

Trust Board Level Risks - January 2020 (Overdue Reviews)

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER <i>Executive lead</i>	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
3693 04/11/2019	Medical Director Office	Medical Director's Office(S)	SBAF 14 - There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.	5x3=15	<ol style="list-style-type: none"> Management structure substantially in place to support LFD programme. Deputy Medical Director in post 8/12 Medical Examiners in post Medical Examiner officer post agreed. Mortality Manager appointed. Admin support agreed. Learning from deaths programme in place with sub-streams set out below. 1. Mortality reduction plan in Quality Plan relating to Sepsis, VTE, Acute MI, Stroke, #NOF, High risk abdominal surgery and Peri-natal mortality. QI projects identified. 2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved. 3.External mortality alerts from CQC or CCGs. 4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality. 	David Carruthers <i>David Carruthers</i>	04/11/2019 Review overdue	4x4=16	<ol style="list-style-type: none"> Recruitment is ongoing and 2 ME posts should be filled by July 2019. Recruitment ongoing for Medical Officer post - interviews are scheduled for October 19. (Target date: 31/03/2020) Development of feedback process ongoing. WeLearn programme developed and being implemented. (Target date: 31/03/2020) Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/03/2020) National picture from Learning from Deaths is constantly changing as more evidence becomes available. Evidence continues to be monitored and inputted into system as and when available. (Target date: 31/03/2020) Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/03/2020) 	3x4=12	Bi-Monthly	Live (With Actions)
3696 16/10/2019	Strategy & Governance	Chief Executive Department	SBAF 17 - There is a risk that we do not automate our processes, standardise them safely and reduce errors and duplication because not all our staff develop and retain the necessary skills and confidence to optimise our new electronic patient record (Unity).	4x4=16	<ol style="list-style-type: none"> Unity implementation plan comprising of Technical Readiness, People (development) and Go Live and Optimisation. IT Hardware implementation plan tracked against a 14 point infrastructure plan. Weekly tracking of end user training. Digital champion and super user training designed Workforce development plan setting out competencies/KPIs for individual staff to meet. Reporting to start in June. Departmental readiness criteria agreed. Includes future work flow processes. Reporting to start in June. Optimisation KPIs agreed. 	Rachel Barlow <i>Rachel Barlow</i>	29/11/2019 Review overdue	4x4=16	<ol style="list-style-type: none"> Optimisation reports to be written and tested - This is still in process and will be ready for going live (Target date: 31/10/2019) a separate set of ED KPIs are being created to ensure optimisation (Target date: 31/12/2019) a set of OP optimisation KPIs are being developed (Target date: 31/12/2019) 	2x4=8	Monthly	Live (With Actions)