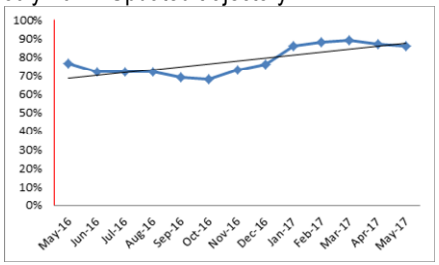
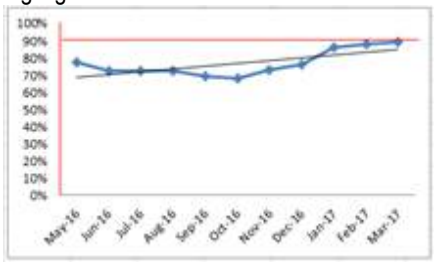
Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Trust Board
27th July 2017

AGENDA ITEM NUMBER	5.4	
TITLE OF PAPER	Trust Risk Register	
Confidential	**YES**	
Suitable for public access	**YES**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
STRATEGIC OBJECTIVE(S):		
Best outcomes	√	Identify risks to patient safety and acing upon them is inherent in achieving best outcomes for patients.
Excellent experience	√	Proactive management of risks enhances patient experience.
Skilled & motivated teams	√	Safety is improved when teams are proactive in the management of risks to patient safety.
Top productivity	√	Productivity is improved when patient safety risks are managed effectively and risks are avoided.
EXECUTIVE SUMMARY		
	This report summarises the Trust Risk Register as at 25/07/2017. There are currently 6 risks on the Trust Risk Register. There are two proposed new risks and one risk proposed for downgrading. A number of new risks from Risk Scrutiny Committee were discussed but require more information prior to inclusion in the Trust Risk Register The Trust Risk Register report provides assurance that relevant risks have been identified as Trust risks and that mitigating actions are in place. The Risk Register links to all Strategic Objectives.	
RECOMMENDATION:	For Assurance	
SPECIFIC ISSUES CHECKLIST:		
Quality and Safety		
Patient Impact		
Employee		
Other Stakeholder		
Equality & Diversity		
Finance		
Legal	The Trust Risk Register is required by the Department of Health.	

Link to Board Assurance Framework Principle Risk	
AUTHOR NAME/ROLE	Michael Imrie, Deputy Medical Director/Chief of Patient Safety
PRESENTED BY DIRECTOR NAME/ROLE	Michael Imrie, Deputy Medical Director/Chief of Patient Safety
DATE	25/07/2017
BOARD ACTION	Review the paper and approve changes.

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1451	Clinicians may be Unsighted to, or Fail to Review, the Results of Patient Investigations	(CQC outcome 21 & 16) There is a risk that clinicians may be unsighted to, or fail to review, the results of patient investigations and that clinical care may be compromised as a result. There is a lack of consistent, robust processes to ensure that clinicians are aware of the results of clinical investigations and take appropriate actions as a result. This risk replaces 1412.	MAJOR 15 24/06/2015	MAJOR 15 	NEG 2	1) Implement Ordercomms system for investigations. 2) Review of current clinical systems to identify best practice. 3) Alert Clinical offices to the issue. 4) Review of Code 5 process for alerting radiology reports and ensure active tracking of reports.	July 2017: Order Comms contract due for signature 5/7/2017 and a project manager started on 3/7/2017. The project commences on 10/7/2017 with the configuration and set-up in the first instance, followed by the go-live commencing in Q3. March 2017: Planned roll out of Ordercomms to commence Q1 2017. Code 5 review in progress. Dec 2016: Implementation Q4 16/17. Further modalities to follow. September 2016: Awaiting progression of implementation of Ordercomms projected December 2016. May 2016: A business case for an Ordercomms system in currently in development. March 2016: EMR roll out to commence in May 2016 with completion planned for November 2016. Jan 2016: Ordercomms system available from SPS. Implementation currently planned to follow EMR roll out.	16/08/2017	Exec Lead: Medical Director Lead Manager: Mick Imrie

