



**Trust Board**  
**30 October 2014**


<b>TITLE</b>	<b>Trust Risk Register</b>
<b>EXECUTIVE SUMMARY</b>	<p>This report presents the Trust Risk Register as at 24<sup>th</sup> October 2014</p> <p>Since last reporting to Trust Board on the 31 July 2014 there have been the following changes to the register:</p> <p>One new risk added</p>
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	<p>The Trust Risk Register report provides assurance that relevant risks have been identified as Trust risks and that mitigating actions are in place.</p> <p>The report contains, the full Trust Risk Register.</p>
<b>LINK TO STRATEGIC OBJECTIVE</b>	The Risk Register links to all Strategic Objectives.
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	Not assessed and views not taken.
<b>EQUALITY AND DIVERSITY ISSUES</b>	None identified.
<b>LEGAL ISSUES</b>	<p>The Trust Risk Register is required by the Department of Health and is a particular requirement of the NHS Litigation Authority.</p> <p>It is a fundamental operating requirement of Monitor.</p>
<b>The Trust Board is asked to:</b>	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.
<b>Submitted by:</b>	Mick Imrie, Chief of Patient Safety and Deputy Medical Director
<b>Date:</b>	24 October 2014
<b>Decision:</b>	For Assurance


### 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.	<p><b>MODERATE</b></p> <p>12</p> <p>17/04/2013</p>	<p><b>CATASTR</b></p> <p>16</p> 	<p><b>NEG</b></p> <p>3</p>	<ol style="list-style-type: none"> <li>1. Development of Dashboards</li> <li>2. Daily/weekly/monthly monitoring of targets</li> <li>3. Daily operational meetings</li> <li>4. Weekly Performance meetings</li> <li>5. Monthly specialty performance meetings</li> <li>6. Monitoring by Information team/Finance team and Business Development teams</li> <li>7. Additional monthly data validation meeting occurring before data is loaded nationally.</li> <li>8. SUS data loads are now occurring 1 week before freeze dates.</li> </ol>	<p><b>Sept 2014</b> – On 1<sup>st</sup> April the Trust was obliged to move from a data type of 6.1 to a data type of 6.2. There have been problems with the data until the middle of August and it is only now that we know the actual position. We are now going to provide the data into the organization for this to be managed.</p> <p><b>July 2014</b> – Income assurance meetings have begun. A timetable of monthly data checks has been created. Data on issues is being regularly forwarded to operational teams.</p>	01/11/2014	<p>Executive Lead: Simon Marshall</p> <p>Lead Manager Stephen Hepworth</p>

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
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.	<b>MODERATE</b> 12 12/03/2008	<b>CATASTR</b> 16 	<b>MINOR</b> 4	<p><b>July 2014</b> – The Unscheduled Care Programme has delivered improvements in capacity, flow and patient experience with further activities scheduled to enhance reported performance.</p> <p>Revised Emergency Care Pathway Programme (commenced Q1 2014). Separate action plan available.</p> <p>Significant work continues to reduce the number of patients waiting greater than the RTT 18 week target in association with the CCG.</p>	<p><b>Sept 2014</b> – RTT: Trust aggregate Admitted Pathway performance continues to improve with the planned reduction in the backlog delivered. Trust aims for a return to Admitted Pathway compliant performance from Q3 2014 (October 2014). A&amp;E: New breach analysis developed and underway in conjunction with CCG colleagues &amp; health system partners to support attendance avoidance, pathway improvements &amp; earlier supported discharge.</p> <p><b>July 2014</b> – RTT progress – Recovery trajectories modified in July 2014 in response to non-recurrent elective resilience funding provided by NHS. Plan agreed with NWS CCG targeting Admitted Pathway RTT compliance in September 2014.</p>	01/11/2014	Executive Director: Valerie Bartlett Lead Manager: Philip Purdy

