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

TRUST BOARD
31st March 2016

AGENDA ITEM NUMBER	6.5
TITLE OF PAPER	Trust Risk Register
Confidential	**NO**
Suitable for public access	**YES**
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED	
Quality and Performance Committee (QAPC) has reviewed the Risk Register in Table 2.	
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 21/03/2016. There are currently 8 risks on the Trust Risk Register and 4 new risks have been added for consideration since the last Trust Board which have not yet been approved at Trust Executive Committee (TEC).
	Table 1 shows the updates since the Risk Register was presented to the QAPC in February 2016. The updates are pending approval at TEC in April. At QAPC it was confirmed that new risks to be added to the Register will first be approved at TEC.
	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	Y
Patient Impact	Y
Employee	Y
Other Stakeholder	Y
Equality & Diversity	Not applicable

Finance	Y
Legal	The Trust Risk Register is required by the Department of Health and is a fundamental operating requirement of Monitor.
Link to Board Assurance Framework Principle Risk	These risks also link to BAF risks 1.2 staff engagement, 1.3 emergency care pathway flow, 1.4 workforce aligned to acuity and 3.1 recruitment.
AUTHOR NAME/ROLE	Dr Erica Heppleston, Assistant Director Regulation and Improvement Jacqui Rees, Acting Head of Patient Safety On behalf of Dr Michael Imrie, Chief of Patient Safety & Deputy Medical Director
PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	31/03/2016
BOARD ACTION	Review the paper and seek additional assurance as necessary

1. **Background and scope**

The Trust Risk Register in **Table 2** was submitted to Quality and Performance Committee on 18 February 2016. At that meeting the process for adding risks to the Trust Risk Register was clarified. Going forward the Trust Risk Register will be a standing agenda item at the Trust Executive Committee (TEC) where risks will be approved to go on the Risk Register. Previously addition of items to the register was approved by Risk Scrutiny Committee which meets quarterly.

This month a number of the risks have been refreshed subsequent to the QPAC paper presentation and these updates are shown in Table 1 below.

Table 1 shows the provisional modified Trust Risk Register status, which is pending approval at the upcoming TEC meeting in April.

Table 1 Trust Risk Register updates pending approval at April TEC

Risk Number	Title	Description	Progress Update March 2016	Current Risk Level
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.	Agreed to review the possibility of incorporating a "patient tracking system" into Electronic Medical Records (EMR). The high vacancy rate of urology administrative staff is resolved and temporary staff employed to resolve backlog of patient's letters. Dictate IT implemented facilitates updated patient information. The backlog of letters is now recorded on a performance matrix. Weekly code 5 clinics in place. Weekly Priority Treatment List report is supported by the Clinical Nurse Specialist. Urology service centralised at SPH aiding coherent/efficient service. Electronic Prostate Specific Antigen monitoring is under development. Action plan updated and presented to CCG by Urology in January 2016. Rapid diagnostic clinics to commence April 2016.	CATASTR 16
1451	Clinicians may be unsighted to, or fail to review the results of patient investigations	There is a risk that clinicians may be unsighted to or fail to review the results of patient investigations and clinical care may be compromised.	EMR roll out to commence in May 2016 with completion planned for November 2016.	MAJOR 15
1456	Risk of underachieving the Trust's £13.5m Quality and	Achieving the planned financial target for 2015/16 is dependent on delivery of	Risk Downgraded. The CIP Programme is forecast to be in line with plan as at the end of February 2016, with improved income offsetting Workforce CIPS (agency reduction schemes)	NEG 2

