

Appendix 3

Strategic Risk Register Movement Log

Report date	18.6.21
Prepared by	Sheridan Osbourne
Prepared for	ETM 21.6.21

Rating
15 to 25 Extreme
8 to 12 - High
4 to 6 - Moderate
1 to 3 - Low

NEW RISKS TO STRATEGIC RISK REGISTER										
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Rating (Residual)
			no new risks added during the reporting period 15.5.21-18.6.21							

STRATEGIC RISKS THAT HAVE CHANGED IN SCORE										
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Previous Rating
3380	10/04/2019	Chief Nurse	There is a risk that patients with a mental health diagnosis may not be treated appropriately due to a lack in staff knowledge/awareness and provision of expert clinical advice (mental health) - Includes restraint and deescalation.	Dawber, Karen	12	JUNE 2021 - Break away training completed for key personnel, in house training commenced, regular meetings with BDCFT and mental health practitioner in post - likelihood reduced to 4 from 5 March 2021 - Mental health strategy to go to Board in March. Paper presented to Execs re restraint. By June 2021 restraint training and de-escalation will be in place for key persons, including rapid response team 24/7 JANUARY 2021 WE ARE SEEING INCREASING NUMBERS OF VERY UNWELL PATIENTS REQUIRING SPECIALIST INPUT AND SUPPORT. LINKS ARE IN PLACE WITH MENTAL HEALTH PROVIDER BUT THESE ARE NOT CONSISTENT IN APPLICATION. MENTAL HEALTH PRACTITIONER NOW IN POST. RESTRAINT TRAINING REVIEWED AND ACTIONS PUT IN PLACE TO LOOK AT ADDITIONAL INFRASTRUCTURE TO SUPPORT AND DEESCALATE. RISK LIKELIHOOD ESCALATED DUE TO INCREASING NUMBERS OF PATIENTS AND SEVERITY OF ILL HEALTH PLAN TO REVIEW CLINICAL SUPPORT TO RAPID RESPONSE IF PATIENT REQUIRES RESTRAINT	30/09/2021	Turner, Sarah	16	20

STRATEGIC RISKS THAT HAVE BEEN REMOVED/CLOSED										
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Residual Rating
			no risks closed during the reporting period 15.5.21-18.6.21							

STRATEGIC RISKS THAT HAVE PASSED THEIR REVIEW DATE										
ID	Date of entry	Care Group/ Corporate Office	Description	Risk lead	Rating (initial)	Summary of mitigation	Target date for mitigation completion	Action plan lead	Current Rating	Review Date
3538	06/03/2020	Chief Operating Officer	There is a risk that the inability to maintain normal operational delivery of services due to the impact of the COVID-19 outbreak could lead to patient harm.	Azeb, Sajid	16	15/04/21: Risk position unchanged. Mitigation listed at 18/03 remains in place. Ward reconfiguration work is progressing and long waiting patients continue to be clinically reviewed and surgical patients P-rating altered in line with a change in clinical urgency. Operational surge plan being development to support management of potential fourth covid surge in May/June 21. 18/03/21: All mitigations remain in place including the swabbing of patients at point of admissions, restrictions to visiting, segregation of patients into COVID positive (Red Wards), COVID negative (Green Wards) and Ultra Green elective wards. Contracts remain in place with Independent sector providers and increased operating scheduled at the BRI main site as the number of COVID +ve patients subsides. Covid admissions reducing in line with modelling and plan developed to reconfigure wards to create appropriate capacity to manage elective and non elective demand in line with Pre-covid activity levels. Prioritization processes in place to identify the most urgent patients to minimize risk of harm. 11/02/21: All mitigations remain in place. Elective activity via super green ward currently on ward 25 due to electrical fire limiting elective throughput on main site. Work underway to create a plan to transfer out of this ward. Increase of P2 operating at the independent sector. Further contracts being agreed with Westcliffe and Mediscan to support clinical activity. 13/01/21: All mitigation actions remain in place. There has been an increase in Covid positive admissions at the start of January but levels remain at below the peak experienced in October and November. Operational plan is reviewed daily to assess demand with bed capacity flexed according to escalation level. Elective activity is continuing utilising ultra green capacity on ward 16, review of planned electives in place with plan to relocate elective activity to Ward 25 in the event of further increase in Covid admissions to maintain cancer activity.	30/06/2021	Gold, Tim	20	31/05/2021

3627	10/02/2021	Estates and Facilities	<p>If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced.</p> <p>The Trust has identified backlog maintenance and critical risk remedial works calculated at £65m of net cost and circa £90m gross (excluding associated asbestos abatement estimated at a further £30m).</p> <p>Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expedient life expiry of the estate.</p>	Holloway, Mark	20	<ul style="list-style-type: none"> •Submission of SOC to NHSE/I to seek capital funding for new development. •Enhanced investment into Backlog Maintenance Programmes of Work to reduce Critical Infrastructure Risk (CIR) •Seek additional NHSE/I capital funding resources 	31/05/2021	Threlkeld, Iain	20	31/03/2021
3636	01/04/2021	Chief Nurse	There is a risk to staff and patient safety due to the Trust healthcare workers not taking the offer of a COVID vaccine and therefore putting patients and colleagues at additional risk.	Dawber, Karen	12	<p>Improve uptake of vaccination in staff groups through promotion and communication.</p> <p>Ensure staff compliance with right level of PPE.</p> <p>Consideration on one to one basis by staff group of suitability of staff working in AGP and / or Ultra green areas.</p>	30/09/2021	Campbell, Pat	12	31/05/2021