ENCLOSURE 2

Ref:08/09/public/A9/V1

Birmingham Women's NHS
NHS Foundation Trust

SUBJECT:	Corporate Red Risk Register and Assurance Framework
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CONTEXT AND BACKGROUND FOR REPORT

Red Risks are reported to the Board of Directors on a monthly basis in order to provide assurance to the Board that risk is being managed effectively within the Trust.

KEY ISSUES FOR THE BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The Board are asked to consider the revised Red Risk Register and Assurance Framework.

The Board's attention is drawn to updates in the report highlighted in red.

RECOMMENDATIONS

The Board are asked to note the updates.

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Birmingham Women's NHS
NHS Foundation Trust

Combined Corporate Red Risk Register and Assurance Framework

17/09/08

Incident Month August

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Description and definitions:

The Purpose of NHS Assurance Frameworks

The purpose of a NHS Assurance Framework should be to provide Boards with a single, focused, ***iterative*** process that generates a unified evidence base showing progress towards achieving its organisational aim (i.e. a Patient Led NHS).
It incorporates the following elements:

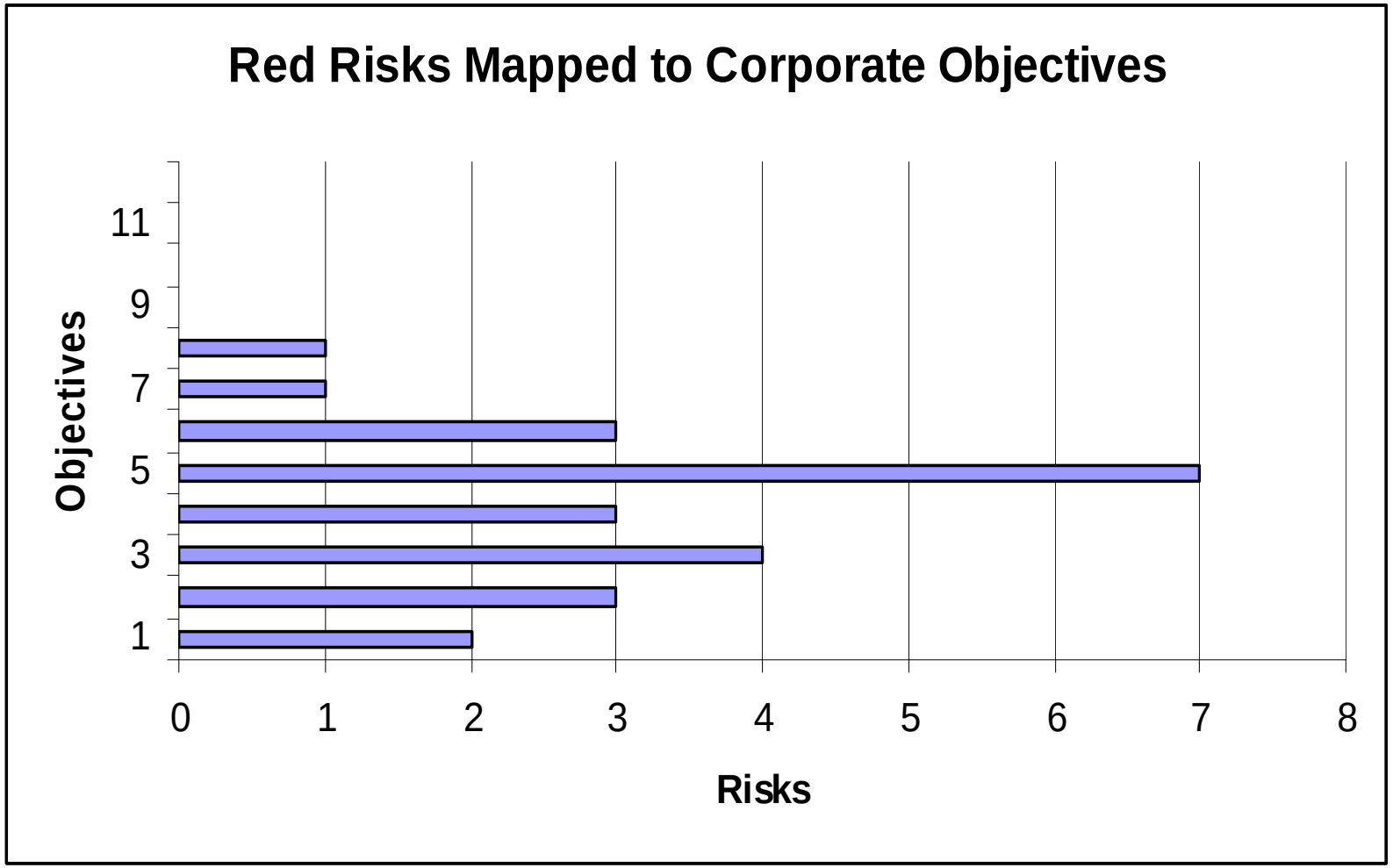
- What the organisation aims to deliver **(corporate objectives)**
- The factors which could prevent these objectives being achieved **(principal risks)**
- The significance of the principal risks **(impact)**
- The processes in place to manage those principal risks **(controls)**
- The extent to which the controls will reduce the likelihood of a risk occurring **(likelihood)**
- The evidence that appropriate controls are in place and operating effectively **(assurance)**
- The gaps in control and assurance **(action)**
- The level of challenge from Board members to satisfy themselves that risks are being reasonably managed to meet objectives **(challenge and disclosure)**

