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## **Public Board Meeting, 29 March 2012**

### **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 (January 2012). On 8 March 2012 the Integrated Risk and Governance Committee (IRGC) and the Audit Committee considered an earlier draft of the Board Assurance Framework. The DSG discussed the BAF in February and it was reviewed in the process of agreeing the Board's agenda.

#### **Summary**

There are therefore currently **23** 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 on 8 March 2012:**

The Committee reviewed the Board Assurance Framework and the following issues were raised relating to specific risks.

Risk 2136 was reviewed and a compliance update provided by the (Interim) Director of Strategy and Infrastructure. The risk score remains at 25.

Risk 2776 has reduced to 5 as a result of the robust and wide ranging response to the Never Events reported and the implementation of the programme of changes to the management model for maternity theatres.

Risk 2828 relates to the DATIX risk management software, the need for further investment to upgrade functionality and the cost pressures relating to it.

The Committee also reviewed the following risk assessments which were presented for consideration and escalation:

1. **2755 Replacement of CT / MRI scanner** – the Committee was informed that a Business Case has been completed and is now under consideration in liaison with the Director of Finance. The Committee recommended that this be added to the BAF.
2. **2210 ITU and Delayed Discharge** – The Committee was advised that this risk was a direct consequence of the recent increase in capacity and demand and the resultant ongoing pressure on beds. The Committee considered that this risk should be cross referenced to the existing risk relating to capacity. The Committee heard that in addition to risks around access and step down from ITU there were risks relating to privacy and dignity for patients who were ready to be transferred out but were retained longer than necessary awaiting a bed on a ward. The Committee requested further detail from the Director of Delivery and recommended that this be added to the BAF.
3. **2786 CRB checks** – The Director of Workforce apprised the IRGC of issues relating to CRB checks for staff employed prior to 2002, when the requirement was introduced for new staff. A 3 phased action plan has been produced but more work is required to consider the most appropriate way forward. The Director of Workforce was asked to bring this issue to the attention of the Board. The Committee recommends that the Executive Lead reports progress to the IRGC until the matter is resolved and that is added to the BAF.

#### **Issues Raised by the Audit Committee on 8 March 2012:**

The Audit Committee considered the BAF. The Committee noted that the format of the BAF did not lend itself to ease of review and was advised that alternative formats are being considered. The Committee discussed the purpose of it receiving the BAF when it is reviewed at the Integrated Risk and Governance Committee immediately before and at the Board meeting (and reviewed at every meeting of the Board). The Committee agreed it would be sufficient to receive an

annual report on the effectiveness of the processes and systems supporting the BAF, with exception reporting as relevant to concerns about controls.

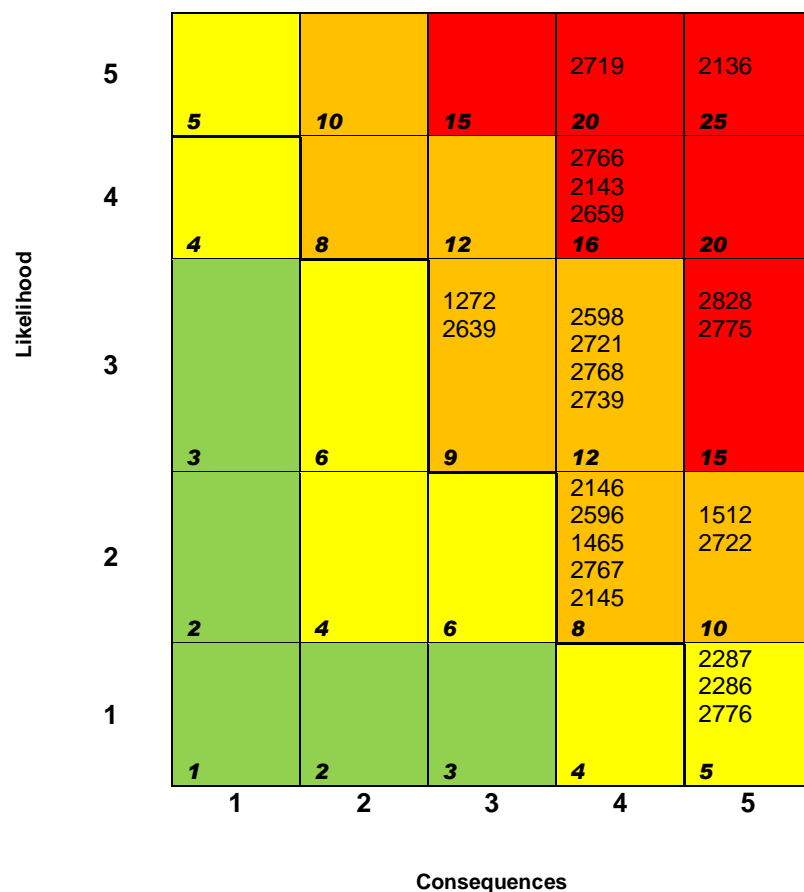
Following these reviews of the BAF and pending the Board's agreement to the recommendations in relation to divisional risks for escalation, a total of **8** entries have a current risk rating of 15 or above (red) and have controls in place and ongoing mitigating actions summarised in Appendix 1. **See table following:**

