![NHS Sherwood Forest Hospitals NHS Foundation Trust]

Board of Directors Meeting in Public

Subject:	Report of the Board Risk Committee	Date: 21st September 2017	
Prepared By:	Paul White, Risk Manager		
Approved By:	Paul Moore, Director of Governance & Quality Improvement		
Presented By:	Paul Moore, Director of Governance & Quality Improvement		

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	The risk of exceeding annual budget is included in all operational risk profiles.			
Patient Impact	Patient care risks are included in the risk profiles of all clinical services.			
Staff Impact	Staff health & wellbeing risks are included in all operational risk profiles.			
Services	Business continuity risks are included in all operational risk profiles.			
Reputational	Compliance and regulatory risks across a wide range of objectives are assigned to the relevant lead services.			

Committees/groups where this item has been presented before
This is the regular report of the Board Risk Committee.

Executive Summary
The Board Risk Committee (BRC) met on Tuesday 19th September 2017. This paper summarises the key items on the agenda for the attention of the Board of Directors.

Water safety assurance

- Following on from concerns raised by the Executive Team, a report was received from the Chair of the Trust Water Safety Group regarding the level of compliance with water safety regulations and the degree of risk exposure to legionella and pseudomonas

- The Committee was informed that the area of greatest concern was compliance with requirements for flushing of little used water outlets, which is considered to be a safety critical intervention

- Recent compliance rates for returns have been below 90%; actions were agreed to reinforce the existing compliance process and also to carry out a review to identify opportunities to make the process more reliable and efficient

- Further assurance was requested by the Committee following implementation of those agreed actions

Medical Device & Equipment Group Report

- The Chair of the Group presented a report summarising key work areas so far this year

- This is a new regular report that will be received every 6 months, in accordance with the Committee's revised Annual Work Programme

- The main areas of risk are the future funding of the equipment programme, maintaining a reliable and efficient provision of medical equipment via the Equipment Library, and the ability to service medical devices that are sent home with patients

- A recent internal audit carried out by 360 Assurance has identified several areas for improvement, and the Committee was assured that an appropriate action plan had been developed to address those issues

Divisional Risk Report – Surgery

- The Divisional General Manager for Surgery presented a summary report covering reportable risks within the division (those currently rated 10 or more)

- This is a regular report received every 6 months, in accordance with the Committee's Annual Work Programme

- The Committee agreed that the infrastructure and equipment risks in Sterile Services had increased over time and it was reported that options for a viable long-term solution were in development; it was also agreed that a reliable business continuity plan was required to mitigate the potential for widespread impact on services across the Trust in the event of a critical infrastructure failure

- Medical staffing capacity in Critical Care represents a significant and increasing risk, due to a lack of availability of suitable applicants and anticipated future vacancies; alternative recruitment strategies were discussed to address this risk

- The Committee was assured as to the effectiveness of risk management arrangements within the division

Corporate Risk Report – NHIS

- The Acting Director of Nottinghamshire Health Information Service (NHIS) presented a summary report covering reportable risks within the department

- This is a regular report received every 6 months, in accordance with the Committee's Annual Work Programme

- It was agreed that the definition and assessment of cyber risk required further development

- The Committee was assured that processes are in place between NHIS and the Trust Risk Manager to ensure that IT system risks are highlighted to the relevant service when identified

Significant Risk Report

- This is a regular monthly report received as part of the Committee's Annual Work Programme

- The Trust's overall risk profile remains stable, and continues to demonstrate active review across all divisions and corporate services

- An expanded report was provided this month, to illustrate the range of High risks within the Trust; it was agreed that in future the report would highlight areas of emerging high risk and bring those to the attention of the Committee

- Finance and staffing remain the most common cause of increased risk exposure within clinical services

Board Assurance Framework (BAF) Report

- This is a regular monthly report received as part of the Committee's Annual Work Programme

- The BAF was reviewed by the Committee following updates to Principal Risks agreed by lead committees; no Principal Risk ratings had been changed

- The Committee considered that Principal Risk AF2 – Managing emergency demand – was likely to increase with winter pressures approaching, and recommended that this be reviewed by the Lead Director and Quality Committee

- The areas of greatest strategic risk for the Trust continue to be the maintenance of sufficient staffing levels to meet demand and the achievement of financial sustainability