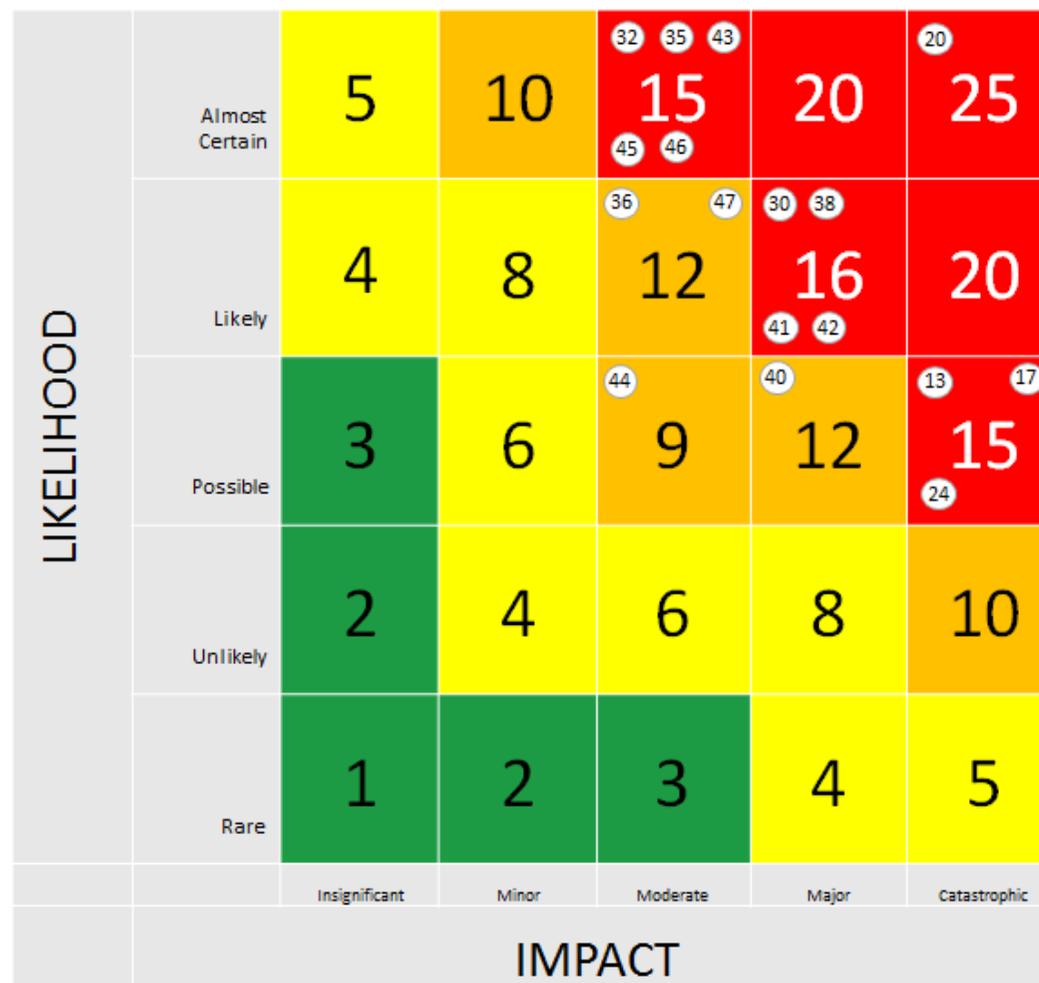


BOARD OF DIRECTORS MEETING

Agenda Item	P1/168/17	Date	5th July 2017
Subject /title	Risk Register Report		
Author	All Executive Directors		
Responsible Director	Helen Porter, Director of Nursing and Quality		
Executive summary and key issues for discussion			
<p>The Risk Register is the repository for all identified risks within the Trust and includes risk scoring for impact and probability together with controls and further actions required.</p> <p>The Trust Board reviews the 'top' risks at each Board meeting.</p> <p>Risks scoring above 15 and above have been included for review.</p> <p>New Risks</p> <p>Risk 20: Inability to provide medical cover to ensure safe delivery of services</p> <p>Revised Risks</p> <p>Risk 618: Connectivity to EPR and Trust systems in peripheral clinics. Reduced from 16 to 12.</p> <p>Risk 790: Level of cross charging for RLBUHT clinical and non-clinical support service provision to HO service could be significantly higher than the estimated £3.2 million originally outlined in Heads of Terms agreement. Reduced from 16 to 9.</p> <p>Risk 721: Integrating HO services into CCC Meditech and E-prescribing may impact the safe and effective delivery of the HO service due to the inter-operability with RLBUHT IT systems. Reduced from 15 to 12.</p> <p>At the June Board meeting no new risks were identified however the Board agreed that the medical workforce risk should be reviewed following discussion earlier in the meeting.</p>			

Ref	Risk
13	TCC: Slippage on the programme to construction commencement
17	TCC: opportunities which maximise the benefits cannot be realised
20	TCC: The capital cost of the project escalates beyond that which is affordable
24	Current / future clinical model not supported by all key stakeholders
30	Cyclotron lifespan
35	Cyber security attack
38	Immobilisation equipment – out of date and some not CE marked. Risk to Trust is that patients injure themselves on equipment and the Trust liable
40	Connectivity to EPR and Trust systems in peripheral clinics
41	Mandated to and monitor our CWT performance from October 2016 against the new National Cancer Breach Reallocation policy*
43	Adverse consequences to failing to achieve workforce redesign linked to FBC requirements
44	Level of crosscharging for RLBUHT clinical and non-clinical support service provision to HO service could be significantly higher than the estimated £3.2 million originally outlined in Heads of Terms agreement
45	Lack of Speech and Language service within the Trust
46	MDT room frequently not functioning correctly due to IT connectivity issues. Problems with equipment stops MDT productivity and may delay patient care
47	Integrating HO services into CCC Meditech and E-prescribing may impact the safe and effective delivery of the HO service due to the inter-operability with RLBUHT IT systems.
