

RISK REGISTER STANDARD OPERATING PROCESS

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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.
3.0	February 2021	Joanne Sims	Revised and updated	Changes made to reflect current practice and expanded to include service and speciality risk registers

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Executive Summary

1. This procedure applies to the Board Assurance Framework (BAF), the corporate risk register, directorate, local and team risk registers.
2. Risk registers should be reviewed annually as part of the development of the Trust's annual plan. Risks from the previous year should be carried over as appropriate.
3. BAF 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 as a minimum.
5. Risk registers should be submitted to a relevant committee(s) for scrutiny.

1.0 Introduction

1.1 The use of risk registers is a key aspect of the Trust's Risk Management Framework by clearly outlining the procedure for developing, maintaining and monitoring the Board Assurance Framework, corporate risk register, directorate / speciality 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, directorate, speciality 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 Framework.

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

Trust Board Secretary / Chief Nurse

Responsible for developing and maintaining the Board Assurance Framework (BAF).

Datix and Risk Manager / Associate Director of Governance and Risk *Responsible for developing the Corporate Risk Register (CRR)*

Service/Corporate Directors

Responsible for developing and maintaining directorate/corporate risk registers.

Governance / Performance Leads

Supporting Service Directors in the development and maintaining of directorate and local risk registers.

Heads of Service / Speciality Leads

Responsible for developing and maintaining service / speciality risk registers.

Team Managers

Responsible for developing and maintaining Team Risk Registers and local risk assessments

Audit Committee

Responsible for scrutiny of the BAF

Service Delivery Board

Responsible for scrutiny of the CRR

Directorate Management Team (DMT)

Responsible for the scrutiny of Directorate Risk Registers

Speciality Committees

Responsible for the scrutiny of Speciality Risk Registers

Local Team meetings

Responsible for scrutinising and managing local risks

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 xx add role xx will review the priorities and risks set out in the Annual Plan and incorporate these into the BAF template
 2. The xx add role xx and lead executive director will identify key risks relating to each priority and should reflect strategic, and not operational, matters.
 3. In doing so, the Trust Board Secretary 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 Trust Board Secretary 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 Audit 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 xx
- 4.4 The following process will be used to maintain the Board Assurance Framework:
1. The Trust Board Secretary 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, CQC results etc)
 - Relevant Trust Board/committee papers

2. The Trust Board Secretary will review the BAF with the appropriate lead executive director to update each risk.

Monitoring the BAF

- 4.5 The updated BAF will be submitted to the Audit 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. 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

Developing the 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 which have been recommended for escalation by the service lead / manager which cannot be managed locally and require corporate support.
- 5.2 It will be developed by the Risk and Datix Manager and the Associate Director of Governance and Risk following submission of directorate risk registers at the start of the annual plan year and reviewed on a bi monthly basis.

Maintaining the Corporate Risk Register

- 5.3 The Risk and Datix Manager will update the Corporate Risk Register bi monthly, following the submission of updated directorate, corporate service and speciality risk registers.

Monitoring the Corporate Risk Register

- 5.3 The updated Corporate Risk Register will be submitted to the Service Delivery Board. The Service Delivery Board in agreement with the Chief Executive chair of the Committee will make recommendations for risks to be escalated to the BAF which are of a strategic nature and cannot be managed at this operational level.

6.0 Directorate / Specialty risk registers

- 6.1 Each service directorate is required to develop and maintain a risk register. i.e.:
 - City & Hackney Mental Health
 - Newham Mental Health
 - Luton and Bedfordshire Mental Health
 - Tower Hamlets Mental Health

- Forensic Services
- Specialist Services
- CAMHS
- Community Health Services Newham
- Community Health Services Bedfordshire
- Community Health Tower Hamlets
- Primary Care

7 *Developing Directorate / Speciality Risk Register Risk Registers*

7.1 The following process will be used to develop directorate risk registers:

1. The Risk and Datix Manager will provide a directorate risk register template and the lead director will identify key risks relating to each Trust priority. As a guide no more than 5 risks should be identified for each priority. Risks should reflect both strategic and operational matters.
2. 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 order to agree the risk register for the coming year and will receive the directorate risk register as a standing agenda item monthly.
6. Administration support to developing directorate risk registers will be provide by the directorate performance / governance lead.
7. A risk owner must be allocated to any risks recommended for escalation to the Corporate Risk Register and the date the risk was last reviewed must be recorded.

Maintaining Directorate / Speciality 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, risk assessments, HSE/CQC results etc)
 - Relevant DMT committee papers and discussions, incident reports (including incident trends from complaints and SI's), risk assessments

(including unmanaged / outstanding risks and trends from specialist risk assessments including fire, loneworking, manual handling and health and safety)

2. The Trust Board Secretary 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 Service Director for review and for consideration for further escalation.

Monitoring Directorate / Speciality Risk Registers

7.4 Directorate Risk Registers should be formally updated on a quarterly basis as an absolute minimum and reported to the Directorate Management Team/Governance meeting. Risks rated as high and above should be reviewed monthly and the DMT meeting must 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. Red rated risk that cannot be managed locally and require corporate supports should be considered for escalation to the Corporate Risk. Risk registers discussions must be recorded within the DMT minutes.

7.5 Each updated directorate risk register should be submitted to the Risk and Datix Manager bi monthly.

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.

8.0 Monitoring arrangements

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

- Internal Audit Annual Review of the Assurance Framework
- Introduction of a peer review process.

Risk Register Template

Objective	Risk Ref	Risk Description	Risk Owner	Initial Risk Score			Controls	Assurance	Current Risk Score			Gaps in Control / Gaps in Assurance	Mitigating Actions			Target Risk Score			Status including last reviewed date
				C	L	RR			C	L	RR		Action	Lead	Due Date	C	L	RR	