TRUST BOARD IN PUBLIC	Date: 26th September 2013
	Agenda Item: 4.1
REPORT TITLE:	Significant Risk Register
EXECUTIVE SPONSOR:	Gillian Francis-Musanu Director of Corporate Affairs
REPORT AUTHOR:	Colin Pink Corporate Governance Manager
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	AAC 2nd September 2013 Management Board, Quality & Risk Executive Team 18th September 2013

Purpose of the Report and Action Required:		(√)
To provide assurance to the Board on the management of the Strategic Risk Register and actions taken to reduce or mitigate risks.	**Approval**	
	Discussion	√
	Information/Assurance	√

Summary: (Key Issues)

The Significant Risk Register details all risks on the Trust risk register system that are recorded as significant and the inks to the Board Assurance Framework.

Relationship to Trust Corporate Objectives & Assurance Framework:

This report should be read in conjunction with the Board Assurance Framework.

Corporate Impact Assessment:

Legal and regulatory implications	The report is a requirement for all NHS organisations.
Financial implications	Information in migrating actions
Patient Experience/Engagement	As described throughout, focussing on patient safety
Risk & Performance Management	These are highlighted throughout the report.
NHS Constitution/Equality & Diversity/Communication	N/A

Attachments:

Significant Risk Register

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TRUST BOARD REPORT – 26th September 2013
BOARD ASSURANCE FRAMEWORK

1.0 Introduction

This paper provides a supporting narrative for:

  – The Trust wide significant risk register (Specifically all current risks of 15 or above).

The significant risk register (SRR) is reviewed by the Management Board for Quality and Risk (MBQR) on a quarterly basis and more specifically by the Divisions who scrutinise their divisional risk registers on a more frequent basis as part of their governance review meetings. The Executive also provide a role in reviewing and moderating the Significant Risk Register.

A significant exercise has been carried out to liaise with owners of all risks on the significant risk register. This focus has been on reviewing risks to ensure:

- Risks are in review date where possible
- Risk scoring is aligned across the Trust (In progress, some homogeneity has been established)
- Mitigating actions are reviewed and implemented
- Increase linkages between the Board Assurance Framework and the SRR

The Trust acknowledges that there is a need to focus on the development of the significant risk register and this will be undertaken over the next few months.

2.0 Significant Risk Register

The Trust significant risk register is attached for information. This details all current red risks (scoring 15 or above). There are currently 16 risks that fall into this category.

Significant risks fall into the current categories:

Risk type	Number
Patient Safety	8
Financial Management	3
Quality of Service	1
ICT Infrastructure	1
Pt 'experience' & Care Pathways	1
Key Performance Targets	1
Infection Control	1
Grand Total	**16**

Seven of these risks are specifically linked to the Board Assurance Framework detailed below:

ID	Title	BAF Risk
1050	Failure to achieve stretch target for CDI reduction	1.1f Failure to maintain systems to control rates of HCAI will effect patient safety and quality of care
1051	Patient admitted to the right bed first time	1.3a If the Trust does not maintain and improve ability to allocate the right bed first time there is an increased risk of receiving poor quality of our care (effectiveness, experience and safety)
1453	Orthopaedic wards at risk of non compliance with key national standards due to environmental challenges	4.4b There is a risk that the Trust isn't able to deliver service in an effective timely manner due to the estate not fully supporting the clinical strategy
1459	Poor liquidity ratio impacting on cash position	4.1d Liquidity: Inability to pay creditors / staff resulting from insufficient cash due to poor liquid position
1477	Medical Division Expenditure Budget Overspend	4.1b Failure to stop divisional overspending against budget
1479	Risk on Income Target from Contract Challenges	4.1a Failure to deliver income plan
1491	Failure to maintain Emergency Department performance	1.1c Failure to maintain Emergency Department performance because of lack of capacity in health system to manage winter pressures has a significant impact on the Trust's ability to deliver high quality care

3.0 Summary and further actions

The board is asked to note the content of the significant risk register.

Further work will be required to ensure the significant risk register describes the full range and breadth of the risks the Trust is managing / mitigating. This work is ongoing and will be undertaken over the next few months

