

RISK REGISTER PROCEDURE

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	March 2010	Mason Fitzgerald, Associate Director of Governance	Draft	A procedure was drafted in order to support the implementation of the Risk Management Strategy
2.0	September 2011	Mason Fitzgerald, Associate Director of Governance	Revised draft	Changes made to better reflect current practice. Requirement to develop a corporate services risk register deleted.

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Executive Summary

1. This procedure applies to the Board Assurance Framework, the corporate risk register and directorate risk registers.
2. Risk registers should be revised annually as part of the development of the Trust's annual plan. Risks from the previous year should be carried over as appropriate.
3. Risks identified should be strategic in nature, and the number identified should be kept to a relatively small number in order to facilitate effective monitoring.
4. Risk registers are live documents and should be updated on an ongoing basis, but formally updated each quarter.
5. Risk registers should be submitted to a relevant committee(s) for scrutiny.
6. The Associate Director of Governance is available for advice and support.

1.0 Introduction

1.1 The use of risk registers is a key aspect of the Trust's Risk Management Strategy. This procedure is designed to ensure the consistent implementation of that strategy, by clearly outlining the procedure for developing, maintaining and monitoring the Board Assurance Framework, corporate risk register, and local risk registers.

2.0 Purpose

2.1 The purpose of this procedure is to:

- Set out a robust process for developing, maintaining and monitoring the Board Assurance Framework, corporate risk register, and local risk registers
- Provide clear guidance for staff involved in the process
- Manage risk and provide assurance that appropriate controls are in place

3.0 Duties

3.1 The duties in relation to risk management are set out in the Risk Management Strategy.

3.2 In relation to this procedure, the main duties are as follows:

Associate Director of Governance

Responsible for developing and maintaining the Board Assurance Framework, and for coordinating the development and maintenance of the corporate risk register.

Service/Corporate Directors

Responsible for developing and maintaining directorate/corporate risk registers.

Assurance Committee

Responsible for scrutiny of the BAF and directorate/corporate risk registers.

4.0 Board Assurance Framework

Developing the BAF

4.1 The BAF is aligned to the Trust's strategic objectives and as such, is revised annually as part of the development of the Trust's Annual Plan.

4.2 The following process will be used to develop the Board Assurance Framework:

1. The Associate Director of Governance will review the priorities and risks set out in the Annual Plan and incorporate these into the BAF template
2. The Associate Director of Governance and lead executive director will identify key risks relating to each priority. As a guide no more than 5 risks should be identified for each priority, and should reflect strategic, and not operational, matters.

3. In doing so, the Associate Director of Governance and lead executive director will review the risks set out in the previous year's BAF in order to consider which risks need to be carried over to the coming year, and which can be closed or deescalated to the Corporate Risk Register.

4. The Associate Director of Governance and lead executive director will identify the key controls, gaps etc and action required, as well as performance indicators/outcome measures, in relation to each risk.

5. The draft BAF will be submitted to the Assurance Committee, in order to agree the BAF for the coming year.

Maintaining the BAF

4.3 The BAF is a live document and updated on an ongoing basis. It is formally updated on a quarterly basis in line with the Trust's performance framework and compliance submissions to Monitor

4.4 The following process will be used to maintain the Board Assurance Framework:

1. The Associate Director of Governance will review the following information:

- Directorate risk registers
- Corporate risk register
- Monthly/Quarterly Performance Reports
- Relevant internal/external reports (i.e. SUIs, MHA visit reports, national surveys/reviews, Monitor/CQC results etc)
- Relevant Trust Board/committee papers

2. The Associate Director of Governance will review the BAF with the lead executive director.

Monitoring the BAF

4.5 The updated BAF will be submitted to the next Assurance Committee meeting. The meeting will consider whether all relevant risks have been identified, adding additional risks as necessary, validate current risk ratings, and review progress of action plans, focusing on red rated risks.

4.6 The BAF will be submitted to the Trust Board on a quarterly basis (as part of the quarterly Compliance Report). The Board will also add additional risks as necessary.

4.7 A summary of red rated risks will be reported to each Board meeting.

5.0 Corporate risk register

5.1 The Corporate Risk Register provides a Trust wide view of risk, by bringing together all red rated risks from directorate and corporate service risk registers.