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1498	Mandatory Medicines Management Training	There is an organisational development risk of poor medicines management practice due to low completion of mandatory medicines management training. There was feedback from CQC (2015) on low adherence in paediatrics. Trustwide adherence in May 2016 is 77%. The target is 90%.	MAJOR 15 13/6/16	MAJOR 15	NEG 1	July 2017: Updated trajectory.  June 2017: Trust wide compliance for May 2017 is 86%. Of the five Divisional areas reporting only one (WOD) is reporting compliance above the 90% target. May 2017: Compliance continues to follow the right trajectory to target. Trust wide compliance for Mar 2017 is 88.7%. Issues with false reporting for some staff members highlighted to L&D.  Mar 2017: Compliance Trust wide for Feb 2017 is 87.6%. Divisional managers sent the figures to improve compliance rates.	May 17: **MES**: May 75%; June 68%; Aug 68%; Sep 63%; Nov 57%; Dec 71%, Jan 78% , Feb 82%, Mar 83% Apr 84%May 82% **Quality Medical Nursing & Midwifery:** May 42%; June 38%; Aug 50%; Sept 44%; Nov 44%; Dec 80%, Jan 77%, Feb 80%, Mar 83% Apr 82% May 77% **TASCC:** May 82%; June 75%; Aug 78%; Sep 76%; Nov 64%; Dec 72%, Jan 84% , Feb 87%, Mar 91% Apr 89% May 88% **DTTO:** May 71%; June 73%; Aug 54%; Sep 78%; Nov 78%; Dec 80%, Jan 92%, Feb 90%, Mar 86% Apr 85% May 82% **WH&P:** May 78%; June 78%; Aug 80%; Sep 77%; Nov 78%; Dec 87%, Jan 96% , Feb 94%, Mar 94% Apr 90% May 89% **WOD:** May 63%; June 64%; Aug 82%; Sep 78%; Nov 54%; Dec 91%, Jan 93%, Feb 93%, Mar 93% Apr 91% May 93%	21/07/2017	Exec Lead: Louise McKenzie Lead Manager: Olatokunbo Ogunbanjo

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1552	Lost to follow up as a result of patient administrative processes.	There is a risk that patients will become lost to follow up as a result of clinical outcomes (disposal codes not being recorded and/or actioned. This risk affects all outpatient specialties.	CATASTR 20 06/03/2017	CATASTR 20 	MINOR 4	Create an automated safety report based on disposal codes to flag any patients on outpatient pathway whose next steps have not taken place within four weeks of appointment. (In process of being created by Information Department). Validate and standardise use of the Follow-up wait list into an accurate tool for monitoring demand and avoid excessive waits, including standardising the cancellation/rebooking process. ADOs leading for each Division, overseen by James A Thomas, Director of Operations through weekly Trust Performance Meeting. Pursue 'order comms' for requesting and reviewing diagnostic tests as soon as possible (pathology and imaging). Dr M Imrie. Inform and engage with patients to encourage self-management and support of process improvements. Timeframe not yet identified – Julie Mooreland to lead.	The automated reporting of missing outcome codes and missing appointments has now been established and both are showing reductions. Monitoring of both of these reports as well as the outpatient waiting list is taking place via the weekly performance meeting. A proposal for development of an electronic outcome form is also being developed The pilot of the revised discharge summaries will now start w/c 22nd May.	13/072017	Exec Lead: Tom Smerdon/ James Thomas Lead Manager: Mark Hinchcliffe