	Transformation Efficiency Plans 2015/16	the Cost Improvement Plan (CIP) in full.	which have fallen behind plan. The improvement from month 10 is largely around local divisional schemes that are over-performing. Monthly CIP meetings continue to take place, and Divisions are now focussing on delivery for the 2016/17 CIP programme.	
1473	Risk to the Trust of regulatory action relating to the continued failure to achieve the 4 hour ED target	NHS foundation trusts failing to meet at least four indicator targets at any given time, or filing the same target in three consecutive quarters trigger a governance concern.	Monitor visited the Trust on 2nd March 2016 to review our ED recovery plans and clinical engagement. Following the visit we have submitted a revised recovery plan and trajectory which delivers compliance by October 2016. The Board continues to monitor progress closely against the refreshed plan	CATASTR 16
1317	The Trust currently has an overreliance on temporary workforce	The Trust currently has an overreliance on temporary workforce due to increased activity, escalation and vacancies. In particular this is within the nursing and medical workforce.	Nursing agency - Weekly rostering meetings began in January, with the Director of Finance, Associate Directors of Operations, Divisional Chief Nurses and Clinical Nurse Leaders. Rostering practice has improved, however agency spend has not significantly reduced due to high amount of escalation, absence cover and 1-1 special care required. The rostering system for nurses is being upgraded in March to provide better functionality to users, including the ability for bank staff to book into shifts that have been put out for agency fill. Planned regular recruitment activity in the UK and Overseas is ensuring a regular pipeline of nursing staff to join the Trust and fill vacancies. Daily controls in place whereby only Divisional Chief Nurses can authorise the creation of extra shifts and for HCA vacancies for specials to be put to agency. Medical agency – The Brookson Her Majesty's Revenue and Customs (HMRC) approved VAT reduction scheme has saved £363k in the year to date and is on track for the first year's target. The Asclepius Managed Service implemented in August 2015 to manage the requests, bookings and timesheets for medical locums, is being used to move all agency bookings to framework agencies, and provide assurance that checks and compliance are in place for all bookings, to ensure safe care. Medical agency workers are being invited to join the Trust bank or work through Brookson on a Direct Engagement contract to reduce agency use.	CATASTR 16
1244	Staff Satisfaction	There is a risk that staff satisfaction declines thereby adversely affecting short term performance and long term goals	National Staff Survey highlights continued challenges around perceived support from immediate managers and confidence raising concerns. Work around leadership development will be accelerated, including roll out of the core people management training programme, adoption of a revised and comprehensive values-based 360, and implementation of a leadership assessment centre, including psychometric testing and coaching feedback. To address challenges around raising concerns, targeted Datix training will be delivered where necessary to ensure staff are familiar with the incident reporting process, and the Freedom to Speak Up Guardian will be appointed. To improve perceptions around learning from mistakes, divisional quality governance processes will be reviewed for consistency in feedback loops and the profile of our online "Lessons Learned" log raised. Coaching for improvement training	CATASTR 16

			will be provided for individuals receiving concerns raised, and further down the line, a campaign will deliver the message that raising concerns is a professional duty for all staff. The culture plan has achieved progress in a number of areas, including improving opportunities for career development and progression, and appraisal. The action plan described here though is adjusted in response to the latest set of Staff Survey results, and so actions are projected rather than progressed.	
1487	Nurse Agency Rules and Agency Price Cap	Nurse Agency Rules and Agency Price Cap	The Trust's senior nurse leadership team have implemented Safer Staffing guidance for wards/ departments to support the management of the agency ceiling and provide a governance and assurance process for decision-making to exceed the cap. This sets out the Trust responsibility for planning and delivering safe nursing and midwifery staffing levels to ensure the delivery of high quality care to patients and service users. The Workforce information team are supporting this by allocating an agreed level of expenditure for each week / month which provides a guide to the number and type of shifts that can be booked within their individual cap, and in addition a dashboard has been developed with daily reporting of agency spend and to enable wards / departments to keep track of their Qualified nurse agency use and spend. The Trust has been working towards compliance with the Monitor Agency Rules since October 2015: • Since November 2015 the Trust has reported weekly agency use for all staff groups to Monitor; • All nursing agency is with Framework agencies; • Safer staffing policy introduced for Nursing in October for any shifts that need to break glass; • Similar process introduced for medical agency in February for escalated rates; • A Tiering system has been established for nursing agencies to enable agencies meeting the rate caps to have the chance to fill shifts in advance of those supplying above cap; • Negotiations are taking place with agencies for all staff groups to ensure compliance with rate caps and replacement of any off-framework agency bookings. Despite these measures, agency spend has increased month on month, due to absence cover, specialing, opening additional beds, and covering additional theatre activity. Divisions are finding it difficult to fill shifts at the rate cap as agencies and locums are asking	CATASTR 16

			for rates above cap and accepting shifts at other Trusts for higher rates (this has been raised to Monitor)	
1488	Risk of not being able to recruit or retain non-EU overseas nurses due to immigration changes.	i) The Trust has not been granted Certificates of Sponsorship for current Filipino candidates (51) in June. ii) The introduction of the new Objective Structured Clinical Examination route for non-EU nurses is delaying recruitment process iii) Existing nurses applying for Indefinite leave to remain after 5 years have to be earning £35k (Band 7)	Risk Downgraded. i) The Trust has received Certificates of Sponsorship (CoS) for all 47 applications submitted at March 2016. A further 4 are not yet due to apply for CoS. ii) The Objective Structured Clinical Examination process is operational through Northampton University with nurses having 2 attempts at the exam. At March 2016 28 Filipino nurses have passed with 6 retakes and 1 fail. A further 8 arrivals are in preparation for a first attempt. iii) The settlement pay threshold of £35,000 will not apply to workers on the shortage occupation list and since September 2015 this has included nurses. This only applies to non-EU staff.	MODER 9

Table 2 Trust Risk Register reviewed at Quality and Performance Committee 18 February 2016

