

Trust Board Meeting

06 April 2017

Title of the paper:	Corporate Risk Register Update	
Agenda item:	13/47	
Lead Executive:	Helen Brown, Deputy Chief Executive	
Author:	Leigh Gibson, Deputy Head of Risk	
Trust aims :	Double click on the box to mark as appropriate: <input checked="" type="checkbox"/> To deliver the best quality care for our patients <input type="checkbox"/> To be a great place to work and learn <input type="checkbox"/> To improve our finances <input type="checkbox"/> To develop a strategy for the future	
Purpose:	The aim of this paper is to provide a summary update of the status of the corporate risk register and corporate risk profile of the organisation. Data for this report was extracted from Datix on 19 August 2016.	
Link to Board Assurance Framework (BAF)	PR1 Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)	
Previously discussed:		
Committee	Date	
The corporate risk register is discussed at each Integrated Risk and Governance Committee (IRGC)	28 March 2017	
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 report		

Trust Board meeting – 06 April 2017

Corporate Risk Register update

Presented by: Helen Brown, Deputy Chief Executive

1. Purpose

- 1.1 The aim of this paper is to provide a summary update of the status of the corporate risk register and corporate risk profile of the organisation.

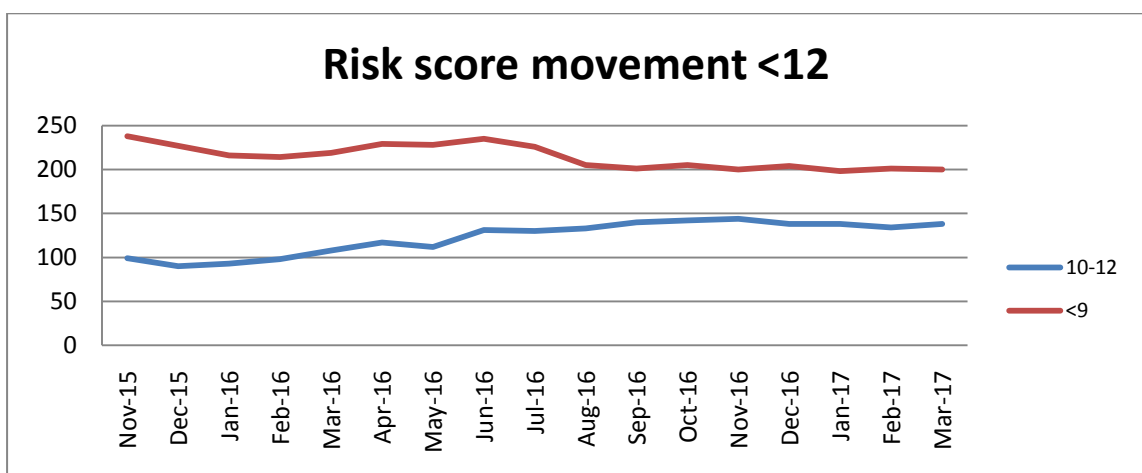
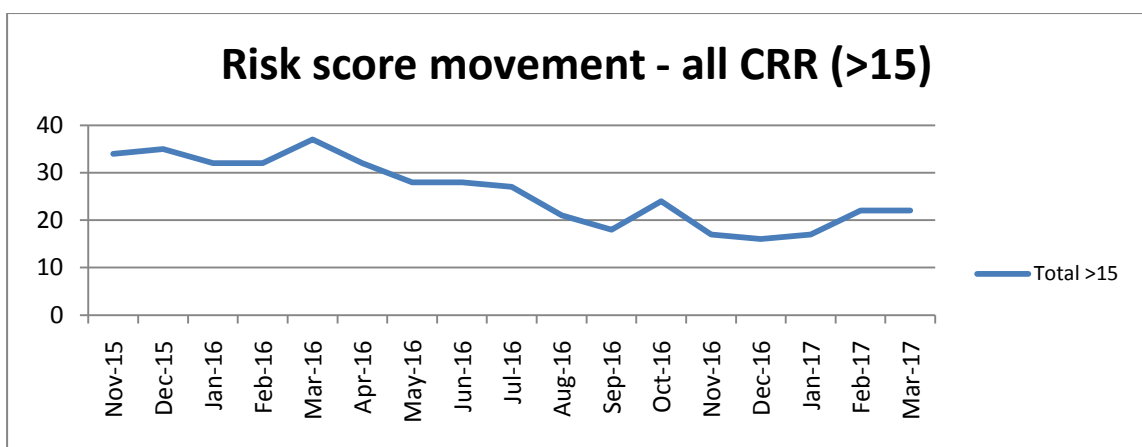
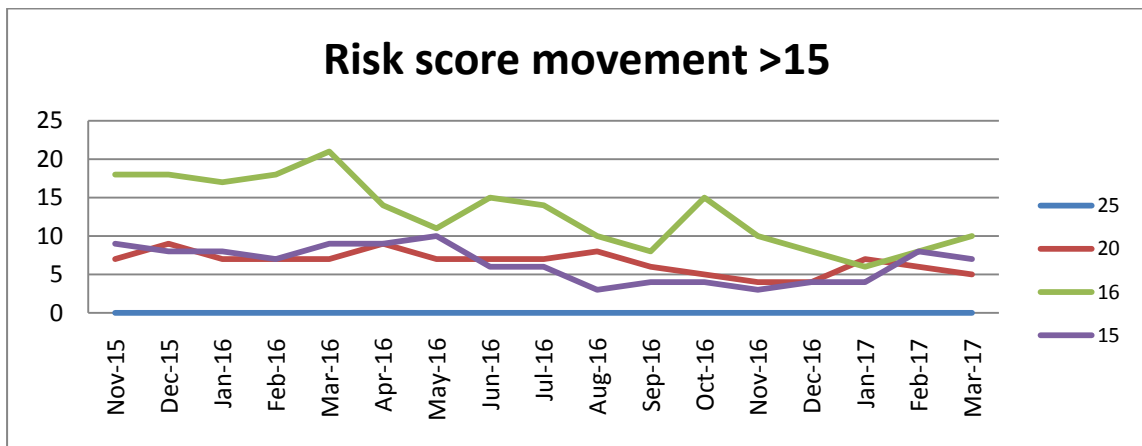
2. Background