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1266	Risk of underachieving the Trust's £14.9m Quality and Transformation Efficiency Plans 2014/15 (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.	MODERATE 12 03/04/2013	CATASTR 16 	NEG 3	<p><b>Sept 14</b> - Mitigating action plans to reduce projected 14/15 CIP shortfall under development with the divisions. Medicine plan escalated to fortnightly review of delivery.</p> <p>A robust Quality and Transformation (CIP) Strategy has been produced and is being implemented. On-going monitoring will continue now, and throughout 2014/15, to ensure that the plans for 2014/15 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 £14.9m CIP target</p>	<p><b>Sept 2014</b> - The projected shortfall has fallen from £1.4m at M3 to £1.1m at M5 with work ongoing with the Divisions to close this further. Monthly CIP meetings continue with the Divisions.</p> <p><b>July 2014</b> - Mitigating action plans to reduce projected 14/15 CIP shortfall under development with the divisions. Medicine plan escalated to fortnightly review of delivery.</p> <p><b>March 2014</b>- Finance Director reports the Risk level for 2013/14 remains the same, although the focus for delivery of CIPs has now shifted to delivery for 2014/15, with the ownership of delivery and risk transferring into the Divisions from 1 April 2014.</p>	01/11/2014	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
1317	The Trust has an overreliance on temporary workforce and in particular agency staff which leads to reduced quality of care and increased expenditure	The trust currently has an overreliance on temporary workforce due to increased activity and escalation, covering junior doctor positions unfilled by the Deanery and due to difficulties in recruiting and retaining staff.	CATASTR 16 07/11/2013	CATASTR 16 	NEG 1	Implementation of a Temporary Staffing Review Board to commence in November 2013 which will incorporate four work streams. 1. Medical workforce planning 2. Governance & control processes 3. Supply 4. H R	<b>Sep 2014</b> – We are developing incentives for permanent and temporary nursing resource, particularly in medicine to improve retention and increase temporary supply. We will be implementing bank and agency software for medical locum bookings (free software)  <b>July 2014</b> - New pay rates introduced for Bank Nursing and HCA staff to increase bank fill and reduce reliance on agency. Fill rates 95-96% in May/June 2014  <b>Feb 2014:</b> Temporary Staffing Review Board approved High level action plan. Specialty level workforce planning being carried out as part of business planning process. A revised set of controls for booking bank and agency in all staff groups have been implemented.	01/11/2014	Executive Lead: Louise McKenzie Lead Manager: Colleen Sherlock

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1368	Patients lost to follow up in Urology leading to risk of advanced disease state	Urology cancer patients not tracked and lost to follow up appointments and treatment. Potential delay and risk of patients presenting with advanced disease state.	CATASTR 20 16/07/2014	CATASTR 20 	NEG 2	<p><b>Sept 2014:</b> Admin review of notes (circa 700 to ascertain extent of problem. Own follow up process to be looked at and implemented. Those found to be lost to follow up to be reported as a SIRI and investigated fully.</p> <p><b>July 2014:</b> Review of cancer services pathway. Review of notes (circa 100) to ascertain extent of problem. Own follow up process to be looked at and implemented. Those found to be lost to follow up to be reported as a SIRI and investigated fully.</p>	<p><b>Sept 2014:</b> Admin review complete. 62 notes found to need further consultant scrutiny – in progress.</p> <p>Seven cases identified by the end of September. Plan to meet with CCG to review cases and agree next steps.</p>	01/11/2014	<p>Executive Lead: Valerie Bartlett</p> <p>Lead Manager: Louisa Daly</p>

**New Risk**

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1364	Multiple competing demands on staff as a result of merger activities, CQC visit and operational pressures	The merger activities, CQC visit and operational pressures may impact on the ability of staff to fulfill the requirements of their role or reduce their workplace satisfaction	<b>CATASTR</b> <b>16</b> <b>23/10/2014</b>	<b>CATASR</b> <b>16</b>	<b>MINOR</b> <b>4</b>	To be advised	Oct 2014: New Risk	01/12/2014	Executive Lead: Heather Caudle  Lead Manager: Marty Williams

**Table 1 Current Risk Matrix**

		Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain	
Severity		1	2	3	4	5	
	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

**Risks Downgraded**