.</p> <p>Review of HR metrix at SLM</p> <p>02/04/15 - Review of service line performance in staff survey</p> <p>Development and investment if supporting roles</p> <p>New actions for 2017:</p> <p>1 Recruitment and retention strategy for elderly care to be devised with HR.</p> <p>2 Attendance at safer staffing meeting</p> <p>3 Close liaison re vacancies with HoN and involvement in recruitment process for Elderly care vacancies.</p> <p>4 Review 2016 Staff survey - Care of the Elderly Action plan</p> <p>5 Ensure exit interviews are undertaken</p> <p>6 Band 6 development strategy including ward based training and TNA to include succession planning.</p> <p>7. 26.03.18 - Service line / Matrons to set up task finish group to examine opportunities for flexible working.</p> <p>8. Monthly rolling advert is going out for Elderly Care</p>	<p>ongoing due to increasing targets 28 days and 38 days</p> <p>Date Entered : 12/12/2017 13:43 Entered By : Jacqueline Harris</p> <p>As of 1st April cancer targets change to 38 day target. Risk score increased due to this.</p> <p>Date Entered : 13/03/2017 08:37 Entered By : Helen Moyles</p> <p>Risk ongoing</p> <p>Date Entered : 21/11/2016 12:35 Entered By : Nichola Kane</p> <p>- We have met Cancer performance consistently for three months. - All the individual points on the Action plan have been met. 21.12.15 (SE) All cancer performance targets met for 3 months. Not met Oct 62 days Further actions include 62 breach analysis .Escalation to St GH clinical director for Cancer for head and neck. Restructure and new admin and support in Skin with new service manger Representation at commissioners/providers for SWL for shared learning.</p> <p>Risk reviewed at service line governance - actions added,risk score remains the same . 22/03/17 - risk reviewed at service line governance - risk score remains the same new actions added</p> <p>Date Entered : 27/03/2018 14:40 Entered By : Helen Moyles</p> <p>25/01/18 - New actions added ,risk reviewed at service line - risk remains the same - appropriate actions in place.</p> <p>Date Entered : 25/01/2018 17:25 Entered By : Tamsin Day</p> <p>Ongoing action</p> <p>Date Entered : 25/01/2018 17:22 Entered By : Tamsin Day</p> <p>16/11/17TD. Elderly care specific / focused training and band 6 development is in place , October vacancy rate 13% (a reduction) - sustained improvement will need to be seen.</p> <p>Date Entered : 16/11/2017 14:59 Entered By : Tamsin Day</p> <p>New action plan in development by Trio to reflect the new actions above .</p>

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10	Unplanned	883	Gastroenterology And Endoscopy	Risk of failure of paper based booking and referral system in endoscopy	Risk of failing to respond in a timely way to requests for an endoscopy procedure. Risk to patient care of not receiving all relevant clinical information from referrer. Risk if failing to meet key access targets - cancer and diagnostic targets Division will be unable to deliver the cancer targets in time required without moving the whole booking system electronic. this means the department needs CRE templates to book directly into.	Complaint	Quality	4	3	12	8	12	Executive Management Committee	Service Manager	30/09/2016	31/12/2018	28/02/2018	<p>posts.</p> <p>Matrons attending safer staffing group</p> <p>Matrons to speak to all staff as soon as possible after receipt of resignation do discuss why the member of staff is leaving.</p> <p>04/04/2018- Electronic referral system now being designed in CRS due to do the 1st environment. Investment from department in expansion of current cancer tracker package info flex with the purchase of scheduling and referral package</p> <p>change all endoscopy referrals to an electronic pathway</p> <p>Next steps:</p> <p>Put EMS business case paper on the agenda for emergency care board Chase change team for new date Inform Cancer pathway and surgery that new STT pathway wont go live until a new date is set for electronica referral.</p>	<p>Date Entered : 18/05/2017 15:32 Entered By : Tamsin Day -----</p> <p>TD - vacancies reduced through trust wide recruitment drive. Current vacancy rate 8.31% .Required continued monitoring through the service line and daily / weekly by matrons.</p> <p>Date Entered : 16/08/2016 12:05 Entered By : Tamsin Day -----</p> <p>03/07/2014 SE Ward establishments have been rebased. Escalation beds have been closed. Overseas recruitment campaign has been implemented. CoE survey of staff has been completed and an action agreed. 24/12/14 , recruitment of nurses from spain and portugal has been completed ,further vacancies to be filled in march by nurses from phillapines .HCA recruitment progressing with most posts filled . 16/02/15 - Risk reviewed , overseas recruitment awaited . Vacany rate 6.8% - lowest this year . 23.02.15 - discussed at SLM 19/02/15 , staffing remains a concern in light of likley delays to overseas recruitment .Vacancy rate for January risen to 9.31% . 2/4/15 - TD / LH - risk reviewed - vacancy and turnoverf rate remains a concern . buisness planning for 2015 / 16 includes a number of supporting roles intended to support clinical staff . 13/08/15 TD / LH review - supporting roles not going ahead due to decision outside of the service line. Continuing recruitment into nursing posts managed by nursing directorate, Matrons and ward managers. Vacancy and turnover monitored through SLM. Risk remains a concern , score remains 12 . Risk reviewed 08/01/16 TD , risk socre remains the same .Continued and focused recruitment plan trust wide has shown improvements in vacancy position however there consitues to be vacancies in gualified nursing posts across all CoE wards . Situation is being closely monitores daily by the Matrons and through the service line .</p> <p>Division is still waiting timelines for electronic referral to go live. Date of 19th March was missed and currently change team have not fedback on new date. Division is unable to sustain artificial safeguarding currently in place as clearly seen by our rising incident rate. Since Jan 2018 --74 incidents are clocked against Endoscopy admin alone.</p> <p>Paper based system is not sustainable</p> <p>Wider endoscopy management system is also required to streamline and safeguard as electronic referral alone will not reduce incident rate.</p> <p>Division has :-</p> <p>over 6000 day referrals and a further 1000 in Emergencies referrals. Add in the timeframe needed to be booked 5- 10 days the whole endoscopy system requires wider investment and needs an endoscopy management system to move away from Paper diaries, Paper referrals, DSU letters that cannot be altered to match out booking outline and need to be manually written with time and date.</p>