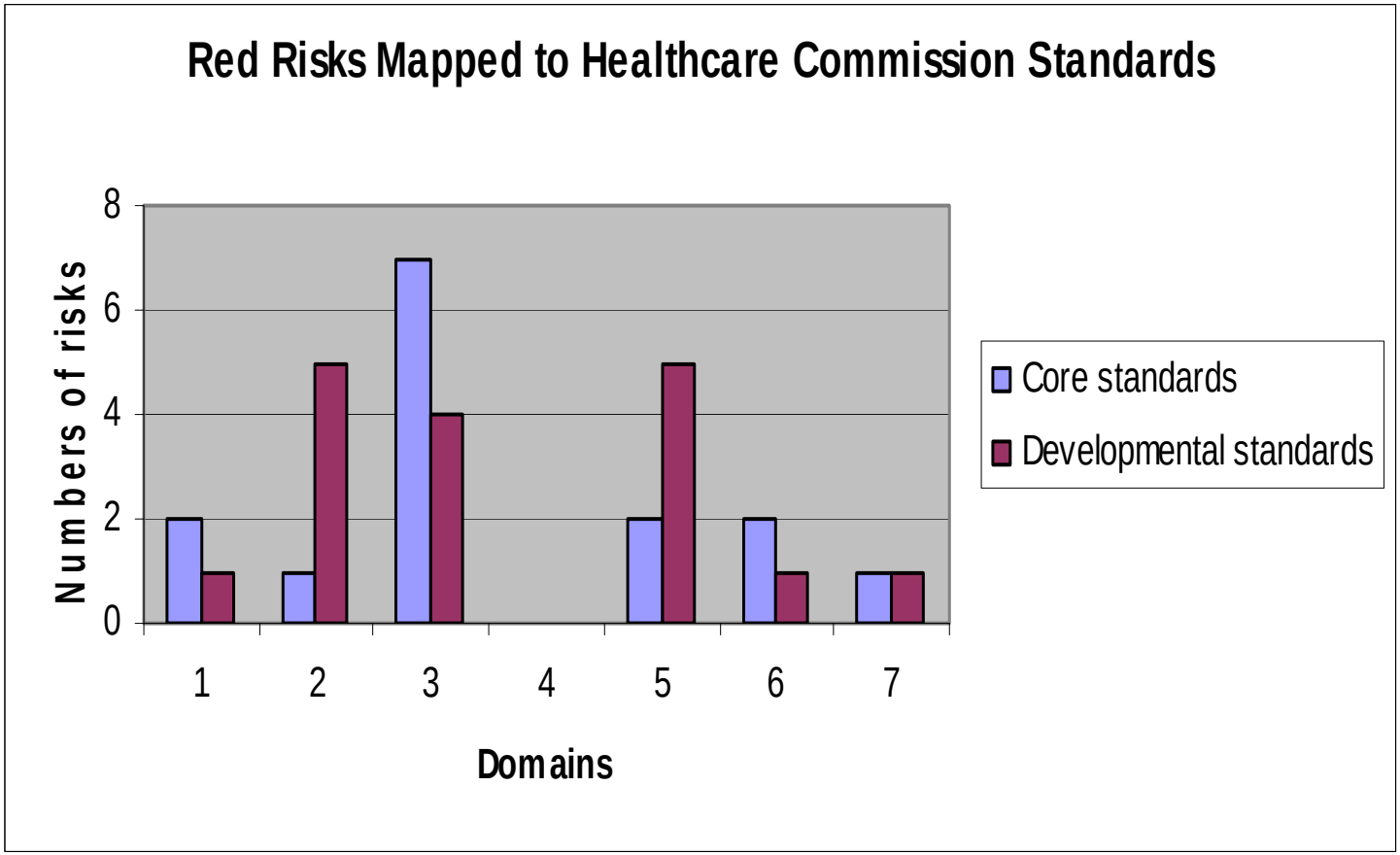
'The Standards for Better Health: Improving Board Assurance'. Healthcare Standards Unit, April 2006

Distribution of Corporate Risks.

