

Report to: Trust Board

Title of Report: Integrated Risk & Governance Committee Assurance Report to Board (IRGC)

Date of meeting: 28th March 2017

Recommendation: For discussion, noting

Chairperson: Phil Townsend – Non-Executive Director & Vice Chair

Purpose The report summarises the assurances received, approvals, recommendations and decisions made by the Integrated Risk & Governance Committee at its meeting on 28th March 2016.

Background The Committee meets monthly (bi-monthly from October 2016) and provides assurance to the Board on the:

- Corporate Risk register (CRR)
- Board Assurance Framework (BAF)
- Quality Improvement Plan (QIP)
- Risk management process maturity

Business undertaken

- 1) New CRR entries
- 2) CRR entries being de-escalated
- 3) Review of CRR and mapping where risks will sit in the Board's new committee structure.
- 4) CQC report update and actions taken.
- 5) Trust quality compliance review
- 6) QIP progress report

CRR outcomes

- 1) Risk 3681 relating to lift 9 and concurrent lift failures and the impact of this on safety was added as a new risk with score of 16 (date added 16/03/17). This risk is being managed through a proactive servicing and maintenance programme to try to mitigate against lift failure. It is felt that this proactive programme of work will help manage this risk.
- 2) Risk 3859 – theatre ventilation. This has been escalated with a score of 16. Immediate action has been taken to manage this risk and to ensure we continue to operate the theatres without compromising safety. However, this does mean that activity in theatres has been reduced – this has an impact on our inability to deliver achievement of RTT performance standard in line with our recovery plan. Related workplans and targets are being adjusted accordingly, which has also been discussed with NHSI. Prioritised workplans have been included in the 17/18 capital programme, with work expected to start in SACH in April, with WGH to follow.

**Key decisions
taken**

- 3) Risk 3845 CCG Financial situation – this a new risk with score of 15. The CCG have been placed into financial special measures and this creates a risk that existing income streams will be in jeopardy. HVCCG has not been able to support the Trust with the suspension of readmission penalties, in line with discussions. Also, the level of contract challenges from the CCG has increased. We are closely monitoring this situation and seeking early identification of risks so that we can mitigate them.
- 4) Risk 3851, is a new risk, with a risk score of 16, relating to business continuity and patient safety in WACs as a result of failures in Lift 9. This is being mitigated by the proactive servicing and maintenance programme discussed for risk 3681 and by identifying new options for the transfer of patients from WACs to PMOK. New options are being explored to ensure business continuity.
- 5) Risk 3853 is a new risk that has arisen due to a reduced number of anaesthetic trainees being assigned to WHHT. There are difficulties in recruit to these roles. We are now recruiting to Trust grade registrars to six month posts to manage this risk.
- 6) Risk 3849, relating to insufficient non-invasive ventilator capacity, was de-escalated. The risk was raised and then reviewed at the following RRG meeting, where it was discussed and challenged. The outcome of the discussion was that it was determined that the risk had been over-scored and assurance was provided that current access to ventilators is adequate and that there are appropriate contingency and escalation plans in place.
- 1) An update was provided on the CQC report outlining actions taken immediately following the inspection. Overall, assurance was provided that appropriate actions were taken to address concerns immediately after the inspection. Since receiving the final CQC report, new actions have been identified and as a result clear plans are being developed to address any new areas identified in the final report. This work is ongoing and all new actions are being incorporated into our ongoing Quality Improvement Plan, which has established robust governance.
- 2) The committee was advised that a local audit process had started on the CRR to check what percentage of actions were in date (90%), what percentage of risks had appropriately articulated controls (80%) and assurances (80%) and what percentage had appropriate actions (50%). This is the first time this has been done and provides a baseline to monitor this against and will support actions to ensure the CRR is up-to-date and capturing controls, assurances and actions appropriately.
- 3) We were also informed that the internal audit report was received which provide moderate assurance of the risk governance process. A number of actions have been identified by Internal Audit and these are now being implemented.
- 4) A discussion was had about strategic risks as these were not referred to in any of the documentation presented at committee. All current strategic risks are scored at below the level that gives visibility at committee, though risk with scores of 10 and 12 are reviewed as part of the committee workplan. It was agreed that we need to ensure that these risks get visibility discussion at each meeting. This is being recommended to the new Safety and Compliance Committee.

- 5) The CRR was reviewed and all risks were mapped to the new Committee structure to ensure that they transfer seamlessly across to the new structure.
- 6) The minutes of the Risk Review Group (RRG) were presented to the Committee for the first time. These were reviewed and assurance was provided on the quality of discussions, the level of challenge to risk scoring, and the robustness of assurances and controls at the RRG.

Issues to escalate to Board

The future role of the Committee in ensuring that we meet our regulatory requirements and deliver on all requirements from the CQC was discussed. At present these are being reported to the committee through three different papers that need to be linked together and explained more clearly. It is recommended that these reports become part of the workplan of the new Safety and Compliance Committee to ensure that all actions from the CQC report are integrated into our ongoing Quality Improvement Plan and that these actions do ensure that we meet our full regulatory requirements.

Challenges and exceptions

None to report

Future exceptional items

None to report

Attendance record

Non-Executive Director x 2
 Deputy Chief Executive
 Chief Information Officer
 Head of Risk, Assurance & Compliance
 Head of Strategic Development & Compliance
 Governance PA (taking notes)