- 2.1 The corporate risk register is discussed in detail at the Integrated Risk & Governance Committee each month. The corporate risk register includes all risks scored at 15+ on the risk register.
- 2.2 The Integrated Risk and Governance Committee leads on the development and monitoring of integrated risk and governance arrangements across the Trust to ensure that the organisation delivers key priorities and manages risk efficiently.
- 2.3 The Integrated Risk & Governance Committee meets monthly to review the overall corporate risk profile and seek assurance that risks are being appropriately identified and managed.

3. Analysis/Discussion

- 3.1 The risk register is a live document recorded on Datix and risk leads regularly review and update entries. The Risk Review Group reviews all changes to risk scores for corporate risk entries including risks escalated to 15 or above and risks that are recommended for de-escalation due to effective mitigation or changes in circumstances.
- 3.2 Data for this report was extracted from Datix on 16 March 2017. At this date 21 risks were recorded on the corporate risk register with a current score of 15 or more.
- 3.3 The charts below demonstrate the risk score movement on the corporate risk register from November 2015. From November 2015 to March 2017 there is an overall decrease of risks on the corporate risk register.
- 3.1 Following the last meeting of the IRGC on 28 March work continues both at a corporate level with Board sub-committees and with Divisions 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.



From March 2017, monthly audits will be performed to strengthen the monitoring of the compliance of the CRR with the Risk Management Strategy. The risks not compliant with the Risk Management Strategy will be identified and discussed in the Risk Register Review Group.

An internal audit of compliance for March 2017 is shown in the table below:

Risks on CRR as of 13 March 2017	21
% Risks in date	90%
% of risks with appropriately articulated controls	80%
% of risks with appropriately articulated assurances	80%
% of risks with appropriately articulated actions (including dates)	50%

The audit approach is being further refined and updates will be provided in further reports.

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

4. Risks

- 4.1 The corporate risk register is an integral part of Trust risk management arrangements.

5. Recommendation

The Board is asked to note the report.