Almost Certain 5		3	5		
Likely 4				2	
Possible 3			7	7	1
Unlikely 2					
Rare 1					
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

One red risk has been added to the register this month


Red Risks Mapped to Corporate Objectives
Objectives
11
9
7
5
3
1
0
1
2
3
4
5
6
7
8
Risks



- **Domain1 Safety**
- **Domain 2 Clinical and Cost Effectiveness**
- **Domain 3 Governance**
- **Domain 4 Patient Focus**
- **Domain 5 Accessible and Responsive Care**
- **Domain 6 Care, Environment and Amenities**
- **Domain 7 Public Health**

Timeline for variation in Corporate Red Risk scores
In the last 12 month period (October 2007 – September 2008)

Risk Ref/ Date 1st appeared on red register	Target Reduction Date	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08
TRUS 0281 (Jan-05)	July 2010												
TRUS 0298 (Jun-05)	01/02/09												
TRUS 0304 (Dec-05)	30/11/08			15									
TRUS 0373 (Jul 07)	30/09/08												
TRUS 0374 (Sep 07)	31/11/08												
TRUS 0375 (Sep 07)	31/03/08												
TRUS 0377 (Dec 07)	31/10/08			16									
TRUS 0148 (Sept 08)													15

1 - 3	Low risk	4 - 8	Moderate Risk	9 - 14	Significant Risk	15 - 25	High Risk

Corporate Red Risk Profile

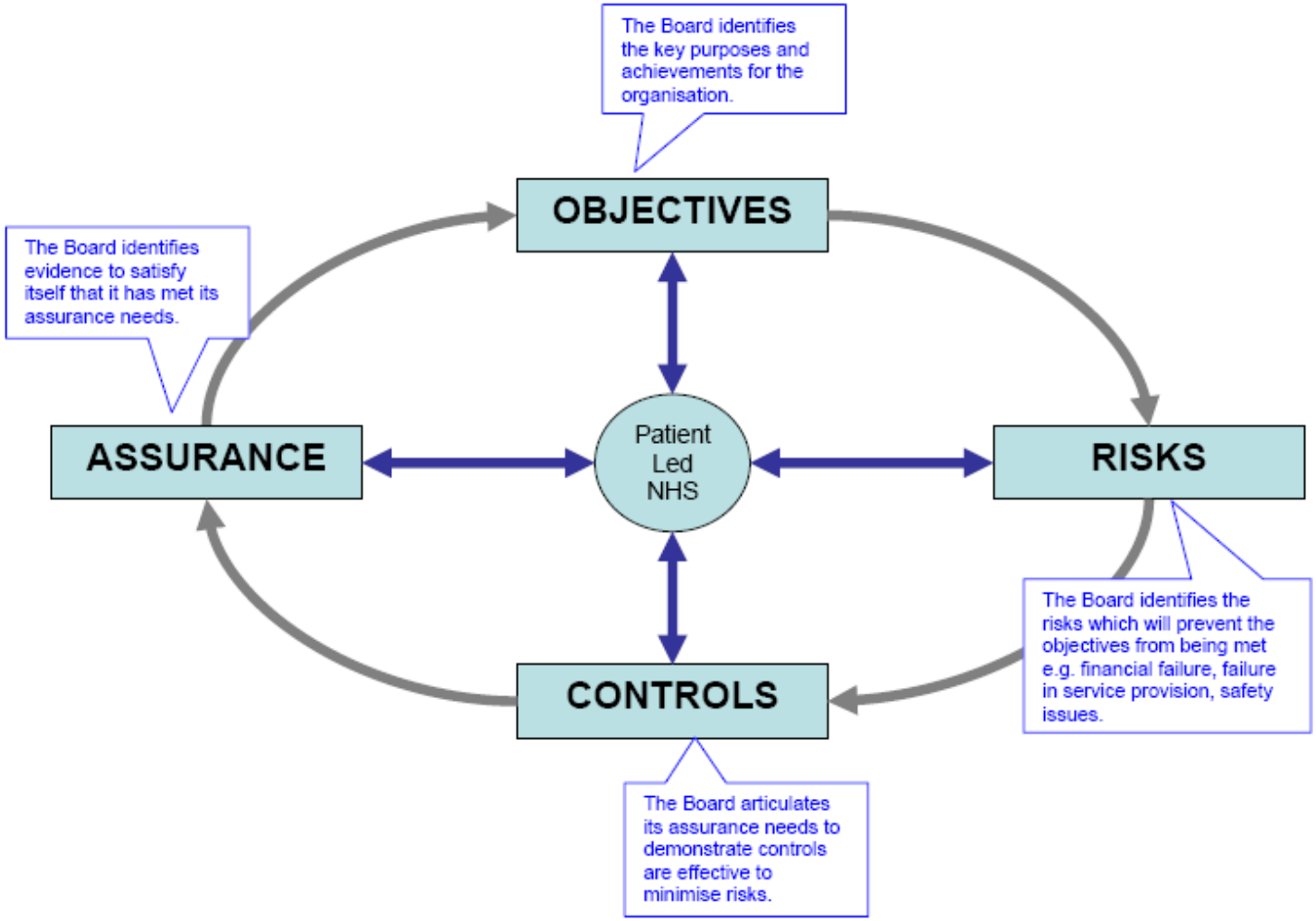
ID	Risk Description and update	No. of related incidents in JUNE	Risk Owner
TRUS 0281	Insufficient capacity in Neonatal Unit to meet service needs	0	Directorate Management Board
TRUS 0298	The potential risk of the Trust not being able to function as a Perinatal Centre due to the: Inadequate inappropriate building and working environment Lack of facilities to increase cot capacity Specialist nurses roles not adequately being developed and the national shortage of trained Neonatal Nurses.	2	Directorate Management Board
TRUS 0304	Care could be compromised due to the lack of midwifery staff	25	Head of Midwifery
TRUS 0373	Hospital security risk due to ageing of systems. Components: 1. Potential Failure of baby tagging system New system installation underway: Baby tag system linked to ID badge system. ID badge system must be operational before babytag system can be installed. Swipe doors due for completion end August 08. Swipe doors complete, baby tag installaton underway, wiring