Trust Board
01 December 2016

Title of the paper:	**Summary report on corporate risk register**
Agenda item:	**14/43a**
Lead Executive:	**Helen Brown, Deputy Chief Executive and Director of Strategy**
Author:	**Leigh Gibson, Deputy Head of Risk**
Trust aims :	Double click on the box to mark as appropriate: ☒ To deliver the best quality care for our patients ☐ To be a great place to work and learn ☐ To improve our finances ☐ To develop a strategy for the future
Purpose:	This report provides an update on the status of the corporate risk register including current risks scores, new/escalated risks and de-escalated/closed risks.
Link to Board Assurance Framework (BAF)	**PR1** Failure to provide safe, effective, high quality care

Previously discussed:

Group:	Date
Risk Review Group	10 November 2016

Benefits to patients and patient safety implications
Effective risk management frameworks and reporting provides a source of assurance that identified risks to patients are being identified, assessed and mitigated.

Recommendations

The Board is asked to note the progress made and further work underway to continue to strengthen the identification and management of organisational risks.

Trust Board 01 December 2016

Summary report on corporate risk register

Presented by: Helen Brown Chief Executive and Director of Strategy
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1. Purpose

1.1. This report provides an update on the status of the corporate risk register including current risks scores, new/escalated risks and de-escalated/closed risks.

2. Background

2.1 Data for this report was extracted from Datix on 24 November 2016.

3. Analysis/Discussion

3.1 Following the last meeting of the IRGC on 4 October 2016 work continues both on a corporate level with other Board Committees and with Divisions / Directorates to improve the alignment, recording and management of individual risk registers and the Corporate Risk Register (CRR) which contains all risks with a current score of 15 or more.

The charts below include the risk score movement of all risks on the risk register from November 2015.

Risk score movement <12
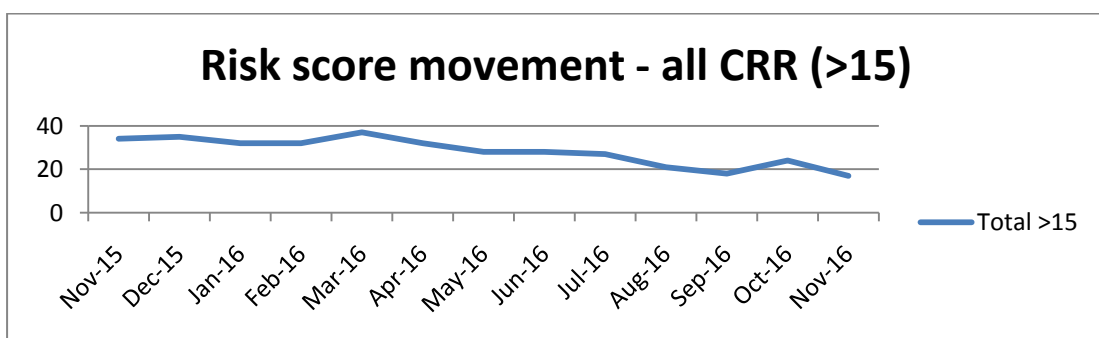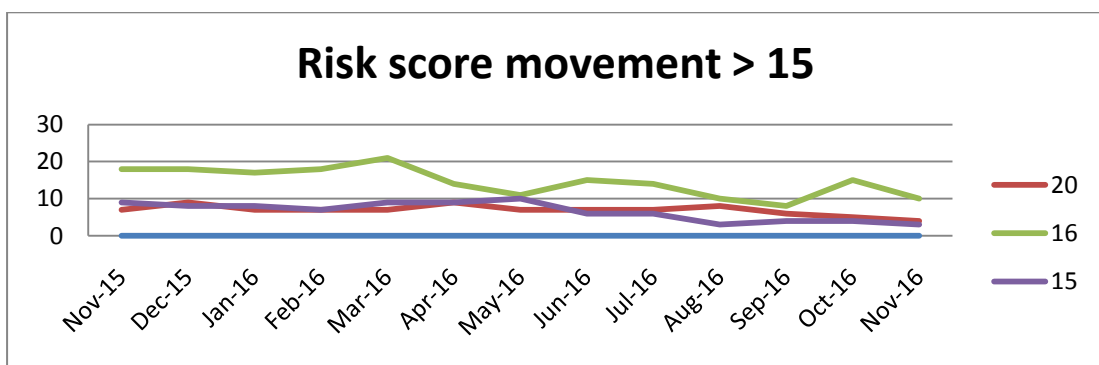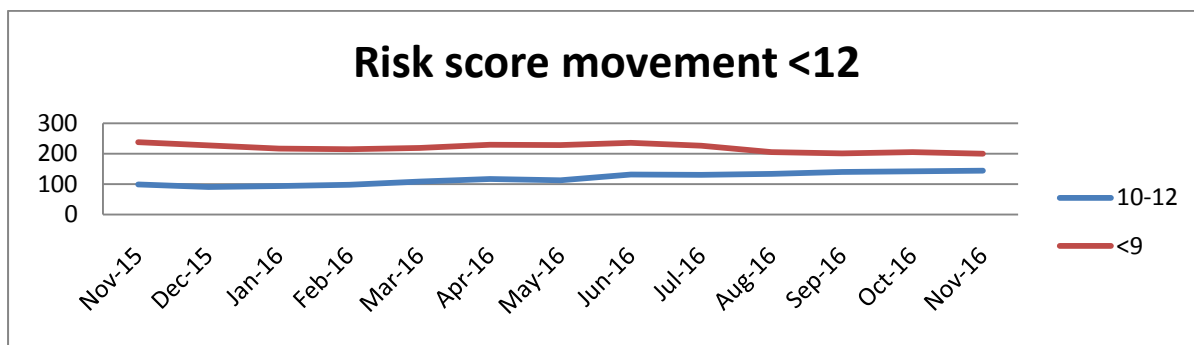
A review of the risk register indicates a decrease in the number of risks on the CRR since November 2015 and an increase in the number of risks on the risk register with a risk score of 10 and 12. There is also a slight decrease in the number of risks on the risk register with a risk score of 9 and below.