Helen Brown
Deputy Chief Executive

April 2017

Appendix 1

ID	The Risk	Update	Consequence (current)	Likelihood (current)	Rating (current)	Principal Risk (Primary)	Board Assurance (Primary)	Lead
ESCALATED RISKS								
3681	Lift 9 – Failures	Maintenance work complete and lift fully operational. Business continuity plan developed in conjunction with ops team. Risk to be reviewed by divisional governance team and likely recommendation to be to de-escalate and manage as business as usual.	Major	Likely	16	PR3	Safety & Quality Committee	KH
3859	Non Compliance – ventilation	Environment division developing action plan following authorised engineer inspections of operating theatres and procedure rooms. Update paper presented at TEC 22/03/17. Prioritised works plan to be included in capital programme for 2017/18. Work expected to start on theatres at SACH in April with a WGH programme to follow.	Major	Likely	16	PR1	Safety & Quality Committee	KH
3845	CCG financial situation and consequent impact on WHHT - 2017/18	<p>The Herts Valley Clinical Commissioning Group has been placed into financial Special Measures (November 2016), posing a risk that existing income streams will be at risk.</p> <p>A 2017/18 contract has been signed and HVCCG continue to enforce compliance with 2016/17 contract.</p> <p>HVCCG has not been able to support Trust with suspension of readmission penalties. Also scale of CCG contract challenges has increased.</p> <p>Continue to monitor HVCCG's situation for early identification of risks</p>	Catastrophic	Likely	20	PR7	Finance & Performance Committee	DR

		relating to specific items.						
3851	Lift 9 out of service - business continuity in WACs	Maintenance work complete and lift fully operational. Business continuity plan developed in conjunction with operations team. Risk to be reviewed by divisional governance team and likely recommendation to be to deescalate and manage as business as usual	Major	Likely	16	PR3	Safety & Quality Committee	KH
3853	Loss of anaesthetic trainees	Gaps in rota due to reduced anaesthetic trainees. Difficulty recruiting to staff of this grade. Advertise for Trust grade registrars for 6 month post. Executive Lead has been reassigned to Divisional Director for Surgery	Moderate	Certain	15	PR2	IRGC	JL
CURRENT CORPORATE RISKS								
3458	Failure of the “Make IT Happen” ICT Transformation Programme to de-risk IT Business Continuity & Realise key Benefits	Significant progress on a number of programme milestones. LAN remediation 100% complete, Wifi deployment complete. 23 of 40 applications migrated to offsite data centres. End user device roll out has commenced although delayed due to issues with VDI solution. Majority of milestones will complete by June 2017.	Major	Certain	20	PR4	Finance and Performance Committee	LE
3828	Inability to deliver achievement of RTT performance standard in line with recovery plan	Current forecast is achievement of 92% standard by May 2017. Disruption to operational service delivery resulting from acute site pressures and theatre ventilation issue has resulted in reduced capacity. To date 178 elective patients have been cancelled since 1/1/17 as a consequence of bed availability or theatre closure. Service level recovery is adverse to trajectory within Surgical division which is the main factor in performance against plan.	Catastrophic	Possible	15	PR5	Finance and Performance Committee	ST

2755	Risk of failure of the MRI scanner at HHGH	<p>Latest failure of the MRI scanner at HHGH was fixed. The Division has now taken out a full comprehensive maintenance contract for the next 12 months.</p> <p>Further contingencies that have been explored in the event of full service loss include:-</p> <p>Outsourcing for which indicative pricing has been obtained and an agreement in principle to support should the need arise.</p> <p>Additionally work has been undertaken to reassess both the Hemel Hempstead and St. Albans site in terms of ability to support a mobile scanner.</p> <p>Formal review by the Division is due 31.3.17</p>	Major	Likely	16	PR6	Safety & Quality Committee	ST
3422	Potential low levels of workforce engagement will negatively impact retention and productivity, which in turn will lead to poor	<p>Results from staff survey received and showing positive improvements. Programme in place to communicate results and to ensure actions plans in place.</p> <p>Vacancy rates continue to fall, although turnover rate increased slightly.</p>	Major	Likely	16	PR2	Workforce Committee	PdG
3433	Risk of harm through failure to recognise and manage appropriately the deteriorating patient	<p>This is being monitored through a trust wide patient deterioration group reporting to Quality and Safety Group / Committee. Action plan in place.</p>	Catastrophic	Possible	15	PR1	IRGC	MvdW

