




Trust Board
29th January 2015


TITLE	Trust Risk Register
EXECUTIVE SUMMARY	<p>This report presents the Trust Risk Register as at 12 January 2015.</p> <p>Since last reporting to Trust Board on 24th October 2014 there have been the following changes to the register:</p> <p>One new risk added - 1384</p>
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/BAF	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:	Review and discuss the content 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 / Deputy Medical Director.
Date:	20th January 2015
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 12 17/04/2013	CATASTR 16 	NEG 3	1. Development of Dashboards 2. Daily/weekly/monthly monitoring of targets 3. Daily operational meetings Weekly Performance meetings Monthly specialty performance meetings Monitoring by Information team/Finance team and Business Development teams Additional monthly data validation meeting occurring before data is loaded nationally. SUS data loads are now occurring 1 week before freeze dates.	<p>Jan 2015 – No change from previous month. Risk is potentially increasing due to increased A&E and ambulance wait fines which are offsetting any other benefits achieved.</p> <p>Dec 2014 - Negotiation over fine reduction has occurred which should result in £300,000 of fines being removed. Whilst 18 week fines are to be reduced significantly any benefit is to be overtaken by A&E/ Ambulance fines accelerating.</p> <p>Nov 2014 – No change reported.</p> <p>Sept 2014 – On 1st 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>	01/02/2015	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 12/03/2008	CATASTR 16 	MINOR 4	<p>July 2014 – 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>Jan 2015 – Trust aggregate compliance across all 3 RTT measures achieved in November and December 2014. Q4 performance at risk due to current emergency care pathway pressures.</p> <p>Dec 2014 - Dec 2014 – RTT: Trust aggregate performance achieved in September (90.0%) but not in October (89.8%). Aggregate performance now achievable each month if delivery risks are well managed. T&O admitted performance now within the 90% tolerance.</p> <p>Dec 2014 - Cancer Performance: CCG agreed Action Plan implemented October 2014 with good progress currently being made.</p> <p>Dec 2014 - A&E: CCG led system wide Action Plan being implemented with significant activities promoting hospital avoidance (appropriate use of A&E), improving flow & reducing the impact of complex discharges to alleviate A&E 4hr breaches.</p> <p>Nov 2014 – No change reported.</p>	01/02/2015	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>Sept 14 - 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>Jan 15 – Work continues to reduce the CIP gap, which was £1.4m in Month 8. Additional potential savings of £2.1m have been identified and are currently being worked through to ensure they are robust.</p> <p>Dec 2014 - Work is on-going to close the CIP gap, which was £1.3m in month 7. An additional £2.2m worth of savings has been identified, and these schemes are currently being worked through to ensure they are robust</p> <p>Nov 2014 - Work is on-going to close the CIP gap, which was £1.2m in month 6. An additional £2.2m worth of savings has been identified, and these schemes are currently being worked through to ensure they are robust.</p> <p>Sept 2014 - 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>	01/02/2015	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	CATASTR 16 	NEG 1	Weekly review meetings have been set up with Director of Finance and divisions to address use of temporary staffing. Reviewing plans over Christmas and winter period to ensure best use of our resources 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. HR	Jan 2015 – No change to December update Dec 2014 – Weekly review meetings have been set up with Director of Finance and divisions to address use of temporary staffing. Reviewing plans over Christmas and winter period to ensure best use of our resources. Nov 2014 – No change reported. Sep 2014 – 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) 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	01/02/2015	Executive Lead: Louise McKenzie Lead Manager Colleen Sherlock

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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	CATASTR 20 	NEG 2	<p>Jan 2015: SIRI Action plan to be approved by CCG in Jan 15. Local Action Plan already in progress.</p> <p>Sept 2014: 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>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.</p>	<p>Jan 2015 – 6 cases reviewed by CCG. 1 planned for review in Jan 2015. Final action plan to be taken to CCG in Jan 2015 for approval. Actions have already been taken by the division to mitigate risk and is being actively managed by Urology Service Manager, TASCAD ADO and Quality Team.</p> <p>Dec 2014 - 6 out of the 7 SIRI reports have been presented to CCG. There is a single action plan in place and a pathway improvement event planned for 16th Dec 14.</p> <p>Nov 2014 - Action plan in place and is being progressed. SIRI's due to be discussed with CCG on 20th November.</p> <p>Sept 2014 -Admin review complete. 62 notes found to need further consultant scrutiny – in progress.</p>	01/02/2015	<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
1384	Multiple competing demands on staff as a result of merger activities, operational pressures and remaining request for data from the CQC.	Operational pressures and Merger activities, may impact the ability for staff to fulfil the requirements of their role or reduce their workplace satisfaction.	CATASTR 20	CATASTR 20	MINOR 4	<p>A Performance Management Integration Plan is in progress</p> <p>Mitigating actions for this risk to be reflected in the system wide recovery plan due to the complex nature of the solutions required to reduce Trust operational pressures.</p> <p>Associate Director of Regulation continues to support the requests from the CQC for further information following their visit in December 2014.</p>	<p>Jan 2015 - Merger work is ongoing and on target.</p> <p>Operational pressures remain high due to high activity through ED.</p> <p>Ambulance Services' new protocol to withdraw paramedics after a certain timescale in A & E and a potential mitigating action they are considering which could help with the operational issues in the hospital in the future.</p> <p>The CQC completed their visit between the 2-5 December 2014. They have also had an unannounced visit in December. We are now awaiting the report due to be presented at the Quality Summit on the 6 March 2015.</p> <p>Risk remains at 20</p>	01/02/2015	<p>Executive Lead: Valerie Bartlett/Heather Caudle</p> <p>Lead Manager: Marty Williams</p>

Table 1 Current Risk Matrix

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

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