Corporate Risk Register (CRR)

At the 4 October 2016 meeting of the IRGC there were 17 risks included on the CRR, plus 1 newly escalated risk. The table below indicates risk activity on the CRR since the last IRGC.

Risks on CRR as 24/11/16	13
Risks escalated/new	4
Total	17

Risks De-escalated / Closed	5

Risks for Escalation/New:

ID	The Risk	Executive Risk Lead	Principal Risk: Primary	Current risk score	Date accepted on CRR by RRG
2755	MRI Replacement HHGH	Sally Tucker, Chief Operating Officer	PR5	12 >16	10/11/16
3433	Non identification of deteriorating patient	Dr Michael Van der Watt, Medical Director	PR5	10 >16	10/11/16
3828	Inability to deliver achievement of RTT performance standard in line with recovery plan	Sally Tucker, Chief Operating Officer	PR7	NEW 15	10/11/16
3825	Apprentice Levy	Paul da Gamma - Director of HR and Organisational Development	PR2	NEW 15	10/11/16

Risks De-escalated:

ID	The Risk	Executive Risk Lead	Principal Risk: Primary	Current risk score	Date de-escalation/ closure accepted by RRG
3249	Issues with Typing and Administration in Cardiology	Sally Tucker - Interim Chief Operating Officer	PR5	15 < 9	10/11/2016
2883	Legionella Management and control of water systems	Tracey Carter - Chief Nurse and Director of IPC	PR3	16 <12	10/11/2016
3651	Outpatients Capacity and the long waits in clinic for new patients and follow-up	Sally Tucker - Interim Chief Operating Officer	PR1	20 < 12	10/11/2016
2795	Control of Asbestos Containing Materials (ACMs)	Kevin Howell - Director of Environment	PR3	15 < 12	10/11/2016
3503	Cardiology Image Storage / Hardware Support for Mckessons Systems	Lisa Emery - Chief Information Officer	PR3	16 < 12	10/11/16

Appendix 1 includes a summary of the current status of all risks on the corporate risk register

Trust Risk Summary

Breakdown of all risks, by division, as of 24 November 2016

	15	16	20	Total	10	12	Total	<9 Total
Clinical Support	0	1	0	**1**	8	15	**23**	36
Clinical Informatics	0	0	1	**1**	0	8	**8**	24
Corporate	3	0	1	**4**	2	23	**25**	32
Environment (formerly: Estates & Facilities)	0	2	0	**2**	12	22	**34**	25
Finance	0	2	1	**3**	0	8	**8**	6
Medicine	0	0	1	**1**	2	11	**13**	18
Surgery, Anaesthesia & Cancer	0	1	0	**1**	6	7	**13**	23
Unscheduled Care	0	3	0	**3**	0	3	**3**	10
Women's and Children	0	1	0	**1**	1	12	**13**	26
Totals:	**3**	**10**	**4**	**17**	**31**	**109**	**140**	**202**

