ENCLOSURE 3

3/09/public/A9

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

ENCLOSURE 3
3/09/public/A9

Birmingham Women's NHS
NHS Foundation Trust

Combined Corporate Red Risk Register and Assurance Framework

16/3/09

Incident Month February

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Description and definitions:

The Purpose of NHS Assurance Frameworks

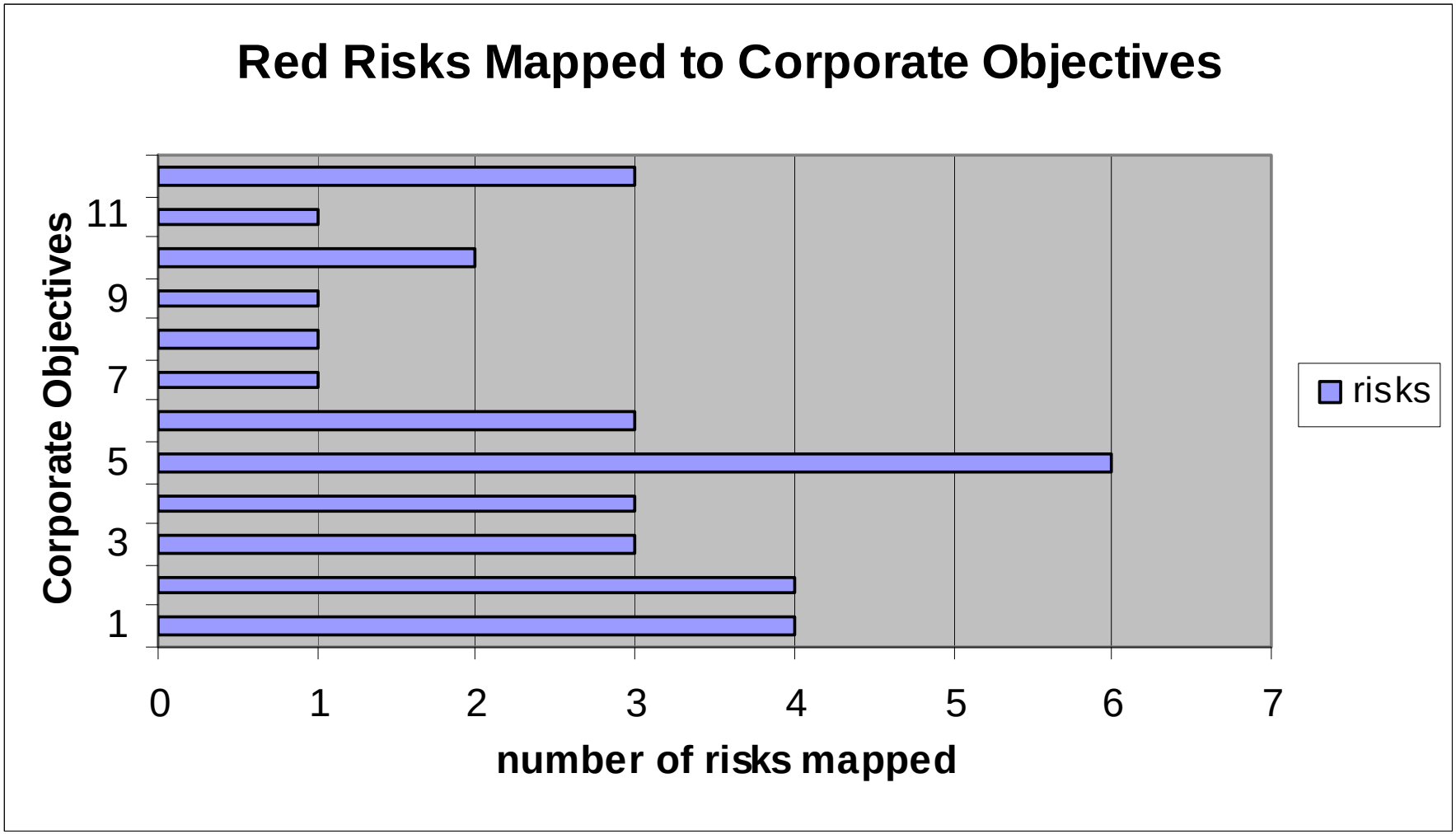
The purpose of a NHS Assurance Framework should be to provide Boards with a single, focused, ***iterative*** process that generates a unified evidence base showing progress towards achieving its organisational aim (i.e. a Patient Led NHS).
It incorporates the following elements:

- 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			5	4	
Likely 4				3	
Possible 3					
Unlikely 2					
Rare 1					
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5


Red Risks Mapped to Corporate Objectives
Corporate Objectives
11
9
7
5
3
1
0
1
2
3
4
5
6
7
number of risks mapped
risks

Corporate Objectives 2008/09

1. We will ensure that patients and visitors are served professionally with good hotel services and facilities, excellent customer care and a welcoming environment

2. We will deliver the core performance targets and achieve an excellent rating for quality of services

3. We will deliver faster, shorter pathways and one stop care to deliver the 18 week referral to treatment target and to streamline care pathways for all our patients.

4. We will ensure that excellent standards of Infection Control and a clean environment are maintained.

5. We will ensure that the Trust continues to provide and further develop high quality, safe, clinically excellent services

6. We will continue to develop effective partnerships with all stakeholders, including our Members' Council

7. We will further develop models of care and care pathways across organisational boundaries to ensure a seamless service to patients as close to home as possible

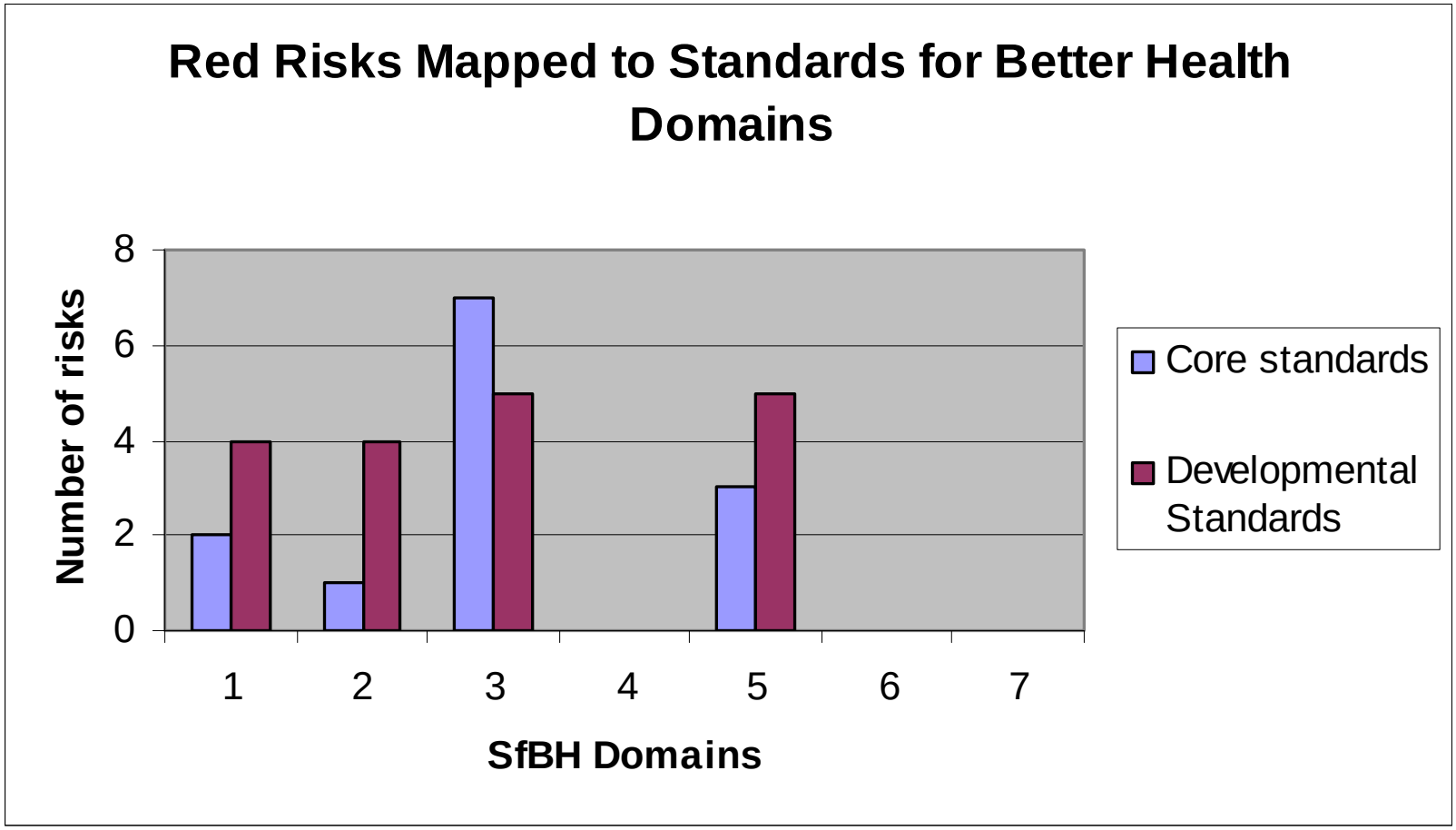
8. To promote and expand the local and specialist services we provide to the people of the West Midlands and beyond

