

TRUST BOARD IN PUBLIC	Date: 28 March 2013	
	Agenda Item: 5.5	
REPORT TITLE:	Significant Risk Register	
EXECUTIVE SPONSOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT AUTHOR:	Colin Pink Acting Head of Integrated Governance	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Audit & Assurance Committee - 5.3.13	
Purpose of the Report and Action Required: (√)		
This report provides the Board with a review of the Significant Risk Register for the Trust. The Board is asked to note the report.	Approval	
	Discussion	
	Information/Assurance	√
Summary of Key Issues		
<p>This paper provides the Board with supporting narrative for the Trust wide significant Risk Register (Specifically all current risks of 15 or above)</p> <p>The significant risk register (SRR) is reviewed by the Management Board for Quality and Risk (MBQR) on a quarterly basis and more specifically by the Clinical Divisions who scrutinise their divisional risk registers on a more frequent basis as part of their governance review meetings.</p> <p>The Trust significant risk register is attached for information. This details all current red risks (scoring 15 or above). There are currently 19 risks that fall into this category.</p>		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Objective 1: Deliver Safe, High Quality, Coordinated care		
Corporate Impact Assessment:		
Legal and regulatory implications	The Significant Risk Register is a statutory requirement for all NHS organisations	
Financial implications	These are identified within the Significant Risk Register	
Patient Experience/Engagement	Significant risks relating to patient experience would be included in the register	
Risk & Performance Management	The management of risk is a significant component of the Trusts performance management and governance processes	
NHS Constitution/Equality & Diversity/Communication	Relationship to the NHS Constitution and Equality legislation is at the heart of the management and mitigation of risks.	
Attachments:		
Significant Risk Register – Excel Spreadsheet		

TRUST BOARD REPORT – 28th MARCH 2013 SIGNIFICANT RISK REGISTER

1.0 Introduction

This paper provides the Board with supporting narrative for the Trust wide significant Risk Register (Specifically all current risks of 15 or above)

The significant risk register (SRR) is reviewed by the Management Board for Quality and Risk (MBQR) on a quarterly basis and more specifically by the Clinical Divisions who scrutinise their divisional risk registers on a more frequent basis as part of their governance review meetings.

As part of the revised reporting structure to MBQR updates to the risk register will be reported on a monthly by exception by all divisions from March 2013 this is following the review of MBQR by the Safety and Quality Committee.

A significant exercise has been carried out to liaise with owners of all risks on the significant risk register. This focus has been on reviewing risks to ensure:

- The description and title of the risk is reflective of the style you would expect for a public document (Avoiding jargon and acronyms).
- Risks are in review date where possible
- Risk scoring is aligned across the Trust (In progress, some homogeneity has been established)
- Mitigating actions are reviewed
- Language of the risk report template mirrors the BAF (Board Assurance Framework)
- Each risk reviewed and where appropriate linked to the BAF

Future planned work will look to strengthen the links between the significant risk register and the BAF. There is also planned work to strengthen the links between the risk register incident reporting and audit.

The SRR was presented at the Audit and Assurance Committee on 5th March 2013.

2.0 Significant Risk Register

The Trust significant risk register is attached for information. This details all current red risks (scoring 15 or above). There are currently 19 risks that fall into this category. Significant risks fall into the current categories:

Risk type	Number
Patient Safety	4
Quality of Service	4
Key Performance Targets	3
Environment & Facilities	2
ICT Infrastructure	2
Financial Management	1
Health & Safety	1
Medical equipment	1
Other	1

2.1 Closed Risk and mitigated risks

Seven significant risks have been reviewed and either closed or de-escalated to a more appropriate risk rating:

Risk 1384: Non compliance with team brief and World Health Organisation checklists (Evidence of compliance improving)

Risk 1359: Poor quality flexible laryngoscope and camera

Risk 1092: Failure to comply with theatre environmental audit

Risk 1283: Risk of disruption in ED due to building works

Risk 1256: Risk that cardiology junior doctors working pattern will breach European Working Time Directive limits.

Risk 1257: Persistent late running of cardiology Out Patient clinic in Crawley

Risk 1183: Oesophageal manometry system

Risk 1175: Lack of dedicated paediatric recovery unit

2.2 Changes in Risk rating

Of the risks that have been reviewed, three have had their current risk rating reduced, based on the actions carried out and assurances received.

Risk 553: Delay in issuing completed radiology reports

Risk 1333: Insufficient electrical supply

Risk 1134: Poor liquidity ratio

3.0 Summary and further actions

At present Internal Audit are carrying out a review of the maturity of the Trusts risk management systems. Once actions and recommendations are identified these will be implemented to strengthen our current system for the management of risks. Further work will be required to ensure the significant risk register describes the full range and breadth of the risks the Trust is managing/mitigating. It is recommended that this is carried out once the 2013/14 BAF objectives and key risks are identified.

