

Board of Directors (in Private)

Item 5.1

Subject: High Risk Report
Date of meeting: 9th April 2024
Presented by: Karan Wheatcroft, Director of Risk and Improvement
Purpose of report: To Note

BAF Reference	Impact on BAF
All	The report includes high level risks which continue to be considered in respect of any implications for the BAF.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="checked" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

The Risk Registers contain significant risks identified as having potential impact on the trust objectives. These include risks identified and escalated by the Clinical Divisions.

Risks are reviewed monthly at each Divisional Governance meeting and quarterly by the Risk Management Committee.


This report provides an update of risks with residual scores of 15 or higher along with the action plans in place to control and/or mitigate them.

2. Key Issues

There are currently three risks that have a score of 15 or above. This report is correct as of 19th March 2024.

The risks are as follows:

Risk ID	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00001802	Chief Operating Officer	Sep 2022	Mar 2024	16 	6
Description	There is a risk to patient elective activity .				
Controls	Planning processes are in place to support delivery of activity.				
Actions	Recruitment and retention plans within Surgery.				
	Trajectory of activity and staffing to be presented to IPC.				

Risk ID	Risk Owner	Date	Review Date	Residual Score	Target Score
Clinical Services - Risk 00001918	Radiology Manager	Nov 2023	Mar 2024	16 	6
Description	There is a risk to the timeliness of patients to receive an MR diagnostic scan across pressured service lines (mainly pacemaker and supervised cardiac lines). There is a risk to patients exceeding 6 week diagnostic target for referral to diagnostic scan and not achieving DM01 target and 6 week target for all patients.				
Controls	<p>PTL review and longest waiting patients prioritised and clinically reviewed. All patients over 6 weeks to be validated.</p> <p>Mutual aid commencement with LUHFT to pool longest waiting cardiac MR patients across the sites.</p> <p>WLI additional sessions being worked up and delivered.</p> <p>Additional administrative support via bank.</p> <p>Recruitment to the admin team vacancies and additional posts proposal through the Trusts annual planning process.</p> <p>Recruitment to 2x consultant Radiologist posts.</p> <p>New Service Line Manager post recruited to and started in post.</p>				
Actions	SOP's revisited and shared with the SLM to trial and to be ratified once agreed.				

Risk ID	Risk Owner	Date	Review Date	Residual Score	Target Score
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Corporate Services - Risk 00001944	Chief Operating Officer	Dec 2023	Mar 2024	16 ↑	6
Description	There is a risk that clinical letters are not being sent to external partners including GPs and to patients.				
Controls	<p>Weekly report on the known letters in EPRO being sent to Operational teams to allow for a review of patients in the system.</p> <p>Weekly task & finish group established in January 2024 with Digital and EPRO colleagues to identify any gaps in letter flow.</p> <p>Senior Leadership meeting set up in the Trust to look at options for recovery (with the number of letters that haven't been sent out the Trust)</p>				
Actions	<p>Workshop to train administration staff on EPRO processes and develop SOP's to support ongoing management of the system.</p> <p>PSIRF review to be completed in line with Trust Policy.</p> <p>Operational Team and Admin team meeting held to share the current position on the letter issues.</p> <p>Reviewed training plan with EPRO to be agreed in support of the Admin teams.</p> <p>Further data analysis and clinical review taking place.</p>				

3. Recommendation

The Board of Directors is asked to note the content of this report and be assured the Trust has systems and processes in place for the identification, management and escalation of risks.