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1556	Medical Workforce Gaps in Emergency Department	There is a risk that patient safety could be affected and the A&E 4 hour Access target may be compromised due to the number of vacant medical posts in the Emergency Department. This may be further exacerbated by the changes to IR35 (agency and locum rules) which are expected to affect all NHS Trusts. The results of these risks have financial implications for the organisation.	CATASTR 16 03/04/2017	CATASTR 16 	MINOR 6	Workforce plan being actively managed – ED Consultant leading with PMO support. New ED General Manager starts employment on 3rd April and will be responsible for completion of workforce review (all disciplines). Patients being triaged within 15 minutes of arrival with doctor review of queue. Staff are proactively communicating with patients and families to advise them of increased waits. VitalPac now in place – supporting safer care. Recruitment to vacancies – workforce plan being supported by PMO	July 2017: There are still significant SpR and Clinical Fellow gaps and so due to the challenge this presents to patient safety the rating remains the same. June 2017: Middle grade recruitment is underway for SpR, Clinical Fellow and SHOs. Bank and Agency fill of the rota for Middle Grades is still a challenge. New Director of Operations - Emergency Medicine has started with a remit to look at workforce lay down which forms part of an overarching action plan to minimise breaches and improve performance. Communication with patient and families continues to highlight wait times.	01/08/2017	Exec Lead: Tom Smerdon Lead Manager: Andrea Lewis

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1567	TASCC - Colorectal, Due to an increased demand and lack of staff there is potential for poor patient outcome.	There has been an increase in the number of Colorectal referrals which has affected service provision which will potentially affect patient outcome. 1) Increase in TWR and 18 week referrals. 2) High levels of sickness and vacancies within the Colorectal service.	CATASTR 16 23/05/2017	CATASTR 16 	NEG 1	May 2017: 1) Additional management support required. 2) Additional Consultant 1:00 X WTE required. 3) One stop rectal bleeding clinic to be established. 4) On-call rota to be reviewed.	July 17: Additional management support – new Assistant Service Manager started in post 26/6/17. Lorraine Knight is also undertaking some project work for the service in a management support capacity. Two admin support vacancies have gone out to advert (secretaries) with plans to recruit a third to cover the vacant maternity leave gap asap. A business case for further consultants went to the Commercial Group 29/6/17 and had a positive reception for two 1.00 WTE consultants and specialist nurse. Next steps are underway to achieve this recruitment asap. Then the one stop rectal bleeding clinic, etc. will be established. Extra clinics and provision provided in service proven by the achievement of the 18 week national target in June despite increasing numbers. On-going management to take place. May 17: Management support in post 23/05/17. A proposal for an additional substantive Consultant post business case to be submitted. Reviewing the possibility of establishing a one stop rectal bleeding clinic. A briefing paper to be reviewed at the next Consultant meeting.	03/08/2017	Executive lead: James A Thomas Lead Manager: Allysia Wood

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1429	Shortage of staff on Swan Ward	Despite recruitment there are currently 3 nursing vacancies on Swan Ward. There are high levels of sickness and agency use. Staff are also being taken to support escalation areas such as Swift Ward. Additionally one staff member is due to go on maternity leave in March. This also affects the ability to release members of staff to undertake necessary training. Impact is on quality of patient care and safety - e.g. increased incidents including hospital acquired pressure ulcers. Also decreased staff satisfaction and stress leading higher sickness rates.	MODER 12 03/02/2015	MAJOR 15 	MINOR	Feb 2015: Some vacancies have already been recruited to - 1 new starter on 8/1/15, 2 nurses from overseas are due to start in March. A recruitment day is planned for 24/01/2014	July 2017: New Associate Director of Nursing in post providing visible leadership to the ward. Recruitment remains ongoing, three qualified nurses started in June / July and two HCA's. Recruitment day taking place on Saturday 8th July. CNL providing leadership and support on the ward as ward manager. Plans to place advert for ward managers post in July. Therefore there is one Band 7 ward manager, one Band 5 qualified nurse and one Band 2 HCA vacancies. However, staffing has also been impacted by six staff currently being on maternity leave. The risk has been reassessed and downgraded to moderate. May 2017 staffing on Swan continues to be an issue. Managing staffing concerns on a day to day basis, CNL currently working on the ward to provide management & leadership. 6 staff members still on maternity leave until August. Successful recruitment of 4 RN's/ 4 HCA's, they start May/June. Both RN/HCA's are shortlisted for upcoming recruitment day so there is further potential to recruit. April 17: the situation is not resolved and is a serious concern. In addition to staff on maternity leave, current vacancies March 2017 are - Band 7 (1wte), Band 5 (4.52 wte) Band 2 (7.03 wte). In addition, 1RN has handed in notice and 2RNs have been offered posts in other divisions and accepted. The CNL has recently recruited 2.8 wte, Band 2 and 4 wte RNs due to start in	04/09/17	Lead Manager: Cathy Parsons, Kelly Irvine, Yvonne Jones

