




Trust Board
31st July 2014

TITLE	Trust Risk Register
EXECUTIVE SUMMARY	<p>This report presents the Trust Risk Register as at 24th July 2014.</p> <p>Since last reporting to the Trust Board on the 1st May 2014 there have been the following changes to the register:</p> <ul style="list-style-type: none"> • One new risk added • Four risks downgraded • One risk level re-elevated following discussion at IGAC.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	<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>
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	<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>
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:	Mick Imrie, Chief of Patient Safety and Deputy Medical Director
Date:	24 th July 2014
Decision:	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.	MODERATE 17/04/2013 12	CATASTR 16 	NEG 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	July 2014 – Income assurance meetings have begun. A timetable of monthly data checks has been created. Data on issues is being regularly forwarded to operational teams. March 2014 – The new contract for 2013/14 is currently being negotiated. Following conclusion of those negotiations the risk level will be reset.	01/08/2014	Executive Lead: Simon Marshall Lead Manager Stephen Hepworth
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.	MODERATE 12/03/2008 12	CATASTR 16 	MINOR 4	July 2014 – The Unscheduled Care Programme has delivered improvements in capacity, flow and patient experience with further activities scheduled to enhance reported performance. Revised Emergency Care Pathway Programme (commenced Q1 2014). Separate action plan available. Significant work continues to reduce the number of patients waiting greater than the RTT 18 week target in association with the CCG.	July 2014 – 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.	01/08/2014	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 £11 .8m Quality and Transformation Efficiency Plans 201 3/14 (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.	<p>MODERATE</p> <p>03/04/2013</p> <p>12</p>	<p>CATASTR</p> <p>16</p> <p></p>	<p>NEG</p> <p>3</p>	<p>July 2014 – 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 201 3/1 4, to ensure that the plans for 201 3/14 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</p>	<p>July 2014 - 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>March 2014- Finance Director reports the Risk level for 201 3/14 remains the same, although the focus for delivery of CIPs has now shifted to delivery for 2014/1 5, with the ownership of delivery and risk transferring into the Divisions from 1 April 2014.</p>	01/08/2014	Executive Lead: Simon Marshall Lead Manager: Philip Purdy



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 07/11/2013 16	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.	July 2014 - 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	01/08/2014	Executive Lead: Louise McKenzie Lead Manager Colleen Sherlock

New Risk

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 16/07/2007 20	CATASTR 20 	NEG 2	July 2014: 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.	New Risk: Following discussion at the Risk and Scrutiny Committee	01/08/2014	Executive Lead: Lead Manager Louisa Daley

Risks Downgraded

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
1129	28 day readmission rate (BAF 4.2) NB now measured at 30 day readmission rate	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	MODERATE 31/03/2011 12	MODERATE 12 	MINOR 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. Q2 has seen the start of readmission risk stratification (within medicine) and appropriate interventions to prevent readmission	July 2014 – There is no longer a penalty from the CCG for this and as a Trust we are not an outlier. Risk downgraded from Major	01/10/2014	Executive Lead: David Fluck Lead Manager: Ria Wright
1170	Inadequate quality in performing WHO Safer Surgery Checklist	Repeated audits show that the final check of the WHO Safer Surgery Checklist is done for more than 95% of patients coming for surgery/procedure, however, recent audit highlighted lack of quality in performance of WHO Safer Surgery Checklist.	MODERATE 21/09/2013 6	MODERATE 9 	MINOR 4	For discussion at divisional Board/QUASH day Surgical specialty compliance to be added to the theatre dashboard	June 2014 - 11th June 14. May showing continued improvement. ASH 99.3% SPH 87%. The checklist is under review after manager attended a regional Theatres meeting. Section on team brief to be added in next update in July 14. Monthly compliance monitoring still in place. Radiology consultants removed as they were added incorrectly and this has improved the compliance rates, May rates attached on Datix. Risk downgraded from major.	30/09/2014	Executive Lead: Suzanne Rankin Lead Manager Sue Sexton

ID	Title	Description	Risk Opened	Risk level (current)	Risk Level Target	Action Plan	Progress	Review date	Monitoring
967	LSCS rate - Non compliant with CCG target	LSCS rate running 2-3% above CCG target of 23.6%.	MODERATE 03/09/2009 9	MINOR 6 	NEG 1	Action plan to be developed for CCG to avoid a fine for the Trust. Specific piece of work around the antenatal intra partum pathway which will be a practice based review with recommendations for improvement opportunities.	July 2014 – Trust no longer penalized for CCG target. Current rate year to date is 29%. Risk downgraded from Major.	30/09/2014	Executive Lead: Paul Crawshaw Lead Manager Jacqui Rees
1296	Backlog of typing clinical letters and result filing in the clinical offices in General Surgery	The backlog of typing letters and filing of the results is widespread in general surgery however, it is more prevalent in colorectal, upper GI and Breast specialties.	CATASTR 12/09/2013 16	MODERATE 12 	NEG 1	Recruit and place additional admin support to clear backlog, Review and prioritise the outstanding work Review volumes vs. WTE per clinical office Weekly monitoring Manage staffing issues i.e. sickness	June 2014 - 5 out of 10 specialties are up to date. with additional temp staff in place. 2 x additional staff to support filing in place as from Aug 14. Weekly tracking in place. Move to dictate IT from Aug 14 for Urology and Colorectal. 26th June 14. 6 out of 10 now up to date. Paper presented to TEC 20/6/14. Risk downgraded from Major.	01/08/2014	Executive Lead John Hadley Manager Lead: Lorraine Knight

Risk re –elevated following discussion at IGAC


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.	<p>MODERATE</p> <p>16/11/2012</p> <p>12</p>	<p>MODERATE</p> <p>12</p> <p></p>	<p>NEG</p> <p>3</p>	<p>July 2014 – Results of the 2013 National Staff Survey were shared with the Trust Board and council of Governors. In agreement with the Deputy chief Executive and the director of Workforce Transformation (now the Director of Integration and OD) and through discussions at corporate team briefing, three corporate actions have been agreed to tackle the following areas: training and development and career progression; support to line managers and the fairness and effectiveness of incident reporting.</p> <p>November 2012: 10 corporate commitments (201 2/201 3) 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.</p>	<p>July 2014 – All the corporate actions are on target and include work on a new leadership and management strategy; involvement in a regional and national talent management work stream and a leadership development programme which includes support to line managers to equip them with change management skills through the proposed merger progress. Focus groups are underway or scheduled with staff from the divisional and departmental 'hotspots' as highlighted in the Trust Board/CoG reports. Risk downgraded from major.</p> <p>Risk elevated to 16 following discussion at IGAC</p>	01/10/2014	<p>Executive Lead: Louise McKenzie Lead</p> <p>Manager: Jules Potter</p>

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