

BOARD MEETING IN PUBLIC 28 March 2018

Details of the Paper

Title	Organisational Risk Profile				
Responsible Director	Director for Governance				
Purpose of the paper	To inform the Board of the organisation's top risks and how they are being managed.				
Action / decision required	Confirm top risks.				
IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
Patient Quality	Financial Performance	Operational Performance	Strategy	Workforce performance	New or elevated risk
Legal	Regulatory/ Compliance	Public Engagement /Reputation	Equality & Diversity	Partnership Working	Information Technology / Property Services
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.	<i>Non-Financial Risk:</i> All risks on Board Assurance Framework				
	<i>Financial Risk:</i> 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: Executive Management Committee; Audit Committee; Finance and Business Performance Committee; Quality Committee					
Date of Paper: 21 March 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.

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.

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 top risks emerging from the risk documents 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. There is an associated risk around the demands on the limited capital programme, particularly in relation to medical equipment, information technology and estates. In addition there is recognition of the risk associated with the Cost Improvement Programme the delivery of which is fundamental to achieving the financial plan.
- 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 plan in place to drive and improve staff retention. Safe staffing is achieved through the use of temporary staff.
- Risk to patient experience due to pressures on the urgent care pathway. Further information on this is provided in the operational performance report.

4. RECOMMENDATION

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

Liz Hollman
Director for Governance

Trust Board in Public
28th March 2018

Details of the Paper

Title	Compliance with CQC Regulations and Legislation
Responsible Director	Chief Nurse
Purpose of the paper	To update the Board on the self-review of compliance with CQC regulations and other legislation, to provide high level assurance that there is a process to monitor compliance and to highlight any concerns about compliance.
Action / decision required (e.g., approve, support, endorse)	The Board is asked to consider the assurance provided in this paper and indicate support for actions to address concerns.

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>	Regulatory/ Compliance	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>
ANNUAL OBJECTIVE					
This relates to : Objective: 1. Quality – high quality, safe and compassionate care in patients’ homes, the community or one of our hospitals. Objective: 2.					
<i>Please summarise the potential benefit or value arising from this paper:</i>					
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?	ALL				

Author of paper: Liz Hollman, Director for Governance
Presenter of Paper: Carolyn Morrice, Chief Nurse
Other committees / groups where this paper / item has been considered: Executive Management Committee; Quality Committee
Date of Paper: 21 March 2018

Safe & compassionate care,

every time

Buckinghamshire Healthcare 
NHS Trust

UPDATE ON COMPLIANCE WITH CQC REGULATIONS AND OTHER LEGISLATION

1. PURPOSE

The purpose of this paper is to provide the Board with assurance regarding compliance with Care Quality Commission (CQC) regulation and other legislation.

2. BACKGROUND

Each year the Trust conducts a self-review of compliance, and this underpins the declaration in the Annual Governance Statement. This year the process has been significantly strengthened. Each regulation and piece of legislation has been designated with an executive and a management lead and has undergone granular review leading to completion of a compliance template. The compliance template is shown in Appendix 1.

The majority of the templates have now been completed and signed off by the relevant executive and this amounts to over 180 pages of documented evidence of how we are monitoring compliance and any concerns and actions. This has been reviewed at the Executive Management Committee and considered at the Quality Committee.

3. KEY ISSUES

The list of CQC regulations and other legislation is shown in Appendix 2. High level risks to compliance and relevant actions have been shown. The detail is in the compliance templates. Where there are no significant areas of concern the two columns have been left blank.

The templates that have not yet been signed off by an executive have been reviewed and sign off will take place before the end of March 2018. These have been indicated by a * in the table in Appendix 2.

The process is currently the subject of a two stage internal audit. The first stage of the audit completed in 2017 reviewed whether the Compliance with Legislation policy was fit for purpose. Following this review the policy was strengthened and internal audit confirmed that the policy had been amended in line with their recommendations. Stage 2 of the audit was to review whether the process was being followed in line with the policy and this review commenced in February 2018. It is acknowledged that the process is still in the early stages of implementation but is much strengthened from previous years. It will continue to be refined.

Board members will recognise issues that appear in the Corporate Risk Register and others that have been discussed at Board Committees. Part of the development of this work will be to include an indication of the risk level associated with the issues of compliance which will enable the Board to view the relative significance of these issues.

It should be noted that the templates have been completed at a point in time (Jan/Feb 2018), and therefore the actions reflect the position at the time the template was completed.

4. CONCLUSION

The Trust must have a mechanism in place for monitoring its ongoing compliance with statutory regulations. This paper has provided a high level summary of compliance and set out the intention for strengthening the monitoring process.

