Report to:	7 U X V W %3RXDEOG F	Agenda item:	
Date of Meeting:	) H E U X D U \		

Report Title:	%R D U G $ V V X U D Q F H) U D P H Z R U N D Q G &R U S R U D			
Status:	Information	Discussion	Assurance	Approval

)L R Q D 0F1H L VjV$X U D Q F H

	) U D P H Z R U N D Q - &R U S R U D W H J 5 L V N 6 X P D Q X \ D U \ - &R U S R U D W H 5 L V N D Q J L V W H U

Recommendation:
7K H %R D U G D W U H F R Q V L G H U H G W K H U H Y L V H G %R D U G $ V V X U D Q

Executive Summary:
Background 7K H %R D U G $ V V X U D Q F H) U D P H Z R U N L G H V W K H 7 U X V W V W D Q G D U G Z L W K D V D W L V I \ L Q J L W V H O I W K D W L W V U H V S R Q V L E L O L W L H V D U C€pLeà p O *R Y H U Q D Q F H 6W D W H P H Q W D Q G D Q Q X D O F \ F O H R I E X V L Q H V V L Q ' H Q E H U V H Q W K H U P Z L W K L Q W K H &R U S R U D W H 5 L V N 5 H J L V W H U &5 5 U L E H D U H W K H P R V W Y D O L D Q G W K H G R F X P H Q W U H P D L Q V I L W I R U S X W L R Q V W K U R X J K H D F K R I W K H %R D U G ¶ V &R P P L W W H H V Q F H 3 H U I R U P D Q F H &R P P L W W H H Q D Q F H 3 H U I R U P D Q F H &R P P L W W H H Q L F D O *R Y H U Q D Q F H &R P P L W W H H *R Y H U Q D Q F H &R P P L W W H H L W W H H Q F H D Q G 3 H U I R U P D Q F H &R P P L W W H H W U D W H J \ &R P P L W W H H , Q D G G L W 7 U X Q W K E Q D J H P H Q W H &R P P L W W H H D Q G &5 5 D

- 3RWHQWLDO IRU EOHHS IDLOXUH &DUH
- ,QIHFWLRQ UHSRUWLQJ DQG UHTXHVWHG WLPHVFDOHV &DUH
- $JLQJ SKDUPDF\ URERWLF HTXLSPHQW 5HVRXUFHV
- 5HFKHFNLQJ V\VWHP LQDGHTXDWH WR PDLQWDLQ FXU 3HRSOH
- (65 SRUWDO DFFHVV 3HRSOH
- 4XDOLW\ LPSURYHPHQW KRERQWRJ\ QXQRXDQWLRQ
- &RQVLWXWLRQDO SHUIRUPDQFH VWDQGDUGV PD\ QRW GHPDQG RU GHFUHDVH DFFHVV
- ,QFUHDVH LQ HPHUJHQF\ DWWHQGDQFHV

Risks with decreased scores

-)XQGLQJ IRU TXDOLW\ LPSURYHPHQW 4, PHWKRGRO
- 5LVN WR SDWLHQW VDIHW\ GXH WR RYHUFURZGLQJ LQ
- 'XH WR LQDELOLW\ WR UHFUXLW HQRXJK QXUVHV D GH RSHQ WKH DGGLWLRQDO PHGLFDO EHGV WR
- 3RWHQWLDO QRQ GHOLYHU\ RI &48,1 VFKHPHV 5HVRX
- *HQHWLFV 1DWLRQDO 5HFRQILJXUDWLRQ 6SHFLDOLVW
-)DLOXUH WR DFKLHYH ZDUG QXUVLQJ HVWDEOLVKPHQ

Risks with an increased score

- 9DVFXODU VXUJHU\ SURYLVLRQ 6SHFLDOLVW WR

Review of gaps in control:

7KURXJK WKH UHYLHZ SURFHVV QHZ JDSV LQ FRQWURO KDYH

5704: Gastroenterology Service Provision

- 8QVXFFHVVIXO UHFUXLWPHQW RI QHZ VWDII WR WKH *DVW RQJRLQJ UHFUXLWPHQW FDPSDLJQ
- 1DWLRQDO VKRUWDJH RI JDVWURHQWHURORJLVWV
- &XUUHQWO\ XQDEOH WR PHHW IXOO GHPDQG IRU ERZHO V SURJUDPPHV

5705: EU Exit Planning

- 8QFHUWDLQW\ RI WKH QDWLRQDO RXWFRPH
- 1RW DOO VXSSOLHUV PHDQV KDYH EHHQ FRPSOHWHG

5706: Interventional Radiology

- 8QLYHUVLW\ +RVSLWDO RI 6RXWKDPSWRQ DUH XQDEOH WR DQG DUH XQDEOH WR SURYLGH D VHUYLFH RQ GD\V WKDW DQG DUH XQDEOH WR JXDUDQWHH SURPSW GLDJQRVLV RI WKH VHU

Next Stages:

- $ %RDUG ZLOO WKHQ -DQXDU\ ZLWK WKH SXUSRVH RI LGHQ LQWHUQDO RU H[WHUQDO UHVRXUFHV WR PDNH WKH FKDQJHV WKDW DUH UHTXLUHG WR HQVXUH WKDW WKH DLP WR LGHQWLI\ FRQWURO DVVXUDQFHV WR DGGUHVV JDSV LQ HLWKHU FRQWURO RU DVVXU
- $ UHYLVHG %$) IRUPDW WR EH SUHVHQWHG DW WKH $SULO %
- 5LVNV RQ WKH &RUSRUDWH 5LVN 5HJLVWHU 5HVWUXFWXULQJ WR KDSHFXWLYH E\ /HDGV WR HQVXUH WKDW WKH\ DUH UHSUHVHQWDWLYH RI WKH DFWLYLWLHV DQG WKDW