Colin Pink
Corporate Governance Manager
September 2013

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ID	Open Date	Directorate	Specialty	Risk Type	Title	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Treatment Plan	Due date	Done date	Residual Rating	Next Review
1453	13/06/2013	SURG	Trauma & Orthopaedics	Patient Safety	Orthopaedic wards at risk of non compliance with key national standards due to enviromental challenges	Due to the current state of the fabric and enviroment within Newdigate and Leigh wards there is a risk of the Trust being unable to comply with some key national standards. Through surgical site infection audits audits it has been identified that this group of orthopaedic patients are at risk of acquiring a post op wound infection due to the following reasons : Not all bed spaces have O2 points which results in frequent patient moves within the ward. Storage on the ward is limited and therefore 'socially clean' equipment is stored in inappropriate areas Ensuring that the ward is visibly clean is difficult due to poor wear and tear of the walls, doors, flooring and ceilings. There is a risk of breaching the delivery of single sex accomodation standard due to ward bays not having access to seperate toilets and bathroom facilities.	Developed a SSIS action plan which considers all stages within the patient journey Working with house keeping teams to increase level of cleaning as necessary Managing placement of patients within identified single sex bays this at times results in the redesignation of male and female bays resulting in multiple bed moves	20	4	5	20	1)Raise at ward improvement group 2)Agreed Capital Plan 3)Agreed date to commence decorating and refurbishment	02/07/2013 02/07/2013 30/09/2013	02/07/2013 31/08/2013 18/09/2013	8	31/10/2013
1477	19/07/2013	MEDIC	General Medicine	Financial Management	Medical Division Expenditure Budget Overspend	There is a risk of finacial overspend in the Medical Division at year end, due to significant cost pressures related to temporary staffing levels, medical and surgical non-pay and drug re-charges. Any actions to reduce this overspend may result in reduction of service provision. 268k overspend at M4.	Nursing weekly agency & vacancy review by matron. Monthly budget clinics with Divisional Cheif Nurse, finance & Matron. PMO	20	4	4	16	Contingency plans devloped to address saving plans describded on the board assurance framework	31/08/2013		12	30/09/2013
1491	13/06/2013	CORP	Operations	Pt 'experience' & Care Pathways	Failure to maintain Emergency Department performance	Failure to maintain Emergency Department performance because of lack of capacity in health system to manage winter pressures has a significant impact on the Trust's ability to deliver high quality care	1) EDD Patient Pathway 2)Discharge management 3) Plans for escalation areas agreed and management tools in place 4) Reviewing all breaches on weekly to implement lessons learnt	20	4	4	16	As decribded on the board assurance framework	31/03/2014		12	30/10/2013
1479	23/07/2013	CORP	Finance - Fin. Management	Financial Management	Risk on Income Target from Contract Challenges	Risk of loss of income from contract challenges from CCGs	Work to contract - contrat operation and challenge process managed tightly. Discussions taking place with CCGs over Section 251 issue - Trust is minded not to accept the retrospective challenge and is taking advice from the TDA.	16	4	4	16	As described on BAF	31/03/2014		9	31/10/2013

ID	Open Date	Directorate	Specialty	Risk Type	Title	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Treatment Plan	Due date	Done date	Residual Rating	Next Review
1484	29/07/2013	SURG	Intensive Care	Patient Safety	There is a risk to quality of care for patients in ICU overnight and weekends	There is a risk to patients in ICU overnight and during weekends due to reduced medical staffing levels from 6 to 2 doctors during this time. The ICU doctors on duty are often called to other critically ill patients around the hospital (wards, ED and operating theatres) leaving ICU patients exposed, as no other medical cover is available there.	The Critical Care Outreach team work alongside ICU to assess and help provide the care to critically ill patients whilst a bed becomes available on ICU. However,they are seeing multiple patients throughout the hospital. The Theatre Anaesthetist on call may also be called on to assess patients on the ward who are in need of ICU care, but they have limited availability.	16	4	4	16	1)Review phased recruitment of ICU staff 2)Submit business case for the provision of extra out of hours staffing	14/11/2013 29/08/2013	02/08/2013	8	10/12/2013
1447	06/06/2013	MEDIC	General Medicine	Patient Safety	Risk to achieving consistent standards of care on Godstone	Risk to patients safety and quality for the patient in the general area of the ward balanced against requirments for the nurse in charge administrating and caring for patients recieveing chemotherpy. This is due to the inability to attract and retain a ward manager(band 7 layout of ward,and the complex mix of different speciality patients.High vacancy levels, high use of temporary staff,this leads to delays in discharge planning and completeion of paperwork, administration of IV medications,general communication with the MDT, families and the supervision of juniors.	None	16	4	4	16	1)To investigate the possibility of the Haemotology beds being managed as a separate unit. 2)Advertise and recruit a band 7 ward manager 3)To advertise and recruit another band 6 sister with out Chemotherapy experience 4)Matron to be based on Godstone ward Monday to Thursday	11/10/2013 23/09/2013 23/09/2013 02/10/2013	01/09/2013	6	15/10/2013
1501	01/04/2013	CORP	Nursing - Strategy & Standards	Quality of Service	Patient admitted to the right bed first time	If the Trust does not maintain and improve ability to allocate the right bed first time there is an increased risk of receiving poor quality of our care (effectiveness, experience and safety)	1) Operational meeting three times a day chaired by Chief / Deputy Chief Operating Officer with clinical involvement from Matrons, Nurse Specialists and therapists 2) Daily Board rounds by clinical site team 3) Live 'To come In' lists available to view in all specialty wards to encourage active pull of patients from AMU to the correct specialty bed 4)Matrons walk round 5) Additional screens arriving to reduce chance of mixed sex accommodation breaches during winter pressures 6) Matron on site 7 days a week	8	4	4	16	As decribded on the board assurance framework	01/04/2014		6	30/10/2013
1366	14/09/2012	WCH	Obstetrics	Patient Safety	Resuscitaires no longer compliant with national guidance and are not fit for purpose	Potential risk of harm to neonates due to inability to resuscitate with air as current equipment not compliant with current national guidance. Current equipment uses oxygen rather than air.	Two compliant resuitation units are currentley being trialled whilst actions to mitigate the risk are completed.	12	4	4	16	1)Equipment purchased and delivery expected in November	01/12/2014	01/12/2014	4	25/10/2013
1473	17/07/2013	MEDIC	Respiratory	Patient Safety	Risk of sub optimal NIV service	Risk of sub optimal non invasive ventilation (NIV) service as this is delivered across many differing ward areas due to lack of respiratory high dependancy area. This lack of resource has resulted in avoidable deaths, poor patient experience, non compliance with BTS guidance and NICE guidance for chronic bronchitis. Current NIV management plan paperwork is not widely used,due to a lack of centralisation & co-ordination	New Trust NIV policy is in progress	16	4	4	16	1)Ratify NIV policy at Management Board 2)Capital bid approved Audit against NIV policy	30/08/2013 30/04/2014		4	30/09/2013