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 16/072014	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 eview of action plan meeting. Jan 2015: SIRI Action plan to be approved by CCG in Jan 15. Local Action Plan already in progress. 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.	Jan 2016: No update. Nov 2015: The action plan has been completed and submitted to the CCG for approval. Sep 2015: The Urology action plan is in progress. Retrospective sample review of patients is nearing completion. July 2015: Urology cancer action plan meeting took place on 30 June 15. The plan will be updated following this meeting by the service manager. Jun 2015: Ongoing urology action plan in place. May 2015: Discussed at divisional risk register review on 30/4/15. This is an ongoing issue. There is an overarching urology action plan covering aspects of this risk. Next action plan meeting is scheduled for 03/05/15 Apr 2015: Action plan updated. Mar 2015 : New issue identified with PSA results. Patients should have been followed up and/or discharged back to the GP for monitoring. Gap identified and audit underway to ascertain extend of problem.	08/02/2016	Exec Lead: Valerie Bartlett Lead Manager: Dawn Gantley

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	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.	Jan 2016: Ordercomms system available from SPS. Implementation currently planned to follow EMR roll out. Jun 2015: New Risk – this replaces risk 1412 - Risk of failure to act on abnormal Pathology results – closed 24/06/2015	10/02/2016	Exec Lead: Medical Director Lead Manager Mick Imrie

Risk Downgraded

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1456	Risk of underachieving the Trust's £13.5m Quality and Transformation Efficiency Plans 2015/16	Achieving the planned financial target for 2015/16 is dependent on delivery of the CIP plan in full. Failure to deliver £13.5 of CIPs will result in inability to invest in staff and infrastructure going forward, and hamper the Trust's ability to achieve financial balance. Poor financial performance could result in Monitor taking action in the form of formal performance monitoring or other more serious interventions.	CATASTR 16 16/07/2015	MAJOR 15	NEG 3	Jul 2015: The Trust continues to develop both its leaders and structures to ensure that divisions and specialties are capable of driving sustained change. Each Clinical Division has a Business Development Manager who is tasked with ensuring that the organisation keeps its Quality and Transformation programme on track and supports the divisions and specialties in delivering CIPs.	Jan 2016: The CIP Programme is forecast to be in line with plan as at the end of November 2015, with improved income offsetting Workforce CIPS (agency reduction schemes) which have fallen behind plan. The improvement from month 6 is largely around local divisional schemes that are over-performing. Monthly CIP meetings continue to take place, and Divisions are now focussing on delivery for the 2016/17 CIP programme Nov 2015: The CIP Programme is forecast to be £0.2m behind plan as at the end of September 2015, due mostly to Workforce (agency reduction schemes) falling behind plan. The improvement from month 4 is largely around local divisional schemes that are over-performing, and the Divisions have been tasked with identifying further savings in order to continue to close the gap. Monthly CIP meetings continue to take place. Sep 2015: AUG 2015: The CIP Programme is forecast to be £0.5m behind plan as at the end of July 2015, due mostly to Workforce (agency reduction schemes) falling behind plan. The improvement from month 3 is largely around additional procurement schemes, and some local divisional schemes that are over-performing, and the Divisions have been tasked with identifying further savings in order to continue to close the gap. Monthly CIP meetings continue to take place. Jul 2015: New Risk – this replaces risk 1266 due to new financial year	05/02/2016	Exec Lead: Simon Marshall Lead Manager Des Irving Brown

New Risks

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1473	Risk to the Trust of regulatory action relating to the continued failure to achieve the 4 hour standard	NHS foundation trusts failing to meet at least four indicator targets at any given time, or failing the same target in three consecutive quarters, trigger a governance concern, potentially leading to investigation and enforcement action. Continuing to fail the 4 hour standard could therefore lead Monitor to find us in breach of our FT licence. If we breach our licence conditions, under the Health & Social Care Act, Monitor have the power to investigate potential breaches of our licence and impose a range of requirements from obliging us to take steps to restore compliance, requiring us to restore the position before the breach or obliging us to pay a financial penalty. In exceptional circumstances, Monitor could also consider revoking our licence, although this is very unlikely.	CATASTR 16 18/01/2016	CATASTR 16	NEG 3	The key mitigation is from successful implementation of the 4 hour recovery improvement plan. The details of the plan are continually being reviewed an updated but currently include: •Implement urgent care centre – March 2016 •Fully implement the acute admissions policy – Jan 2016 •Increase A&E workforce to provide extended consultant cover – Jan 2016 •Implement new acute hub and acute consultant continuity rota – Dec 2015 •Implement consultant of the week cover on each medical ward – March 2016 •Regular review of patients over 10 day LOS – Jan 2016 •Work with system partners to implement discharge to assess model – March 2016		18/02/2016	Exec Lead: Bob Peet Lead Manager Tom Smerdon