48	Inability to provide medical cover to ensure safe delivery of services

Risk Heat map (July 2017)



Strategic context and background papers (if relevant)									
Regular monthly risk report to Board									
Recommended Resolution									
<ul style="list-style-type: none"> • That the Board note the top risks including the new 'top risks'. • Approve any changes to the scores. • Discuss any new or emerging risks additional to those included in the paper. 									
Risk and assurance									
Link to CQC Regulations									
Regulation 17: good governance									
Resource Implications									
Key communication points (internal and external)									
Freedom of Information Status									
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 		<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td style="text-align: center;">X</td> <td>A. This document is for full publication</td> </tr> <tr> <td></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>		X	A. This document is for full publication		B. This document includes FOI exempt information		C. This whole document is exempt under FOI
X	A. This document is for full publication								
	B. This document includes FOI exempt information								
	C. This whole document is exempt under FOI								
Equality & Diversity impact assessment									
Are there concerns that the policy/service could have an adverse impact because of:	Yes	No							
Age		X							
Disability		X							
Sex (gender)		X							
Race		X							
Sexual Orientation		X							
Gender reassignment		X							
Religion / Belief		X							
Pregnancy and maternity		X							
Civil Partnership and Marriage		X							
If YES to one or more of the above please add further detail and identify if full impact assessment is required.									
Next steps									
Appendices									
DATIX - Board risk report									

Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	x
Transforming how cancer care is provided across the Network	x	Continuous improvement and innovation	
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

Board Risk Report

Risk to Compliance

NHS Improvement's assessment:

	2016/17				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Governance		N/A	N/A	N/A				
Continuity of Services (Finance)	4	1	1	1				

With effect from Q2 (2016/17) the new approach to overseeing both NHS Foundation Trusts and NHS Trusts' compliance will be implemented and therefore the Trust will be assessed against five themes of the Single Oversight Framework: Quality of Care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability (well-led). Trusts will be scored and allocated to a Segment 1 – 4, 1 being lowest risk.

The Trust has now received confirmation that it has been allocated Segment 1.