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1346	14/06/2012	MEDIC	Oncology/Cancer Services	Patient Safety	Insufficient chemotherapy trained nurses on Godstone ward.	Risk of potential harm and death due to insuffient number of trained chemotherapy nurses on Godstone ward to provide sickness absence cover and recommended specialist administration of oral chemotherapy administration. This has the potential to result in drug errors due to unfamilarity with chemotherapy regimes, incorrect administration protocols, poor monitoring, and reporting and drug error.	Training provided by Chemotherapy Specialist Nurse to nurses intending to undertake degree module & to raise awareness on the ward among non chemo trained nurses.	12	4	4	16	1)Send complex chemotherapy protocol patients to tertiary centres 2)co-ordinate training to prepare appropriate staff for level three training 3)All nurses to receive oral drugs training 4)Matron to monitor number of haematology patients on Godstone & report concerns to CDN 5)Matron to collate the number of times that double checking by two chemotherapy nurses is not acheived & report to CDN. 6)Proposal paper to be agreed and presented to Management Board Monitor 7)Incidents and Operational Issues Monthly through Divisional Boards	30/09/2013 18/12/2012 18/12/2012 18/09/2013 28/06/2013 30/09/2013 30/09/2013	27/08/2013 05/03/2013 27/08/2013	1	17/10/2013
1483	24/07/2013	CSS	Diagnostic Imaging	Patient Safety	Risk associated with new Cerner PACS and RIS within DI	Following the installation of a new PACs & RiS system on 21st June, the service has been working with an unstable system due to various technical issues. Risk of delays in reporting images and overall productivity with in the Radiology departments on all sites.	Daily and weekly meetings for working group at various levels in place trying to address problems. Monitoring all waits at weekly PTL meetings. Additional reporting sessions by radiologists to cover workload Increased working hours by all DI staff to complete workload	15	4	4	16	1)Select and provide superuser training 2)Training department has correct training materials and experience 3)Training materials available on Trust Intranet 4)Train Radiologists to use new system effectively 5)All non-radiology staff to be trained 6)Refresher training to be provided to Radiology staff 7)Agree workarounds to resolve JNLP arguments 8)Produce a Radiology 'Crashing' Issues Template	07/09/2013 07/09/2013 31/10/2013 25/10/2013 23/08/2013 23/08/2013 31/07/2013 12/09/2013	18/09/2013 18/09/2013 18/09/2013 18/09/2013 12/08/2013 18/09/2013	1	31/10/2013
1459	01/04/2013	CORP	Finance - Fin. Management	Financial Management	Poor liquidity ratio impacting on cash position	Risk of inability to pay suppliers due to lack of cash from the poor liquidity ratio.	1. Bi weekly review of forward cash flow by finance team and CFO 2. Cash and working capital policy and strategy 3. Annual cash plan linked to business plan and capital plan	25	5	3	15	Day to day cash control is main action currently, coupled with action sto maintain service income and spend Discussion continues with the TDA Long term financial model, and TDA plan now provides additional validation of the level of cash injection required and the interaction from an improving financial position within the model	31/03/2014 31/03/2014 31/03/2014		12	31/10/2013
1460	01/04/2013	CORP	Medical Director's Office	Patient Safety	Procedures for monitoring and reducing incidence of DVT/PE	Risk to patients of DVT/PE arising from incidence of not manging risks that are identified on admission. VTE risk assessment carried out on admission	VTE risk assessment carried out on admission as part of CQUINS programme	15	5	3	15	Develop system monitoring occurrence of VTE to be reviewed by thromboembolism group	30/09/2013		12	30/09/2013

