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Risk Register Summary Analysis Report

1. Corporate Risk Register – High risks

There are 11 risks categorised as High, i.e. scoring 15 or more using the risk grading matrix set out in appendix 1.

| Ref : | Risk Description: | Date Identified | Impact | Likelihood | Grade | Movement | Lead: | Level of Control |
|-------|---|-----------------|--------|------------|-------|----------|---------------------------------------|------------------|
| 1. | Missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral | 12.09.16 | 5 | 4 | 20 | — | Clinical Director for Cancer Services | Inadequate |
| 2. | Poor patient experience arising from delays in ED | 24.06.16 | 4 | 5 | 20 | ↑ | Chief Operating Officer | Inadequate |
| 3. | Reduced patient experience arising from quality of Estate | 20.06.16 | 4 | 4 | 16 | — | Director of Facilities & Estates | Adequate |
| 4. | Service disruption arising from poor condition / breakdown of specialist ventilation equipment | 13.06.16 | 4 | 4 | 16 | — | Director of Facilities & Estates | Inadequate |
| 5. | Service interruption at RSCH arising from pharmacy robot breakdown | 04.07.16 | 4 | 4 | 16 | — | Chief Pharmacist | Adequate |
| 6. | Rising water main feed, Thomas Kemp Tower | 20.06.16 | 5 | 3 | 15 | — | Director of Facilities & Estates | Adequate |
| 7. | Poor patient experience arising from mismanagement of 3Ts building work | 10.07.16 | 5 | 3 | 15 | — | Director of 3Ts | Adequate |
| 8. | Service disruption arising from mismanagement of 3Ts building work | 10.07.16 | 5 | 3 | 15 | — | Director of 3Ts | Adequate |
| 9. | Patient harm arising from delays to diagnosis of cancer because of slow histopathology performance | 12.08.16 | 5 | 3 | 15 | — | Clinical Director for Cancer Services | Adequate |
| 10. | Failure to adequately address issues identified by Care Quality Commission Warning Notice | 18.08.16 | 5 | 3 | 15 | — | Medical Director | Adequate |
| 11. | Patient harm due to inability to cope with increased demand through change in NICE criteria for cancer referral | 12.09.16 | 5 | 3 | 15 | — | Clinical Director for Cancer Services | Inadequate |

2. Movement

2.1 Risk closures:

There are no specific risks reductions or for closure this quarter.

2.2 Risk reductions:

In the past three months, one risk has reduced in extent, but not in score

- Risk 3: **Poor patient experience arising from the condition of the estate** - The Patients have been moved out of the Jubilee building into the decant courtyard building which has improved the patient environment greatly and therefore the patient experience. The patient environment is much better suited for the care of neutropenia patients. However, there are many other areas around the RSCH site which present this risk, and consequently it is not proposed to reduce the risk score for Risk 1.

2.3 Risk increases:

In the past 3 months the following risks have increased in severity.

- Risk 2: **Poor patient experience arising from delays in ED** – Previously scoring 15 and level of control adequate– this risk score has been increased to 20 and level of control changed to inadequate. The Trust is not achieving the required access standard of 95% of patients seen and discharged or admitted within 4 hours – current performance is around 76%, and there have been a small number of 12 hour breaches. The Trust has activated business continuity plans several times over the past month, and use of the corridor area for waiting patients has at times been high. Urgent action to address these concerns forms part of the Trust’s Winter Plan.
- Risk 1: **Missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral** - Local Health Economy engagement is required to resolve this risk. Engagement is currently sporadic and without it the risk cannot be adequately controlled by the Trust alone. Therefore the risk has been changed to “inadequate level of control”.
- Risk 11: **Patient harm due to inability to cope with increased demand through change in NICE criteria for cancer referral** – as Risk 1, level of control changed to inadequate for same reason.

2.4 Risk management updates:

- Risk 6: **Rising water main feed, Thomas Kemp Tower** - Action deadlines have been extended due to competing pressures.

