

Choose

South Tyneside 
NHS Foundation Trust

Title	Review of the top Corporate Risks 2016/17
Meeting	Board of Directors
Date	4 th October 2016

Progress Update

At the Board of Directors end of year review in February 2016 members considered the most significant corporate risks utilising the NHSI Risk Assessment framework headings of strategic, operational and financial. These were further refined at a Board workshop on 1st March, developed to include descriptions, controls and responsibility for managing and have been included in the Operational Plan submitted to NHS Improvement in April 2016. These risks have also been included in the latest Corporate Risk Register and aligned to the Board Assurance Framework for 2016/17 that is being revised to reflect the recently completed operational restructure.

Further to this and working with City Hospitals Sunderland NHS Foundation Trust as part of the South Tyneside and Sunderland Healthcare Group function, a joint risk register has been developed and presented to the Group Board to reflect any risks associated with achieving the Group aims:

1. To provide a wide range of high quality, safe and accessible healthcare services
2. To ensure financial performance provides value for money
3. To recruit, retain and motivate skilled and compassionate staff
4. To be the employer of choice in the North East of England
5. To listen, learn and innovate.

In May a joint risk register was developed from the existing Assurance Frameworks from both Trusts and demonstrated clear overlap, which is encouraging. It is anticipated that following further refinement and presentation to Group Board the joint risk register will be tabled at November STFT Board of Directors.

It has been agreed that STFT Board will receive at each meeting, a review of the key areas of current corporate risk under strategic, operational and financial headings and actions being taken to manage and mitigate those risks. Each sub-committee to the Board will

continue to review their management of the corporate risks relevant to their programme of work, each time the committee meets. The up-to-date position of the top eight corporate risks is presented below.

Following the last Board of Directors meeting on 30th August, the only risk rating that has changed is Risk 4 – ‘Not delivering the CQC improvement actions in the agreed timeline’. In response to concerns raised by NHSI and CQC regarding the pace of delivering the safeguarding children improvements, this risk has been raised to red rating, score 16. An additional control has been added to reflect the plan for deep dive meetings with CQC on ‘must do’ areas of the improvement plan.

Recommendation

The Board of Directors is asked to note progress in managing the top corporate risks, and highlight any matters of concern.

Report Author	Dr Bob Brown, Executive Director of Nursing and Quality.			
Executive Director/ Sponsor	Dr Bob Brown, Executive Director of Nursing and Quality.			
Purpose of paper	Information	√	Discussion	√
	Decision	√	Assurance	√
	Specific action			
Implications	Staffing	√		
	Finance	√		
	Legal	√		
	Public engagement	√		
	Partnership	√		
	Communication	√		
	Equality & Diversity	√		
	Clinical	√		
	Patient Safety	√		
Risk assessment and mitigation (include risk register reference if appropriate)				
Link to STFT Business Plan	√			
Link to CQC outcomes	√			
Link to Board Assurance Framework	√			
Link to Corporate Risk Register	√			

Top Corporate Risks 2016/17

Strategic

1. Not having a compelling and cohesive vision as a Trust and as a Group
2. Not delivering the Trust vision and transformation strategy
3. Not engaging and bringing our staff (and other stakeholders) with us on the journey

Operational

4. Not delivering the 'Getting to Good' CQC Improvement actions in the agreed timeframe
5. Not continuously improving quality, ensuring patient safety and giving people a good experience
6. Not delivering the 4hr A&E target and other key national performance targets
7. Not having the right number of people with the right values, attitude and skills to deliver our objectives

Financial

8. Not achieving financial recovery including insufficient cash flow and a resulting deterioration in our risk rating and turnaround.