5. RECOMMENDATION

The Board is asked to consider the assurance provided in this paper and indicate support for actions to address concerns.

Liz Hollman, Director for Governance, 21 March 2018

Safe & compassionate care,

every time

Appendix 1

Name of Regulation / Legislation	
Name of Executive Lead	
Name of Management Lead	
Date completed / revised	
Summary of key duties within the legislation	
List of evidence used to assure compliance	
Where is this monitored?	
Identified risks to compliance	
Actions to address risk	
Date of executive sign off	

Appendix 2

MONITORING COMPLIANCE WITH LEGISLATION

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
MEDICAL DIRECTOR			
Need for Consent (CQC Reg 11)	Head of Medical Business and Professional Support		
Duty of Candour (shared with Chief Nurse) (CQC Reg 20)	Head of Medical Business and Professional Support & Head of Patient Safety & Clinical Effectiveness		
The Abortion Act 1967	Divisional Chief Nurse - Women and Children and Sexual Health		
Dentists Act 1984	Head of Medical Business and Professional Support		
Health Professional Council - legal framework	Head of Medical Business and Professional Support		
The Human Tissue Authority codes of practice	Head of Medical Business and Professional Support	Update to some documents. Equipment maintenance	Documents being updated. Equipment maintenance programme.
Medical Act 1983	Head of Medical Business and Professional Support	Registration and Revalidation Group meetings had not been taking place quarterly.	The RRG last met in November 2017 and agreed to set up the required number of meetings in the coming year.

Agenda item: 23

Enclosure no: TB2018/43

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
The Medical Devices Regulations 2002	Chief Radiographer		
The Medical Devices (Amendment) Regulations 2012	Chief Radiographer		
<p>Medicines Act 1968</p> <p>The Controlled Drugs (Supervision of Management and use) Regulations 2013</p> <p>The Human Medicines Regulations 2012</p> <p>Misuse of Drugs Act 1971</p> <p>The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007</p> <p>The Pharmacy Order 2010</p>	Chief Pharmacist	Safe staffing levels in pharmacy. Current vacancy rate is 4% with locum mitigation.	Prioritisation of work and creating a progression programme for pharmacists.
Blood Safety and Quality Regulations 2005 (as amended)	Divisional Director, specialist Services	Winpath upgrade required to accommodate Blood Transfusions' manually amended results	Upgrade imminent. The suppliers have been asked to provide a timeline as soon as possible.
CHIEF NURSE			
Person-centred care (CQC Reg 9)	Divisional Chief Nurses Divisional Chairs		
Dignity and respect (CQC Reg 10)	Divisional Chief Nurses Divisional Chairs	<p>Winter pressures / bed capacity.</p> <p>Out of date policy.</p>	<p>Winter planning guidance under review.</p> <p>Policy under review.</p>

Agenda item: 23

Enclosure no: TB2018/43

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
Safe Care and treatment (CQC Reg 12)	Divisional Chief Nurses Divisional Chairs	Out of date policies. Dependence on temporary staff.	Policies under review. Induction processes for temporary staff in place.
Safeguarding service users from abuse and improper treatment (CQC Reg 13)	Director for Safeguarding Adult & Children		
Meeting nutritional and hydration needs (CQC Reg 14)	Chief Dietician		
Receiving and acting on complaints (CQC Reg 16)	Associate Chief Nurse, Corporate	Datix system out-of-date. Dependence on temporary staff.	Datix regularly backed up and all files duplicated in hard copy and retained for 10 years. Induction processes for temporary staff established.
Autism Act 2009	Deputy Chief Nurse		
Children's Act 1989 Children's Act 2004 Children and Young Persons Act 1933	Director for Safeguarding Adult & Children		
Health and Social Work Professions Order 2001	Deputy Chief Nurse		
The Local Authority Social Services and National Health Service complaints (England) regulations 2009	Patient Experience Manager		

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
Mental Capacity Act 2005	Director for Safeguarding Adult & Children		
Mental Capacity Act Code of Practice	Director for Safeguarding Adult & Children		
Mental Health Act 1983 / 1987 / 2007	Director for Safeguarding Adult & Children	<p>Policy interim because arrangements not yet in place to manage tribunals for those patients who may wish to appeal against their detention under the Act. Discussions yet to take place with key personnel at OHFT regarding their support for this.</p> <p>Staff awareness and training.</p> <p>No designated meeting where this is reviewed.</p>	<p>SLA to be established between OHFT and BHT</p> <p>Training to be arranged through Oxford Health.</p> <p>Agree which meeting has oversight.</p>
Code of Practice (Mental Health Act 1983)	Director for Safeguarding Adult & Children		
National Health Service (Quality Accounts) Regulations 2010	Deputy Chief Nurse		
Nursing and Midwifery Council (NMC) Legislation	Deputy Chief Nurse		
Nursing and Midwifery Order 2001	Deputy Chief Nurse		
DIRECTOR OF COMMUNICATIONS			
Requirement to display performance assessments (CQC Reg 20A)	Head of Communications		

