

## BOARD MEETING IN PUBLIC

### 28 November 2018

#### Details of the Paper

<b>Title</b>	Organisational Risk Profile
<b>Responsible Director</b>	Director for Governance
<b>Purpose of the paper</b>	To inform the Board of the organisation's top risks and how they are being managed.
<b>Action / decision required</b>	Confirm top risks.

#### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i><b>Patient Quality</b></i>	<i><b>Financial Performance</b></i>	<i><b>Operational Performance</b></i>	<i><b>Strategy</b></i>	<i><b>Workforce performance</b></i>	<i><b>New or elevated risk</b></i>
<i>Legal</i>	<i><b>Regulatory/ Compliance</b></i>	<i><b>Public Engagement /Reputation</b></i>	<i>Equality &amp; Diversity</i>	<i><b>Partnership Working</b></i>	<i><b>Information Technology / Property Services</b></i>

#### ANNUAL OBJECTIVE

*Which Strategic Objective/s does this paper link to?*

This links to all the strategic objectives.

*Please summarise the potential benefit or value arising from this paper:*

A sound knowledge of strategic risk enables the Board to make informed decisions.

#### RISK

Are there any specific risks associated with this paper? If so, please summarise here.

*Non-Financial Risk:*  
All risks on Board Assurance Framework

*Financial Risk:*  
All risks on Board Assurance Framework

#### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to? Well Led Domain; Outcome 17 Good Governance

**Author of paper: Liz Hollman**

**Presenter of Paper: Liz Hollman**

**Other committees / groups where this paper / item has been considered:**

The Executive Management Committee moderates the Corporate Risk Register and the Board Assurance Framework. The Quality and Clinical Governance Committee, and the Finance and Business Performance Committee review the Corporate Risk Register. The Strategic Workforce Committee considers workforce and Health and Safety related risk.

**Date of Paper:** 22 November 2018

## **RISK PROFILE**

### **1. PURPOSE**

The purpose of this paper is to inform the Board of the top organisational risks and how they are being managed. The range of assurance information reviewed at the Board and its Committees provides an insight into how the various risks are being mitigated and managed throughout the organisation at a greater level of detail.

### **2. BACKGROUND**

The Board Assurance Framework is the key document detailing the strategic risk and how it is managed and this is reviewed four times a year. It sets out the risk and assurance against delivery of the corporate objectives agreed for 2018/19.

The Corporate Risk Register shows risks emerging from clinical divisions and corporate services.

These risks are reviewed throughout the organisation from Service Delivery Unit through to Board Committees and the risk level, controls and actions are reviewed.

### **3. TOP RISKS**

The risk documents were last moderated on the 26 October 2018. The top strategic and operational risks are linked and are as follows:

- Risk around the delivery of the financial plan.

Key actions are in place to promote efficiency and effectiveness; to closely monitor financial delivery at all levels of the organisation; and a framework of controls is in place. The identification of transformation (cost improvement) programmes and the delivery of these schemes is a risk for 18/19.

The limited availability of capital resource is creating risk around medical equipment replacement, maintenance of the environment, and ability to move forward with improvements in information technology.

The Finance and Business Performance Committee monitors the assurance relating to this risk.

- Risk to delivery of organisational objectives if we do not have the right number of staff with the right skills and talent.

To address this risk there is a comprehensive recruitment and retention plan in place to attract new staff and keep existing staff.

Safe staffing is managed on a day to day basis and it is necessary to use temporary staff from bank and agency. Over-reliance on temporary staff has a quality and cost implication for the Trust.

The Strategic Workforce Committee and the Quality and Clinical Governance Committee monitor the assurance relating to this risk.

- Risk to patient experience due to pressures on the urgent care pathway.

The mitigations to this risk and other risks around delivery of NHS Constitution standard are set out in the exception reports for the Integrated Performance Report.

The Quality and Clinical Governance Committee monitors the assurance relating to this risk.

### **4. RECOMMENDATION**

The risks are recommended to the Board for discussion and action as necessary.

**Liz Hollman**

**Director for Governance, 22 November 2018**

## BOARD MEETING IN PUBLIC 28 NOVEMBER 2018

### Details of the Paper

<b>Title</b>	Private Board Summary 26 September 2018
<b>Responsible Director</b>	Trust Chair
<b>Purpose of the paper</b>	<p>The purpose of this report is to provide a summary of matters discussed at the Board in private on the 28 March 2018. The matters considered at this session of the Board were as follows:</p> <ul style="list-style-type: none"> <li>• Serious Incident Report</li> <li>• Excluded Practitioners</li> <li>• Financial Report</li> <li>• Learning re compliance</li> <li>• Fire Curtains</li> <li>• Integrated partnership board memorandum of understanding</li> </ul>
<b>Action / decision required</b>	The Board is asked to note the contents of this report.

### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<b>Regulatory/ Compliance</b>	<i>Public Engagement /Reputation</i>	<i>Equality &amp; Diversity</i>	<b>Partnership Working</b>	<i>Information Technology / Property Services</i>

### ANNUAL OBJECTIVE

*Which Strategic Objective/s does this paper link to?* Relates to all objectives

*Please summarise the potential benefit or value arising from this paper:*

### RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i>
	<i>Financial Risk:</i>

### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Relates to outcome 4, Care and Welfare of Persons using our service
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**Author of paper:** Elisabeth Jones

**Presenter of Paper:** Elizabeth Hollman

**Other committees / groups where this paper / item has been considered:**  
 No other committee

**Date of Paper:** 14 November 2018

Safe & compassionate care,  
 every time

## PUBLIC BOARD MEETING 28 NOVEMBER 2018

### Details of the Paper

<b>Title</b>	Board Attendance Record
<b>Responsible Director</b>	Director for Governance
<b>Purpose of the paper</b>	To keep the Board informed of the attendance of Board members at Board meetings and Board committees.
<b>Action / decision required (e.g., approve, support, endorse)</b>	None

### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<b>Regulatory/ Compliance</b>	<b>Public Engagement /Reputation</b>	<i>Equality &amp; Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

### ANNUAL OBJECTIVE

*Which Strategic Objective/s does this paper link to?*  
 Relates to all objectives

*Please summarise the potential benefit or value arising from this paper:*

### RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i>
	<i>Financial Risk:</i>

### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Well led Domain <i>(if you need advice on completing this box please contact the Director for Governance)</i>
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<b>Author of paper:</b> Elisabeth Jones
<b>Presenter of Paper:</b> Elizabeth Hollman
<b>Other committees / groups where this paper / item has been considered:</b> No other committee
<b>Date of Paper:</b> 14 November 2018

Board Attendance Record: September to November 2018

	Strategic Workforce Committee			Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee		Charitable Funds Committee	Audit Committee	Trust Board
	04 Sep	02 Oct	06 Nov	20 Sep	25 Oct	04 Sep	02 Oct	06 Nov	31 October	20 Sep	25 Oct		13 Sep	26 Sep
Hattie Llewelyn-Davies Trust Chair *	x	✓	✓	x	✓				✓					✓
Neil Macdonald, Chief Executive Officer *	✓	✓	✓	✓	✓	✓			✓					✓
Dipti Amin NED*						✓			✓				x	✓
Rachel Devonshire NED*				x	✓				x	x	✓			✓
James Drury Director of Finance *				✓									✓	✓
Natalie Fox Chief Operating Officer*				✓	✓	✓			✓					✓
Rajiv Jaitly NED *				✓	✓				✓				✓	✓
Graeme Johnston NED * (SID)				✓	x				✓				✓	✓

	Strategic Workforce Committee			Finance and Business Performance Committee		Quality & Clinical Governance Committee			Trust Board Seminars	Commercial Development Committee		Charitable Funds Committee	Audit Committee	Trust Board
	04 Sep	02 Oct	06 Nov	20 Sep	25 Oct	04 Sep	02 Oct	06 Nov	31 October	20 Sep	25 Oct		13 Sep	26 Sep
Tina Kenny Medical Director *			✓	✓		x			✓					✓
Mary Lovegrove NED *	✓	✓	✓			✓			✓					✓
Carolyn Morrice Chief Nurse *	✓	✓	x	x	✓	✓			✓					✓
Bridget O'Kelly Director of Workforce & Organisational Development	✓	✓	✓	✓	✓				✓					✓
Tom Roche Associate NED	✓	✓	✓	x	✓				✓	x	✓		x	✓
David Sines Associate NED	✓	✓	✓			✓			x					✓
David Williams Director of Strategy & Business Development	✓	✓	✓	x	✓				✓	x	✓			✓

NB: greyed out fields indicate committees the individual would not be expected to attend. NED = Non-Executive Director. A \* indicates a voting member of the Board

## Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

## **B**

- BBE - Bare Below Elbow
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index

## **C**

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

## **D**

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPIC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

## **E**

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

## **F**

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

## **G**

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

## **H**

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HETV - Health Education Thames Valley
- HSE - Health and Safety Executive
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

## **I**



# M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

# J

- JAG - Joint Advisory Group

# K

- KPI - Key Performance Indicator

# L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

# M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

# N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director
- NHSE - NHS England
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

# O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner

- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy

## **P**

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PbR - Payment by Results
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

## **Q**

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

## **R**

- RAG - Red Amber Green
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

## **S**

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)

- SSNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

## **T**

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

## **U**

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

## **V**

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

## **W**

- WHO - World Health Organization
- WTE - Whole Time Equivalent

## **Y**

- YTD - Year to Date