

Trust Board Level Risks - May 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 |
|--------------------|-------------------------|-------------------------------|--|---------------------------|--|---|-------------------------------------|---------------------------|---|--------------------------|------------------|---------------------|
| 2642 12/05/2020 | Medical Director Office | Medical Director's Office (C) | There is a risk that results not being seen and acknowledged by individual clinicians due to process and system issues will lead to patients having treatment delayed or omitted. | 3x5=15 | <ol style="list-style-type: none"> Post Unity some radiology reports need acknowledgement in CSS and will be monitored. New report in Unity for compliance of pathology and radiology endorsement, by location, by patient, by person Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 SOP - Results from Pathology by Telephone (attached) | David Carruthers <i>David Carruthers</i> | 16/02/2020 Review overdue | 3x5=15 | <ol style="list-style-type: none"> To review and update Management of Clinical Diagnostic Tests (Target date: 31/08/2020) Update existing eRA policy to reflect practice in Unity (Target date: 31/08/2020) | 1x5=5 | Quarterly | Live (With Actions) |
| 3693 14/04/2020 | 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> | 04/02/2020 Review overdue | 4x4=16 | <ol style="list-style-type: none"> Development of feedback process ongoing. WeLearn programme developed and being implemented. (Target date: 31/08/2020) Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/08/2020) 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: 31/08/2020) Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/08/2020) to maintain ME review of cases (tier 1) and identify cases for SJR review including training for additional SJR reviewers. (Target date: 31/08/2020) | 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. | Liam Kennedy <i>Rachel Barlow</i> | 27/02/2020 Review overdue | 4x4=16 | <ol style="list-style-type: none"> a set of OP optimisation KPIs are being developed, there are a few residual DQ issues with the KPI metrics but in large optimisation metrics are being used. (Target date: 31/03/2020) Each group to resolve issues related to optimisation (Target date: 31/03/2020) Monitor and optimise against the ED optimisation KPI's (Target date: 31/03/2020) | 2x4=8 | Monthly | Live (With Actions) |