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
Freedom of Information Act 2000	Head of Communications		
Local government and public involvement in health Act 2007	Head of Engagement and Involvement		
CHIEF OPERATING OFFICER			
Blood Safety and Quality Regulations 2005 (as amended)	Divisional Director, specialist Services		
Civil Contingencies Act 2004	Emergency Planning Officer	Staff ability to attend relevant training and knowledge of plans and action cards	All project groups have action logs to ensure key issues are addressed and monitored.
The Human Tissue Act 2004	Divisional Director – Specialist Services		
DIRECTOR OF FINANCE			
Premises and equipment* (CQC Reg 15)	Director of Property Services. Deputy Director Infection Prevention and Control	This regulation has been reviewed but further assurance work is required before executive sign off.	
Access to Medical Reports Act 1988 Access to Health Records Act 1990	Head of Medical Records		
Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004*	Director of Property Services		
Charities Act 2016	Head of Financial Control		
Computer Misuse Act (1990)	Associate Director IT	Departments do not always notify HR/IT when staff move or leave	Enforce movers / leavers policy.
Control of Substances hazardous to Health regulations 2002	Director of Property Services	Monitoring needs to be more comprehensive.	Health and Safety Manager recently appointed to increase capacity for monitoring.

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
			Occupational health doctor to review health surveillance arrangements
Control of Asbestos Regulations 2012	Director of Property Services	Training is overdue. Access to some documentation. Re-inspection surveys last completed in Jan-Mar 2016	Head of Engineering preparing action plan.
Copyright Designs and Patents Act (1988)	Assistant Director for Governance	Licences are required for music and other audio/visual material.	Data has been collected to enable the licence applications.
Crime and Disorder Act 1998	Director of Property Services	Financial funding for infrastructure improvements Lack of security officers at Wycombe and Amersham hospitals	Capital programme for infrastructure improvements. EMC to review plan around security presence at WH and AH and make a decision.
Criminal Finance Act 2016	Head of Financial Control		
Criminal Justice and Immigration Act 2008 s119 s120 s121(1)	Director of Property Services		
Data Protection Act 1998	Information Governance Manager		
The Electricity at Work regulations	Director of Property Services		
Electronic Communications Act (2000)	Associate Director of Information Services		
Environmental Information Regulations (EIR) 2004	Director of Property Services		
Food Safety Act 1980 and The Food Safety and Hygiene (England)	Director of Property Services	Stronger more formal oversight and contract monitoring is required.	Property Services Director is proposing a new structure to

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
Regulations 2013			monitor the PFI contracts including catering.
The Gas Safety (Installation and Use) regulations 1998	Director of Property Services		
General Data Protection Regulations from May 2018	Information Governance Manager		
The Hazardous Waste (England and Wales) Regulations 2005	Director of Property Services	Policy required review and ratifying. Need review of frequency of waste audits.	Action plan in development – head of engineering.
Health and Safety at Work etc. Act 1974	Director of Property Services		
Malicious Communications Act (1998)	Associate Director IT		
Management of Health and Safety at Work Regulations 1992	Director of Property Services	Limited resource in the oversight of health and safety.	New Health and Safety Manager appointed and Health and Safety re-structure.
National Health Service Act 2006 Part 2 Health Service Bodies; Part 10 Protection from Fraud and other unlawful activities; Part 11 Property and Finance; Part 9 Charging; Schedule 4 NHS Trusts established under section 25; Schedule 5 financial provision about NHS Trusts established under section 25; Schedule 15 Accounts and Audit;	Head of Financial Control		
The National Health Service (Charges to	Director of Strategy	Complexity of capturing non-entitled	Trust policy will be revised once