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																		<p>Next steps:</p> <p>Put EMS business case paper on the agenda for emergency care board Chase change team for new date Inform Cancer pathway and surgery that new STT pathway wont go live until a new date is set for electronica referral.</p> <p>Date Entered : 29/03/2018 14:28 Entered By : Helen Moyles ----- Still no response from the change team around when electronic referral will be ready, Chased Shaun Kidd awaiting response.</p> <p>Date Entered : 29/01/2018 08:43 Entered By : Joanna Gardner</p> <p>Currently reviewing options to build out referral forms on Cerner, concerns are the length of time this is taking and lack of feedback on the overall timelines.</p> <p>division cannot maintain quantity of referrals that are sent in daily which manually need to be inputted everyday into Cerner as activity grows.</p> <p>The division also needs to have CRS templates drawn up for booking directly into cerner to remove the paper based booking system currently in place.</p> <p>Division wont be able to offer the new STT colon pathway under faster diagnosis unless we move the whole booking system electronic.</p> <p>Date Entered : 29/11/2017 09:28 Entered By : Joanna Gardner ----- Project has now moved to option 3 in which the e-referral will be undertaken by CRS and the booking will continue on CRS as well.</p> <p>Awaiting to move onto test phase with referral.</p> <p>Date Entered : 25/05/2017 09:06 Entered By : Joanna Gardner ----- 7.3.2017</p> <p>A workshop to explore project options took place mid-Jan, Conclusions from that workshop have been incorporated into a project exception paper (also attached and for discussion within a project board).</p> <p>Recommendations</p> <p>12) In order to most quickly satisfy JAG reporting requirements and to remove the most risky element of the existing Endoscopy workflow, the Project Board is invited to consider when and how resource can be provided to achieve Phases 1 and 2 as a</p>

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11	Unplanned	245	Accident & Emergency	Unable to recruit middle grade doctors	04/04/2018- Gaps in Rota. Risk to optimum patient care due to significant shortfall in substantive Middle Grade Doctors in post to deliver timely, consistent care to patients.	Risk Assessment	Quality	4	3	12	4	12	Clinical Governance Meeting	Clinical Director	01/06/2012	31/12/2018	18/06/2018	<p>1. Establish sufficient Emergency Medicine Consultant presence in the ED 16 hours a day, 7 days a week as a minimum</p> <p>2. Develop an A&E Staffing Strategy</p> <p>3. Gap analysis against College of Medicine Standards demonstrates that 16 consultants are recommended (currently budgeted for 10 WTE)</p> <p>4. Ensure timely recruitment of vacant posts.</p>	<p>13) The objective of Phase 3 is to remove the necessity for Endoscopy to manually key referral details to CRS; additionally Phase 3 was to enable appointments to be booked for correct durations automatically (based on the referred procedures). It is now known these objectives cannot be met by any currently understood design; also that analysis of the various alternative options (and associated compromises) will not be quickly understood. This paper seeks agreement that Endoscopy must accept keying referral details (as first captured by referring consultants) to CRS in order that appointments are booked and managed on CRS - and that this position is enduring until a revised proposal can be described, costed, and receives formal approval.</p> <p>Further discussion is required about if CRS now build out the referral form and Infoflex is simply for scheduling.</p> <p>Next meeting to be confirmed.</p> <p>Date Entered : 07/03/2017 10:35 Entered By : Joanna Gardner</p> <p>Middle Grade Staffing remains a challenge in ED</p> <ul style="list-style-type: none"> - A specific recruitment strategy is being developed with Medical HR Team and recruitment. This includes a targeted campaign for middle grades, using social media, overseas recruitment and national / international conference stands. - Since January 2018 changes to the medical rota have converted a middle grade lines to a Junior Clinical Fellow which are likely to have more successful recruitment. - Additional mitigation includes the new Resus Team of Band 6 and 7 nurses and Paramedics and the additional ACP and trainee ACP's in the UTC which all started in post in January 2018, providing enhanced support and skills to these areas of the ED <p>Date Entered : 31/01/2018 12:17 Entered By : Caroline Moulton</p> <p>Staffing challenges continue, rota's continue to be reviewed - alternative roles being explored to mitigate vacancies at middle grade. Active recruitment continues with offers made to candidates.</p> <p>Date Entered : 06/12/2017 12:22 Entered By : Helen Moyles</p> <p>JULY 2017: Staffing challenges continue at this Tier. Mitigating plan includes:</p> <ul style="list-style-type: none"> - All roles currently being advised, with enhancements to current offers (F2 / Regs / Consultants) - Rate comparison undertaken and benchmarked against other EDs / specialties to ensure parity. - Regular contact with Bank Partners Team to mobilise team.

