

# Board of Directors

# Report

**Subject:** Report of the Board Risk Committee  
**Date:** 2<sup>nd</sup> November 2016  
**Author:** Paul White, Risk Manager  
**Lead Director:** Peter Herring, Managing Director

## Executive Summary

The Board Risk Committee (BRC) met on 20<sup>th</sup> October 2016. This paper summarises the key items on the agenda and those matters agreed by the Committee for reporting to the Board of Directors:

- Reportable risks (those scoring 10 or more) were presented by the Divisional General Manager for Diagnostics and Outpatients Division and by the Risk Manager on behalf of the Estates and Facilities Department as part of the rolling Work Programme, enabling the BRC to gain assurance as to the growing effectiveness of risk management practices within the Trust
- A potential Significant Risk was highlighted in relation to the WinPath IT system that is integral to the provision of Pathology services throughout the Trust. The Director of Nottinghamshire Health Informatics Service (NHIS) is to be invited to the next meeting of the Committee to provide assurance as to the effectiveness of processes in place to manage business critical IT system risks
- The Head of Estates and Facilities is to be invited back to the next meeting of the Committee to provide more detail regarding plans to manage the risks associated with the condition of parts of the Trust retained estate
- The BRC reviewed the Significant Risk Report (those risks scoring 15 or more) and received an update from Surgery Division regarding the risks associated with managing outpatient follow-up appointments, specifically in relation to Ophthalmology. There is a particular risk of patient harm amongst a number of patients identified in a data quality report as having no plan for resolution of outcomes. Executive team approval has been given to complete validation for the 7,500 identified patients; appointments management processes have now been strengthened and consideration is being given as to what action is required to prevent further occurrences
- The Board Assurance Framework (BAF) was reviewed and the Committee agreed that the format presented was fit for purpose; the Committee also approved the proposed definition of roles and responsibilities for the lead committee and lead director with regard to the BAF, as follows:
  - The **Lead Director** is responsible for assessing any Principal Risks assigned to them by the Board and for providing assurance as to the effectiveness of primary risk controls to the Lead Committee
  - The role of the **Lead Committee** is to review the Lead Director's assessment of their Principal Risks, consider the range of assurances received as to the effectiveness of primary risk controls, and to agree with the Lead Director any changes to the BAF to ensure that it remains accurate and up to date

- The **Board Risk Committee** is responsible for reviewing the BAF in order to provide assurance to the Board that Principal Risks are appropriately rated and are being effectively managed; and for advising the Board as to the inclusion within the BAF of additional risks that are of strategic significance
- The **Audit and Assurance Committee** is responsible for providing assurance to the Board that the BAF continues to be an effective component of the Trust's control and assurance environment
- From November onwards the Risk Manager will ensure that each Lead Committee is provided with a report on their Principal Risks, having been reviewed with the Lead Director, as a standing agenda item
- The Principal Risks within the BAF were reviewed and the following actions were agreed:
  - AF3 – Managing elective demand – is to be updated to reflect specifically the gaps in control relating to the management of outpatient follow-up appointments
  - Consideration is to be given by the Chief Financial Officer as to how the risks associated with achieving the Trust's Control Totals for 2017/18 and 2018/19 should be reflected in AF4 – Financial sustainability
  - AF6 – Staff engagement & morale – has been reduced from a residual risk rating of 9 (Medium) to 6 (Low) on the basis of the Director of HRs evaluation of recent staff Pulse survey results
  - AF8 – Senior leadership instability – is to be reviewed in light of recent developments in the planned merger with NUH
  - Other Principal Risks remain unchanged

**Recommendation**

The Board of Directors are asked to receive and note this report from the Board Risk Committee.

Relevant Strategic Priorities (please mark in bold)	
<b>Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments</b>	<b>Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events</b>
<b>Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital</b>	<b>Raise the level of staff engagement through strong leadership, communication, feedback and recognition</b>
<b>Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money</b>	<b>Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital</b>
<b>Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation</b>	

<b>How has organisational learning been disseminated</b>	Through management teams, internal governance structures and the use of the Datix risk register.
<b>Links to the BAF</b>	All BAF Risks are reviewed by the BRC.
<b>Financial Implications/Impact</b>	None specific to this report.
<b>Legal Implications/Impact</b>	None specific to this report.
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	None specific to this report.
<b>Committees/groups where this item has been presented before</b>	Board Risk Committee.