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
Overseas Visitors)		patients at the 'front door' and bill them there and then. An added complication is the risk of delaying care for entitled patients.	the updated DHSC regs are published.
NHS Standard Contract 2017-19	Head of Contracts		
PHIN	Head of Contracts		
Regulation of Investigatory Powers Act (2000)	Head of Financial Control		
The Regulatory Reform (Fire Safety) Order 2005	Director of Property Services	Fire compartmentation can be improved in some areas.	5 year plan in place for improvement.
RIDDOR	Director of Property Services		
The Workplace (Health, Safety and Welfare) Regulations 1992	Director of Property Services		
The Ionising Radiations Regulations 1999	Div Director Specialist Services	Some documentation requires review / update	Action plan to review / update documentation
The Ionising Radiation (Medical Exposure) Regulations 2000 and 2017	Div Director Specialist Services	For IR(ME)R 17: IR(ME)R procedures need to be transposed IR(ME)R lead needs to write the three additional procedures IR(ME)R lead needs to review the registers Licence needs to be put in place by radiology	For IR(ME)R 17: RPA reviewing the procedures IR(ME)R advised to write the three additional procedures ASAP IR(ME)R lead advised to review the registers Radiology advised about the licensing requirement
DIRECTOR FOR GOVERNANCE			
Good Governance (CQC 17)	Assistant Director for Governance	More assurance needed around NICE process	NICE policy has been recently approved and is being implemented.

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
		<p>Lone working process needs to be confirmed.</p> <p>Work to be done to prepare for GDPR in May 2018.</p>	<p>Lone working policy and process due to be signed off by March 2018.</p> <p>GDPR actions being closely monitored.</p>
Companies Act 2006	Director for Governance		
DIRECTOR OF OD AND WT			
Fit & proper person requirement for Directors (CQC 5)	Assistant Director HR		
Staffing (CQC 18)	Assistant Directors HR	Dependence on temporary staff. Vacancy rate.	Comprehensive recruitment and retention plans. Safe staffing monitored on a daily basis.
Fit and proper persons employed (CQC 19)	Assistant Director HR		
Accessible Information Standard	Assistant Chief Nurse- Patient Experience	Outpatients has not managed to identify way of passing alert info to consultants as they don't have digital access to alerts. Issues of compliance with the Trust web-site. Application for	Workshop in Feb 18 to explore solutions in outpatients. Comms and Engagement action plan to invest in AIS compliant digital platform.

Agenda item: 23

Enclosure no: TB2018/43

Description	Management Lead	Brief description of risk to compliance	Brief outline of any action
		Browesaloud to charitable funds unsuccessful.	
Employment Rights Act 1996	Assistant Director HR		
Equality Act 2010	Assistant Director HR		
Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002,	Assistant Director HR		
The Health and Safety (First-Aid) Regulations 1981	Assistant Director HR		
Human Rights Act	Assistant Director HR		
Part - time Working Regulations 2000	Assistant Director HR		
Protection from Harassment Act (1997)	Assistant Director HR		
Protection of Freedoms Act 2012 - links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012	Assistant Director HR		
Public Interest Disclosure Act 1998	Freedom to Speak Up Guardian		
Temporary and Agency Workers (Equal Treatment) Bill 2008	Assistant Director HR		
The Manual Handling Operations Regulations 1992	Assistant Director HR		
Safeguarding Vulnerable Groups Act 2006*	Assistant Director HR		

BOARD COMMITTEE SUMMARY REPORT FOR AUDIT COMMITTEE

Name of Committee	Audit Committee
Committee Chair	Mr Graeme Johnston
Meeting date:	8 March 2018
Was the meeting quorate?	Yes
Any specific conflicts of interest?	None
Any apologies	Mr Paul Grady
KEY AREAS OF DISCUSSION:	
<p>The Committee considered the following:</p> <ul style="list-style-type: none">• Insurance around potential catastrophic loss of drugs due to fridge failure• Audit Committee Self-Review 17/18• Board Assurance Framework• Corporate Risk Register• External Audit Plan• Internal Audit progress report, recommendations follow up, draft Head of Internal Audit Opinion, Internal Audit Plan 18/19• Local Counter Fraud Specialist (LCFS) – Fraud Risk Assessment• Summaries of Finance and Business Performance Committee, Quality Committee, and Strategic Workforce Committee• Planning for financial close 2017/18• Single Tender Waivers• Losses and Special Payments Schedule	
MATTERS TO BE ESCALATED TO BOARD:	
<p>The Committee was concerned about the risk associated with the challenging capital budget and wanted to escalate this to Board for further discussion.</p> <p>The Committee is seeking to strengthen the assurance it receives about clinical audit, both in terms of receiving the Clinical Audit Annual Plan, and in receiving assurance from Quality Committee about the oversight of the clinical audit programme through the year.</p>	
ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:	
Board Assurance Framework has received a Substantial Assurance rating from Internal Audit.	
AUTHOR OF PAPER:	Liz Hollman, Director for Governance