							June. There are plans for a ‘re-boot’ in April 2017 to review the current situation and potential for new actions. A new ADN has been appointed and is due to start at the Trust in May. Ward staffing levels are closely monitored and cover being provided; the CNL is working full time on the ward.		

Proposed New Risks

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1571	Delivery of the Trust's Cost Improvement Programme (CIP's) for 2017/18	There is a risk to the ability of the Trust to control costs within our existing budgets and reserves to prevent the CIP ask from increasing or the planned surplus reducing. Total risk 1% of turnover or £3m.	CATASTR 16 05/07/2017	CATASTR 16	MINOR 6	Current review meetings are being held twice a month Mitigate additional cost pressures via additional savings Monthly reporting to Execs of financial pressures		05/08/2017	Executive Lead: Simon Marshall Lead Manager: Des Irving Brown

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1572	Joint Trust/CCG QIPP Delivery	There is a risk that Joint QIPP schemes with NWS CCG are not delivered, leading to activity, workforce and facility pressures, unaffordable over performance bills to our commissioners and contract risk sharing arrangements being enacted. Hence the Trust may miss its financial targets. Total risk c£1m for the Trust and £7m for NWS CCG in 2017/18.	CATASTR 16 05/07/2017	CATASTR 16	MODER 9	Continue regular joint delivery meetings with CCG. Regular meetings with CCG Director of Finance, CCG Programme Manager and Associate Director of Strategy. Monitor QIPP delivery schedules. Continue regular internal meetings to review cost responses to QIPP schemes.		05/08/2017	Executive Lead: Simon Marshall Lead Manager: Des Irving Brown and George Roe

Proposed risk for downgrade

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1564	2017/18 CQUIN Programme	The CQUIN programme is predominately a quality improvement programme and failure to deliver will mean that patient care is not improved to the standards expected. The programme for 2017/18 is worth circa £6 million. Failure to deliver the CQUIN programme will cause significant financial instability to the Trust and the potential therefore to effect negatively patient care through the insufficient availability of financial funds.	MAJOR 15 03/05/2017	MODER 12 	MINOR 4	July 2017: Plans have been developed for all NWSCCG CQUINS and project management support is being provided to all goals. Managers have also been allocated to each project, with many having a clinical lead where appropriate. Monthly monitoring meeting is in place and an escalation process is to be established. CQUIN Project Plan. The PMO has a full project management structure in place. Managers have been allocated to each project, with many having a clinical lead where appropriate. Targets have been identified with necessary actions.	July 2017: Quarter one reporting is complete and outstanding actions have been escalated.	14/09/2017	Exec Lead: Heather Caudle/Simon Marshall Lead Manager: Mark Hinchclffe

Current Risk Matrix

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			1	2	3	4	5
Severity	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9	12	15
	Major	4	4	8	12	16	20
	Catastrophic	5	5	10	15	20	25

Legend

1-3 Green
Negligible Risk

4-6 Yellow
Minor Risk

8-12 Orange
Moderate Risk

15 Red
Major Risk

16-25 Red/Red
Catastrophic Risk