The Board is requested to note:

That the Trust last submitted a quarterly monitoring return to NHSI related to 2016/17 in Q1. The introduction of the Single Oversight Framework (SOF) will undoubtedly involve changes to the quarterly reporting requirements under the previous Risk Assessment Framework and like all other FTs we are currently awaiting further written guidance.

The Trust has received confirmation from NHSI that whilst no quality governance submission was required for Q2, Q3 and Q4, they did require notification concerning the Trust's cancer waiting times. We are required to continue to make a similar submission on a monthly basis until further notice.

NHSI have confirmed that until they have resolved precisely which metrics will be covered by the SOF, there is no requirement for FTs to submit quarterly returns and this facility has in fact been removed from their portal during the intervening period.

Risk Summary

Group Risks - TCC

Risk Reg Ref	Heat Map Ref	Risk	July '17	June '17	May '17	April '17	March '17 Risk Score	Feb '17 Risk Score	Dec '16 Risk Score	Nov '16 Risk Score	Oct '16 Risk score
601	13	TCC: Slippage on the programme to construction commencement	15	15	15	15	15	15	15	15	15

Trust Risks

Risk Reg Ref	Heat Map Ref	Risk	July '17	June '17	May '17	April '17	March '17 Risk Score	Feb '17 Risk Score	Dec '16 Risk Score	Nov '16 Risk Score	Oct '16 Risk score
755	30	Cyclotron lifespan	16	16	16	16	16	16	16		
552	17	TCC: Opportunities which maximise the benefits of the cancer centre cannot be realised because decisions are not able to be made within the timescales required	16	16	15	15	15	15	15	15	15
774	38	Immobilisation equipment -out of date and some not CE marked. Risk to Trust is that patients injury themselves on equipment and the Trust liable.	16	16	16	16					
778	41	Mandated to monitor our CWT performance from October 2016 against the new National Cancer Breach Reallocation policy*	16	16	16	16					
20	48	Inability to provide medical cover to ensure safe delivery of services	16	12							
735	24	The Trusts current / future clinical model is not supported by all key stakeholders	15	15	15	15	15	15	15	15	15

Risk Reg Ref	Heat Map Ref	Risk	July '17	June '17	May '17	April '17	March '17 Risk Score	Feb '17 Risk Score	Dec '16 Risk Score	Nov '16 Risk Score	Oct '16 Risk score
765	35	Cyber security attack	15	15	15	15	15	15			
696	43	Adverse consequences of failing to achieve workforce redesign linked to FBC requirements	15	15	15	9					
786	45	Lack of Speech and Language service within the Trust	15	15							
789	46	MDT room frequently not functioning correctly due to IT connectivity issues. Problems with equipment stops MDT productivity and may delay patient care	15	15							
721	47	Integrating HO services into CCC Meditech and E-prescribing may impact the safe and effective delivery of the HO service due to the inter-operability with RLBUHT IT systems.	12	15							
618	40	Connectivity to EPR and Trust systems in peripheral clinics	12	16	16	16					
790	44	Level of cross charging for RLBUHT clinical and non-clinical support service provision to HO service could be significantly higher than the estimated £3.2 million originally outlined in Heads of Terms agreement	9	16							

Assurances Received

No items to report for this month.

Board Risk Review

The Board to identify and discuss any new or emerging risks from the Board meeting additional to those included in the paper.

