

Part 1 Board Meeting 26th July 2012**Agenda Item 07/12 - 22**

Chair's Report on 12th July 2012 meeting of the Risk and Integrated Governance Committee

BAF

- The new format of the BAF was reviewed and the Committee approved it. JF noted the recent Board Development session on risk appetite and it was suggested that the IRGC receives a risk training update in September focusing on risk tolerance and appetite. The Committee agreed that the further developed Risk Profile was adopted for the Risk Summary report to be presented to the Board in July.
- Thomas Hanahoe (Chairing the meeting in the absence of MH) suggested that the risks on the BAF should highlight potential consequences for patients as well as the organisation.
- Two risks were downgraded to divisional risk registers, as indicated in the BAF summary report.
- Risks associated to the management of the Trust's health records, including their physical capacity, moving and handling, insufficient staffing and the use of flimsies in notes were proposed to be recorded as an aggregated risk on the BAF. Whilst PD suggested such risks were operational and recommended review via the Corporate Risk Register, CJ believed they could impact on the quality and timeliness of clinical care and that an aggregated assessment was warranted for inclusion on the BAF and this was agreed. This will be recorded on the BAF for review by the Committee in September.

Risk Management Strategy

- The Committee agreed to extend the Risk Management Strategy to the date of the September 2012 meeting to allow sufficient time for it to be updated to reflect the issues discussed at the Board Development session, in relation to the organisation's risk appetite.

Medical Handover

- Dr Colin Johnston advised the Committee that the final report from the Deanery was received and indicated the Trust has addressed the key concerns in A and E but that two key concerns remained, radiology communication issues and medical handover. There followed a discussion on medical handover and the work in place to address the effects of the intensity of activity and frequency of movement of patients. He noted that the issues were linked to the capacity issues the Trust is addressing but that a review of processes was informing improvements. The discussion encompassed concerns about junior doctors' reporting, given the GMC survey of patient safety in which our trainees identified a number of concerns around handover. It was agreed that Divisional Boards should be reminded of the importance of junior doctors reporting incidents and that Consultants should be exercising leadership in this regard.

Health and Safety Annual Report

- Mark Vaughan highlighted that good progress has been made in Health and Safety systems, particularly with the appointment of the new Health and Safety manager during the year.
- The Health and Safety Executive was undertaking a site inspection in relation to the management of asbestos. Initial indications are that the Trust is making good progress in robustly addressing the issues identified.

CNST Level 2 Maternity Progress Update

- Margaret Southgate highlighted that a recent NHLA informal assessment identified 8 standards where evidence of compliance would be difficult at this stage. The Committee was informed that a Level 2 action plan was being finalised and a work programme initiated to ensure the Trust is able to demonstrate compliance with all standards at Level 2.