Corporate Risks (13+4) mapped against the 10 Board Assurance Framework Risks

Principal Objective	Principal Aim	BAF Risk	CRR (13+4) Risks Mapped	Description	Executive Leads	Board Assurance
PO1	1a, 2a, 3	PR1	1	Failure to provide safe, effective, high quality care	TC / MVDW	Safety & Quality Committee
PO1	1a, 2a, 3, 5a	PR2	4	Failure to recruit to full establishments, retain and engage workforce	PDG / TC	Workforce Committee
PO1	1b	PR3	2	Current estate and infrastructure compromises ability to deliver safe, responsive and efficient patient care	KH	Safety & Quality Committee
PO1	2b	PR4	2	Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care 4A) IM&T 4B) information and information governance	LE	Finance & Performance Committee
PO1	4	PR5	4	Inability to deliver and maintain performance standards 5A) Emergency Care 5B) Planned Care (including RTT, diagnostics and cancer)	LH, CL	Finance & Performance Committee
PO1	1a,2a,3, 4	PR6	0	Failure to maintain business continuity	HB / KH	Safety & Quality Committee
PO1, PO3	5b	PR7	4	7A) Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency Programmes 7B) Failure to secure sufficient capital, delaying needed improvements in the patient environment, securing a healthy and safe infrastructure	DR	Finance & Performance Committee
PO1, PO2, PO3	1a,	PR8	0	Failure to engage effectively with our patients, their families, local residents and partner organisations compromises the organisation's strategic position and reputation	HB	Strategy Committee
PO2, PO3	5d	PR9	0	9A) Failure to develop a sustained long term clinical, financial and estates strategy 9B) Failure to deliver a sustained long term clinical, financial and estates strategy	HB	Strategy Committee
		PR10	0	System pressures adversely impact on the delivery of the Trust's aims and objectives	KF	Finance & Performance Committee

4. Risks

4.1   Integral part of Trust risk management arrangements.

5. Recommendation

5.1   The Board is asked to note the progress made and further work underway to continue to strengthen the identification and management of organisational risks.

Helen Brown
Deputy Chief Executive and Director of Strategy
November 2016

Commitment
Care Quality

Appendix 1

ID	The Risk	Update	Consequence (current)	Likelihood (current)	Rating (current)	Principal Risk (Primary)	Board Assurance (Primary)
ESCALATED RISKS							
2755	Risk of failure of the MRI scanner at HHGH	Risk escalated from 12 to 16 due to deterioration of MRI scanner at HHGH resulting in more patients needing to be scanned at WGH. Awaiting install of cardiac MRI at WGH - confirmation of "go-live" date by 31/12/2016	4	4	12 →16	PR5	Safety & Quality Committee
3433	Non identification of deteriorating patient	Escalation from 10 to 16 accepted on to risk register at RRG with agreement of the action plan to be amended. Meeting planned for w/c 02/12/16 for Divisional Director – Unscheduled Care and Associate Medical Director of Clinical Standards and Audit to discuss the action plan.	4	4	10 →16	PR5	Safety & Quality Committee
3828	Inability to deliver achievement of RTT performance standard in line with recovery plan	Target of 92% by December 2016. Recovery plan in place.	5	3	NEW 15	PR7	Finance & Performance Committee

3825	Apprentice Levy	Apprentice Steering Group reporting to the Education Panel being set up. Review financial technical guidance and produce simple summary to inform planning. Ensure financial systems are levy-ready. Determine apprentice programme based upon workforce and service plans	3	5	NEW 15	PR2	Workforce Committee
CURRENT CORPORATE RISKS							
3773	The trust is at risk of not meeting regulatory requirements when responding to concerns and complaints raised	Weekly track king of performance with Chief Nurse Improved triaging of complaints in place from Nov 2016 LRM SOP introduced Trust wide to improve the management of resolution meetings Work with the Datix Development Manager to update Datix to capture data using Smarter techniques in ensuring the accurate and robust monitoring of action plans.	3	5	15	PR1	Safety & Quality Committee
3514	Clinical and financial risk due to high midwifery vacancies across bands 5&6&7	Vacancy rate reduced. Targeted recruitment plan in place. May be in a position to de-escalate before Xmas if recruitment campaign goes well & turnover rates continue to reduce. For review at next RRG.	4	4	16	PR2	Workforce Committee