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																		<p>- Discussions ongoing via Emergency Care Programme Board for further strategies to mitigate impact. This includes ways to enhance current offer, including rotational programmes etc.</p> <p>- Practitioner recruitment also in progress.</p> <p>AE Staffing Strategy implemented and being regularly reviewed and checked.</p> <p>Date Entered : 18/07/2017 12:03 Entered By : Tom Hastings -----</p> <p>IR35 regulation has impacted significantly on ability to fill rota gaps. Escalation to Executive Team, NHS Improvement and other partners underway. 3 x rounds of MG interviews taken place. 3 x offers in process for Specialty Doctors. Escalated rates agreed for Consultant / SHO to mitigate and all partner agencies (e.g. GPs / Nurse Practitioner Agencies) being mobilised. Extra nursing shifts being rostered, where felt necessary, to promote patient safety.</p> <p>Date Entered : 02/05/2017 18:20 Entered By : Tom Hastings -----</p> <p>Middle Grade adverts all being promoted; article in BMJ. Interview date set up for 1 x Specialty Doctor and 1 x MG. Revised Workforce Model currently with executive team for sign off. Work ongoing with Bank Partners to bring in Doctors on lines of the rota to help with staffing risk. Mitigation of risk currently also includes additional Consultant working and further recruitment for ANP / ENP and EP roles.</p> <p>Date Entered : 13/03/2017 11:59 Entered By : Helen Moyles -----</p> <p>Further round of recruitment - closed early November. 1 applicant offered at CT1 level. Next round of recruitment sent out by HR immediately after advert closed. To shortlist applicants. New workforce model being developed as part of ECPB. Other roles recruited into as a mitigation - including Emergency Practitioner, extended GP cover to 18 hours per day and ESPs working in department. Weekly review of MG staffing position.</p> <p>Date Entered : 30/11/2016 15:26 Entered By : Tom Hastings -----</p> <p>Score increased to reflect this.</p> <p>Date Entered : 24/11/2016 14:11 Entered By : Helen Moyles -----</p> <p>Numbers of leavers at this tier which means that the department is finding it increasingly difficult to deliver full cover 7/7, particularly delivering two registrars at night. The service continues to have high usage of locum and agency staff. Recent recruitment at this tier (two round with the last nine months) has led to</p>

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																		limited appointments to fill leavers. Date Entered : 24/11/2016 14:10 Entered By : Helen Moyles ----- New version created as risk reworded. Date Entered : 26/10/2016 11:40 Entered By : Helen Moyles	
12	Corporate Services	451	Corporate	Risk of failure to identify patients with sepsis and treat them in line with the Sepsis 6 protocol may lead to longer length of hospital stay and suboptimal outcomes including increased morbidity and possibly mortality.	Failure to identify patients with sepsis and treat them in line with the Sepsis 6 protocol may lead suboptimal outcome.	External Report	Quality	3	4	12	6	12	Executive Management Committee	Trust Sepsis Lead	16/11/2015	30/12/2016	06/03/2018	1. Improvements in line with the Sepsis QI project, currently in its 2nd year 2. Audit for CQUIN for in-patients 3. Sepsis Steering group to review actions	New Sepsis Nurse appointed and started 04/12/2017. Risk to be reviewed in 2 x months to reassess score as may reduce to a 3x3=9. Sepsis CQUIN requirements met for Q1, not met for Q2 and partially met for Q3 Date Entered : 06/12/2017 15:20 Entered By : Alison Vizulis ----- Risk likelihood score to be increased from 3 to 4 - CRR Data cleansing meeting of 10/08/2017 Date Entered : 04/10/2017 10:55 Entered By : Saba Anjum ----- Risk remains the same - ongoing monitoring Date Entered : 20/03/2017 09:57 Entered By : Helen Moyles ----- Improvements in screening and antibiotic administrations for A&E, audit now started. Date Entered : 17/11/2016 13:12 Entered By : Helen Moyles
13	Unplanned	918	Acute Assessment Unit	Risk of early recognition in patients who need this specific monitoring due to outdated cardiac monitoring equipment with no central monitoring system	The cardiac monitoring equipment available on AAU requires replacement due to its age and does not incorporate a central monitoring system. The outdated technology and inability to regularly observe monitors particularly in side rooms but also in bays could lead to the oversight of a patient with acute coronary syndrome, heart failure and/or arrhythmias being inadequately monitored potentially leading to arrhythmic sudden cardiac death which may be reversible.	Incident	Health & Safety	4	3	12	8	12	Clinical Governance Meeting	Operational Manager	03/02/2017	01/04/2018	30/04/2018	Tracey Moore to make enquiries with Kevin Fitzgerald to be advised of 1)Date Business case was agreed. 2)+/- Reason for any delay in its previous implementation. 3)Current plan/dates to install new cardiac central monitoring system on AAU	Meetings set up with IT and Estates. Space labs have visited AAU. Location of monitors to be agreed in CGM 31/10/17. Estimate project roll out Feb 2018 Date Entered : 17/10/2017 16:27 Entered By : Noreen Steel ----- AAU next location for role out - await implementation date 17/18. Date Entered : 16/03/2017 15:48 Entered By : Helen Moyles ----- Risk agreed at PRM-01/02/17 and CGM -02/02/17. Entered on Risk register 03/02/17 Date Entered : 03/02/2017 13:51 Entered By : Noreen Steel
