

Trust Board in Public: Wednesday 10 May 2017

TB2017.54

Title	Board Assurance and Corporate Risk Register Report
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Status	For discussion
History	<p>The BAF and CRR were reported to the:</p> <ul style="list-style-type: none"> • Audit Committee in April, September 2016, February and April 2017 • Trust Board in May 2016 and November 2016. • Trust Management Executive in April, August, October 2016, January 2017 and April 2017 <p>Extracts of relevant risks from the CRR and the BAF were reported to:</p> <ul style="list-style-type: none"> • Quality Committee in April 2016, December 2016 and February and April 2017 • Finance & Performance Committee in April 2016 and December 2016, February and April 2017 • Updates of the relevant risks from the CRR were reported to the Trust Management Executive in January 2017

Board Lead(s)	Eileen Walsh, Director of Assurance			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper provides the committee with:

- An update on the development work of the BAF;
- A summary of the changes to risks held in the CRR, following consultations with the risk leads and agreed at the last TME.

Recommendations

2. The Committee is asked to:

- Note the continued development of the BAF;
- Agree the plan for review of the CRR moving into 2017/18;
- Use the CRR as a prompt to consider if the issues discussed as part of the meeting are appropriately reflected on the register.

1. Introduction

- 1.1. This paper provides an opportunity for the Board to review the Corporate Risk Register (CRR) and changes to risks following the year-end review.
- 1.2. The further development of the strategic themes into the Trust Business Plan and annual corporate objectives provides the Assurance Directorate with an opportunity to more fully populate the Board Assurance Framework (BAF) and will act as the framework for a fuller review of the CRR moving into 2017/18.
- 1.3. The paper provides the Board with:
 - An update on the development work of the BAF
 - A summary of the changes to risks held in the CRR, following consultations with the risk leads and agreed at the last TME meeting on 13 April 2017.

2. Board Assurance Framework

- 2.1. The BAF has been developed through consultations conducted with the Non-Executive and Executive Directors. Discussions have also been held with the Business Planning Team to ensure that the BAF is focused towards achieving the Corporate Objectives and is developed in conjunction with the business planning process.
- 2.2. Trust Business Plan is currently drafted and is scheduled for formal review by TME and the Board, before an anticipated sign off in May 2017. It is expected that the BAF will be more fully populated following the approval of the business plan and will become an active tool to provide a strong assurance model to the Board.
- 2.3. Papers presented as assurances to the Board are currently reviewed and recorded in a log, which supports the corporate governance process and review of committee effectiveness.

3. Review of the Existing Corporate Risk Register

- 3.1. The CRR for 2016/17 was reviewed and updated with the help and support of Divisional Governance Leads and Executive Directors or nominated representatives. A full copy of the detailed register as approved by TME on 13 April 2017 is available by accessing the following [hyperlink](#).
- 3.2. The 2016/17 CRR was presented and discussed at the Quality Committee and Finance and Performance Committee in advance of the discussion at TME. From these discussions, and with subsequent agreement from the Audit Committee, it was concluded that the content of the CRR would be subject to a complete review and revision to move into 2017/18 and that the updated risk register would more fully reflect the strategic challenges faced by the Trust.

4. The committee is asked to:

- Note the continued development of the BAF;
- Agree the plan for review of the CRR moving into 2017/18;
- Use the CRR as a prompt to consider if the issues discussed as part of the meeting are appropriately reflected on the register.

