Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
25th July 2013

TITLE	**Trust Risk Register**
EXECUTIVE SUMMARY	This report presents the Trust Risk Register as at 18th July 2013. Since the last reporting of the Register to the Trust Board in April 2013 a fundamental review of the Register has taken place and been approved by IGAC in July. This has included a number of immediate actions plus actions to be implemented in the medium term. The register as presented details seven risks which have been reviewed and re-rated to ensure compliance with the Quality, Safety and Risk Management Strategy which requires only risks rated as 15 and above to be included on the Trust Risk Register.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The Trust Risk Register report provides assurance that relevant risks have been identified as corporate risks and that mitigating actions are in place. The report contains, the full Trust Risk Register.
LINK TO STRATEGIC OBJECTIVE	The Risk Register links to all Strategic Objectives.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Not assessed and views not taken.
EQUALITY AND DIVERSITY ISSUES	None identified.
LEGAL ISSUES	The Trust Risk Register is required by the Department of Health and is a particular requirement of the NHS Litigation Authority. It is a fundamental operating requirement of Monitor.
The Trust Board is asked to:	The Trust Board is asked to review and discuss the contents of the Trust Risk Register and assure itself that all risks are accurately identified and mitigated adequately.
Submitted by:	Suzanne Rankin, Chief Nurse.
Date:	18th July 2013
Decision:	For Assurance

Trust Risk Register

1 Introduction

The Integrated Assurance and Governance Committee (IGAC) requested a review of the risk management structures, processes and practices in the Trust in May 2013. The Corporate Risk Register was reviewed as part of this exercise. At IGAC's July meeting a number of recommendations were approved. Those which could be implemented immediately have been reflected within the Register presented below.

2 Recommendations approved by IGAC

At its meeting on 16th July 2013 IGAC approved:

- The changing of the name of the risk register to the Trust Risk Register.
    - The risks within this register are those most significant to the Trust at this time and are not solely corporate in nature.
- The rating of risks within the Register has been reviewed with an increase in the rating of seven risks to above 15.
    - This aligns with both the Board Assurance Framework and the current assessment of risk. As the Trust's Quality, Safety and Risk Management Strategy (QSRMS) notes that only those risks rated 15 and above should be included within the Corporate/Trust Risk Register these seven risks comprise the Register at July 2013.
- Development of a risk protocol and standardised registers to be used by register owners across the Trust.
    - The review highlighted that there is insufficient understanding within the Divisions of the Identification and management of risk and a non-standardised format for the presentation of risk registers.
- Introduction of corporate departmental risk registers.
    - Currently low level risks from Corporate divisions sit on the Corporate/Trust Risk Register as there is no other forum for them to be managed. This is not in accordance with the Trust's QSRMS. Corporate divisional risk registers will enable identification and management of risks throughout the organisation to be monitored and managed with escalation to the Trust Risk Register is appropriate.
- Setting of a risk appetite by the Trust Board.
    - A risk seminar will be provided for the Board. As part of this the Board will discuss and set the risk appetite for the Trust.
- Guidance to the clinical Divisions on governance and assurances mechanism to be implemented.

3 Recommendation

The trust Board Is asked to review review and discuss the contents of the Trust Risk Register and assure itself that all risks are accurately identified and mitigated adequately.

Trust Risk Register

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1268	The Trust exceeds the budget it has assigned for managing penalties	The national contract the Trust holds with its two main commissioners contains penalties. The estimated risk of these penalties is at present £2.6m for readmissions, £2.3 million for NEL and approximately £2 million for other penalties. The risk is that we exceed the budgeted values. The estimates above are to be refined in later versions of this document.	HIGH **12** 17/04/2013	EXTREME **16** 	LOW **3**	1. Development of Dashboards 2 .Daily/weekly/monthly monitoring of targets 3 .Daily operational meetings 4. Weekly Performance meetings 5. Monthly speciality performance meetings 6. Monitoring by Information team/Finance team and Business Development teams	Since developing the risk the contract negotiations have been completed and the risk has been quantified. Active management plans are in place for the most serious sub risks and others are being developed during June as the first activity data becomes available.	31/08/2013	Executive Director: Simon Marshall Lead Manager Stephen Hepworth
1129	28 day readmission rate (BAF 4.2)	High readmission rate indicative of poor quality. Requirement to reduce emergency-emergency readmissions from 14.5% to 10.6% by quarter 4 2013/14. Loss of CQUIN monies (1.1 million) if not achieved. Reductions will also reduce the penalties estimated to be £2.6m	HIGH **12** 31/03/2011	EXTREME **16** 	MED **4**	Readmission prevention programme being led by Dr D Fluck and supported by the PMO The project in Q1 has been focused on ensuring accuracy of recording of data. In addition a number of patient pathways are being reviewed.	Q1 target achieved. Q2 target is currently expected to be achieved. Plans being developed for Q3 and Q4.	31/08/2013	Executive Lead: David Fluck