14	Corporate Services	926	Estates	No UPS/IPS installed for electrical sockets in theatres 1-8	There is no UPS/IPS installed for electrical sockets in Esher theatres 1-8. During generator testing the sockets in theatres will lose power for a few seconds during changeover. As a result, in a worst case	Other	Health & Safety	5	3	15	8	12	Health & Safety Committee	Director Of Estates & Faciliti	28/02/2017	29/09/2017	16/04/2018	To get quotes for a new UPS/IPS system and present a strategy for installation the Board.	01/18 (CH) - £50K assigned in the 2018/19 budget

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				scenario, if we were to lose generator backup power and mains we would have no power within these theatres.														<p>Date Entered : 16/01/2018 15:07 Entered By : Kate Callaghan ----- 11/17 (PF) - No progress</p> <p>Date Entered : 23/11/2017 12:48 Entered By : Kate Callaghan ----- 08/17 (PF) - A quote has been received and a business plan presented to Capital Projects</p>
15	Corporate Services	957	Estates	Degradation of site Fire Alarm and Detection System	Failure to appropriately give early warning of a developing fire and/or compromised means of escape to staff and service uses as a result of degradation of existing Fire Alarm and Detection System.	InternalReport	Health & Safety	5	3	15	5	12	Health & Safety Committee	Director Of Estates & Faciliti	08/11/2011	01/12/2017	05/06/2018	<p>Replace all obsolete control panels/equipment and install a resilience loop.</p> <p>03/18 (RE) - Upgrade works are continuing through OPD and the readdressing of Esher Wing is on target. Risk remains the same until these works are complete.</p> <p>Date Entered : 07/03/2018 14:40 Entered By : Kate Callaghan ----- 01/18 (CH) - Works being managed and updated within the Fire Programme. To be completed March 2018</p> <p>Date Entered : 16/01/2018 15:19 Entered By : Kate Callaghan ----- 12/17 (RE) - Significant progress made; works have been completed on the Maternity Fire Alarm system, works continue following this. Risk remains unchanged until further works completed.</p> <p>Date Entered : 08/12/2017 11:04 Entered By : Kate Callaghan ----- 08/17 (SB) - Work in progress</p> <p>Date Entered : 14/08/2017 14:29 Entered By : Kate Callaghan ----- 05/17 (SB) - Project to replace control panels and install a resilience loop starts in April 2017 (due for completion in December 2017).</p> <p>Date Entered : 03/05/2017 10:17 Entered By : Kate Callaghan ----- 05/17 (SB) -</p>
16	Planned	967	Ophthalmology	Risk of financial loss due to Kingston Eye Network CommunityContract	Lower tariffs, lower activity than anticipated and higher InternalReport running costs mean that the contract is currently running at a loss	InternalReport	Financial	3	4	12	6	12	Performance Review Meeting	Service Line Manager	07/04/2017	31/12/2018	25/04/2018	<p>1. Cease use of EMIS and transfer all patient data to CRS 2. Re-negotiate tariff with CCG 3. Increase clinic templates</p> <p>1. There is still poor functionality of CRS at Hawks Road. Solutions are being discussed with Your Healthcare and KCCG. Proposal to purchase new PC's and download updated drivers</p>

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan	
																	<p>4. Increase number of clinics to make more cost effective</p> <p>5. Review clinical conditions appropriate for community</p>	<p>Date Entered : 26/03/2018 09:54 Entered By : Julie Habbin</p> <p>-----</p> <p>1. EMIS no longer being used. All patients booked on CRS</p> <p>2. Monthly contract meetings with CCG. Tariffs remain the same</p> <p>3. Poor functionality of CRS at Hawks Road is not supporting the increase of patients seen on a template. Your Healthcare, IT and REU working to improve this</p> <p>4. Since July 17 6 more clinics have moved to Hawks Road from the REU.</p> <p>5. Skill mix review - some clinics are run by nurse practitioner and specialty doctor rather than consultant</p> <p>Date Entered : 14/02/2018 13:02 Entered By : Julie Habbin</p> <p>-----</p> <p>Mitigations have been made to reduce the impact but currently this is in the trial period</p> <p>Date Entered : 14/12/2017 14:25 Entered By : Julie Habbin</p> <p>-----</p> <p>No progress to update at this time - risk to remain the same.</p>	
17	Unplanned	981	Trauma And Orthopaedics	Risk to patient safety due to nurse call bell system for Bays 11 and 12 not being linked to Cambridge Ward's nurse call bell system.	Nurse call bell systems for Cambridge Bays 11 and 12 are linked to Claremont Ward and cannot be heard by the Nursing staff on Cambridge Ward when the patients are calling for help/assistance.	Complaint	Quality	4	4	16	4	12	Health & Safety Committee	Matron	22/05/2017	26/01/2018	30/04/2018	<p>Bay based nursing when Bay 11 and 12 in use</p> <p>Await option appraisal from Estates Department.</p> <p>Chaser e-mail sent 8.1.18</p>	<p>Risk reviewed at Risk Meeting today 27th March, and noted temporary system for patient call bells in place but emergency bells are still not linked into Cambridge Ward. Email sent to Estates and Risk Team escalating problem and urgent action needed.</p> <p>Date Entered : 27/03/2018 15:33 Entered By : Sarah Joseph</p> <p>-----</p> <p>-New kit has arrived. Work due to commence w/c 19/02/18.</p> <p>Date Entered : 15/02/2018 13:33 Entered By : Joanne Hunter</p> <p>-----</p> <p>Escalated to Deputy Director of Nursing and Director of Estates - Estates Project Manager is now in touch with Matron of the area to review and implement substantive options and to provide safety arrangement with immediate affect.</p> <p>Date Entered : 15/02/2018 10:51 Entered By : Helen Moyles</p> <p>-----</p> <p>Still waiting confirmation from Estates that work will proceed to connect Bay 11 & 12 nurse call bells & emergency bells with Cambridge ward.</p> <p>Date Entered : 08/01/2018 15:42 Entered By : Sarah Joseph</p> <p>-----</p> <p>Reviewed at Risk Meeting on 17th November still waiting for action from Estates</p>

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan and Facilities.	