3. New risks proposed

Proposed New Risks:

| | | | | | | | |
|-----|--|----------|---|---|----|-------------------------|------------|
| 12. | Lack of Antimicrobial Pharmacist Staff for size and complexity of Trust | 19.11.16 | 4 | 4 | 16 | Chief Pharmacist | Inadequate |
| 13. | Retention and deflection of resources and staff during transitional phase with Western Sussex Hospitals ahead of their Executive Team and Chair formally taking responsibility for the Trust from 1st April 2017 | 03.01.17 | 4 | 4 | 16 | Chief Executive Officer | Inadequate |
| 14. | Impact on patient safety of pharmacy resource shortages | 12.12.16 | 5 | 3 | 15 | Chief Pharmacist | Inadequate |

- Risk 12: **Lack of Antimicrobial Pharmacist Staff for size and complexity of Trust** – the Trust is not compliant with the recently published Public Health England (PHE) and National Institute of Clinical Excellence (NICE) guidance on antimicrobial stewardship, or the Patient Safety Alert “Addressing antimicrobial resistance through implementation of an antimicrobial stewardship”. A planned external review of the pharmacy service will produce recommendations and actions to improve this risk, amongst other aspects of the service.
- Risk 13: **Retention and deflection of resources and staff during transitional phase with Western Sussex Hospitals ahead of their Executive Team and Chair formally taking responsibility for the Trust from 1st April 2017** – there is a risk that management resource may be diverted to accommodate issues and work arising from the planned integration of BSUH management with that of Western Sussex Hospitals NHS Foundation Trust. There is also a risk that some staff may leave the organisation because of uncertainty about their future role. The Board will need to monitor performance and quality issues closely during the interim period and take action to mitigate any deterioration noted or lack of required progress. This risk will also be added to the Board Assurance Framework.
- Risk 14: **Impact on patient safety of pharmacy resource shortages** - There are significant reductions in staff resource in pharmacy, leading to reduced services in areas such as advice, teaching, medicines reconciliation and ward based pharmacy rounds. Pharmacy staff are also sometimes being used to do work which could be covered by unqualified staff such as deliveries by porters. Pharmacy electronic systems are old and out of date and cause inefficiencies. The recent trend in increasing numbers of medicine safety incidents may continue if the reduction in pharmacy services is not addressed. A planned external review of the pharmacy service will produce recommendations and actions to improve this risk, amongst other aspects of the service.

4. Themes

There is a continued theme throughout the risks scoring 15 and over of long term lack of maintenance and/or investment. This theme also continues to feature in a substantial number of the risks in the next category down (“significant”, i.e., those risks scoring between 8 and 12). Improvements in risk assessment processes used in capital planning are recommended.

Robust assessment and reflection of risk is recommended for financial planning and Cost Improvement Programme development.

5. Risk management systems update

The Board will consider the Board Assurance Framework (BAF) in February 2017. The risk posed to achievement of the Trust’s key strategic objectives (delivery of the financial recovery plan, delivery of constitutional access commitments and delivery of quality and safety improvements) by the current approach to risk assessment in investment decision making will be included for consideration by the Board amongst the proposals for the BAF.

Considerable work has been carried out to update the Datix Risk Register and format. The Datix forms etc will be re-launched in January.

The Risk Committee and its subcommittee, the Directorate Risk Review Committee, have been established, and will report to Quality and Performance committee during 2017.

The Committee is also asked to agree three minor changes to the Trust Risk Management Strategy (agreed November 2016), and to delegate authority to the Director of Clinical Governance to make the necessary amendments to the strategy document:

- i. The agreed Corporate Risk Register and Board Assurance Framework to be submitted to the Audit Committee on a quarterly basis, to help inform the planning of audit work programmes
- ii. The agreed Corporate Risk Register and Board Assurance Framework to be submitted to the Finance and Business Investment Committee on a quarterly basis, to help inform capital planning and business case assessment
- iii. The draft Corporate Risk Register and Board Assurance will not be sent to the Trust Programme Board. The Trust Programme Board will continue to be asked to identify risks associated with the Trust’s Corporate Programmes and to refer such risks to the Risk Committee, via the Risk Management Team

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Risk Register Summary Analysis Report