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1244	Staff satisfaction (BAF 2.3)	There is a risk that staff satisfaction declines thereby adversely affecting short term performance and long term goals.	HIGH **12** 16/11/2012	EXTREME **16** 	LOW **3**	**November 2012:** 10 corporate commitments (2012/2013) in response to the National Staff Survey (NSS) in place. Divisional and departmental plans (2012/2013) in response to the NSS in place. Robust leadership, engagement and governance processes and systems in place to monitor progress and improvement.	New action plan shared and developed with key stakeholders following the results of the 2012 National Staff Survey. Staff Experience and Culture workstream is now being managed by the Programme Management Office in collaboration with the Director of Workforce Transformation, with strong support from the Chief Executive.	31/08/2013	Executive Lead: Louise McKenzie Lead Manager: Jules Arnould
764	Delivery on all Performance Targets. (BAF 2.3)	Potential failure to deliver on some performance targets - In particular admitted pathway 90% target for some elective specialties (orthopaedics, oral surgery) and sustaining (ASPH alone) 98% '4 hour' target.	HIGH **12** 12/03/2008	EXTREME **16** 	MED **4**	**March 2013:** The Trust undertook a significant piece of work during 2012/13 to redesign the emergency care pathway for medical patients. This change formed the basis of the Unscheduled Care Programme and was completed in partnership with the NHS IMAS Emergency Care Intensive Support Team (ECIST). Whilst the Unscheduled Care Programme has delivered improvements in capacity and flow and patient experience, there is still more work to do to bring performance up to the required standard. To determine the work programme for the coming year the	The Trust met all of the performance targets associated with the Monitor Compliance Framework for quarter 1, including the four hour standard for waiting times in A&E. Whilst 4 hour performance improved during quarter 1 it remains a risk. Of particular concern is the ability of the system as it is currently configured to stand up to the pressure of winter 2013/14 whilst maintaining capacity,	31/08/2013	Executive Director: Valerie Bartlett Lead Manager: Claire Braithwaite

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
						management team in the Division of Medicine and Emergency Services has completed a gap analysis to identify any actions outstanding in existing action plans and guidance about best practice.	flow, patient experience and performance standards throughout.		
1261	Effective delivery of Child Safeguarding support and guidance to front line staff	Two significant members of the dedicated safeguarding team - Named Nurse and Clinical Specialist Nursing Lead are no longer working within the team this together with an unprecedented number of Serious Case Reviews presents a risk to the service.	HIGH **12** 14/03/2013	EXTREME **16** ⬆	LOW **3**	Named Nurse role fulfilled by interim appointment for 6 months. Operational Lead filled with secondment from Maternity.	The named Nurse for Child Safeguarding has been appointed and starts in post on the 19th August 2013. However, the operation lead is still out to advert at present.	31/08/2013	Executive Lead: Suzanne Rankin
1245	Failure to close one National Patient Safety (NPSA) alerts (BAF 1.1)	NPSA/2012/RRR003 - Minimising risks of miss-matching spinal epidural and regional devices with incompatible connectors	MED **6** 16/11/2012	EXTREME **16** ⬆	LOW **3**	NPSA/2012/RRR003 - Minimising risks of miss-matching spinal epidural and regional devices with incompatible connectors: Working Group being formed by the Deputy Medical Director to lead this piece of work.	The Trust Executive Committee discussed and approved a way forward in June 2013 with a phased implementation to be progressed.	31/08/2013	Executive Director: Suzanne Rankin Lead Manager for achieving Action Plan: Mick Imrie.

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1266	Risk of underachieving the Trust's £11.8m Quality and Transformation Efficiency Plans 2013/14 (BAF 4.3)	The Trust continues to develop both its leaders and structures to ensure that divisions and specialties are capable of driving sustained change. The Project Management Office (PMO) is tasked with ensuring that the organisation keeps its Quality and Transformation programme on track and supports the divisions and specialties. By running our performance meetings at the specialty level the Trust ensures that its organisational culture promotes the interests of patients as well as finance and performance targets.	HIGH **12** 03/04/2013	EXTREME **16** 	LOW **3**	A robust Quality and Transformation (CIP) Strategy has been produced and is being implemented. On-going monitoring will continue now, and throughout 2013/14, to ensure that the plans for 2013/14 are robust and monitored to ensure delivery and have strict quality scrutiny, assessment and monitoring. This work will include on-going identification and development of new schemes in order to de-risk the £11.8m CIP target	High risk schemes have been reduced by £1.8m, from £3.3m (28% CIP target) to £1.5m (13% CIP target). Medium risk schemes have reduced marginally by £48k to £3.2m (27% CIP target). Assured schemes have increased by £1.5m from £5.4m to £6.9m (60% CIP target). Urgent work is continuing with the Divisions to assure remaining High risk schemes, including the Procurement Department in order to assure the £626k High risk projects remaining in the Trust-wide Procurement Plan. The Divisions are making good progress with their 'New Schemes in Development'.	31/08/2013	Executive Lead: Simon Marshall Lead Manager: Caroline Boswell

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
							In respect of the 4 'big Ticket' Transformation Work streams: 1. Length of Stay - the 24 bedded Swift ward has now closed. The PMO continues to progress Length of staff related projects 2. Theatre Utilisation - the Theatre dashboard is ready for use and a major Theatre Utilisation Project Plan is in process 3. Medical Pay, Productivity and Temporary Staffing. These big-ticket workforce-related projects are being developed and led by the Director of Workforce and OD 4. Outpatient Capacity. Initial Project Planning is in process of commencement.		