																		<p>Date Entered : 23/11/2017 14:52 Entered By : Sarah Joseph -----</p> <p>26/9/17. Reviewed at Risk meeting, keep at current rating. Waiting for external company to provide quotation for work to connect call bells to Cambridge nurse call bell system.</p> <p>Date Entered : 05/10/2017 15:53 Entered By : Sarah Joseph -----</p> <p>Reviewed at risk meeting 25/8/17. Call bells still awaiting review as cannot be heard when patients calls for help as bays 11 &12 not connecting to Cambridge ward. Incident raised Sept 2017 as emergency bell can not be heard as well as staff left isolated with a collapsed patient. Escalated and company attended ward 19/08/2017 to review and provide quotation for work.</p> <p>Date Entered : 20/09/2017 13:24 Entered By : Sarah Joseph -----</p> <p>From risk Meeting 20th June 2017, Matron to chase Director of Estates and Facilities for update for when resolution will be found.</p> <p>Date Entered : 30/06/2017 12:45 Entered By : Sarah Joseph -----</p> <p>Reviewed at Risk meeting on 23/5/17. Awaiting options appraisal from Estates Department.</p> <p>Date Entered : 30/05/2017 16:56 Entered By : Sarah Joseph</p>	
18	Planned	985	Paediatrics & NNU	Reduced number of allocated paediatric registrar's from the Deanery therefore in order to maintain a 10 person registrar rota to run safe and sustainable Paediatric and Neonatal service within the trust, regular locum doctors are required to cover the rota. There is a risk that the paediatric registrar locum shifts are not covered by Bank Partners.	Reduced number of allocated paediatric registrar's from the Deanery therefore in order to maintain a 10 person registrar rota to run safe and sustainable Paediatric and Neonatal service within the trust, regular locum doctors are required to cover the rota. There is a risk that the paediatric registrar locum shifts are not covered by Bank Partners.	Other	Quality/Finance	4	3	12	8	12	Performance Review Meeting	Clinical Director	07/06/2017	01/01/2019	26/04/2018	<p>-Eight person Paediatric registrar rota has been implemented to cover the Paediatric and Neonatal service.</p> <p>-Consultants to cover the twice weekly rapid access clinics instead of the registrar's</p> <p>-Medical rota co-coordinator to liaise closely with 'Bank Partners' to ensure that registrar locum shifts are filled well in advance and all shifts out to all medical agencies.</p> <p>-Medical rota co-ordinator to be able to fill the shifts directly with our regular bank Paediatric registrars or medical agencies and inform 'Bank Partners' of the shifts filled.</p>	<p>Risk reviewed and remains the same.</p> <p>04/04/2018</p> <p>Agreement to recruit additional consultants</p> <p>Date Entered : 27/03/2018 14:54 Entered By : Helen Moyles -----</p> <p>Spoke to the CD Dr Filkin and Service line manager Asha Patel and there is no change to this risk, current score risk of 12 remains the same.</p> <p>Date Entered : 19/01/2018 16:34 Entered By : Sarah Shade -----</p> <p>No change to this risk; continue to run a 8 registrar rota. SS</p>
19	Corporate Services	1001	IM&T	Risk of failure of unavailability of IT	UPS out of warranty, parts no longer available, maintenance of a best efforts basis.	Business Case	Quality/Finance	3	4	12	3	12	IM&T Steering Committee	DirectorOf IM&T	01/08/2017	31/12/2018	19/04/2018	<p>Replace switch gear and UPS in room</p>	<p>Date Entered : 10/10/2017 10:38 Entered By : Sarah Shade</p> <p>Still awaiting timescale for construction work to commence to build housing for Chillers</p>

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan	
			systems due to uninterrupted power supply (UPS) failure in main computer room.														KHFT to sign contract (Procurement)	<p>Date Entered : 23/03/2018 15:53 Entered By : Kevin Fitzgerald</p> <p>Work confirmed for 23rd March to replace power supply</p> <p>Date Entered : 23/03/2018 15:51 Entered By : Kevin Fitzgerald ----- Planned for 23rd March</p> <p>Date Entered : 12/03/2018 16:15 Entered By : Kevin Fitzgerald ----- Power supply replacement now planned for 12th March.</p> <p>Date Entered : 14/02/2018 12:33 Entered By : Kevin Fitzgerald ----- Power supply replacement has been discussed between Estates and Contractor - likely to be completed by end of Feb '18</p> <p>Date Entered : 16/01/2018 10:18 Entered By : Kevin Fitzgerald ----- Order has been placed - timescale for implementation TBC</p> <p>Date Entered : 13/11/2017 09:24 Entered By : Kevin Fitzgerald</p> <p>Concern over ongoing delays for the Main computer room power supply replacement (although draft plans now in place).</p> <p>Review again in one month when firmer timescales should be available</p> <p>Date Entered : 10/10/2017 07:21 Entered By : Kevin Fitzgerald No Change - timescales remain June/July '18</p> <p>Date Entered : 12/03/2018 16:14 Entered By : Kevin Fitzgerald ----- Medical records store construction</p> <p>Date Entered : 15/02/2018 10:11 Entered By : Helen Moyles</p> <p>No Change - timescales remain the same, but options to implement some a/c are being investigated.</p>	
20	Corporate Services	1002	IM&T	Risk of temperature being outside of safe parameters for the electrical operation of the main computer room due to inadequate air flow due to the air conditioning system being obsolete.	Air conditioning system obsolete and out-of-warranty, parts no longer available	Business Case	Quality/Finance	3	3	9	6	12	IM&T Steering Committee	DirectorOf IM&T	01/08/2017	31/12/2018	16/04/2018	<p>Build A/C on roof and commission Replacement of air conditioning.</p>	

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																		<p>Date Entered : 16/01/2018 10:20 Entered By : Kevin Fitzgerald ----- Latest estimate is that Medical Records store will not be ready until June/July '18</p> <p>Date Entered : 13/11/2017 09:25 Entered By : Kevin Fitzgerald ----- No date available - review again in one moth when timescales should be available</p> <p>Date Entered : 10/10/2017 07:22 Entered By : Kevin Fitzgerald</p>	