ID	Department	Title	Description	Controls in place	Rating (initial)	Rating (current)	Risk level (current)	Rating (Target)	Risk Owner	Date last reviewed	Next Review Date Due	Action Description	Progress
20	Medical	Inability to provide medical cover to ensure safe delivery of services	Loss of consultant/SAS staff due to retirement/ departure/long term absence Inability to recruit consultant staff Inability to cover sickness/absence/ annual leave of medical staff	Short term plans to reallocate/ consolidate clinics Consultant to cross cover in sector hubs Senior trainees to support clinics Advance Nurse practitioners to support clinics Long term plans to be developed *Medical staffing manager and administrator in place *On-line calendar for planned absence *Consultant responsible for managing own cover (secondary check by *Medical Staffing Administrator) *All leave approved by Medical Director *Absence covered by rota *Medical workforce review completed *Audit of cancelled clinics *Medical Workforce Strategy Group	16	16	High		9 Kirkebride, Peter	09/06/2017	10/10/2017	New job plans to be implemented	Further issues identified in 2016 job planning round, compounded by consultant resignations, leading to accelerated progress in job plan changes. However, it is likely that Trust will need to embrace new ways of working with increased use of AHPs, CNS's, PA's etc.
552	Programme Management Office	Benefits of the cancer centre cannot be realised because decisions are not able to be made within the timescales required. (PMO)	Commissioner and key partner confidence in the trust is substantially undermined because the trust fails to corporately resolve investment decisions relating to the future clinical model within the planning/lead in timeline required to execute delivery successfully. "Strategy drift" means that the benefits outlined in the Full Business Case cannot be optimally realized because TCC does not have a clear defined delivery scope beyond the move to Liverpool. This would lead to partial failure to deliver TCC programme benefits and substantial trust reputational damage, which would materialize through excess workforce attrition and challenges to achieving long-term financial sustainability.	*Effective project team with appropriate delegated authority to make decisions. This has now been set up via the Future Clinical Model Steering Group, which reports to the Transformation Programme Board and is chaired by the Medical Director (risk owner) with the support of the Director of Transformation and Innovation (risk manager). The Steering Group is supported by the Programme Management Office team and senior operational stakeholders. *Programme governance is developed through reference of the discussions at the Transformation Board to the formal board sub-committee (Finance and Business Development Committee). *Clear project plan and timetable to be agreed by the Trust, Commissioners, and partner Trusts. *Effective reporting arrangements which identify the decisions required and the relevant time frame.	8	8	High		8 Kirkebride, Peter	05/06/2017	03/07/2017	Establishment of a Programme Management Office to ensure co-ordination with the wider Transformation Programme	Item complete
774	Radiotherapy	Non CE marked Patient Immobilisation devices in Radiation Services	Immobilisation equipment -out of date and some not CE marked. Risk to Trust is that patients injury themselves on equipment and the Trust liable.	When purchased, all the immobilisation devices used in radiotherapy to accurately position patients during their radiotherapy treatment. Historically Radiation Services have used the Mechanical Workshop at Clatterbridge to manufacture a large majority of in house immobilisation devices. Unfortunately these patient immobilisation devices are not a CE marked device. The MHRA guidance on class 1 medical/ immobilisation devices states that CE commercial devices should be used if available. All of the patient immobilisation devices used in the Trust can are now available commercially. We still do use in house devices that are not CE marked. Over the last 10 years a number of commercial devices have been purchased and are in use in the department. An evaluation of our current patient immobilisation equipment has demonstrated that most of the equipment has now passed the manufacturer's CE marked lifespan, are therefore no longer CE marked and require replacement. Using non CE medical devices (in-house) and CE Marked equipment used beyond their	16	16	High		4 Woods, Kieran	02/05/2017	31/05/2017		