Clare Winch, Deputy Director of Assurance

May 2017

Appendix 1: All risks in risk reference order

Strategic Theme	New Risk ID	Risk Description	Proximity	Mar-16 (Y/E)	Sep-16	Oct-16	Jan-17	Mar-17	Trend	Target	Distance from Target	Movement to Target Since w/e
HSH	1.1	Lack of robust plans across healthcare systems / Failure to reduce activity through robust demand management plans	3-12 mth	16	16	16	16	16	↔	6	10	10
HSH	1.2	Major Business Cases may not be delivered as expected	3-12Mth				new 01/20/17 6	n/a		3	3	n/a
HSH	1.3	Failure to meet HART Team capacity					new 01/20/17 6	n/a		3	3	n/a
FoE	2.1	Risks under development									0	0
GD	3.1	Poor clinical records management processes have a potential impact in quality and safety	3 mths	6	6	6	6	6	↔	4	2	2
GD	3.2	Potential failure of accurate reporting and poor data quality due to implementation of the EPR	3-12 mth	6	6	6	6	6	↔	4	2	2
GD	3.3	Potential failure to obtain the clinical advantages from EPR	3-12 mth	8	8	8	8	8	↔	6	2	2
MP	4.1	Unsuitable outpatient accommodation in Clinical Genetics Department at the Churchill (Archived)	3 mths	15	12	6	6	3	↓	3	0	12
MP	4.2	Inability to meet the Trust needs for capital investment	3-12 mth	9	9	9	9	9	↔	6	3	3
MP	4.3	Access to hospital site and current car parking constraints across the trust	3 mths	9	9	9	9	9	↔	6	3	3
MP	4.4	Capacity of AICU/CICU does not meet demand	3 mths	12	12	12	12	12	↔	6	6	6
MP	4.5	ITU Drainage: Poor estate with risk of ventilation failure, insufficient electrical back up and effluent ingress into clinical area due to age of soil pipes				new 01/20/17 15	9		↓	5	4	-5
HQCL	5.1	Patients experience indicators show a decline in quality. (Archived)	over 12 mths	4	6	4	4	2	↓	2	0	2
HQCL	5.2	Failure to meet the Trust's Quality Strategy goals.	over 12 mths	6	6	6	6	6	↔	4	2	2
HQCL	5.3	Difficulty recruiting and retaining high-quality staff in certain areas.	3mths	12	12	12	12	12	↔	8	4	4
HQCL	5.4	Implementation of the Horton contingency plan results in potential adverse outcomes			new 10	10	10		↔	3	7	n/a
HQCL	5.5	Inability to continue to supply stock medicines to wards and Trust dispensaries	3-12 mth		16	12	12	12	↔	2	10	n/a
SC	6.1	Failure to deliver National A&E targets and increasing level of delay impacting on patient flow	3-12 mth	16	16	20	20	20	↔	6	14	10
SC	6.2	Loss of funding if contractual CQUIN targets not met	3-12 mth	new 12	12	12	12		↔	4	8	n/a
SC	6.3	Potential failure to deliver the required levels of CIP	3-12 mth	16	16	16	16	16	↔	9	7	7
SC	6.4	Risk of not hitting Trajectories to access Sustainability and Transformation Fund	3-12 mth	new 16	16	16	16		↔	9	7	n/a
SC	6.5	Failure to deliver National Access targets 18 weeks incompletes, failure to deliver 1% or less for diagnostic waits within 6 weeks	3-12 mth	6	9	9	9	9	↔	3	6	3
SC	6.6	Failure to deliver National Access targets Cancer - (62 day cancer standard)	3-12 mth	9	9	9	9	9	↔	6	3	3
SC	6.7	Services display poor cost-effectiveness	3-12 mth	6	6	6	6	9	↑	4	5	2
SC	6.8	Potential failure to effectively control pay and agency costs.	3-12 mth	9	9	9	9	9	↔	9	0	0
BC	7.1	Insufficient provision of appropriate education and learning development opportunities	3-12 mth	6	9	6	6	6	↔	3	3	3
OP	8.1	Building issues in the Women's Centre could lead to patient safety issues	3 mths	12	12	12	12	12	↔	3	9	9
OP	8.2	Potential for reduced staffing levels in maternity service	3-12 mth	9	12	12	12	12	↔	4	8	5
OP	8.3	CAS Alert NPSA 2011/PSA001 Part b	over 12 mths	12	12	12	12	12	↔	6	6	6
OP	8.4	Potential risk of failing to respond to the results of diagnostic tests	3 mths	8	10	8	8	8	↔	4	4	4
OP	8.5	Potential risks to handover of treatment through poor communication of discharge summaries'	3 mths	15	10	8	8	8	↔	4	4	11
OP	8.6	Failure to Generate hot water and heat in retained parts of the Churchill estate	over 12 mths	9	9	9	9	9	↔	3	6	6
OP	8.8	Out of hours care (Care 24/7)	3-12 mth	9	6	6	6	6	↔	3	3	6
OP	8.9	TIE failure between EPR and CRIS poses a risk to accurate data recording and reporting (Managed locally)	3-12 mth	6	6	6	6	3	↓	3	0	3
OP	8.10	Failure to comply with NICE Quality Standard 13 End of Life Care (now a CQUIN)	3 mths	6	6	6	6	6	↔	3	3	3
OP	8.11	Low levels of staff satisfaction (Archived)	3-12 mth	6	6	6	6	3	↓	3	0	3
OP	8.12	Aspects of Medicine Management identified as needing improvement	3-12 mth	5	5	5	5	5	↔	3	2	2
OP	8.13	CAS Alert NPSA 2011/PSA001 Part A	3-12 mth	4	4	4	4	4	↔	3	1	1
OP	8.14	Excessive use of agency staff may pose a risk to the quality of service delivered	3 mths	4	4	4	4	4	↔	2	2	2
OP	8.15	Failure to implement actions arising from CQC Improvement Notice (Archived)	3-12 mth			9	6	3	↓	3	0	n/a
OP	8.16	Risk that outdated Trust Policies may have an impact upon the quality of care	3-12 mth			new 12	12		↔	3	9	n/a
OP	8.17	Emergency Department (both JR and HGH) risk to middle grade rota as insufficient permanent team	3-12 mth			new 01/20/17 12	9		↓	3	6	n/a
OP	8.18	Manual handling of the deceased and their dignity when being moved to temporary body store.	3-12 mth			new 01/20/17 15	15		↔	1	14	n/a
OP	8.19	Potential risk of having the Wrong Blood in Tube (WBIT)	3-12 mth				new 01/20/17 9	n/a		3	6	n/a

Key

HQCL	Good Quality costs Less
HSH	Home Sweet Home
GD	Go Digital
MP	Master Plan
BC	Building Capabilities
SC	Sustainable Compliance
OP	Operational Risks

