

**Trust Board Meeting****ITEM: 15**  
**PAPER: L****DATE:** 26<sup>th</sup> September 2012**TITLE:** Corporate Risk Register**SPONSOR:** Bronagh Scott, Director of Nursing and Patient Experience**REPORT FROM:** Phillipa Marszall, Corporate Governance and Risk Manager**PURPOSE OF REPORT:**

This report provides an overview of the corporate risk register including:

- the process for identifying, assessing and managing risks
- changes to the risk register (this report incorporates changes discussed at the Audit Committee in September 2012).
- current risks

**EXECUTIVE SUMMARY:** The corporate risks are updated on a monthly basis by risk owners and reviewed at the Executive Committee. Regularly reports are provided to the Audit Committee outlining changes and current risks.

The corporate risk register was presented to the Audit Committee in September 2012. The corporate risk register includes those risks that have been rated as 15 and above; and those which impact more than one division within the organisation.

**PROPOSED ACTION:** The Trust Board is asked to review the report and consider whether there are any gaps in assurance regarding the overall process for managing risks and for those risks outlined in the report.

**APPENDICES:** 1. Corporate Risk Register

**DECLARATION**

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

This report relates to the Following Trust Strategic Objectives –

- Deliver effective services that improve outcomes
- Improve the health of the local people
- Change the way we work by building a culture of innovation and continuous improvement

And complies with the Trusts requirement for CQC registration in relation to assuring the Board of the Trust's ability to provide safe and effective care and to question and challenge where there are concerns. As the committee that approves all clinical related policies it provides evidence and assurance as required by NHSLA

## **1. Introduction**

The corporate risk register outlines all trust wide risks and those rated as 15 and above. The corporate risk register is submitted on a monthly basis to the Executive Committee for review and discussion. This is to ensure the risk register reflects an accurate picture and to support discussion at the Trust Board and Audit Committee.

The divisional risk registers are updated regularly and submitted to the Divisional Boards for discussion.

## **2. Process for identifying, assessing and managing risks**

The Risk Management Strategy was ratified by the Trust Board in December 2011 and outlines the process for identification, assessment and management of risks.

As outlined in the strategy the Executive Committee has responsibility for overseeing the corporate risk register (outside of structured board meetings) and will take responsibility for escalating risks to the board.

## **3. Identifying risks**

Risks are identified through a variety of ways. The following are examples of some of the ways in which Whittington Health identifies risks, although this is not intended to be exhaustive.

- Project management
- Incidents, complaints and claims
- Policies
- Committee reports
- External assessments including CQC and NHSLA
- NICE guidance/Safety Alerts/National Guidance
- Internal Audit

### **3.1 Risk assessment**

All identified risks are assessed to determine the severity of the risk. Risk assessment is a systematic method of determining the level of risks and most cost-effective means to minimise or remove them. This is completed using a risk assessment matrix to calculate an overall risk rating. Risk assessments are recorded using the template in the Risk Management Strategy. There are some further risk assessment tools tailored to specific areas of risks appended to relevant policies available on the intranet.

The risk rating is calculated by combining the consequence and likelihood of the risk and The Risk Management Strategy includes a risk matrix as guidance for staff.

### **3.2 Describing the risk**

The strategy requires that all risks must be written using a structured approach to enable understanding and discussion of risks and allow an easier assessment of the likelihood and consequence.

The format to be adopted when describing a risk is:

**“If ..... (event)..... then..... (consequence)”**

**Example: (if there is poor and inconsistent record keeping then this will lead to sub optimal care).**

The corporate risk register reflects this approach and work is in progress with divisions to ensure a consistent approach is being taken across the organisation.

### **3.3 Managing risks**

The Risk Owner has overall responsibility for ensuring that risks are recorded accurately and managed appropriately; ensuring that adequate controls are identified/in place. The Risk Lead has overall responsibility for updating the risks. The Risk Owner should provide approval for changes to risk ratings and removal of risks and ensure that this is discussed at the Executive Committee.

## **4. Making changes to the corporate risk register**

As the trust is currently using Excel spreadsheets to maintain the risk registers changes, (including removing risks; escalation from divisional risk registers; de-escalation from the corporate risk register to divisions and adding new risks), need to be made via the Corporate Governance Risk Manager and Assistant Director of Governance. This means that the administration and maintenance of the risk registers is currently held centrally and is resource intensive.

The risk registers are currently being transferred to the Datix web risk register module (currently in use for documenting incidents, complaints and claims) to enable appropriate staff to access the risk register directly, add new risks and make changes as necessary. Once completed regular reports will then be produced via Datix for committees and managers as appropriate. This will ensure the risk register reflects as live a picture of current risks as possible and enable the Governance Team to focus on quality assuring the process and management of risks.

A phased approach is being taken to the roll out of the Datix web risk module to ensure staff are appropriately trained and the transition to the new system is well managed. It is intended that training will be rolled out in Q3 to those who require it (a number of managers are already trained and using other datix modules). Progress updates will be presented to the Audit Committee.