complete on ward 1,2 ,3 and underway on other wards, staff training to commence after holiday period, expected completion of baby tagging system 30th September 2008 2. Potential Failure of CCTV system New CCTV system installed and operational 3. Potential Failure of Identity Card system ID badges issued to over 1400 staff. New system card readers minimum 50% installed, completion of card readers and system implementation now completed	0	Director of Workforce and Facilities

TRUS 0374	Clinical Genetics Familial Cancer referrals: Risk of breaching 13 week Waiting List Targets(please note that these are Clinical Genetics Advisory Group targets not national targets)	0	Clinical Director of Genetics
TRUS 0375	Risk of not achieving delivery of category 1 caesarean section within 30 minutes as per NICE guidance when a second theatre is required.	1	Associate Director for Clinical Support
TRUS 0377	Delivery of Trust Down's Screening Service could be severely compromised due to lack of appropriately qualified senior staff at Clinical Scientist level and above. This could have a detrimental effect on accreditation of laboratory and consequently clinical service as service could be stopped immediately; loss of business and external income and damage to trust image.	0	Associate Director of Clinical Support
TRUS 0148	**Windows in poor repair in delivery suite:-** **Ongoing replacement of windows by Estates Department.**	**0**	**J Henry**

- **Assurance Levels (less than adequate)**

	Red Risk	**Assurance**
Trus 0298	Nursing establishment.	Insufficient
Trus0377	Short term cover for Down's screening service	Insufficient
Trus 0304	Implementation of the community midwifery IT programme	Uncertain
Trus 0375	Delay in theatre team arrival due to: No 2nd obstetrician from 1400-1730 Monday – Friday Unwillingness to call in 2nd team Current on call T&Cs restrictive to 30 minute call in time	Uncertain
Trus 0374	Ongoing monitoring (of 13 week waiting list) by CGU reported to Trust Group – some progress dependant on recruitment and training of new staff	Uncertain

Model for Structured Assurance



from *'The Standards for Better Health: Improving Board Assurance'. Healthcare Standards Unit, April 2006*