

Public Board Meeting, 31st January 2013

Board Assurance Framework

Presented by:

Patricia Duncan on behalf of Dr Colin Johnston, Director of Patient Safety, Medical Director

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 Trust's strategic objectives and this paper summarises the changes since the last Board meeting in November 2012.

Background

A draft of the Board Assurance Framework was reviewed by the Integrated Risk and Governance Sub Committee (IRGC) on 10th January 2013 and the following issues were raised relating to specific risks.

- Risk 2755 Replacement of CT scanner The Radiology Services Manager updated that the CT scanner at HHGH was being removed on 18.1.13 and would be replaced within 6 weeks. The Committee agreed that this risk should be downgraded and monitored through the Clinical Support Divisional Risk Register until the scanner is replaced.
- Risk 2899 Safeguarding Vulnerable Adults The Head of Safeguarding escalated this
 risk following her detailed review of Safeguarding arrangements and an adverse internal
 audit. The review identified a need to strengthen procedures to provide more robust
 assurance that vulnerable adults are effectively safeguarded.
- ITU Legionella –This risk was revealed through routine internal sampling in accordance with L8 and HTM04-01. The Director of Strategy and Infrastructure highlighted that although controls are in place and independent advisors are monitoring the situation closely, the counts are increasing resulting in a potential risk through the Trust's domestic water system. The mitigating actions are significant and will require a temporary close down of ITU (12 hours) and further structural work.

The IRGC agreed that these risks should be considered by the Board for inclusion on the Board Assurance Framework and for any further assurance that is warranted in relation to mitigating actions.

Subsequent to the IRGC meeting and following a request from the Chair of the Integrated Risk and Sub Committee, the Executive Team reviewed the BAF and agreed a number of changes which have been reflected in the attached summary risk profile, specifically:

Risk 6 - Increase in Emergency Demand – score reduced to 20 as a number of mitigating actions are underway and appear to be having a positive impact on flow.

Risk 3 - Exceeding HCAI annual trajectory – score increased to 20 as annual trajectory for Clostridium Difficile exceeded in guarter 3.

Risk 9 - Liquidity – increased to 25 - detail outlined in the Finance reports.

Risk 19 - Pathology – increased to 16 as a result of staffing issues and ongoing uncertainty about future provision.

Risk 12 - 18 weeks has increased to 12 and an action plan has been submitted to the PCT.

Risk 20 - Datix has been reduced to 12 as the server upgrade is imminent and the Business Case has been completed.

Risk 18 - Data Confidentiality has been reduced to 8 as good progress has been made and no Data SIs in previous quarter.

In addition, the following risks are proposed for downgrading to be managed via divisional or Corporate Business risk registers:

- 11. Risk of reduction in hospital based demand reduced to target score of 5
- **14. Inadequate data quality** reduced to target score of 4.
- **15. Failure to influence partnership working** reduced to target score of 4.

The Executive Team considered **risk 10. 2146** relating to the Trust's Foundation Trust application and propose that this is reviewed following the part 2 discussion.

Summary

There are currently **25** risks recorded on the Assurance Framework. All entries have been reviewed. Actions and assurances have been updated where appropriate.

Following these reviews of the BAF a total of **13** entries have a current risk rating of 15 or above (red) and have controls in place and ongoing mitigating actions in place. Attached is a Summary Risk profile indicating current scores and current levels of assurance. The Board is asked to approve the conclusions drawn in relation to the level of assurances in place and identify risks for which further assurance is required.

Dr Colin JohnstonDirector of Patient Safety, Medical Director 23 January 2013