## **5. Progress and changes to the corporate risk register since May 2012**

The following new risks have been identified and continue to be monitored via the corporate risk register:

- If the obstetric theatre is in use women must be transferred to the main theatre which results in a delay in decision to delivery time and depletes the staff mix on labour ward as staff need to transfer and remain in main theatre/recovery. This can also impact on trust wide theatre activity (risk raised by Women, Children and Families; P.1). If post operative and high risk patients do not receive 1:1 care this may have an adverse impact on patient safety and patient experience. (Risk raised by Women, Children and Families; p.4)
- If ultrasound Transducers are not adequately decontaminated between patients there is a risk that patients may be contaminated. (Risk raised by Estates and Facilities following a safety alert; P.6)
- If there continues to be regular breakdown of autoclave this will result in inability to conduct sterilisation of infectious waste and laboratory equipment (risk raised by Surgery, Cancer and Diagnostics; P.6).
- If anaphylaxis guidance is not implemented there is a risk of a child having a further (potentially avoidable) anaphylaxis and death (risk raised by Women, Children and Families; p.7)
- If the recommendations of the National Support Team are not implemented - patient safety may be compromised due to poor flows (resulting in increased outliers and increased length of stay)
  - the CIP may not be achieved because extra beds will continue to be open at a higher cost

- The Trust may not be able to meet the 4 hour ED target as poor flow may lead to overcrowding in ED  
(risk raised by the Executive Team; P. 8)

- If beds are not reconfigured there may be an increased number of outliers which have an adverse impact on patient care (escalated by the Surgery, Cancer and Diagnostics Division as this was on the divisional risk register; P.8).
- If the domestic violence post is not replaced (or an alternative sought) this could lead to high risk information not being shared, patients with domestic violence injuries not being appropriately supported and child protection risks not being identified (risk raised by Nursing and Patient Experience; P.8).

The following risks have been increased and escalated by divisions to the corporate risk register:

- If we fail CNST level 3 (maternity services; P.1) in 2012/13, then this will have financial implications. The risk rating has been increased due to concerns regarding whether this is achievable within the required timescales. The concerns relate to structural changes within the division, capacity and changes to the requirements of the CNST assessment.
- If the governance arrangements for prison health services (including accountability and responsibilities) for the three partner agencies providing healthcare are not clarified this will lead to:
  - Fragmented working arrangements
  - An adverse impact on decision making (creating further risk including clinical)
  - Delays in resolving risks and issues

This risk has been increased and escalated by the ICAM division; (P4) following review. This issue has been identified as a contributory factor in recent death in custody investigations.

The following risks have been reduced following progress regarding the action plan and increased controls but continue to be monitored via the corporate risk register:

- If we are unable to meet the requirements of the NPSA alert 'NPSA SPN 14 (2006) – Right blood, right patient and Never Events 2011/12 (DOH) – ABO incompatible blood transfusion we may be deemed not compliant and this may lead to an adverse incident. Manual traceability and blood component cold chain audit trail make it difficult to meet the Blood Safety and Quality Regulations (2005). The likelihood of this risk has been reduced due to controls in place (guidelines and training). A business case is in progress to address remaining risk. (P. 4).
- If there is adverse feedback from patient surveys and we fail to respond this will impact on the patient experience and the reputation of the Trust. The likelihood of this risk has been reduced due to controls in place and progress with actions. (P. 5).

The following risks have been reduced following progress regarding the action plan and increased controls but continue to be monitored at a divisional level:

- If non urgent patient transport is reduced following insolvency of the current provider this would significantly impact on the availability of beds for emergency and non emergency cases. This would result in the system being gridlocked for any admissions. There are interim arrangements in place and this risk continue to be monitored at a divisional level.

The following risks have been resolved and closed:

- If services are disrupted by industrial action by staff this may have an adverse impact on business continuity and patient care. The likelihood of further industrial action has significantly reduced.
- If the procurement and supply chain for community products continues to be problematic provider services may experience delays and technical difficulties in obtaining essential items. There have been no further incidents reported since April 2012 (and no formal incidents raised in Q4). Services have reported improvements.
- If the second of the back up stores for PACS Archive cannot be repaired at a commercially acceptable rate or within an acceptable time scale as the primary system is will run out of memory within 6 weeks. The consequences of failure of the primary unit during this time would be the inability to retrieve stored images so that review of legacy studies, pre-population of outpatient clinic lists (prefetching) and or comparison between current and

legacy studies would not be possible. Immediate short term retrieval of non-archived images would remain unaffected, as this temporary store has a capacity for approximately 12 months of data. Actions are now completed and additional storage is in place.

The corporate risk register continues to be discussed on a monthly basis at the Executive Committee. The divisional risk registers are updated and discussed regularly at the Divisional Board meetings. There has been continued improvement in the communication and management of risks with the process reflecting a more dynamic approach. Continued movement of risks between the divisional and corporate risk registers (escalation; de-escalation; closure and communication of new risks) demonstrates the increasing awareness and understanding of the process. There continues to be a need to support the grading of risk as the risk maturity of the organisation develops. The implementation of Datix web will enable the process and risk maturity to be strengthened further.