

**Report Title**

**TRUST RISK REGISTER**

**Sponsor and Author(s)**

Author - Andrew Seaton, Director of Safety  
Sponsor – Deborah Lee, Chief Executive

**Audience(s)**

Board members	√	Regulators		Governors		Staff		Public	
---------------	---	------------	--	-----------	--	-------	--	--------	--

**Executive Summary**

Purpose

The purpose of this report is to provide the Board with oversight of the key risks within the organisation and to provide the Board with assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible.

Key issues to note

- The Trust Risk Register enables the Board to have oversight, and be assured of the active management, of the key risks within the organisation which have the potential to affect patient safety, care quality, workforce, finance, business, reputation or statutory matters.
- Divisions are required on a monthly basis to submit reports indicating any changes to existing high risks and any new 15+ risks to the Trust Leadership Team (TLT) for consideration of inclusion on the Trust Risk Register.
- New risks are required to be reviewed and reassessed by the appropriate Executive Director prior to submission to TLT to ensure that the risk does not change when considered in a corporate context.
- Work continues to review those Divisional risks at 15+ that have not yet been migrated to the Trust Risk Register.
- Work has now commenced to review all SAFETY risks 12 or more for consideration of inclusion on the Trust Risk Register.

Changes in Period

DSP2401diet – This risk has been partly mitigated following recruitment of the extra dietitians and therefore de-escalated and removed from the TRR to Divisional monitoring.

DSP2404haem has been reviewed and re-worded to reflect to quality service risk and added to the Trust risk register

F1339 and F2511 are two newly reviewed financial risks that have been assessed by the Finance Committee and have been added to the register.

The full Trust Risk Register with current risks is attached (appendix 1)

Conclusions

The 9 remaining risks on the Trust Risk Register have active controls to mitigate the impact or likelihood of occurrence, alongside actions aimed at significantly reducing or ideally, eliminating the

risk.

Implications and Future Action Required  
 To ensure that the work to migrate or de-escalate all Divisional risks 15+ is concluded and to progress the review of all safety risks of 12 or over for future incorporation on to the Trust Risk Register.

**Recommendations**

To receive the report as assurance that the Executive is actively controlling and pro-actively mitigating risks so far as is possible and approve the changes to the Trust Risk Register as set out.

**Impact Upon Strategic Objectives**

Supports delivery of a wide range of objectives relating to safe, high quality care and good governance

**Impact Upon Corporate Risks**

The Trust risk register is included in the report

**Regulatory and/or Legal Implications**

None

**Equality & Patient Impact**

None

**Resource Implications**

Finance		Information Management & Technology	
Human Resources	X	Buildings	

**Action/Decision Required**

For Decision		For Assurance	√	For Approval		For Information	
--------------	--	---------------	---	--------------	--	-----------------	--

**Date the paper was presented to previous Committees**

Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
				3 <sup>rd</sup> May 2017	

## Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
F2511	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's		Acting Director of Finance	Finance Committee	Risk that the Trust's expenditure exceeds the budgets set resulting in failure to deliver the Financial Recovery Plan for FY18	Monthly monitoring, forecasting and reporting of performance against budget by finance business partners Monthly executive reviews Performance management framework		Catastrophic (5)	Possible - Monthly (3)	15	15 - 25 Major		31/05/2017
S1851	Surgical Services Division	Quality	Chief Operating Officer	Quality & Performance Committee	A risk that patients receive poor quality care as a consequence of demand for beds exceeding the beds available which could include cancelled operations, being cared for on a non-specialty ward or being cared for in an escalation area	1. Extended site management - Silver rota 2. Escalation policy and procedures for use of extra beds 3. Risk assessments evaluating the change in function of the areas.	Inadequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	Delivery of Winter plan	11/05/2017
												Easter Bank Holiday Plan	
F1339	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's	Finance	Acting Director of Finance	Finance Committee	Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY18	PMO in place to record and monitor the FY18 programme Monthly monitoring and reporting of performance against target Monthly executive reviews	Adequate	Catastrophic (5)	Possible - Monthly (3)	15	15 - 25 Major		31/05/2017

## Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
DSP2404haem	Diagnostics and Specialties Division	Safety	Medical Director	Divisional Board	Risk of reduced quality care as a result of inability to effectively monitor patients receiving haematology treatment and assessment in outpatients due to a lack of clinical capacity and increased workload.	Telephone assessment clinics Locum and WLI clinics Reviewing each referral based on clinical urgency Pending lists for routine follow ups and waiting lists for routine and non-urgent new patients.	Inadequate	Major (4)	Likely - Weekly (4)	16	15 - 25 Major	Develop Business case to meet capacity demand	26/05/2017
F1609	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's	Quality	Director of Nursing	Quality & Performance Committee	Risk of poor continuity of care and overall reduced care quality arising from high use of agency staff in some service areas.	1. Pilot of extended Bank office hours 2. Agency Taskforce 3. Bank incentive payments and weekly pay for bank staff 4. General and Old Age Medicine Recruitment and Retention Premium 5. Master vendor for medical locums 6. Temporary staffing tool self assessment 7. Daily conference calls to review staffing levels and skill mix. 8. Ongoing Trust wide recruitment drive 9. Divisions supporting associate nurse and CLIP programme. 10. Initiatives to review workforce model, CPN's, administrative posts to release nursing time	Adequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	Monitoring at Workforce Committee  Establish Quality Impact Assessment for project  Overseas recruitment programme	01/05/2017

## Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
WF2335	Corporate Division, Diagnostics and Specialties Division, Estate and Facilities, Medical Division, Surgical Services Division, Women's and Children's	Finance	Director of HR & OD	Workforce Committee	The risk of excessively high agency spend in both clinical and non-clinical professions due to high vacancy levels.	1. Agency Programme Board receiving detailed plans from nursing, medical, workforce and operations working groups. 2. Increase challenge to agency requests via VCP 3. Convert locum agency posts to substantive 4. Promote higher utilisation of internal nurse and medical bank.	Inadequate	Major (4)	Almost certain - Daily (5)	20	15 - 25 Catastrophic	Establish Workforce Committee	05/05/2017
												Complete PIDs for each programme	
												Reconfiguring Structures	
S1748	Surgical Services Division, Women's and Children's	Statutory	Chief Operating Officer	Quality & Performance Committee	The risk of failing national access standards including RTT and Cancer	1. Weekly meetings between AGM and MDT Coordinators to discuss pathway management and expedite patients as appropriate. 3. Performance Management at Cancer Management Board 4. Escalation procedure in place to avoid breaches 5. Performance trajectory report for each pathway	Inadequate	Major (4)	Almost certain - Daily (5)	20	15 - 25 Catastrophic	Re establish Planned care board	02/05/2017
												Interim action plan to recover position	

## Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
M2473	Medical Division	Quality	Director of Nursing	Quality & Performance Committee	The risk of poor quality patient experience during periods of overcrowding in the Emergency Department	Identified corridor nurse at GRH for all shifts; ED escalation policy in place to ensure timely escalation internally; Cubicle kept empty to allow patients to have ECG / investigations (GRH); Pre-emptive transfer policy patient safety checklist up to 12 hours Monitoring Privacy & Dignity by Senior nurses	Inadequate	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Major	CQC action plan for ED	11/05/2017

## Trust Risk Register May 2017

Ref	Division	Highest Scoring Domain	Execute Lead title	Title of Assurance / Monitoring Committee	Inherent Risk	Controls in place	Adequacy	Consequence	Likelihood	Score	Current	Action / Mitigation	Review date
S2045	Surgical Services Division	Safety	Medical Director	Quality & Performance Committee	The risk of poorer than average outcomes for patients presenting with a fractured neck of femur at Gloucestershire Royal	<ul style="list-style-type: none"> <li>Prioritisation of patients in ED</li> <li>Early pain relief</li> <li>Admission proforma</li> <li>Volumetric pump fluid administration</li> <li>Anaesthetic standardisation</li> <li>Post op care bundle – Haemocus in recovery and consideration for DCC</li> <li>Return to ward care bundle</li> <li>Ward move to improve patient environment and aid therapy</li> <li>Supplemental Patient nutrition with employment of nutrition assistant</li> <li>Increased medical cover at weekends</li> <li>OG consultant review at weekends</li> <li>Increased therapy services at weekends</li> <li>Senior DCC nurses on secondment to hip fracture ward for education and skill mix improvement</li> <li>Review of all deaths</li> </ul>	Adequate	Major (4)	Likely - Weekly (4)	16	15 - 25 Major	Deliver the agreed action fractured neck of femur action plan	26/05/2017