

Board of Directors Meeting in Public

Subject:	Report of the Board Risk Committee	Date: 19 th May 2017		
Prepared By:	Paul White, Risk Manager			
Approved By:	Peter Herring, Chief Executive			
Presented By:	Peter Herring, Chief Executive			
Purpose				
To enable the Board of Directors to take assurance as to the effectiveness of the Trust's risk management arrangements.			Decision	
			Approval	
			Assurance	✓
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
✓	✓	✓	✓	✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
	✓			
Risks/Issues				
Financial	Where identified through corporate and operational risk profiles.			
Patient Impact	As above.			
Staff Impact	As above.			
Services	As above.			
Reputational	Potential for failure to meet the requirements of good governance if risk management arrangements are not effective.			
Committees/groups where this item has been presented before				
Board Risk Committee.				
Executive Summary				
The Board Risk Committee (BRC) met on Tuesday 16 th May 2017. This paper summarises the key items on the agenda for the attention of the Board of Directors:				
<ul style="list-style-type: none"> • The overall Trust risk profile remains stable, with the majority of the 542 recorded corporate and operational risks (77% of the total) considered to be under effective control and rated Low or Very low • The Committee discussed the extent of cyber security and digital continuity risk at length, in light of the recent global incident; it was reported that a comprehensive cyber security self-assessment and strategy were in development through the Information Governance Group • The Committee received an assurance report from the Medicine Division, where it was reported that the biggest risks remain the availability of medical and nursing staff across multiple services, and the safe management of patient flow; the Committee acknowledged that significant progress has been made in risk management performance within the division • A report was received from the Head of Estates & Facilities, which highlighted the current condition of the retained estates and in particular the building used for Sterile Services and 				

the Pharmacy Aseptic Dispensing Unit (ADU) at King's Mill Hospital – the Committee agreed that the development of a plan for the future location of these services remains a priority

- The Deputy Director of Training & Development reported that there remains a substantial risk in relation to the continued provision of external funding for training, which may impact on the Trust's ability to provide training for specialist roles in particular – further details are expected to emerge in the next 3 months
- The most significant operational risks remain financial and staffing-related (including the impact of IR35 tax legislation), with Emergency Medicine (medical staffing), Acute Medicine (nurse staffing) and the Head & Neck service (consultant staffing) particularly affected
- The potential impact on service continuity if industrial action is agreed by the nursing profession was also raised; the Resilience Assurance Committee (RAC) will maintain oversight of developments
- The Board Assurance Framework (BAF) was reviewed following updates made by the Lead Directors, with the following points noted:
 - Staffing levels (AF7) and Financial sustainability (AF4) remain the most significant strategic risks to the Trust
 - The action plan for Safe & effective care (AF1) should be updated to align with the Advancing Quality Programme (AQP)
 - Action plan updates had been provided for Staff engagement & morale (AF6) and Staffing levels (AF7)
 - Senior leadership stability (AF8) has now been removed from the BAF and delegated to the HR Directorate
- The Committee discussed the further development of the Trust's approach to defining its risk appetite; it was agreed that a workshop session will be developed under the guidance of the Director of Governance and Quality Improvement