9. We will be an Employer of Choice recruiting and retaining and developing the best staff

10. We will make best use of our resources and achieve our financial plan

11. To further enhance our reputation for excellence in research, education and training

12. We will invest in our estate and IT infrastructure to ensure clinical care is supported and enabled by effective support services.


Red Risks Mapped to Standards for Better Health Domains
Number of risks
8
6
4
2
0
1
2
3
4
5
6
7
SfBH Domains
Core standards
Developmental Standards

Healthcare Commission Standards (Standards for Better Health)

- **First Domain - Safety**
  Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.
- **Second Domain – Clinical and Cost Effectiveness**
  Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes
- **Third Domain – Governance**
  Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.
- **Fourth Domain - Patient Focus**
  Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.
- **Fifth Domain - Accessible and Responsive Care**
  Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.
- **Sixth Domain - Care Environment and Amenities**
  Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.
- **Seventh Domain - Public Health**
  Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Timeline for variation in Corporate Red Risk scores
In the last 12 month period (March 2008 – Feb 2009)

Risk Ref/ Date 1st appeared on red register	Target Reduction Date	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09
TRUS 0281 (Jan-05)	July 2010												
TRUS 0298 (Jun-05)	01/02/09												
TRUS 0304 (Dec-05)	30/11/08												
TRUS 0373 (Jul 07)	30/09/08												
TRUS 0375 (Sep 07)	31/03/08												
TRUS 0377 (Dec 07)	31/10/08												
TRUS 0380 (Oct 08)	31/10/08								**16**				
TRUS 0381 (Oct 08)	May 2009									20			
TRUS 0382 (Oct 08)	2011									20			
TRUS 0392 (Dec 08)	2011										16		
ID12 (January 09)												15	
ID54 (February 09)													20

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 February	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.	**0**	Directorate Management Board
TRUS 0304	Care could be compromised due to the lack of midwifery staff Director of Workforce has agreed with the JNC a full review of the Sickness Policy in the 2009/10 period. Director of Workforce has agreed with the JNC a full review of the Flexible Working Policy in the 2009/10 period.	**2**	Head of Midwifery
TRUS 0373	Hospital security risk due to ageing of systems. Components: 1. Potential Failure of baby tagging system Risk will be amended following final launch this month. Staff have been trained on the new baby tag system linked to ID badge system. Baby tag system is being launched end March / early April 2009. 2. Potential Failure of CCTV system New CCTV system installed and fully operational 3. Potential Failure of Identity Card system ID badge system is now operational. Swipe doors implemented	0	Director of Workforce and Organisational Development

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.	0	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 0380	Risk of failure of the electrical supplies and resulting effects to the infrastructure across the Birmingham Women's Hospital, including fire. 90% of all upgrades complete, final shutdown to be arranged for April 2009	0	Director of Workforce and Organisational Development
TRUS 381	Lack of informed professional estate structure to ensure that all building and estate risks are identified and managed at the end of the existing shared services SLA with UHBFT UHB SLA extended to 31st May 2009. Head of estates date of commencement confirmed as 1st May 2009	0	Head of Corporate Services
TRUS 382	Norton Court building lacks investment and is in need of major refurbishment and on going maintenance, rendering it non compliant with DDA and possibly other statutory standards. Cost to comply with DDA is circa £2m. Fire alarm system (wireless system) is life expired and in need of total replacement. Building condition survey complete, identifying £15M potential backlog maintenance problem. Estate strategy identifies need to reprovide Norton Court by 2011 Put in place lease arrangements for all non BWH occupants Contracts with solicitors for finalising lease agreements To be completed by 03/09	0	Head of Corporate Services

TRUS 0392 /ID51	Medical Staffing – The trust will not meet European Working Time Directives (EWTD) compliance for junior doctors by August 2009 and will have a significant impact on their education and clinical services. All action completion dates added as 08/09.	0	Director of Workforce and Organisational Development
ID12	HRG version 4 allocation and tariff. Budget management and contract negotiation in place Assessment of pbr guidance change underway	0	Director of Finance

The following risk has been added to the register in month.

