

## Board of Directors Meeting in Public

<b>Subject:</b>	Report of the Board Risk Committee	<b>Date:</b> 22 <sup>nd</sup> August 2017		
<b>Prepared By:</b>	Paul White, Risk Manager			
<b>Approved By:</b>	Paul Moore, Director of Governance & Quality Improvement			
<b>Presented By:</b>	Paul Moore, Director of Governance & Quality Improvement			
<b>Purpose</b>				
To enable the Board of Directors to take assurance as to the effectiveness of the Trust's risk management arrangements.			<b>Decision</b>	
			<b>Approval</b>	
			<b>Assurance</b>	✓
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
✓	✓	✓	✓	✓
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
	✓			
<b>Risks/Issues</b>				
<b>Financial</b>	The risk of exceeding annual budget is included in all operational risk profiles.			
<b>Patient Impact</b>	Patient care risks are included in the risk profiles of all clinical services.			
<b>Staff Impact</b>	Staff health & wellbeing risks are included in all operational risk profiles.			
<b>Services</b>	Business continuity risks are included in all operational risk profiles.			
<b>Reputational</b>	Compliance and regulatory risks across a wide range of objectives are assigned to the relevant lead services.			
<b>Committees/groups where this item has been presented before</b>				
This is the regular report of the Board Risk Committee.				
<b>Executive Summary</b>				
The Board Risk Committee (BRC) met on Tuesday 15 <sup>th</sup> August 2017. This paper summarises the key items on the agenda for the attention of the Board of Directors.				
<b>Mandatory fire safety training compliance</b>				
<ul style="list-style-type: none"> <li>Following on from concerns raised at the meeting of the Committee in July 2017, a report was received from the Director of HR &amp; OD regarding the level of compliance with mandatory fire safety training within the Trust, particularly amongst bank staff</li> <li>The overall Trust mandatory training compliance level for Fire Safety Training at the end of June 2017 was 92% exceeding the current target of 90%; compliance for bank staff was 59% for June 2017, with 283 staff registered on the bank of which 166 were in date with this training (bank staff are not included in the overall figures)</li> <li>Many bank shifts are covered by substantive employees of the Trust, whilst a number are not actively undertaking work; consequently, the proportion of active bank staff working at the Trust who are compliant with fire safety training will be higher than 59%</li> </ul>				

- Those who are inactive for more than 6 months are removed from the bank; in addition, from October 2017 bank staff will only be allowed to book shifts if they are up to date with their mandatory training
- The Committee was assured that there are effective controls in place to ensure that the required levels of fire safety training are maintained

#### **Medical Records Library IT Cabinet**

- The Acting Director of NHIS provided the Committee with assurance regarding concerns that had been raised about the condition of an IT cabinet in the Medical Records Library and the potential risks to the security and availability of essential information
- It was confirmed that the cabinet did not hold any information but did represent a business continuity risk for the local teams whose PCs are connected to it; it was also noted that this issue only affects areas within the retained estate, as within the main hospital building at King's Mill IT cabinets are kept in dedicated and secure rooms
- Immediate action has been taken to address the issue and further action is taking place to identify and rectify where necessary any similar issues elsewhere in the retained estate
- The Committee was assured that this issue had been dealt with appropriately

#### **External Funding Risk Update**

- The Deputy Director of Training, Education & Development provided an update on the risk of the Trust losing Learning Beyond Registration (LBR) funding currently provided by Health Education England (HEE)
- It was confirmed that funding for this year has now been provided, although reduced and that plans were in place to manage this reduction
- This is the last official year of LBR funding and a decision may be required as to how this training would be funded in future years
- A further update was requested by the Committee for December

#### **Emergency Planning, Resilience & Response (EPRR) Self-Assessment**

- The Committee reviewed the results of the Trust's annual EPRR self-assessment for 2017/18, presented by the Emergency Planning Officer on behalf of the Resilience Assurance Committee (RAC)
- The EPRR self-assessment is a mandatory assurance process used by NHS England to provide assurance to the Department of Health and the Secretary of State that NHS organisations are compliant with the Core Standards of emergency preparedness, as set out in the Civil Contingencies Act 2004 and associated framework guidance

- Significant progress has been made towards full compliance since the 2016/17 self-assessment
- The self-assessment has been completed and ratings agreed by the RAC, with no significant areas of concern; the only areas of 'partial compliance' which remain are in the areas of HAZMAT (hazardous materials) standards and equipment, which are being addressed
- The Committee authorised the self-assessment for presentation to the Board of Directors for approval, to be followed in September by a confirm and challenge session with the CCGs and NHS England

#### **Divisional Risk Report – Emergency & Urgent Care**

- The Divisional General Manager for Emergency & Urgent Care 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 Division has a higher proportion of reportable risks than other divisions within the Trust, with the majority of risks concerning staffing levels and associated financial impacts
- There was a discussion specifically regarding the medical workforce risks in the Emergency Department (ED), and the impact on the financial position of the division due to a reliance on temporary staff at increased cost
- The division are working closely with Finance to address these issues whilst recruitment is on-going
- The Committee was assured as to the progress being made in managing these risks

#### **Corporate Risk Report – Finance**

- The Chief Financial Officer 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
- There are significant risks associated with the delivery of CIP in 2017/18 and 2018/19 (due to the need for substantial savings driven by STP actions; the potential for Better+Together Alliance initiatives to reduce demand at a faster rate than the Trust can reduce costs; and the Trust's ability to reduce costs in line with the CCG notice issued on services supported by block funded income)
- The Committee was assured that appropriate strategies were in place to manage these risks

### **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, although performance in maintaining risk registers shows signs of deterioration this month
- The Committee agreed to lend its support to the Risk Manager in working with divisions and departments to ensure that risk registers are kept up to date and accurately reflect both the level of risk exposure and risk treatment plans in place within each service
- There was a discussion regarding the reporting of Significant risks, and the Committee considered whether it felt sufficiently informed as to the areas of greatest risk exposure within the Trust at this time
- The Risk Manager has been tasked with expanding the range of risks included within the next report to the Committee, to include those risks rated High (scoring 10-12) in addition to those rated Significant (rated 15+)

### **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 have been changed this month
- 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
- The Committee was advised that the Organisational Development & Workforce (OD&WF) Committee has reviewed Principal Risk AF6 – Staff Engagement & Morale and agreed that this risk is now sufficiently well-controlled
- The Committee recommends to the Board of Directors that Principal Risk AF6 can be removed from the BAF and delegated to the HR Directorate for on-going management

### **BRC Annual Report 2016/17**

- The Committee approved its Annual Report for 2016/17, prepared at the request of the Audit & Assurance Committee
- The Committee also agreed that, with an annual Committee Health Check already included within its Work Programme, there would be no further requirement for an Annual Report in future