All risks in order of highest rank

Strategic Theme	New Risk ID	Risk Description	Proximity	Mar-17	Trend	Target
SC	6.1	Failure to deliver National A&E targets and increasing level of delay impacting on patient flow	3-12 mth	20	↔	6
HSB	1.1	Lack of robust plans across healthcare systems / Failure to reduce activity through robust demand management plans	3-12 mth	16	↔	6
SC	6.3	Potential failure to deliver the required levels of CIP	3-12 mth	16	↔	9
SC	6.4	Risk of not hitting Trajectories to access Sustainability and Transformation Fund	3-12 mth	16	↔	9
OP	8.18	Manual handling of the deceased and their dignity when being moved to temporary body store.	3-12 mth	15	↔	1
MP	4.4	Capacity of AICU/CICU does not meet demand	3 mths	12	↔	6
HQCL	5.3	Difficulty recruiting and retaining high-quality staff in certain areas.	3mths	12	↔	8
HQCL	5.5	Inability to continue to supply stock medicines to wards and Trust dispensaries	3-12 mth	12	↔	2
SC	6.2	Loss of funding if contractual CQUIN targets not met	3-12 mth	12	↔	4
OP	8.1	Building issues in the Women's Centre could lead to patient safety issues	3 mths	12	↔	3
OP	8.2	Potential for reduced staffing levels in maternity service	3-12 mth	12	↔	4
OP	8.3	CAS Alert NPSA 2011/PSA001 Part b	over 12 mths	12	↔	6
OP	8.16	Risk that outdated Trust Policies may have an impact upon the quality of care	3-12 mth	12	↔	3
HQCL	5.4	Implementation of the Horton contingency plan results in potential adverse outcomes		10	↔	3
MP	4.2	Inability to meet the Trust needs for capital investment	3-12 mth	9	↔	6
MP	4.3	Access to hospital site and current car parking constraints across the trust	3 mths	9	↔	6
MP	4.5	ITU Drainage: Poor estate with risk of ventilation failure, insufficient electrical back up and effluent ingress into clinical area due to age of soil pipes		9	↓	5
SC	6.5	Failure to deliver National Access targets 18 weeks incompletes, failure to deliver 1% or less for diagnostic waits within 6 weeks	3-12 mth	9	↔	3
SC	6.6	Failure to deliver National Access targets Cancer - (62 day cancer standard)	3-12 mth	9	↔	6
SC	6.7	Services display poor cost-effectiveness	3-12 mth	9	↑	4
SC	6.8	Potential failure to effectively control pay and agency costs.	3-12 mth	9	↔	9
OP	8.6	Failure to Generate hot water and heat in retained parts of the Churchill estate	over 12 mths	9	↔	3
OP	8.17	Emergency Department (both JR and HGH) risk to middle grade rota as insufficient permanent team	3-12 mth	9	↓	3
OP	8.19	Potential risk of having the Wrong Blood in Tube (WBIT)	3-12 mth	9	n/a	3
GD	3.3	Potential failure to obtain the clinical advantages from EPR	3-12 mth	8	↔	6
OP	8.4	Potential risk of failing to respond to the results of diagnostic tests	3 mths	8	↔	4
OP	8.5	Potential risks to handover of treatment through poor communication of discharge summaries'	3 mths	8	↔	4
HSB	1.2	Major Business Cases may not be delivered as expected	3-12 mth	6	n/a	3
HSB	1.3	Failure to meet HART Team capacity		6	n/a	3
GD	3.1	Poor clinical records management processes have a potential impact in quality and safety	3 mths	6	↔	4
GD	3.2	Potential failure of accurate reporting and poor data quality due to implementation of the EPR	3-12 mth	6	↔	4
HQCL	5.2	Failure to meet the Trust's Quality Strategy goals.	over 12 mths	6	↔	4
BC	7.1	Insufficient provision of appropriate education and learning development opportunities	3-12 mth	6	↔	3
OP	8.8	Out of hours care (Care 24/7)	3-12 mth	6	↔	3
OP	8.10	Failure to comply with NICE Quality Standard 13 End of Life Care (now a CQUIN)	3 mths	6	↔	3
OP	8.12	Aspects of Medicine Management identified as needing improvement	3-12 mth	5	↔	3
OP	8.13	CAS Alert NPSA 2011/PSA001 Part A	3-12 mth	4	↔	3
OP	8.14	Excessive use of agency staff may pose a risk to the quality of service delivered	3 mths	4	↔	2
MP	4.1	Unsuitable outpatient accommodation in Clinical Genetics Department at the Churchill (Archived)	3 mths	3	↓	3
OP	8.9	TIE failure between EPR and CRIS poses a risk to accurate data recording and reporting (Managed locally)	3-12 mth	3	↓	3
OP	8.11	Low levels of staff satisfaction (Archived)	3-12 mth	3	↓	3
OP	8.15	Failure to implement actions arising from CQC Improvement Notice (Archived)	3-12 mth	3	↓	3
HQCL	5.1	Patients experience indicators show a decline in quality. (Archived)	over 12 mths	2	↓	2
FoE	2.1	Risks under development				