Current Risk Rating
5x4=20

Risk Reference No.	Description	Assessment Date	Next Review date	Owner	Target Reduction Date
TRUS0393	In addition to the partially implemented DATIX system there are several stand alone risk management record systems and databases in existence throughout the Trust. Ascertaining the existence and tracking of records is difficult in many cases and unachievable in others. Establishing whether there are existing records within the set timescales for litigation cases is not always possible thereby reducing ability to defend claims. This means that we may not meet deadlines for reporting claims to the NHSLA and Supplying copy IR forms in line with DPA. The poor organisation of these records makes it difficult to provide evidence for SfBH and NHSLA assessments. Partial implementation of DATIX is delaying :- • effective NRLS reporting. • monitoring of external reporting eg RIDDOR • accurate internal reporting of incidents including breakdown by category eg H&S issues • efficient linking of incidents, risks, complaints and litigation The claims database has information within the old DATIX system that needs to be migrated to the new version. The current situation is time and labour intensive.	12/2/09	27/3/09	Medical Director	Sept 09

What controls have been put in place to mitigate this risk				What actions are required to make this control adequate?		
Description of control	**Start Date & End Date**	**Assurance (Evidence of Controls working)**	**Assurance - is the control** Adequate Insufficient Uncertain ?	**Further actions required to improve control**	**Start Date**	**End Date**
Purchase of DATIX system Implementation of DATIX system	August 2007	Software delivered and installed on IT system	A	• Formulation of an implementation plan which will be widely disseminated, but managed through one route • Sign up to the above plan from the executive team • Board of Directors to agree and that the single route of management should be the clinical governance directorate with discussions and updates at CGC • Appointment of a Datix administrator • Whilst awaiting above to take up post identify	5/2/ 2009 24/2/09 Feb 09 March 09 March 09	

What controls have been put in place to mitigate this risk				What actions are required to make this control adequate?		
Description of control	**Start Date & End Date**	**Assurance (Evidence of Controls working)**	**Assurance - is the control** Adequate Insufficient Uncertain ?	**Further actions required to improve control**	**Start Date**	**End Date**
				and appoint an appropriately skilled person to lead on the implementation project Staged module implementation:- • Incidents • Risk register • Complaints • PALS • CAS • Claims Production of DATIX security policy Training of users		
Identify other risk management systems and databases in use.		Central record of all systems, processes and databases.		Discuss with Directorates and departments. • Legal services • Facilities	11/2/09	

What controls have been put in place to mitigate this risk				What actions are required to make this control adequate?		
Description of control	**Start Date & End Date**	**Assurance (Evidence of Controls working)**	**Assurance - is the control** Adequate Insufficient Uncertain ?	**Further actions required to improve control**	**Start Date**	**End Date**
		Approved protocols for use of each system, process and database. Audit of systems		• Maternity • Clinical Support • Gynaecology • Genetics • Corporate Services Produce and agree protocols with relevant groups. • Legal services • Facilities • Maternity • Clinical Support • Gynaecology • Genetics • Corporate Services Agree audit tool and timetable.		

What controls have been put in place to mitigate this risk				What actions are required to make this control adequate?		
Description of control	**Start Date & End Date**	**Assurance (Evidence of Controls working)**	**Assurance - is the control** Adequate Insufficient Uncertain ?	**Further actions required to improve control**	**Start Date**	**End Date**
Central storage of all existing incident reports and associated documents.		Identified storage location for existing paper records and databases.		Appropriate filing system to enable ease of search and retrieval of existing paper records as required. Produce and agree protocol for access to documents. Achieve migration of existing claims database (DATIX) to new DATIX system		

- **Assurance Levels**

The assurance levels of controls in all Red Risks have been reviewed by the Risk Owners since the September report. All current actions provide adequate levels of assurance that the risks are controlled with the exception of :-