Developing the Corporate Risk Register

- 5.2 The Corporate Risk Register is a collation of all red rated risks in directorate risk registers. It will be developed by the Associate Director of Governance following submission of directorate risk registers at the start of the annual plan year.

Maintaining the Corporate Risk Register

- 5.3 The Associate Director of Governance will update the Corporate Risk Register at the end of each quarter, following the submission of updated directorate and corporate service risk registers.

Monitoring the Corporate Risk Register

- 5.3 The updated Corporate Risk Register will be submitted to the Assurance Committee with the BAF.

6.0 Directorate risk registers

- 7.1 Each service directorate is required to develop and maintain a risk register. i.e.:

- City & Hackney
- Newham
- Tower Hamlets
- Forensic Services
- Specialist Services
- MHCOP
- Community Health Newham

Developing Directorate Risk Registers

- 7.2 The following process will be used to develop directorate risk registers:
1. The Associate Director of Governance will provide a directorate risk register template, that includes the relevant annual plan priorities. The director will incorporate any directorate specific priorities. As a guide no more than 3 directorate specific priorities should be identified.
 2. The lead director will identify key risks relating to each priority. As a guide no more than 5 risks should be identified for each priority. Risks should reflect both strategic and operational matters.
 3. In doing so, the director will review the risks set out in the previous year's directorate risk register in order to consider which risks need to be carried over to the coming year, and which can be closed.
 4. The director will identify the key controls, gaps etc and action required, as well as performance indicators/outcome measures, in relation to each risk.

5. The draft directorate risk register will be submitted to the Directorate Management Team/Governance meeting in order to agree the risk register for the coming year.

Maintaining Directorate Risk Registers

7.3 The following process will be used to maintain directorate risk registers:

1. The director will review the following information:

- Monthly/Quarterly Directorate Performance Reports
- Relevant internal/external reports (i.e. SUIs, MHA visit reports, national surveys/reviews, Monitor/CQC results etc)
- Relevant DMT/committee papers

2. The Associate Director of Governance will cascade any new strategic risks or other changes to the BAF which would have implications for directorate risk registers.

3. Any new/emerging red rated risks should be reported immediately to the Associate Director of Governance.

Monitoring Directorate Risk Registers

7.4 Directorate Risk Registers should be formally updated on a quarterly basis and reported to the Directorate Management Team/Governance meeting. The meeting will consider whether all relevant risks have been identified, adding additional risks as necessary, validate current risk ratings, and review progress of action plans, focusing on red rated risks.

7.5 At the end of each quarter, each updated directorate risk register should be submitted to the Associate Director of Governance.

7.6 Directorate risk registers will be submitted to Directorate Performance Meetings for scrutiny, review of progress against action plans and escalation of major issues. This will be done on a frequency determined by the Director of Performance, but normally twice per year.

7.7 Directorate risk registers will be submitted to the Assurance Committee on a rotational basis, as part of scrutiny of risk management processes within the directorate.

8.0 Monitoring arrangements

8.1 The implementation and effectiveness of this procedure will be monitored in the following way:

- Submission of the BAF and directorate/corporate risk registers to the Assurance Committee and Trust Board
- Internal Audit Annual Review of the Assurance Framework

Monitoring

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared						
Risk Register Procedure														
1.5	Risk register	<table border="1"> <tr> <td data-bbox="360 579 757 667">Source of the risk</td> </tr> <tr> <td data-bbox="360 667 757 754">Description of the risk</td> </tr> <tr> <td data-bbox="360 754 757 842">Risk score</td> </tr> <tr> <td data-bbox="360 842 757 930">Summary risk treatment plan</td> </tr> <tr> <td data-bbox="360 930 757 1018">Date of review</td> </tr> <tr> <td data-bbox="360 1018 757 1090">Residual risk rating</td> </tr> </table>	Source of the risk	Description of the risk	Risk score	Summary risk treatment plan	Date of review	Residual risk rating	Associate Director of Governance	Audit of risk registers	annual	The Associate Director of Governance will receive the audit report	The Associate Director of Governance will formulate action points and timescales for each Directorate where there is evidence of non-compliance within two weeks of receiving the audit report	The Assurance Committee will receive, discuss and monitor the action plan within six weeks of the audit having been completed
Source of the risk														
Description of the risk														
Risk score														
Summary risk treatment plan														
Date of review														
Residual risk rating														