The Audit and Assurance Committee recommended that in the future the SRR and the BAF should be presented to the Board at the same time at least on a six monthly basis. This has been included in the Board planning cycle for 13/14.

The Board is asked to note the report.

Colin Pink
Acting Head of Integrated Governance and Quality
March 2013

[END]

Surrey and Sussex Healthcare NHS Trust, Significant Risk Register Report

ID	Open Date	Division	Specialty	Risk Owner	Risk Type	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating Actions Underway	Due date	Target Risk Score	Key Indicators	Next Review
1418	13/03/2013	WCH	Paediatrics	Dr Debbie Pullen	Medical equipment	Ultrasound machine on SCBU. There is a risk that some babies will not be managed correctly in line with national guidance and there is longer an ultrasound machine that is capable of the scanning neonates for head and cardiac scanning on the SCBU unit (previous machine obsolete)	Babies that are well enough are being scanned in either the Diagnostic imaging or the cardiac departments as no replacement machine is available. All appropriate staff are aware of this temporary restriction to service.	20	5	4	20	A business case has been written by Radiology and is available for submission. This will need to be submitted to capital group for urgent consideration	01/04/13	4	Replacement of device in service	29/03/2013
553	07/12/2004*	CSS	Diagnostic Imaging	Dr Bruce Stewart	Key Performance Targets	Delay in Issuing completed radiology examination reports. Risk to patient outcome and treatment pathway, failure to meet key KPI's for report turnaround times as a consequence of a shortfall in reporting capacity. (Link to BAF 1.3) (*This risk has been significantly updated in July and October 2012)	Have implemented Critical finding procedure for the early notification of new cancers. Outsourcing plain film reporting to medica to meet GP targets and concentrating on ED referrals in-house Encouraging use of Voice Recognition where possible. Utilising radiographer reporters where possible Real time monitoring of turnaround times. Interim Clinical	16	3	5	15	Produce business case to address demand-capacity gap in reporting (2 new Radiology Consultants to start Summer 2013).	29/03/13	8	Turnaround times and Key Performance indicators. These include National Imaging Board target of 48 hrs for ED referrals and CQUIN target of 48 hrs for urgent referrals and 4 days for non-urgent	30/04/2013
844	08/10/2007	CORP	Operations	Bernie Bluhm	Key Performance Targets	Risk of unknown non compliance with NICE/National guidelines within the divisions. This could lead to risk patient safety and compliance concerns if best practice is not followed. (Link to BAF1.1c)	1. Nice Implementation Policy 2. Interventional Procedural Policy 3. Divisional Quality and Risk Boards Quarterly non-compliance reports and KPIs 4. Drugs and therapeutics group 5. Monitored by MBQR and SQC	16	4	4	16	To embed quarterly review of NICE non compliance reporting	31/05/13	4	KPI on divisional performance dashboards	31/05/2013
969	14/08/2009	ENVIR	Engineering	Dave Axten	Environment & Facilities	Corrosion and failure of hot water supply infrastructure pipe work. There is a risk of disruption to front line services caused by spontaneous leaks from hot water piping occur. This includes possible scalding from hot water, slips and falls on wet floors and in extreme cases could cause ceiling collapse from weight of water. (Link to BAF 2.1a)	Temporary repairs are made as required	16	4	4	16	1) Complete survey 2) Carry out remedial actions	31/07/13	4	1. Reduction in Legionella proliferation 2. Water contained in appropriate equipment	01/04/2013