21	Unplanned	1008	Cardiology & Haematology	Risk to patient care and safety due to clinicians not being able to access upto date health records as they are not on the CRS system for patients attending the Haematology Day Unit	The Haematology Day Unit staff record patient care in paper health records as they are unable to record on CRS. This leads to a risk that paper records are not immediately available to other health professionals during another care episode.	Incident	Quality	4	3	12	4	12	Clinical Governance Meeting	Service Line Manager	21/07/2017	31/12/2018	25/04/2018	<p>Concern previously raised with Director of IM&T following SI All team aware of need to document in paper records. Service Manager to request of CRS Change Team an alert to flag patient under Haematology Day Unit care.</p>	<p>Further discussions in place as to mitigation of this risk with several options being considered currently.</p> <p>Date Entered : 12/02/2018 14:47 Entered By : Helen Moyles ----- 17.1.18. discussed risk at Haem Onc management meeting today. Agreed risk rating remains unchanged. Moving to E prescribing.</p>
22	Corporate Services	1017	Finance	Local services in their current form and in the current funding regime may be neither affordable or financially sustainable.	Failure to close the affordability gap locally and remove stranded costs may result in financial tensions in local health economy. Affordability gaps included within 2017/18 commissioner contracts may result in reduction to contract income and therefore impact on service delivery and sustainability.	Review	Financial/Strategy	4	4	16	9	12	Finance & Investment Committee	Director Of Finance	31/07/2017	31/03/2018	30/04/2018	<p>We continue to work closely with local commissioners to ensure that the financial risk within the system if appropriately managed and the quality and safety of the service delivered by the Trust is not compromised.</p> <p>NHSI are aware of our financial position and we have recently reforecast our year end outturn position for 2017/18. In light of the Trust's current financial position we are also in receipt of funding support which goes some way to mitigate the risk that financial pressure may otherwise bring to bare on the services the Trust delivers.</p> <p>We are also in the process of business planning and budget setting for 2018/19 with regular touch points with Commissioners, Regulators, the Board, and staff. A draft of the plan is due to be produced for 8th March with a final version of the plan for 2018/19 signed off 30 April 2018.</p>	<p>Date Entered : 18/01/2018 09:10 Entered By : Maxine Gates ----- Progress to be monitored at EMC, FIC and the Board.</p> <p>Date Entered : 14/02/2018 13:41 Entered By : Jo Farrar</p>
23	Corporate Services	1018	Finance	Non delivery of CIP targets or other elements of the financial plan	Non delivery of CIP targets, underachievement if income, or greater than envisaged levels of expenditure leading to Trust not meeting financial plans.	Other	Quality/Finance	4	3	12	6	12	Finance & Investment Committee	Director Of Finance	31/07/2017	31/03/2018	08/11/2017	<p>We routinely review the Trust's current and prospective financial position as part of the monthly reporting cycle at performance meetings, EMC, FIC and the Board. Recovery actions where required and appropriate, always with reference to the quality and safety of services, are also tracked at these</p>	

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24	Corporate Services	1020	Finance	Failure to meet financial control total requirements on both financial and performance targets may also result in a loss of STF income which will adversely impact on liquidity.	We continue to work closely with local commissioners to ensure that the financial risk within the system is appropriately managed and the quality and safety of the service delivered by the Trust is not compromised.	Other	Quality/Finance	4	4	16	6	12	Finance & Investment Committee	Deputy Director Of Finance	31/07/2017	31/03/2018	31/03/2017	forums. The CCGs and NHSI are also kept apprised of our financial position to ensure that funds are available to mitigate the risk of the financial position compromising our ability to deliver services.	
25	Unplanned	1062	Cardiology & Haematology	Risk to patient safety when blood results not made available to anti coagulation team.	We are in regular contact with NHSI, DH and the lead CCG to ensure that we have an appropriate line of credit to ensure that liquidity issues do not compromise our ability to deliver services.	Incident	Quality	4	3	12	4	12	Clinical Governance Meeting	Clinical Risk Lead	25/09/2017	31/07/2018	26/04/2018	1. Issue escalated to SWLP via Dr Atwal who is member of SWLP Governance board. Jim Weir, Acting AD, and J Oliver, SWLP Operational Lead, also aware. 2. We have requested that all low and high INR results be highlighted to anti coagulation team at KHFT. 3. Safeguarding meeting with external partners has included discussion about this issue and a first meeting of the multi agency task and finish group has been held to review the risk across primary and secondary care.	Risk has been escalated to SWLP. All low and high INR results will be highlighted to team. Safeguarding meeting with external partners has taken place. Date Entered : 15/02/2018 10:32 Entered By : Helen Moyles
26	Planned	1068	Ophthalmology	Risk to patient safety/experience due to minimal access to IT at Hawks Road Community Clinic	Outpatient clinics at Hawks Road Community Clinic are being run without continuous access to IT and CRS, which may lead to patient safety issues due to loss of data and registration	Change In Service	Quality	3	4	12	3	12	Clinical Governance Meeting	Clinical Lead	28/11/2017	30/06/2018	25/04/2018	Manual record of patient attendance and request. Inputted onto CRS at the REU by admin team the following day. Meeting between KHFT and Your Healthcare IT has taken place to identify the IT issues and present solution	1. Discussions are still ongoing with Your Healthcare and KHFT IT. The proposal is to buy new PC's and download updated drivers. The PC's would also be used by other non KHFT users. Possible to trial one new PC and download updated drivers on one PC. KCCG are also supporting finding a solution Date Entered : 26/03/2018 09:59 Entered By : Julie Habbin ----- 1. Your Healthcare advised that new PC's required. One has been ordered to trial if it improves the CRS functionality 2. One clinic template has been reduced due to impact of poor IT Date Entered : 14/02/2018 13:04 Entered By : Julie Habbin ----- Risk remains as there has not been any improvement. Discussions taking place.