Current Risk Rating	Risk Reference and Risk Description	Since Trust Board January 2012		ACTION (RISK TREATMENT)
		Change in Risk Rating	Previous Risk Rating	
5	2287 Liquidity risk rating - Monitor	↓	20	CONTROLL ED
5	2286 Risk of failing to deliver £3.6m surplus and maintaining FRR of 3	↓	20	CONTROLL ED
5	2776 Risk to delivery of safe care and working practices in current maternity theatre management model	↓	10	MITIGATE
8	2146 Risk that SHA is not fully assured of Trust readiness to be put forward to the Department of Health on 1 April 2012.	●	8	MITIGATE
8	2596 Failure to influence and work with partners may impact on future income.	●	8	MITIGATE
8	1465 Inadequate data quality to recover income and plan and monitor performance.	●	8	MITIGATE
8	2767 Risk of exceeding year end trajectory	↓	12	MITIGATE
8	2145 Inadequate resilience in core IT systems	↓	12	MITIGATE
9	1272 Lack of physical space to accommodate decontamination of equipment	●	9	TOLERATE
9	2639 Risk to patient care through interruptions to lift 9.	↓	12	MITIGATE
10	2722 PCT intention to reduce hospital based demand and reduction in income and reduction in capacity.	●	10	MITIGATE
10	1512 Risk to target to organise and treat patients within 18 week referral.	●	10	MITIGATE
12	2598 Failure to recruit, retain and motivate Staff.	●	12	MITIGATE
12	2721 Failure to follow data confidentiality and systems security.	●	12	MITIGATE
12	2768 Risk of loss of income from GP direct access work through rationalisation project.	●	12	MITIGATE
12	2739 Risk to maintaining delivery of high quality maternity services.	↓	16	MITIGATE
15	2828 Risks relating to poor functionality of the DATIX risk management and incidents system.	NEW	15	MITIGATE
15	2775 Risk to status of Trust as provider of medical education.	●	15	MITIGATE
16	2766 Risk of exceeding monthly targets set for HCAI will impact on Governance Performance	↑	12	MITIGATE

Current Risk Rating	Risk Reference and Risk Description	Since Trust Board January 2012		ACTION (RISK TREATMENT)
		Change in Risk Rating	Previous Risk Rating	
	2143 Inability to discharge patients when acute medical care no longer required	●	16	MITIGATE
	2659 Risks related to maternity staffing linked cost pressures against budget.	●	16	MITIGATE
	2719 Risk from sustained high levels of emergency admissions (demand)	●	20	MITIGATE
<b>25</b>	2136 Residual Estates Issues	●	25	MITIGATE

The Board is asked to approve the changes to risk scores as detailed above.

### Summary Risk Profile March 2012



Dr Colin Johnston  
Director of Patient Safety, Medical Director