ID	Open Date	Division	Specialty	Risk Owner	Risk Type	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating Actions Underway	Due date	Target Risk Score	Key Indicators	Next Review
1075	19/08/2010	CSS	PATH	Dr Bruce Stewart	Patient Safety	Processing of incorrectly labelled pathology samples. Risk of patient mis-identification which could lead to serious patient harm from inappropriate treatment or lack of treatment. (Link to BAF 2.1a)	In place for Blood Transfusion: zero tolerance of mismatching blood samples by Transfusion Laboratory; Trust Blood Transfusion Policy is in place; induction training to trainee doctors and annual mandatory training to all medical staff on safe blood transfusion practice. Trained Phlebotomists take majority of Inpatient and Outpatient blood samples. Order Comms system in place that reduces likelihood of human error.	12	4	4	16	Write two policies;1) sample acceptance policy for Pathology use 2) Policy on good practice for obtaining Pathology samples. Viewpoint software being purchased which will be implemented in March and April.	30/04/13	6	Numbers of incidents raised within a period	30/04/2013
1141	02/11/2010	CSS	Diagnostic Imaging	Deborah Chandler	ICT Infrastructure	Viewpoint obstetric ultrasound reporting system. Risk of patients information being incorrectly entered into the Viewpoint system or the incorrect report issued and patients treatment altered or compromised because it is not connected to Cerner and is unable to search on NHS numbers. (Link to BAF2.1a)	Patients' demographics checked by reception staff, Sonographers check patient details before entering information onto the system and before issuing a report	12	4	4	16	Link the viewpoint system to Cerner apply for Capital funding	12/03/13	8	Successful application commencement of work to link systems	30/04/2013
1333	22/03/2012	ENVIR	Engineering	Ian Mackenzie	Environment & Facilities	Insufficient Electrical supply capacity for future development of ESH site. Due to the high usage to availability ratio, any new developments requiring over 0.1MW could not be accommodated within the existing site electrical supply. Given this restriction the Trust would be severely limited in its ability to expand its services, potentially resulting in a loss of income, missed opportunities to improve clinical facilities and loss of prestige. This limitation will affect the Trust as a corporate body, and its ability to grow to meet the changing healthcare economy.	The existing availability is sufficient capacity for the trust as it stands	20	4	4	16	Implement measures to provide resilience and increase capacity and reduce current consumption as part of Theatres refurbishment	31/03/14	4	Electricity supply will meet demand Agreed with regional electricity supplier	31/05/2013
1356	18/07/2012	CSS	Pathology - Histopathology	Elizabeth Berry	Quality of Service	Failure of the cervical cytology service to maintain the 98% turnaround target. From the end of Sept 2012, risk of cervical cytology not being able to sustain the service within the target of 98% reported within the 14 day turnaround time. The risk is due to senior staff resignations and retirements, originally 3.6wte now reduced to 0.6wte. Recruitment was not an option due to the service relocation to Brighton. Original plan was to relocate the service by Oct / Nov 2012 but this is now unlikely due to issues at Brighton. (Link to BAF1.1c)	Agreement with Brighton to assist with screening as and when required to maintain the turnaround target. Agreement for a locum obtained Sept 12.	20	4	4	16	Staff consultation and formal agreement of the transfer of the service	08/03/13	8	98% target is monitored	15/03/2013

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1364	12/09/2012	SURG	Trauma & Orthopaedics	Ian Mackenzie	Patient Safety	Out dated nurse call bell system on Newdigate and Leigh wards. The current nurse call bell system on Newdigate ward and Leigh ward are approximately 28 years old. The system is outdated as does not have a continuous sound when activated by the patient presenting possible delays in staff response There have been 2 known fire calls to Newdigate ward recently due to the smell of electrical burning - thought to be associated with call bell system. (Link to BAF 2.1a)	Increased staff vigilance Introduction of 2 hourly intentional rounding Most dependant patients are allocated beds in observable bays Review of nurses bases at night to support staff being based in/outside bays	20	4	4	16	Plans for refurbishment / funding under review	31/05/13	8	Plans completed funding applied for	09/05/2013
1366	14/09/2012	WCH	Obstetrics	Denise Newman	Patient Safety	Resuscitaires no longer fit for purpose. Potential risk of harm to neonates due to inability to resuscitate with air as current equipment not compliant with current national guidance. (Link to BAF 1.1c)	Babies that are fit are scanned in the Radiology department	12	4	4	16	Capital business plan to be submitted to Board Formulation of business plan to secure funding for new equipment. Trial of new resuscitaires currently in progress	30/04/13	4	Number of actual harmful incidents	30/04/2013
979	04/11/2009	CORP	Medical Director's Office	Des Holden	Key Performance Targets	Procedure for Thromboprophylaxis risk assessment and procedure. Risk to patients of DVT/PE arising from poor compliance with the Thromboprophylaxis procedure. This increases the risk of patients not receiving the appropriate, preventative treatment. ((Link to BAF2.2a)	1) VTE Risk Assessment Form for each patient 2) Monthly Audit Programme 3) Thromboembolism Group	20	5	3	15	CQUINS Programme Implementation, Develop system monitoring occurrence of VTE to be reviewed by thromboembolism group	29/03/13	12	1) % VTE risk assessment 2) Crude number of veno-thromboembolism 3) % Crude number of veno-thromboembolism with completed RCA	01/04/2013
1134	01/09/2010	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Poor liquidity ratio impacting on cash position. Risk of inability to pay suppliers due to lack of cash from the poor liquidity ratio. (Link to BAF 4.1d)	1. Bi weekly review of forward cash flow by finance team and CFO 2. Cash and working capital policy and strategy 3. Annual cash plan linked to business plan and capital plan	25	5	3	15	Day to day cash control is main action. Scenarios for cash control at end of 2012/13 being modelled ahead of finalisation of 2013/14 contract with CCGs. Long term financial model now provides additional validation of the level of cash injection required and the interaction from an improving financial position within the model	31/03/13	15	Key actions and monitoring recorded on the BAF	30/04/2013