3773	The trust is at risk of not meeting regulatory requirements when responding to concerns and complaints raised	Sustained under performance. Short term capacity in corporate team reduced. Plans in place to address. 3 rd Trust wide learning event held in March 2017.	Moderate	Certain	15	PR1	Safety & Quality Committee	TC
3825	Workforce and Finance risks linked to the introduction of the Apprentice Levy	Work currently being undertaken at STP level to manage introduction of apprentice levy. Work also underway regarding short falls in CPD funding.	Moderate	Certain	15	PR7	Workforce Committee	PdG
3501	Non-Compliance with HTM 00 - Provision of a Safe System of Work	Considerable progress in appointing personnel to authorised engineer positions and training WHHT staff to fill authorised person positions. Progress paper due to go to the next Safety and Compliance Committee via RRG and QSG. (May2017)	Major	Likely	16	PR3	Safety & Quality Committee	KH
3831	CCG financial situation and consequent impact on WHHT - 2016/17	The current contract remains in force and is enforced (March 2017). A formal process is in place to deal with new contract offers, all the way through disputes, arbitration and other legal options; this is intended to safeguard both parties' interests. CCG has not been able to support Trust with suspension of readmission penalties. Also scale of CCG contract challenges has increased.	Catastrophic	Likely	20	PR7	Finance and Performance Committee	DR

3742	Failure to achieve sufficient efficiencies to support Annual and longer term plans	Efficiency Workshop took place on 11 January 2017, containing a cross-section of Trust attendees and external facilitators. This addressed a number of planning areas, and notes were written up to facilitate more detailed planning in the remainder of 2016/17 and into future years. This will lead into detailed CIP Confirm & Challenge sessions confirmed for mid-April 2017.	Catastrophic	Likely	20	PR7	Finance and Performance Committee	DR
3744	Inability to secure sufficient capital funds to meet investment plans in the Annual and Strategic Plans.	Funds have been received to meet 65% of capital spend set out in the Trusts original 2016/17 plan. Funding risks remain with regard to 2017/18 onwards. A situation paper has been developed with NHSI capital team to enable early agreement of capital requirements for 2017/18 and 2018/19 to future funding applications and business cases.	Major	Likely	16	PR3	Finance and Performance Committee	DR
3745	Risk of insufficient cash availability	A satisfactory system is in place to secure loan finance to support annual and longer term plans. Risk to be reduced to (Major x Possible) = 12	Major	Likely	16	PR3	Finance and Performance Committee	DR
3120	Patient Medical Notes missing, Delayed or poor condition.	Business case for Medical Records storage in development – target April 2017. iFit electronic medical records tracking project dates being updated to align with physical storage solution timescales.	Major	Certain	20	PR4	Finance and Performance Committee	LE

3516	High vacancy rate of Theatres staff	<p>Vacancy rate of ODPs and scrub staff now at 12.7%, theatres 17%.</p> <p>Looking to introduce PEF for band 5 roles.</p> <p>There is an increase in resignations which will negatively impact vacancies.</p> <p>Working up the introduction of a Band 6 ODP role which would be accompanied by a competency based development which will allow us to complete with neighbouring Trusts for applicants. June 2017</p> <p>Risk score to be reviewed by RRG – division recommending d-escalation due to improved controls.</p>	Major	Likely	16	PR2	Workforce Committee	PdG
3781	Unscheduled Care medical workforce - gaps in rota	<p>Recent business case approved for 1 additional ED Consultant – appointed in February 2017.</p> <p>Medical establishment working groups in place to review options for filling gaps e.g. introduction of rotational posts.</p>	Major	Likely	16	PR5	Workforce Committee	PdG
3786	Emergency Care Pathway / patient flow	<p>Emergency care improvement pathway plan and monitoring weekly.</p> <ul style="list-style-type: none"> - 1x USC workforce/on call rota – target April 2017 - 1x ED transformation – target May 2017 <p>Additional focus on improving minor's performance, local action plan in place and nurse lead appointed.</p> <p>Ambulance handover improvement programme underway in partnership with EoE.</p> <p>'Perfect Week' planned for w/c 10th April 2017 the focus will be SAFER and Red/Green. This is a system wide initiative with input from all agencies.</p> <p>ED reconfiguration planning started. 1st meeting held 16th March.</p>	Major	Certain	20	PR5	Finance and Performance Committee	ST

DESCALATED RISKS								
3849	Insufficient NIV (non invasive ventilator) capacity	This risk has been downgraded. Following review by the Clinical Director it was determined that this risk was over scored. Current access to ventilators is adequate and contingency/escalation processes are in place.	Moderate	Certain	15 → 4	PR5	Safety & Quality Committee	MvdW