Top 8 Organisational Risks (reviewed 30/09/16)

Risk 1	Risk 2	Risk 3	Risk 4	Risk 5	Risk 6	Risk 7	Risk 8
Not Having a common cohesive vision as a Trust and as a Group.	Not delivering the Trust vision and Transformation Strategy	Not engaging and bring our staff (and other stakeholders) with us on the journey.	Not delivering the 'Getting to Good' CQC improvement actions within the agreed timeline.	Not continuously improving quality, ensuring patient safety and giving people a good experience.	Not delivering the 4hr A&E target and other key national performance targets.	Not having the right number of people, with the right values, attitudes and skills to deliver our objectives.	Not achieving financial recovery, including insufficient cash flow and a resulting deterioration in our risk rating and turnaround.
Controls	Controls	Controls	Controls	Controls	Controls	Controls	Controls
Trust Board is developing a vision and strategy for the next 5 years.	Agree a shared vision for the future and communicate these at all levels.	Facilitate engagement at every level in developing the vision and strategy.	Strong focus on accountability around delivery of improvement actions.	Robust Board and sub-committee structure clearly focused on Safety, Quality and Experience.	Daily patient flow meetings. Daily and Weekly drill down on flow and performance analysis.	Establish a workforce sub-committee to the Board.	Finance and Performance sub-committee has established control of the financial recovery programme.
Working through the Alliance and Group function a joined up vision and STP strategy will be agreed.	An ambitious but realistic 16/17 operational and STP strategy.	Demonstrate through frequent communication to staff and stakeholders that their voice is informing the change process.	Regular progress assurance to Board sub-committee, Executive Board and Board of Directors	Review of corporate, clinical and non-clinical governance.	System resilience co-working with partner agencies.	Carry out robust planning processes as a Trust and as a Group.	Redesigned PMO function has enabled financial recovery processes to develop.
Our stakeholders and partner agencies will inform the vision and be informed by this.	Ensure appropriate resources are in place to deliver the strategy.	Test the quality and impact of engagement regularly.	Manage any risks to delivery effectively.	Revised operational and professional practice structure with clear lines of accountability.	Fortnightly Flow Management Board and improvement work	Maintain and further develop the weekly focus on workforce efficiency and effectiveness through the Carter Programme and PMO Workforce Workstream alignment.	Robust assurance and accountability from service line to sub-committee and Board.
Service redesign is being clinically led and managerially supported.	Have a strong process of performance review and accountability for delivery.	Monitor workforce metrics and respond to concerns.	Regular meetings with CCG and CQC indicative of progress	Developing a culture of continuous improvement through a new Quality Strategy.	Monthly reporting to Board through an integrated performance report	Weekly bank, agency analysis and twice monthly nurse staffing drill down.	Advice and external support has had a positive impact on recovery planning.
We will communicate the vision and strategy to the workforce and embed this across Directorates.		Communications strategy is evaluated and demonstrates positive impact	Re-inspection preparation programme demonstrates confidence in the evidence and among staff	Each Directorate is progressing their 'get to good' plan to time and with evidence of achievement	Robust business continuity processes.	Performance report to Board setting out a range of workforce indicators – sickness, mandatory training.	Monthly monitoring of CIP demonstrates delivery in line with targets.
			Regular telephone and face-to-face meetings with CQC and NHSI, with a plan for drill down visits	A redesigned integrated performance dashboard from division to Board	RTT Performance monitored and analysed via executive board	Staff friends and family test analysis leading to action plans.	
					Cancer Performance monitored and via CEG	Culture survey undertaken annually.	
Risk Score	Risk Score	Risk Score	Risk Score	Risk Score	Risk Score	Risk Score	Risk Score
12 Moderate	16 High	12 Moderate	16 High	12 Moderate	16 High	12 Moderate	15 High

		Impact					
Likely-Hood	Rating guidelines	Negligible	Minor	Moderate	Major	Catastrophic	Rating
	Rare	1	2	3	4	5	Very Low Risk (1-3)
	Unlikely	2	4	6	8	10	Low Risk(4-6)
	Possible	3	6	9	12	15	Moderate Risk (8-12)
	Likely	4	8	12	16	20	High Risk (15-25)
	Almost certain	5	10	15	20	25	

Key of Risk Owners

1. Steve Williamson
2. Steve Williamson
3. Kath Griffin
4. Bob Brown
5. Bob Brown
6. Michelle Arrowsmith
7. Kath Griffin
8. Helen Patterson