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1173	16/02/2011	CSS	Diagnostic Imaging	Joanne Macaulay	ICT Infrastructure	PACS/RIS Contract ending in 2013. PACS was introduced through a national programme (NPFIT) into SASH in May 2007. Originally the contract was held by Fujitsu, but was taken over by CSC mid contract. The current contract terminates in mid 2013 when theoretically the equipment could be removed as it is leased. There is no guidance from DoH regarding what will happen at the end of the contract and the Trust needs to consider its options.	PACS contract in place until mid 2013	1	5	3	15	ITT documentation release Evaluation of ITT returns Supplier presentations, business case for PACs approved in Dec 2012 planned implementation by June 2013.	30/06/13	1	Continuation of system confirmed and in place	30/04/2013
1210	01/06/2011	SURG	Theatres	Gavin Hurley	Patient Safety	Lack of 24hr recovery service for patients on the emergency CEPOD list. There is a risk of harm to patients on the CEPOD list from lack of evening recovery. The patients are urgent limb and life threatening cases awaiting surgery through the CEPOD theatre. There is no staffing in recovery after 2130hrs. Therefore the CEPOD lists are disrupted whilst theatre staff recover patients in recovery or who are recovered in theatre.	CEPOD lists stop to recover post op patients in recovery/theatre	15	3	5	15	Implementing 24 hour post recovery anaesthetist rota/cover	31/07/13	6	Duty rota is written to cover the hours after 21.30	09/05/2013
1219	07/06/2011	MEDIC	Medical Assessment	Helen Lawrence	Quality of Service	Risk of using AMU Assessment Bay as an in-patient escalation area. Risk of interruption of service delivery arising from use of the AMU Assessment Bay 1 as an in-patient escalation area due to inadequate bed capacity within the Trust. (Link to BAF 1.1c and 2.1a)	Escalation Policy ratified detailing procedures and controls	15	3	5	15	Review all patients to ensure lower risk/dependency patients nursed on the side of the Bay with 4 beds	31/07/13	12	Number of incidents / complaints/ PALS reported	06/03/2013
1328	12/03/2012	WCH	Paediatrics	Joanne Farrell	Other	Inappropriate storage of medical records in paediatric areas. Risk of breach of confidentiality caused by notes being stored on open shelves owing to a lack of secure storage facilities. (Link to BAF 1.1c)	Risk minimised during day as a member of clerical staff present at desk during working hours	15	3	5	15	Purchase secure storage	12/10/12	3	Once implemented	31/05/2013

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1398	17/01/2013	CSS	Diagnostic Imaging	Tom Naunton-Morgan	Health & Safety	Failure of G.E CT scanner (CT1) at East Surrey hospital. Obsolete CT scanner (CT1) Risk of breakdown leaving the Trust with decreased capability to scan -directly affecting inpatients/delayed diagnoses (LOS) and out patients (affecting key Trust /DoH waiting time targets). Potential radiation hazard/safety hazard if the scanner fail mid-procedure.	(i) Use scanner with restrictions as advised. (ii) Aggressively test/re-test/test/re-test using phantom to try to provoke fault or classify as 'safe to use' (iii) Manage Out patient bookings by diverting work to Crawley,however this approach is not itself without risks without medical support on site. Requires demand /capacity exercise (iv) investigate sitting a mobile CT scanner at East Surrey site	15	3	5	15	Business case for replacement scanner has been agreed, awaiting delivery and installation.	28/10/13	6	(i) Urgent business case for replacement (ii)Outsource outpatients to Crawley hospital or Independent sector (iii)Site a mobile unit at ESH (Risk assessment required) Mitigating risks= only unenhanced scans /creates bottle neck of work -transfer scans and procedures to CT2/extended days at Crawley hospital	30/04/2013
1405	15/02/2013	SURG	Theatres	Joe Chadwick-Bell	Quality of Service	Use of POPPA to accommodate Day Surgery patients due to operational capacity. There is a risk that some patients for Day Surgery will be not be managed appropriately, due to operational demand exceeding the capacity. This results in Day case patients having to be managed in POPPA which has previously been identified as an inappropriate area for inpatient care by the CQC. (Link to BAF 2.1a)	Staffing skill mix reviewed on a daily basis to optimise patient care. The additional catering and housekeeping requirements are in place. Additional equipment is being sourced. Priority is given to the timely and safe discharge of patients by nursing staff.	15	3	5	15	Review use of POPPA for day surgery patients and develop mitigating actions	31/07/13	10	Numbers of clinical incidents and complaints	21/03/2013