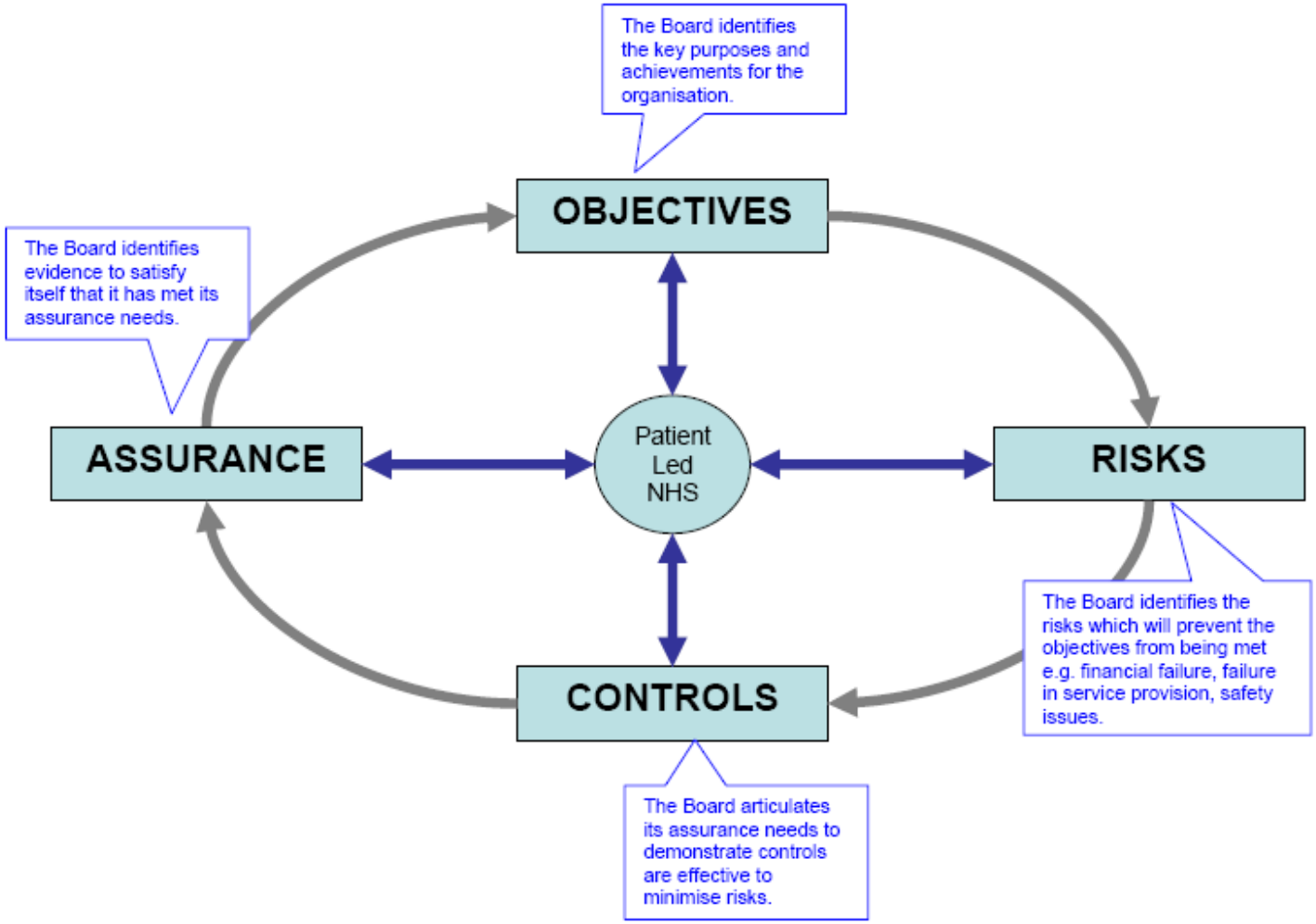
TRUS 0304 **Care could be compromised due to the lack of midwifery staff.**
The assurance with regard to implementation of the community IT programme remains uncertain.

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.
The assurance with regard to the nursing establishment remains inadequate.

TRUS 382 Assurance with regard to the **fire alarm in Norton Court** is uncertain due to spare parts becoming obsolete.

TRUS 0392 /ID51 Assurance with regard to **achieving the EWTD for Medical Staff in Maternity** is stated as uncertain.

Model for Structured Assurance



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