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
TBA	Nurse Agency Rules and Agency Price Cap	TBA	MAJOR 15 1/12/15	MAJOR 15	MINOR 6	The Trust appealed against the initial cap by Monitor, this was partially successful and the cap was increased to 8% from October to March 2016. Re-submitted a trajectory to bring expenditure down from 13% in October to achieve 8% by March 2016 which has been accepted by Monitor. Implemented controls as described below to support the achievement of the cap. Assessed the current rates paid to agency staff against capped rates to identify any that are over the rate for all staff groups. Written to all agencies to indicate our intention to stick to the rates	The Trust's senior nurse leadership team have implemented Safer Staffing guidance for wards/ departments to support the management of the agency ceiling and provide a governance and assurance process for decision-making to exceed the cap. This sets out the Trust responsibility for planning and delivering safe nursing and midwifery staffing levels to ensure the delivery of high quality care to patients and service users. The Workforce information team are supporting this by allocating an agreed level of expenditure for each week / month which provides a guide to the number and type of shifts that can be booked within their individual cap, and in addition a dashboard has been developed with daily reporting of agency spend and to enable wards / departments to keep track of their Qualified nurse agency use and spend. In December 2016 the qualified nursing agency spend was above the trajectory submitted to Monitor, however all requests to exceed the cap were authorised in line with the new policy for reasons of patient safety.	TBA	TBA

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1317	The Trust currently has an overreliance on temporary workforce due to increased activity and escalation and vacancies. In particular this is within the nursing and medical workforce.	TBA	CATASTR 16 1/02/14	CATASTR 16	MINOR 6	Implementation of a Temporary Staffing Review Board from November 2013 which has incorporated four work streams. 1. Medical workforce planning 2. Governance & control processes 3. Supply of bank staff 4. Rostering systems	Nursing agency - Weekly rostering meetings began in January, with the Director of Finance, ADO's, ADN's, Clinical Nurse Leaders. This has led to the reduction in shift requests in escalation areas, and additional duties. The effect in half-term week in February 2015 was a reduction of £25,000 in nurse agency spend. We are seeing improvements in rostering practice, however agency spend has not significantly reduced due to high amount of 1-1 special care required. Our next step is to identify the trends and patterns leading to high use for specials and look at options for a pool of bank staff for specialling to reduce reliance on agency. Medical locums - in April we implemented an electronic system for managing invoices that will deliver savings to the Trust through an HMRC approved VAT reduction scheme. Year to date, December, savings have reached £280k, this is on track for the first years target. In addition Fieldglass software was implemented in August 2015 to manage the requests, bookings and timesheets for medical locums, and this will provide controls and assurance, removing the opportunity for pay rate escalation, and assurance that checks and compliance are in place for all bookings, to ensure safe care. It is anticipated that financial savings will be in the region of £900k. This system is supporting the management of the agency rate caps.	31/12/15	TBA

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1244	Staff Satisfaction	There is a risk that staff satisfaction declines thereby adversely affecting short term performance and long term goals.	CATASTR 16 26/06/14	CATASTR 16	MODER 8	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. The internal culture plan and employee promise have been designed to address this risk. A separate culture and engagement work stream has been developed as part of the merger programme.	March 2014 onwards: NSS Corporate actions: These have included a range of ILM Management Development programmes have been available for staff at band 5 and above. With Band 8 programmes about to commence. November 2014: Exit interview process and documentation refreshed. Regular reporting to be implemented from March 2015 to enable evidenced action to be taken. 2015 - We will implement a management development portal that will provide managers at all bands with a range of tools and resources that they can access. Implemented Trust Values based behaviours and these have now been included as part of the Trust new appraisal process. June 2015 - The appraisal process is now embedded and monitored through PRM's. Staff survey action plans are being implemented with positive outcomes.	31/12/15	TBA

ID	Title	Description	Risk Opened	Risk Level Current	Risk Level Target	Action Plan	Progress	Review Date	Monitoring
1488	Risk of not being able to recruit or retain non-EU overseas nurses due to immigration changes.	i) The Trust has not been granted Certificates of Sponsorship for current Filipino candidates (51) in June. ii) The introduction of the new Objective Structured Clinical Examination route for non-EU nurses is delaying recruitment process iii) Existing nurses applying for Indefinite leave to remain after 5 years have to be earning £35k (Band 7)	CATASTR 16 6/7/15	CATASTR 16	MODER 8	i) Trust has reapplied for July quota; problem is that nurse is not a shortage occupation. The Trust is lobbying MPs and bodies to ask for nurse to be shortage occupation ii) The Trust is liaising with NMC and Northampton University to get latest information iii) The Trust is lobbying MPs and bodies to ask for this to be reconsidered as may impact on existing staff as well as future recruits. A note to staff has been drafted for Trustnet	Certificates of sponsorship now received	31/12/15.	TBA

Current Risk Matrix

Severity			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			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