


**Trust Board
 30th March 2017**


AGENDA NUMBER	ITEM	5.5
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		
Quality and Performance Committee		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	Identify risks to patient safety and acting 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		
<p>This report summarises the Trust Risk Register as at 24/03/2016. There are currently 6 risks on the Trust Risk Register. There is one new Risk. Risk number 1368 has been incorporated into risk number 1552</p> <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 Risk Register links to all Strategic Objectives.</p>		
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	24 March 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	MAJOR 15 24/06/20 15	MAJOR 15 	NEG 2	Jun 2015: 1) Trust to consider deployment of an Ordercomms system which would enable Clinicians to track outstanding investigations. 2) Review of current clinical systems to identify best practice.	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.	13/01/17	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	<p>Mar 2017: Compliance Trust wide for Feb 2017 is 87.6%. Divisional managers sent the figures to improve compliance rates.</p> <p>Nov 2016: Assistant Divisional Directors, Divisional Chief Nurses and Divisional Directors are informed of the inadequate rates of training.</p> <p>June 2016: Divisional managers have been sent the figures and asked to action improvements.</p>	<p>March 17: MES: May 75%; June 68%; Aug 68%; Sep 63%; Nov 57%; Dec 71%, Jan 78% , Feb 82%</p> <p>Quality Medical Nursing & Midwifery: May 42%; June 38%; Aug 50%; Sept 44%; Nov 44%; Dec 80%, Jan 77%, Feb 80%</p> <p>TASCC: May 82%; June 75%; Aug 78%; Sep 76%; Nov 64%; Dec 72%, Jan 84% , Feb 87%</p> <p>DTTO: May 71%; June 73%; Aug 54%; Sep 78%; Nov 78%; Dec 80%, Jan 92%, Feb 90%</p> <p>WH&P: May 78%; June 78%; Aug 80%; Sep 77%; Nov 78%; Dec 87%, Jan 96% , Feb 94%</p> <p>WOD: May 63%; June 64%; Aug 82%; Sep 78%; Nov 54%; Dec 91%, Jan 93%, Feb 93%</p>	24/04/27	<p>Exec Lead: Louise McKenzie</p> <p>Lead Manager: Olatokunbo Ogunbanjo</p>


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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.	MODER	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	Feb 17: Recruitment underway for the band 7 vacancy and in the meantime the CNL is working full time on the ward in a leadership role. There has been agreement to increase the daily numbers of staff at a cost pressure (following a number of acuity and dependency audits). Jan 17: We have gone to a recruitment agency to try and recruit to the band 7 Ward Manager role as no suitable applicants. A nurse is being moved from Dickens for the next 3 months and a nurse may be moved from interventional radiology with monthly reviews. CNL is working clinically based on Swan Ward full time to improve quality and to support	22/03/17	Lead Manager: Cathy Parsons, Kelly Irvine, Yvonne Jones

		increased incidents including hospital acquired pressure ulcers. Also decreased staff satisfaction and stress leading higher sickness rates.					development of the band 6 staff. Nov 16: Ward Manager has resigned and is due to leave at end of Dec - job currently out to advert. There are more nurses due to start maternity leave in the coming months, although some have recently returned there will a higher total number off on maternity leave (up to 7). DCN has been working on a plan to mitigate against the Ward Manager vacancy and mat Leave. Sept 16: CPE back from mat leave, new band 6 appointed. Still 3 staff on mat leave and 2 more due to go in Dec. 2 RN vacancies. HCA's have recently been recruited. Still heavy bank/agency use and sickness. Work ongoing to fill vacancies		
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1525	Joint Trust CCG QIPP Delivery	There is a risk that the Joint Trust/CCG QIPP schemes are not delivered, leading to continued activity pressures, the crowding out of elective activity and hence significant loss of margin, cost pressures and bottom line financial impact. Also additional financial risk through the application of the risk sharing mechanism.	CATAS TR 16 22/09/20 16	CATAS TR 16 	MINO R	<p>Sept 16: Continue regular joint delivery meetings with CCG; Regular meetings with CCG Director of Finance and Joint Delivery Director; and Monitor QIPP delivery schedules. All responsibility of Director of Finance and Information – monthly reviews</p>	<p>Jan 17: The Trust reduced its forecast in December 2016 on the basis that £1.5m of the risk share would have to be paid due to QIPPs not being delivered.</p> <p>Dec 16: The position remains similar in that the CCG are likely to have to be reimbursed under the risk sharing agreement as forecast QIPP delivery remains below £4m.</p> <p>Nov 16: The existing scheme implementation plan continues to be rolled out with new schemes also being generated. However, the impact of these in 16/17 remains substantially below the £4m risk sharing amount and hence some form of payment back to the CCG is likely to be required.</p> <p>Sept 16: New risk</p>	10/03/17	<p>Exec Lead: Simon Marshall</p> <p>Lead Manager: Paul Doyle</p>
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ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Targ	Action Plan	Progress	Review Date	Monitoring
1526	Requirement for additional CIP's	There is a risk of the Trust not having the ability to control costs within our existing budgets and reserves to prevent the CIP asking increasing / planned surplus reducing.	CATAS TR 16 22/09/20 16	CATAS TR 16 	MINO R	Sept 16: Review by Executive Directors of current cost pressures - 09/09/16. Finance recovery plan meetings with Divisions - 16/09/16. Mitigate additional cost pressures via additional savings - Ongoing. Monthly reporting to Execs of financial pressures - Monthly.	Jan 17: Several schemes were reviewed in December and reduced and the forecast gap has been increased to £0.8m (last month was £0.5m). Weekly CIP meetings are now in place as a further £0.5m of savings are required to meet the financial forecast Dec 16: Divisions identified a few additional CIPs in November and the forecast gap has been reduced to £0.5m (last month was £0.6m). Nov 16: Divisions identified a few additional CIPs in September and the forecast gap has been reduced to £0.6m (last month was £0.7m). Sept 16: New risk	10/03/17	Exec Lead: Simon Marshall Lead Manager: Des Irving-Brown

New Risk

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.	CATAST R 20 06/03/2017	CATAST R 20	MINOR 4	<p>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).</p> <p>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.</p>		06/04/17	<p>Exec Lead: Tom Smerdon/James Thomas</p> <p>Lead Manager: Mark Hinchcliffe</p>

Risk for closure

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 R 20 16/0720 14	CATASTR 16 	NEG 2	Apr 2015: 1) For PSA patients for IT to identify duplicate hospital numbers to determine exact number of patients. 2) Check the number of patients in the system who have not had an appointment in the last year. 3) Remaining patients to have review of last letter written. 4) Consultant Urologist to lead review of action plan meeting. Jan 2015: SIRI Action plan to be approved by CCG in Jan 15. Local Action Plan already in progress.	Mar 2017: Risk incorporated into wider Trust risk regarding loss to follow up. Dec 2016: Risk to be reviewed and incorporated into a wider Trust risk regarding loss to follow up. Nov 2016: Awaiting Trust patient tracker system. October 2016: Urology patient capacity has improved. Bespoke patient tracker system is currently in development for Cancer Services. If this tool is successful then it can be rolled out to specialties to track patients. August 2016: Departmental meeting with Cancer Support NHS Improvement to discuss/provide support with Urology cancer pathways. July 2016: Meeting with Cancer Support NHS Improvement 28/7/2016 to discuss urological cancer pathways – to assist with efficiency, quality and patient/staff safety for patients on cancer pathway.	09/12/2016	Exec Lead: Lorraine Knight Lead Manager: Terri Hess

Current Risk Matrix

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