6. Recommendations

The Board is recommended to

- i. Adopt the corporate risk register set out above
- ii. endorse the minor changes to the risk management process set out in paragraph 5 above, and delegate authority to make the necessary minor amendments to the Risk Management Strategy document to the Director of Clinical Governance

Lois Howell

Director of Clinical Governance

January 2017

Appendix 1 - Risk Grading Matrix

Impact /Likelihood Descriptors

| Descriptor | Insignificant | Minor | Moderate | Major | Extreme |
|---|---|---|--|--|--|
| Score | 1 | 2 | 3 | 4 | 5 |
| Impact on individual Patient/ Employee/Visitor Safety | Minor injury not requiring first aid. | No permanent injury (psychological, emotional, physical) Minor injury or illness, first aid treatment required. | Semi-permanent injury (psychological, emotional, physical). increase in treatment for a patient i.e. return to surgery, an unplanned readmission RIDDOR/Agency reportable. | Permanent injury, serious disability, reduced life expectancy (psychological, emotional, physical). | Unexpected death. |
| Patient Experience | Unsatisfactory patient experience not directly related to patient care. | Unsatisfactory patient experience readily resolvable. | Mismanagement of patient care. | Serious mismanagement of patient care. | Totally unsatisfactory patient outcome or experience. |
| Complaints/Claims | Locally resolved complaint. | Justified complaint peripheral to clinical care. | Below excess claim. Justified complaint involving lack of appropriate care. | Claim above excess level. Multiple justified complaints. | Multiple claims or single major claim. |
| Objectives/ Projects | Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality. | <5% over budget/schedule slippage. Minor reduction in quality/scope. | 5-10% over budget/schedule slippage. Reduction in scope or quality. | 10-25% over budget/schedule slippage. Doesn't meet secondary objectives. | >25% over budget/schedule slippage. Doesn't meet primary objectives. |
| Clinical Service/ Business Interruption | Local interruption with back up. | Local interruption. | Loss/interruption > 1 hour. | Loss/interruption > 8 hours. | Loss/interruption > 24 hours. |
| Staffing & Competence | Short term low staff level temporarily reduces service quality (<1 day). | On-going low staffing level reduces service quality. | Late delivery of key objective/ service due to lack of staff. Minor error due to poor training. On-going unsafe staffing level. | Uncertain delivery of key objective /service due to lack of staff. Serious error due to poor training. | Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training. |
| Financial | Less than £100. | <£1000 but >£100. | <£10,000 but >£1000. | <£100,000 but >£10,000. | <£100,000 to reduce the risk. |
| Inspection/Audit | Minor recommendations. Minor non-compliance with standards. | Recommendations given. Non-compliance with standards. | Reduced rating. Challenging recommendations. Non-compliance with core standards. | Enforcement Action. Low rating. Critical report. Major non-compliance with core standards. | Prosecution. Zero rating. Severely critical report. |
| Adverse Publicity/ Reputation | Rumours. | Local media – short term. Minor effect on staff morale. | Local media – long term. Significant effect on staff morale. | National media < 3 days. | National media >3 day. MP concern (Questions in the House). |
| Counter Fraud | Interception of non-recurring fraud with no losses. | Small losses incurred from fraud/error but no evidence to support sanctions. | Investigation leading to minor disciplinary sanction only. | Criminal investigation and possible dismissal. Local press coverage. | Criminal investigation. National press coverage. Poor systems exposed. |

RISK GRADING MATRIX

| LIKELIHOOD | IMPACT | | | | |
|---|-----------------|---------|------------|---------|-----------|
| | 1 Insignificant | 2 Minor | 3 Moderate | 4 Major | 5 Extreme |
| 1 Rare: This will probably never happen | 1 | 2 | 3 | 4 | 5 |
| 2 Unlikely: Do not expect it to happen | 2 | 4 | 6 | 8 | 10 |
| 3 Possible: Might happen occasionally | 3 | 6 | 9 | 12 | 15 |
| 4 Likely: Will probably happen | 4 | 8 | 12 | 16 | 20 |
| 5 Almost certain: Will undoubtedly happen | 5 | 10 | 15 | 20 | 25 |

KEY

- - High risks
- - Significant risks
- - Moderate risks
- - Low risks