

Board of Directors' Meeting Report – 5 August 2015

Agenda item 79/15

Title	Corporate Risk Register – Review
Sponsoring Director	Cheryl Schwarz – Acting Chief Nurse
Authors	Emma Stock – Head of Risk and Information Governance
Purpose	To provide a summary report on the Corporate Risk Register to the Board
Previously considered at	Corporate management team.
<p>Executive Summary This paper provides assurance that there are systems in place to review the Trust's current corporate risk register for all high risks.</p> <p>There are currently 3 risks with a current risk rating of greater than 15.</p>	
Date Reviewed by Execs.	27 th July 2015
Related Trust Objective	Patient Focus – keep getting better
Related Risk	BAF Risk 2 – Patient safety, experience and outcomes compromised CRR: All the risks as identified in Appendix 1
Legal implications / regulatory requirements	To ensure the Trust complies with legal guidance and is able to effectively identify and remedy areas of poor practice as identified through risk in order to maintain compliance with the essential standards of quality and safety.
Action required by the Committee	The Board is asked to note this report and seek receive assurance therefrom.

1) INTRODUCTION

- a. This paper provides an overview of the Trust's current risk profile for high risks. This information has been extracted from the Risk Module of the Datix Web Risk Management Information System.

2) CURRENT STATUS FOR CORPORATE RISKS

2.1 All risks placed on the risk register are given an inherent risk rating and this is used comparatively against the current risk rating to monitor whether the controls in place are achieving their objectives.

2.2 The grading of each risk determines where it will be managed. Low risks are those that score less than 9 and are managed within the directorate. Moderate risks score between 9 and 15 and those that score 16 and above (high risks) are placed on the corporate risk register. They are still managed by the directorate, but are closely monitored by the risk team and presented to the Corporate Management Team on a quarterly basis, where clinical directors are required to confirm that appropriate mitigating actions are in place to manage or reduce the risk

2.3 Table 1 provides detail of the three high graded risks that appear on the corporate risk register and provides detail on both the inherent and current risk rating. Since the last report, the register has seen the addition of one new high risk, identified with an asterisk, and nine that have been downgraded.

- 1803 (DH target for C Diff).
- 1949 (medical staffing).
- 2292 (chemotherapy capacity).
- 2030 (poor patient experience due to vacancy factor).
- 2151 (62 week cancer breaches).
- 2152 (failure to meet the 18 week access target).
- 1858 (theatres 3&4 requiring refurbishment).
- 2434 (risk of legacy data not being transferred to new win path system).

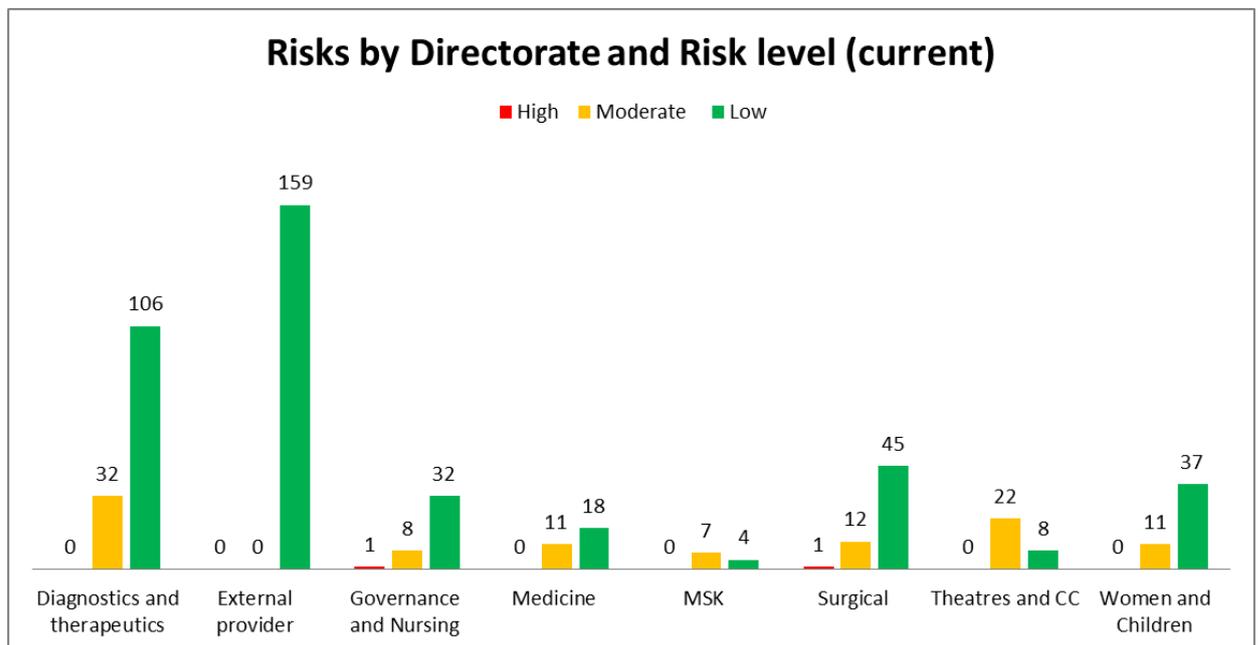
All been downgraded to a moderate rating and Risk 2219 (overhead lighting in theatres) has been downgraded to a low.

ID	Clinical Risk Description	Inherent Risk Rating	Current Risk Rating	Monthly review	Current status
1823	Failure to stay within the DH target for MRSA	20	16	✓	No reported MRSA Bacteraemias for 2015/16
*1858	Failure to comply with NICE guidance on the management of Glaucoma regarding timely follow up	20	16	✓	Virtual triage of the waiting list has been approved. Option appraisal will be completed by 24.06.15 for presentation to the

ID	Clinical Risk Description	Inherent Risk Rating	Current Risk Rating	Monthly review	Current status
					exec team.
2287	Trust failure to meet financial targets	20	16	✓	Monthly financial monitoring continues that includes performance review with clinical directorates and corporate functions

Table 1. High graded risks

2.4 Graph 1 identifies the breakdown of Low, Moderate and High clinical risks by directorate.



Graph 1. Low, Moderate & High clinical risks by directorate.

2.5 The D&T directorate and the external pathology provider have a higher proportion of risks that fall into the moderate and low category. This has previously been highlighted and discussed and is due to the large number of procedures undertaken across pathology, chemotherapy and pharmacy that require a formal risk assessment, however, the majority of these are managed well with the controls and remain low.

2.6 The risk register is fairly consistent month on month with movement both up and down in terms of risk ratings. Unfortunately, there is no national benchmarking data available to review how we compare to other similar sized acute providers. However, a quick review of risk papers available on the internet would support our risks on the corporate risk register being consistent with other providers.

3) FURTHER EMBEDDING OF RISK MANAGEMENT

3.1 The risks on the corporate risk register will continue to be reviewed and updated at least monthly at their respective directorate level. This is the responsibility of the risk owner but reviews may be facilitated by the risk team. The embedding of risk requires all directorates to commit to this core management function and the risk team will provide support to directorates as required.

3.2 Risk quality reviews are undertaken by the Governance team in conjunction with the directorate governance leads in order to ensure risks are described and graded appropriately and:

- mitigating actions are sufficient to manage the risk;
- controls and assurances are clear, accurate and up- to-date
- to review reported incidents and serious incidents to identify any new or increasing risks that need to be logged on the risk register
- the escalation of high risks to the executive and corporate team and periodic reports to QAC and the Trust board

4) RECOMMENDATIONS

4.1 The board is asked to:

- To review the content of this report and take assurance that risks are being managed appropriately.

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