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## *Public Board Meeting, 24 November 2011*

### **Board Assurance Framework**

Presented by: **Colin Johnston, Director of Patient Safety, Medical Director**

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#### **Introduction**

This paper informs the Board of the current position relating to the key risks to the achievement of the organisation's objectives. The risks are aligned to the strategic objectives contained in the Integrated Business Plan. The following is a summary of changes since the last Board meeting (September 2011). On 10 November 2011 the Integrated Risk and Governance Committee (IRGC) considered the Board Assurance Framework and considered feedback on a deep dive review undertaken by RSM Tenon. The review indicated there were further improvements to be made, in particular in dating assurances reported, including clinical audits as a source of assurance where relevant and enhancing the 'right hand side' of the Framework to ensure that actions and plans going forward are consistent with the levels of assurance reported and gaps identified. The DSG discussed this review on 26<sup>th</sup> October.

#### **Summary**

At the September meeting the Board approved the addition of risk 2768 relating to Pathology Transformation and this entry has been further updated. The Board also approved the addition of Risk **2639** relating to the frequency that Lift 9 fails which presents a risk to patients. The IRGC agreed the addition of two further risks, for consideration and approval by the Board:

**BAF Ref 2775** Risk to status of Trust as a provider of postgraduate medical training following concerns raised at the Deanery Visit dated 10 October 2011.

**BAF Ref 2776** Risk to safe care and safe working practices in maternity theatres and delivery suite whilst operating within the current model of theatre management

There are therefore currently **22** risks recorded on the Assurance Framework. All entries have been reviewed. Actions and assurances have been updated where appropriate. The complete Assurance Framework can be found at **Appendix One**.

#### **Issues raised by IRGC:**

It was noted that following the departure of Nick Evans, AA is the executive lead for IT infrastructure risks and that the office of the Director of Partnerships is leading on information governance related risks and is the Senior Information Risk Officer.

The Committee discussed the deep dive review of the September BAF and the Committee supported the reviewer's emphasis on the importance of ownership of the risks and of ensuring that the BAF fully captures the all the controls in place, the assurances obtained and that an accurate and up to date representation of ongoing action is provided. The Chair expressed his view that the BAF should be a stand alone document without links to other sources.

Following the review, a total of 12 entries have a current risk rating of 15 or above (red) and have ongoing mitigating actions summarised in Appendix 1. **See table following:**

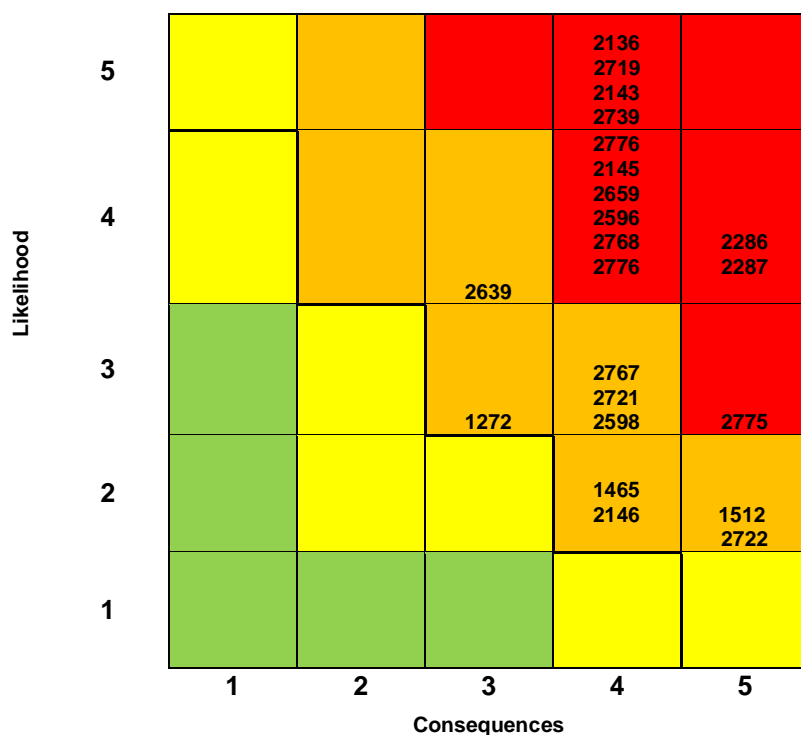
Current Risk Rating	Risk Reference and Risk Description	Since Trust Board September 2011		ACTION (RISK TREATMENT)
		Change in Risk Rating	Previous Risk Rating	
8	2146 Failure to address the points highlighted in SHA letter and reflect progress related to delivery of the Integrated Business Plan.	●	8	MITIGATE
9	1272 Lack of physical space to accommodate decontamination of equipment	●	9	TOLERATE
9	1465 Inadequate data quality to recover income and plan and monitor performance.	●	12	MITIGATE
10	2722 PCT intention to reduce hospital based demand and reduction in income and reduction in capacity.	●	10	MITIGATE
	1512 Risk to target to organise and treat patients within 18 week referral.	●	10	MITIGATE
12	2721 Failure to follow data confidentiality and systems security.	●	12	MITIGATE
	2598 Failure to recruit, retain and motivate Staff.	●	12	MITIGATE
	2639 Risk to patient care through interruptions to lift 9.	●	12	MITIGATE
	2767 Risk of exceeding year end trajectory	●	12	MITIGATE
	2768 Risk of loss of income from GP direct access work through rationalisation project.	●	12	MITIGATE
16	2659 Risks related to maternity staffing linked cost pressures against budget.	●	16	MITIGATE
	2596 Failure to influence and work with partners may impact on future income.	●	16	MITIGATE
	2145 Inadequate resilience in core IT systems	●	16	MITIGATE
	2776 Risk of exceeding monthly targets set for HCAI will impact on Governance Performance	●	16	MITIGATE
	2286 Risk of failing to deliver £4.4m surplus and maintaining FRR of 3	●	20	MITIGATE
20	2287 Liquidity risk rating - Monitor	●	20	MITIGATE
	2719 Risk from sustained high levels of emergency admissions (demand)	●	20	MITIGATE
	2739 Risk to maintaining delivery of high quality maternity services.	●	20	MITIGATE
	2136 Residual Estates Issues	●	20	MITIGATE
	2143 Inability to discharge patients when acute medical care no longer required	●	20	MITIGATE
	2776 Risk to delivery of safe care and working practices in current maternity theatre management model	NEW	20	MITIGATE
	2775 Risk to status of Trust as provider of medical education.	NEW	15	MITIGATE

**Risk entries requiring Board approval of changes in current risk rating:**

1. The Board is asked to approve the addition of the following risks

Risk 2775 Risk to status of Trust as provider of medical education 15 (Red)  
 Risk 2776 Risk to delivery of safe care and working practices in current model of management of maternity theatres 20 (Red)

### Summary Risk Profile November 2011



Patricia Duncan  
 Assistant Director of Clinical Governance and Risk