Strategic Priorities – Risk Overview

	Overall risk score
Local Services :H ZLOO PHHW WKH QHHGV RI WKH ORFDO SRSXODWLRQ E\ GHYHO WKH FHQWUH RI DOO WKDW ZH GR	
Specialist Services :H ZLOO SURYLGH LQQRYDWLYH KLJK TXDOLW\ VSHFLDOLVW FDU	
Innovation :H ZLOO SURPRWH QHZ DQG EHWWHU ZD\V RI ZRUNLQJ DOZD\V O KRZ RXU VHUYLFHV DUH GHOLYHUHG	
Care	

Key Controls	Assurance on Controls
x Established performance monitoring and accountability framework x Access policy x Accountability Framework x Ward reconfiguration governance structure x Engagement with commissioners and system (EDLDB) x Escalation processes in line with the Trust's OPEL status x Weekly Delivery Group meeting x	

	x Inability to create capacity between AMU and Durrington to support the frail elderly pathway	Address improvements through Patient Flow workstream

			Process map patient pathway (internal, external partners including outreach clinics)	Oct 18	Complete
			Research National Older persons work and present findings to Strategic Group	Oct 18	Complete
			Comprehensive Geriatrician Assessment (CGA) forms reviewed and revised (Internal/External)	Dec 18	A working group has been set up to review the existing version used in the Trust, and those available outside of the Trust, including local partners. The group are working to align community and acute forms to reduce duplication.

Objective	

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
3.P Develop with partners a series of initiatives to ensure patients do			0		.

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
4. Improving access to core services to support prompt, responsive care	x Delivering national access 53				

Strategic Priority:

Executive Lead: Chief Operating Officer **Reporting Committee:** Finance & Performance Committee

Plan to do:

Objective	Exec Lead	Due Date	Progress
1. **Spinal Centre –** Service improvement initiatives within Spinal Cord Injury Centre	MD	April 2018 (Phase 1) Phase 2 tbc	
2. **Plastics** - Delivery capacity to separate elective and emergency care. Lead provision of plastic surgery network across Wessex	COO	Dec 2018	

Corporate Risk Register Principal Linked Risks

Key Controls	Assurance on Controls
x NHS England contract standards x Access Policy x Work with key network partners in Plastic Surgery - Solent Alliance/Plastics Venture Board x COO Delivery Group	x Integrated Performance Report x Specialist Services dashboards

Key Headlines – Objectives

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
1. Service improvement initiatives within Spinal Cord Injury Centre	{ Reducing the delay to admission and acceptance of admissions. { Reducing LoS by introducing intense rehab and standardisation of care, whilst also introducing a step down facility for rehab. { Ensuring a sustainable outpatient model, with every patient being recorded. { Improved therapy	{ The historical and cultural national referral process restrictions. { Workforce gaps in staffing levels and conflicting priorities. { Levels of therapy engagement resulted in pilot work being stopped. { Multi-disciplinary ward round, including support from urology not yet implemented and embedded	Delivery of the spinal action plan Recruitment	TBC	Complete

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
	collaborative working across patient pathway, including inpatient and outpatient services { Recruitment of a clinical lead to support change within the teams { Implemented and embedded multi-disciplinary ward round, including support from respiratory { Improvement plan in place and maintained via Directorate Performance Reviews	x Common MDT vision and strategy not yet developed	Delivery of the spinal action plan	TBC	Complete
2. Plastic Surgery: Deliver capacity to separate elective and emergency care. Lead provision of plastic surgery network across Wessex	{ Theatre timetables have been redesigned to ensure that elective and emergency capacity is separated { Support to PHT to become sustainable out of hours x Network approach to Plastic surgery service provision x Recruited band 7 lead for Plastics and Burns	{ Required changes to operational and clinical practice/behaviour			

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
			Working with Deputy Director of nursing to mitigate training risk - AH	July 18	Complete
		x Gap between income and expenditure in plastics and burns	Implement action plan - AH	Mar 19	

Key Controls	Assurance on Controls
x Outstanding Every Time Board x QI training and coordination via PMO x Research Governance Framework	x Model Hospital benchmarking x NIHR Wessex

Key Headlines – Objectives

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
1. Deliver an increased range of high quality research which directly benefits patient care and increases the level of research income earned	{ Attaining recruitment target { Increased number of departments are research active { Good progress in recruiting to time and target { Team won national Research Excellence Award x Approval to recruit two research fellows from NIHR support x Reviewing N-3(ar.003ar.003iRe)-3(b10(m)-0(mlTd( )0 11.04 10k1(s)1(s)]T rx14(ew)]TJ-0.004 Tc 0.004 (ewd( )0 11.04 10kaLr.003iRen750 Tc 0 Tw ( )Tj.003iRe				

Objective	Positive Assurance	Gaps in Control / Assurance	Action	Due	Progress
3. Introduce innovative processes, pathways and to change how we deliver our services to improve effectiveness of our services and to bring additional benefit for our patients	{				

Corporate Risk Register Principal Risks

Key Controls	Assurance on Controls
x Quality Governance Framework x Integrated Governance Framework x Accountabilit	

Objective	

Strategic Priority:

Executive Lead: Director of Organisational Development and People **Reporting Committee:** Workforce Committee

Plan to do:

Objective	Exec Lead	Due Date	Progress
1. **Resourcing and Talent Management -** Deliver a cohesive plan to attract, deploy, retain and reward a flexible workforce	DoODP	March 2019 (phase 1)	
2. **Business Partnering** - Establish effective partner119.64 4062 381.36 Tm(1)381)-3(r08.72 T			

Corporate Risk Register Principal Risks