

## Risk Register summary and analysis

Ref	Risk	Date identified	Impact score	Likelihood score	Total score	Level of control
1.	Reduced patient experience arising from quality of Estate	20.06.16	4	4	16	Reasonable
2.	Service disruption arising from poor condition / breakdown of specialist ventilation equipment	13.06.16	4	4	16	Poor
3.	Service interruption at RSCH arising from pharmacy robot breakdown	04.07.16	4	4	16	Reasonable
4.	Rising water main feed, Thomas Kemp Tower	20.06.16	5	3	15	Reasonable
5.	Poor patient experience arising from delays in ED	24.06.16	3	5	15	Reasonable
6.	Poor patient experience arising from mismanagement of 3Ts building work	10.07.16	5	3	15	Reasonable
7.	Service disruption arising from mismanagement of 3Ts building work	10.07.16	5	3	15	Reasonable
8.	Patient harm arising from delays to diagnosis of cancer because of slow histopathology performance	12.08.16	5	3	15	Reasonable
9.	Failure to adequately address issues identified by Care Quality Commission Warning Notice	18.08.16	5	3	15	Reasonable
Proposed additional risks:						
10.	Missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral	12.09.16	5	4	20	Reasonable
11.	Patient harm due to inability to cope with increased demand through change in NICE criteria for cancer referral	12.09.16	5	3	15	Reasonable

1. There are 9 risks categorised as High, i.e., scoring 15 or more on the standard assessment matrix, which have been previously reported to the Board.
  - Risk 9. Failure to adequately address issues identified by Care Quality Commission Warning Notice – previously scoring 20 – this risk score has been reduced, further to positive feedback from the Care Quality Commission due to action plans implemented and further improvements planned, giving a likelihood score of 3, and a total score of 15.
  - Risk 7. Reported at the last Board meeting has been removed – Patient harm arising from clinical staffing shortages in Obstetrics – as a result of staff appointments which have mitigated the risk.
2. There are 2 risks recently proposed for addition:
  - **Missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral**  
NICE have changed the national criteria and targets for cancer referrals so that tests must be carried out within 2 weeks, therefore the number of cancer patient referrals into the hospital will increase without systems adjustment to cope. As a consequence of this, the target to test within 2 weeks will not be met. The matter has been raised with the Sussex Cancer Board and Clinical Commissioning Groups to find alternative models of

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service provision, and progress will be monitored via the Quality & Performance Committee. The total score was set at 20 as a result of the Chief Operating Officer's view that this is likely to affect performance targets.

- **Patient harm due to inability to cope with increased demand through change in NICE criteria for cancer referral**

NICE have changed the national criteria and targets for cancer referrals so that tests must be carried out within 2 weeks, therefore the number of cancer patient referrals into the hospital will increase without systems adjustment to cope. As a consequence of this, patients may suffer delayed/missed diagnosis, impaired outcomes, reduced patient experience, stress, distress, and/or discomfort. The matter has been raised with the Sussex Cancer Board and Clinical Commissioning Groups to find alternative models of service provision, and progress will be monitored via the Quality & Performance Committee.

3. The other risks on the register remain at their previously reported scores. Action deadlines for one item (4) were put back due to competing pressures, but remain in relatively short order.
4. The Board will note that a key theme of the risks scoring 15 and over (in risks 1 - 7) remains a long term lack of maintenance and/or investment. This theme is also present in a substantial number of the risks in the next category down ("significant", i.e., those risks scoring between 8 and 12). Issues connected with maintenance of buildings and equipment have also been raised in the Care Quality Commission's (CQC) report, and in some cases associated with compromised delivery of care.
5. Management of these individual risks is generally retained within the departments and directorates which raised them. However, processes for assessing and approving investment in maintenance and new equipment are at the corporate level. The Quality and Performance Committee recommends to the Board that there should be a review of the risk assessment elements of capital investment decision making systems, with particular emphasis on whether the risks arising from failure to invest in any given application for funding are adequately assessed and taken into account during the process. An enhanced approach to risk assessment in this context will help the Board to ensure that care provided is safe, effective, caring and responsive, and will help to demonstrate that the Trust is well-led.
6. The Board will consider the new Board Assurance Framework (BAF) in October. The risk posed to achievement of the Trust's key strategic objectives (delivery of the financial recovery plan, delivery of constitutional access commitments, delivery of quality and safety improvements) by the current approach to risk assessment in investment decision making will be included for consideration by the Board amongst the proposals for the BAF.
7. In addition to the recommendation set out at paragraph 5 above, the Board is recommended to note the current risks. A further review of the risk register will be conducted before the next meeting of the Board, which the Quality and Performance Committee will be asked to propose to the Board for adoption.