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan	
27	Planned	1070	Ophthalmology	Risk of patient harm due to patients retinal appointments not being offered as per treatment pathway which may result loss of visual acuity	Risk of poor patient experience and care due to lack of appropriate capacity to meet demand in the retinal service	Incident	Quality	3	4	12	6	12	Clinical Governance Meeting	Clinical Director	28/11/2017	31/12/2018	25/04/2018	<p>Additional medical retinal consultant post being advertised in December 2017. Currently being covered by a locum</p> <p>Close monitoring of request lists</p> <p>OCT clinics at Raynes Park Health Centre and remote review by consultant to increase capacity</p> <p>Review of current clinics and capacity to identify where they can be increased</p>	<p>Date Entered : 14/12/2017 14:30 Entered By : Julie Habbin</p> <p>1. Locum consultant continuing until MR fellow starts</p> <p>Date Entered : 26/03/2018 10:10 Entered By : Julie Habbin</p> <p>-----</p> <p>1. Substantive consultant starting 1st April 2018. 2. Advert for retinal fellow closing on the 26th March 18 and interviews planned for the 11th April 18 (to replace fellow who has been appointed as consultant). 3. Cleansing of request list to be completed by 6th April 2018 4. Head orthoptist working with medical retinal consultants to maximize the MR optometrist clinic templates</p> <p>Date Entered : 26/03/2018 10:09 Entered By : Julie Habbin</p> <p>-----</p> <p>1.Substantive medical retina consultant appointed. Start date to be confirmed. 2. Retinal request list being cleaned and then for micro management via the daily performance meeting 3. OCT clinics at RPHC in place 4. MR optometrist templates under review 5. Weekly retinal meeting identifying different ways of working</p> <p>Date Entered : 14/02/2018 13:12 Entered By : Julie Habbin</p> <p>-----</p> <p>Risk reviewed.</p> <p>Date Entered : 14/12/2017 15:11 Entered By : Helen Moyles</p> <p>1. Medical retinal consultant starting 1st April 2018. 2. Replacement fellow post advert closes 26th March 2018 and the interviews are planned for the 11th April 2018. 3. Once monthly Saturday clinics are being run and forward planned to manage capacity 4. Nurse injector to be signed off by end of April 18. Additional nurse to start training 5. Head Orthoptist working with consultants to review optometrist templates 6. Plan to start see and treat clinics at RPHC once cleared by infection control</p> <p>Date Entered : 26/03/2018 10:14 Entered By : Julie Habbin</p> <p>-----</p> <p>1. Substantive medical retina consultant appointed. Start date TBC. 2. Additional Saturday clinics running as required 3. Further nurse injector will be signed off end of Feb 18 4. Optometrist templates are being reviewed</p> <p>Date Entered : 14/02/2018 13:15 Entered By : Julie Habbin</p>
28	Planned	1071	Ophthalmology	Risk of patient harm due to Patients AMD appointments not being offered as per treatment pathway which may result loss of visual acuity	Risk of visual deterioration in patients with AMD due to insufficient capacity to see patients at the correct timely intervals	Incident	Quality	3	4	12	3	12	Clinical Governance Meeting	Clinical Director	28/11/2017	31/12/2018	25/04/2018	<p>Additional medical retinal consultant being advertised December 2017</p> <p>Four additional Saturday clinics per month to provide extra capacity</p> <p>Additional nurse injectors being trained to provide more injection lists</p> <p>Review of templates for optometrists to consider increasing to provide more capacity</p> <p>Close monitoring of request list by AMD PPC</p>	<p>Date Entered : 14/12/2017 15:11 Entered By : Helen Moyles</p> <p>1. Medical retinal consultant starting 1st April 2018. 2. Replacement fellow post advert closes 26th March 2018 and the interviews are planned for the 11th April 2018. 3. Once monthly Saturday clinics are being run and forward planned to manage capacity 4. Nurse injector to be signed off by end of April 18. Additional nurse to start training 5. Head Orthoptist working with consultants to review optometrist templates 6. Plan to start see and treat clinics at RPHC once cleared by infection control</p> <p>Date Entered : 26/03/2018 10:14 Entered By : Julie Habbin</p> <p>-----</p> <p>1. Substantive medical retina consultant appointed. Start date TBC. 2. Additional Saturday clinics running as required 3. Further nurse injector will be signed off end of Feb 18 4. Optometrist templates are being reviewed</p> <p>Date Entered : 14/02/2018 13:15 Entered By : Julie Habbin</p>

ServiceLine	Risk Ref	Specialty	Summary	Description	Source of Risk	Type	C	L	Initial Risk	Target Risk	Current Risk	Monitoring	Risk Owner	Start Date	Target Date	ReviewDate	Mitigations & Action Plan	Progress against Action Plan	
29	Planned	1073	Ophthalmology	Risk to patient experience due to lack of ophthalmology specific electronic patient records	Notes not being available for clinic or theatre procedures with the potential of having to cancel patients at short notice. Lack of e prescribing - potential increase in medication errors. Unable to carry ophthalmic specific audits recommended by the Royal College of Ophthalmologists	Incident	Quality/Finance	3	3	9	3	12	Clinical Governance Meeting	Clinical Director	28/11/2017	31/12/2018	25/04/2018	<p>Ophthalmology EPR on the IT list for 18/19 as a potential project</p> <p>Further development of Medisoft which is currently being used for cataracts</p> <p>Medication errors discussed at the clinical governance meetings</p> <p>Independent audit of AMD service currently underway</p> <p>Regular meeting with Health Records management team to identify issues and solution</p>	<p>Risk reviewed.</p> <p>Date Entered : 14/12/2017 15:21 Entered By : Helen Moyles</p> <p>1. Consultant (Mr Elgohary) to be a representative at the Trust IT group</p> <p>2. One of the trainees to undertake an audit on how many notes missing and what happened to the patient</p> <p>Date Entered : 26/03/2018 10:22 Entered By : Julie Habbin</p> <p>1. No further progress</p> <p>Date Entered : 14/02/2018 13:21 Entered By : Julie Habbin</p> <p>Risk reviewed.</p> <p>Date Entered : 14/12/2017 15:27 Entered By : Helen Moyles</p>