778	Quality and Business Intelligence	Mandated monitor our CWT performance from October 2016 against the new National Cancer Breach Reallocation policy* (publ	NHSI has mandated all Trusts to monitor their performance against a new revised CWT policy. Changes to the policy include; •Referral to the Cancer Centre by day 38 (previously day 42) – this is the date of the final handover of the patients care. •Treatment delivered by the Cancer Centre must still either be within 62 days overall, OR within 24 days of the date of referral into the organisation, irrespective of if the patient was referred to the Cancer Centre either early, or late. •Performance reporting will now change to re-introduce "shared breaches" (50% liability) if the trust does not deliver treatment within 24 days.	new standard commenced in October 2016 All potential breaches and breaches escalated as per trust policy Full analysis of breaches completed every month with remedial action taken Revised PTL to highlight potential breaches sooner delays with first appointment (7 day target) monitored and escalated daily Remedial actions taken have had a positive impact on performance. In particular, the monitoring of first appointment within 7 days target and the development of the new radiotherapy pathway, Tumour groups with most challenges targeted for remedial action and support Performance against the new target has significantly improved and currently sits at 84.3% against a target of 85%	20	16	High	8	Spencer, Joan	07/06/2017	05/09/2017		
755	Cyclotron	Cyclotron Lifespan	The Cyclotron is more than 30 years old and is the oldest medical Cyclotron in clinical use. The risk is that there will be a catastrophic equipment failure resulting in an inability to deliver the service for a considerable time Developing a strategy for protons to include equipment replacement or de-commissioning	Extensive maintenance of the equipment, changing of parts that show signs of wear, upgrade where possible Development of replacement / de-commissioning plan Workshop booked for 22nd March to develop plans	16	16	High	8	Massey, Julie	02/05/2016	28/07/2017		
765	Information Management & Technology	Cyber Security Attack	Major Clinical Service disruption and/or data loss due to Cyber Attack	Anti Virus software is up to date across Server and PC estate and CCC are an early CareCert (NHS Digital) adopter for Cyber Security, additional mitigation to be provided through Domain migration and a new enterprise back up solution which were actions from a recent MIAA Cyber Security Assessment.	15	15	High	9	Pilkington, Richard	26/01/2017	30/06/2017		
786	Crest	Lack of Speech and Language service within the Trust	The previous Speech and language therapy post holder left the Trust at the end of	The NG out patient pilot has been put on hold until we have SLT cover.	15	15	High	2	Richardson, Pam	08/05/2017	31/05/2017	Advertise band 8a SALT post Participate in new Merseyside and	
789	Imaging	MDT functionality	MDT room frequently not functioning correctly due to IT connectivity issues. Problems with equipment stops MDT productivity and may delay patient care	Requested for MDT room to be only used by clinicians and staff involved in MDT and not to be used by other staff. PACS manager and IT staff called to assist when in difficulty	15	15	High	8	Williams, Linda	24/05/2017	30/06/2017		
601	Finance	Slippage on the programme to construction commencement	TCC - Slippage on the programme to construction commencement	Regular monitoring of progress against programme and budget by Arcadis on behalf of Trust Early works proposal put forward to Board	15	15	High	10	Bottomley, Yvonne	07/09/2016	10/10/2016	Summarise impact of slippage across TCC Discussion with senior representatives of LOR, provision of additional senior leadership of LOR team and commitment	B5 / JP will complete paper and share at next TPB as agreed.
696	Programme Management Office	Adverse consequences of failing to achieve workforce redesign linked to FBC requirements (PMO)	Failure to redesign the workforce and meet the FBC requirements set out within the agreed workforce plan results in an unaffordable workforce model.	1) The TPB has reviewed proposed workforce establishment figures, pre and post CIP for each department in the trust on an annual basis between 16/17 and 19/20. These figures have been aligned to the FBC and shared with the clinical directorates and corporate functions of the trust, so a common baseline has been established. 2) The annual business planning process will establish a comparison between the establishment figures described in the FBC and those actually funded, with an attempt made to compare to activity and income projections. This control in turn is contingent on the necessary workforce analytics and informatics resource being in place and sufficiently sophisticated. 3) The workforce roles charter will develop a baseline of the organisation workforce redesign and aggregate training needs required to avoid the risk materialising. This is a complex measure which will be presented to TPB in Q1 2017/18. Noted that workforce planning activities have been delayed to Q2.	9	15	High	6	Bebington, Heather	05/06/2017	03/07/2017		

735	Executive	The Trust's current/future clinical model is not supported by all key stakeholders	<p>The Trust's future clinical model will require agreement with commissioners (Spec Comm and CCGs) and partner Trusts bilaterally and in the context of Local Delivery System and STP plans.</p> <p>Without clarity on the model and agreement from local partners the operational and financial sustainability of distributed services may be undermined.</p>	<p>Exec to Exec dialogue</p> <p>Bilateral discussion with individual organisations and Local Delivery Systems underway</p> <p>Internal dialogue with Clinical Directors and Site Reference Groups to agree the proposed clinical model underway, but not yet resolved</p>	15	15	High	9	Kirkbride, Peter	07/06/2017	04/09/2017	
-----	-----------	--	---	---	----	----	------	---	------------------	------------	------------	--