3458	Failure of the "Make IT Happen" ICT transformation programme to de-risk IT business continuity & realise key benefits	Implement key recommendations of the independent (CIO) review of WHHT Structures/Resources and working practices employed to deliver the CGI contract [In-progress] Change control notice (CCN) signed with CGI to re-set programme plan, enhanced governance now in place. Milestones re-baselined.	4	5	20	PR4	Finance & Performance Committee
3742	Failure to achieve sufficient efficiencies to support annual and longer term plans	Efficiency programme in place. C 2/3rds of the required efficiencies identified in this year's programme. Internal PMO being developed. "Money Mondays" in place. Noted current position and risk re identification of CIP. Further work to identify additional opportunities underway. Cost centre reviews underway. Regular agenda item F&P and update s to Board.	5	4	20	PR7	Finance & Performance Committee
3745	General risk of insufficient cash availability	This risk has been escalated to Finance and Audit Committees and Trust Board. The BPPC (supplier paid by due dates) in October was down to 14%. Currently in discussion with NHSI to agree capital funding for 16-17. Cash management is unlikely to get better for foreseeable future and the Trust is managing on monthly uncommitted loans from the DH presently.	4	4	16	PR7	Finance & Performance Committee
3744	Inability to secure sufficient capital funds to meet investment plans in the Annual and Strategic Plans.	Complete business cases and financing applications to secure external funding. (CFO & divisions, ongoing, multiple cases plus ITFF application)	4	4	16	PR7	Finance & Performance Committee

3734	New ADT card swipe system - Intermittent Faults	Issues with faults in ADT in WACS system. Works now complete and risk will be formally de-escalated at next RRG.	4	4	16	PR3	Safety & Quality Committee
3501	Non-Compliance with HTM 00 - Provision of a Safe System of Work	The actions to address this risk have been subsumed into the PAM action plan. All areas assessed to be Inadequate are to be closed out by Nov 16, with a follow on audit scheduled for Mar 17.	4	4	16	PR3	Safety & Quality Committee
3120	Patient medical notes missing, delayed or poor condition.	iFIT: Location based tracking project has been delayed and currently no new 'go live' date is scheduled. This is being given high priority to bring go live forward as far as possible. Once in place this will provide efficiencies within the department improving availability of notes. Medical records library at capacity / overflow presenting significant issues for tracking and retrieval of records as well as H&S risks for staff – urgent options appraisal underway to identify short / medium and long term actions to address.	4	5	20	PR4	Finance & Performance Committee
3422	Workforce engagement within the Trust	Workforce strategy / implementation plan in place. Medical engagement action plan in place. To review following receipt of staff survey results in February 2016. Full discussion at RRG – WC and IRGC to be asked to review for de-escalation from 20 to 16	4	5	20	PR2	Workforce Committee

3786	Emergency care pathway / patient flow	Emergency Care Improvement Plan in place and regular updates provided to F&P. Performance currently below trajectory. Bed capacity and delays in discharge are a key factor.	4	4	16	PR5	Integrated Risk & Performance Committee
3781	USC medical workforce - gaps in rota	Locum Consultant and 1 new substantive Consultant to start within the next month. ANP recruitment in process. Further Consultant interviews planned in Jan 17.	4	4	16	PR5	Workforce Committee
3516	High vacancy rate of theatres staff	Recruitment plan in place including the recruitment of band 5 staff without theatre experience to theatre practitioner roles and provide on the job training and support .	4	4	16	PR2	Workforce Committee
DESCALATED RISKS							
3062	Risk of failure to recruit sufficient trained endoscopy nurses to support endoscopy expansion and deliver bowel screening	Risk de-escalated. Good progress with staff recruitment. Phase One of building work complete and staff in place to enable additional lists to start from December.	3	3	15 → 9	PR2	Integrated Risk & Performance Committee
3249	Issues with Typing and Administration in Cardiology	Backlog reduced & turnaround time improved.. Temporary staff cover in place, substantive staff recruited.	3	3	15 → 9	PR5	Finance & Performance Committee
2883	Legionella Management and control of water systems	Water Management group in place. Comprehensive action plan. Remedial works undertaken in neonatal. Regular monitoring of WACS birthing pools, supported by risk assessments and action plans to mitigate any identified risk.	4	3	16→12	PR3	Safety & Quality Committee

3651	Cardiology - Outpatients Capacity and the long waits in clinic for new patients and follow-up	Appointed x2 Consultants from interview 31/10/16 subject to HR clearance and process. Start date tbc. Trust Doctor Posts x 3 advertised mid October closing mid November. Specialist Nurses x2 have started in post and commenced training. 6 month review to be reviewed at TEC 30th November.	4	3	20→12	PR1	Safety & Quality Committee
2795	Control of Asbestos Containing Materials (ACMs)	Action plan in place. All actions required by HSE complete. Head of Engineering to confirm if HSE formal notification of action plan closure is required. Asbestos removal register to be completed by December 2016.	4	3	15 →12	PR3	Safety & Quality Committee
3503	Cardiology Image Storage / Hardware Support for Mckessons Systems	Extra storage now in place (NAS). McKesson monitoring for any issues following migration of data into new storage. Purchase order for physical to virtual replacement system due to be completed mid November 16.	3	4	16 → 12	PR3	Safety & Quality Committee