30	Planned	1088	Oral&ENT	Lack of emergency airway surgical kits for paediatrics and lack of familiarity (on-call ENT team) with adult surgical kits could lead to delayed stabilization of patient airway in an emergency situation and potentially lead to patient harm.	-Risk of avoidable harm due to delay in securing an emergency airway due to non-availability of paediatric bronchoscopy operating sets and lack of familiarity with operating sets for adults by visiting regional out-of-hours, on-call ENT clinicians -Delay in regional on-call ENT clinicians in travelling to peripheral site to undertake emergency tracheostomies and ineffective management of patients in emergency situations	Incident	Health & Safety	4	4	16	4	12	Performance Review Meeting	Head Of Service	17/11/2017	31/12/2017	30/04/2018	<p>-Local escalation procedure for ENT patients undergoing inpatient surgery encourages early escalation to on-call, out-of-hours team for advise on whether local review or transfer is most appropriate.</p> <p>-For all unstable patients, the on-call Anaesthetic consultant and the ITU consultant at KHT will assess the patient before a decision is made to call the on-call team to theatre to provide tracheostomy cover on site.</p> <p>-Secure capital funding to purchase of operating sets which are identical to those used at St George's Hospital (the base site for on-call clinicians out of hours) to ensure familiarity.</p> <p>-In the event of summoning of the on-call, out-of-hours team, key stakeholders to support M&M discussion.</p>	<p>-Order placed for all items. Procurement partners chasing manufacturer for confirmed delivery date.</p> <p>Ordered and partially arrived.</p> <p>Date Entered : 29/03/2018 14:36 Entered By : Helen Moyles</p> <p>-Plan to place order w/c 19/2/18 with delivery expected approx. w/c 12/3/18.</p> <p>Date Entered : 15/02/2018 12:54 Entered By : Joanne Hunter</p> <p>- Business case approved outside of Investment Committee in December 2017.</p> <p>- Capital cost centre code provided in February 2018</p> <p>- Awaiting approval by H&N lead for Procurement partners to place an order</p> <p>Date Entered : 13/02/2018 19:06 Entered By : Justine Sweet</p> <p>- Business case presented to January Investment Committee. Awaiting confirmation of capital cost centre code for order to be placed</p> <p>Date Entered : 19/01/2018 17:37 Entered By : Justine Sweet</p>
31	Corporate Services	1090	OPD	Risk to patient safety in clinic with the use of Bank staff to cover clinics in MOPD.	A high number of additional clinics and an increase in number of permanent clinics without an increasing in MOPD substantive staff has resulted in the department relying on using Bank staff to cover clinics. The Bank staff are not skilled or trained to cover many of the clinics that require 1:1 clinics in MOPD which is	External Report	Health & Safety	3	4	12	0	12	Risk Management Group	Matron	30/01/2018	31/05/2018	30/04/2018	<p>For service lines to complete the capacity and demand to enable them to request permanent clinics to reduce the need to additional clinics.</p> <p>To work out required staffing levels based on current activity.</p>	<p>The Risk was reviewed in the new Clinical Governance meeting on the 19th of March</p> <p>No change activity.</p>

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32	Unplanned	930	Trauma And Orthopaedics	Risk to patient experience due to cancellation of planned elective orthopaedic admission resulting from insufficient clinical staff and/ or beds	The service line has seen an increase in the complexity of the service line's non-elective admissions and increased length of stay has resulted in the designated elective bays being used to manage the none-elective admissions. The orthopaedic elective patients have traditionally been transferred to the private wing at an additional cost. As a result of financial constraints facing the Trust the private wing can no longer be used and this has increased the risk of the patient being cancelled as well as a loss of income to the service line.	Other	Quality/Finance	3	4	12	9	12	Risk Management Group	Clinical Director	07/03/2017	06/04/2018	30/04/2018	<p>To meet with Finance and AD's to share required staffing and explain risk.</p> <p>All elective lists reviewed and transferred to DSU where possible. Escalation staff requested 3 weeks in advance. Where lack of beds available, escalated through bed meeting and to AD to use Private wing</p>	<p>resulting in a difficulty in covering clinics with the required skills.</p> <p>Date Entered : 26/03/2018 12:18 Entered By : Paul Reid</p> <p>Reviewed at Risk Meeting 27th march 2018. Service Manager reported an increase in cancellation of elective patients due to the lack of beds over the winter pressure period. Agreed to review again at next risk meeting in April 2018.</p> <p>Date Entered : 27/03/2018 15:35 Entered By : Sarah Joseph</p> <p>Reviewed on 26th January Ortho risk meeting Agreed that the likelihood of patients being cancelled for operative treatment had increased to a rating of 4 as we were not able to use the independent sector beds.</p> <p>Date Entered : 13/02/2018 17:00 Entered By : Sarah Joseph</p> <p>Reviewed at Risk Meeting on the 17th November. currently maintaining elective programme by the use of the private wing and transferring list to DSU and treat and transfer</p>
33	Corporate Services	1113	Corporate	Financial risk of not achieving STF money if the ED trajectory is not met	Workstreams implemented through Emergency Care Programme Board. This is a whole system delivery plan monitored through the A&E Delivery Board.	Review	Financial	4	4	16	8	12	Risk Management Group	Associate Director	14/02/2018	14/02/2019	20/05/2018	<p>Workstreams implemented through Emergency Care Programme Board. This is a whole system delivery plan monitored through the A&E Delivery Board.</p> <p>Surge plan recently reviewed and refined against the back drop of increased and sustained demand to be more responsive and action focused.</p>	<p>Date Entered : 23/11/2017 15:29 Entered By : Sarah Joseph</p> <p>Date Entered : 19/02/2018 14:39 Entered By : Helen Moyles</p>