ID	Open Date	Directorate	Specialty	Risk Type	Title	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Treatment Plan	Due date	Done date	Residual Rating	Next Review
1050	01/07/2010	CORP	Medical Director's Office	Infection Control	Failure to achieve stretch target for CDI reduction	Risk to patient health and Trust reputation of failing to deliver DH Cdiff target.	Trust wide infection control education initiatives for all staff RCA process (clinical) for every case. Antibiotic Stewardship Programme Trust CDI policy CDI surveillance programme Trust Antibiotic policy Outbreak Control group established Hydrogen peroxide cleaning Use of Tristel Jet and Fuse Ward cleaning with Tristel Fuse and Tristel Jet Sterinis hydrogen peroxide facilitate improved decontamination of wards Use of isolation facilities when available HCAI task force established Weekly saving lives audit prog Antibiotic pharmacist in place Increased monitoring and surveillance from IPCAS and Facilities during raised incidences Diarrhoea risk assessment incorporated onto Bristol Stool chart	16	5	3	15	1)Implement Clinician lead RCAs of all Trust acquired cases 2)HCAI Taskforce monitoring: ongoing Repeat Isolation spot check and review at HCAI Taskforce 3)All cases discussed at relevant Divisional Governance meetings 4)Implement revised stool chart incorporating diarrhoea risk assessment 5)Implement new product cleaning 6)Implement antiobiotic ward rounds 7)Publish results of KPIs from weekly audits 8)Implement quality ward rounds 9)Carry out a reaudit of isolation processes and facilities 10)Commence Antibiotic Stewardship Group Review possibility of weekly antibiotic ward round Implement trial of 11)Bioquell ICE-PODS Chiefs agreed 12)Taskforce subgroup review of RCAs. 13)Selected cases with learning potential to be presented to wider clinical fora.	30/06/2011 01/07/2010 31/07/2010 30/09/2012 30/11/2012 01/12/2012 02/04/2012 01/05/2012 02/04/2012 25/02/2011 28/02/2012 14/02/2012 15/09/2013 30/04/2013	09/05/2012 01/07/2010 10/01/2011 30/09/2012 27/11/2012 01/12/2012 09/05/2012 01/05/2012 09/05/2012 25/10/2011 02/04/2012 14/02/2012 26/07/2013	10	01/10/2013
1437	14/05/2013	CSS	Outpatient Services	Key Performance Targets	Insufficient capacity to meet demands in Central Booking Office	Risk of poor patient experience and complaints arising from the demand for outpatient clinics/activity having increased significantly over the past 4 years without the appropriate capacity match. The main areas affected are appointment slot s & type, clinics & locations, clinical environment e.g.seating, increasing adhoc clinics, staffing, non pay, patient experience, inability to cosistently meet 18wk pathways and NHS Constitution	There is an Outpatient Care Improvement Group that is aware of and progressing these matters Demand is usually managed through adhoc clinics, overbooking of clinics. Bank, overtime and TOIL is also used tro offset demand A Transformation & Redesign Workstream has been established to review the activity demand and capacity requirements in CBO	15	3	5	15	Implement Partial Booking for New Appointments Electronic grading of GP referral letters Improved use of Choose & Book System Reduce Clinic Cancellations or Rescheduling DNA target met or exceeded Call Handling to meet or exceed target Automate/Update DCW Clinic Database Review of all OP Templates Create OP Operational Policy Realise costs incurred to OBO	31/10/2013 29/11/2013 29/11/2013 27/09/2013 30/08/2013 31/10/2013 27/12/2013 30/09/2013 27/09/2013 28/03/2014	02/09/2013	3	30/09/2013
1462	27/06/2013	WCH	Paediatrics	ICT Infrastructure	Archiving of echo cardiology images	Unable to connect the machine to a central storage facility, such as PACS so that images are stored locally on the machine and archived to CDs. This is a trust-wide problem, affecting the main cardiology department as well.	Images periodically archived to CD	15	3	5	15	IT solution being identified	30/12/2013		1	30/09/2013