

BOARD OF DIRECTORS MEETING

Agenda Item	P1/225/17	Date: 1st November 2017						
Subject /title	Risk Escalation Framework							
Author	Helen Porter, Director of Nursing and Quality							
Responsible Director	Helen Porter, Director of Nursing and Quality							
Executive summary and key issues for discussion								
<p>Following the review of Board Governance a revised risk escalation framework has been developed to meet the needs to the increasing size and complexity of the Trust.</p> <p>The framework will see the establishment of a new corporate risk register owned by the executive team. Risks will be escalated to the Trust Board and its committees via the Board Assurance Framework.</p> <p>The revised escalation framework will wit in the update Risk Management Strategy.</p> <p>The escalation framework will be launched to senior managers early November.</p>								
Strategic context and background papers (if relevant)								
Board governance review								
Recommended Resolution								
That the Trust Board notes the revised risk escalation framework.								
Risk and assurance								
Provides assurance on the management and escalation of risk.								
Link to CQC Regulations								
Regulation 17: Good Governance								
Resource Implications								
None								
Key communication points (internal and external)								
The escalation framework will be launched to senior managers and communicated to staff in early November.								
Freedom of Information Status								
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;"><input checked="" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>		<input checked="" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under FOI
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Equality & Diversity impact assessment		
Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		x
If YES to one or more of the above please add further detail and identify if full impact assessment is required.		
Next steps		
Appendices		

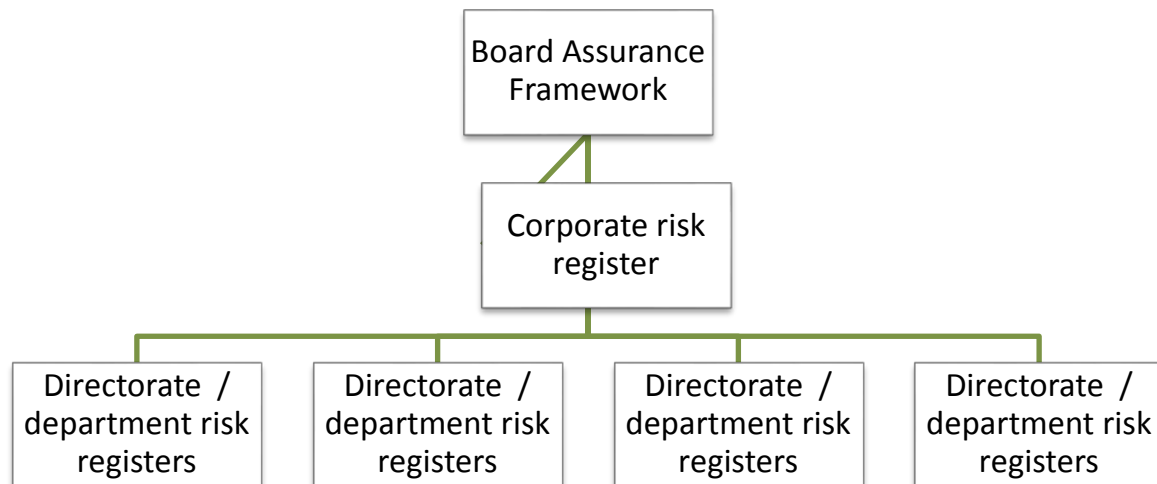
Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	x

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> Involved and represented Able to raise grievances Able to make suggestions Able to raise concerns and complaints 	x
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	x
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

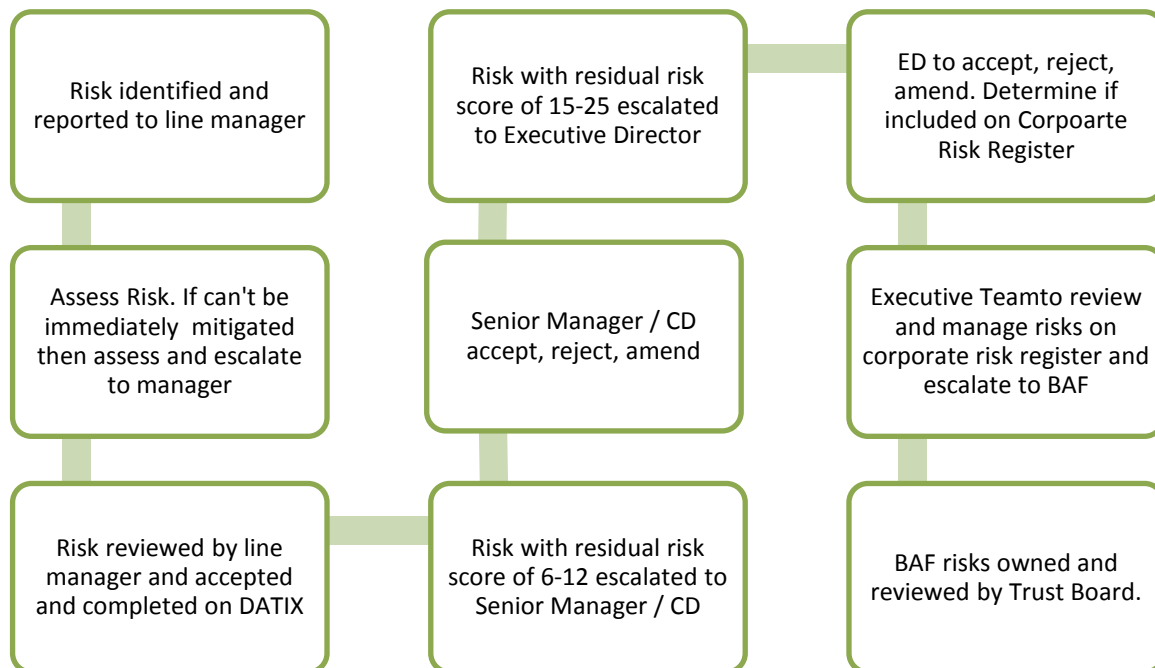
Risk Escalation



Risk escalation process:

Risk score	Responsibility	Risk register
Risk rated low (1-8)	Responsibility of the risk owner (manager, head of department)	Directorate / dept risk register
Risk rated medium (9-12)	Responsibility of the risk owner (head of department / GM / Clinical Director)	Directorate / dept risk register
Risk rated medium (9-12) that require multi-department approach to manage the risk. Risk rated high (15-25)	Responsibility of the risk owner (Executive Director). Escalated to Executive Team .	Corporate risk register
Risks identified as strategic risks to the Trust and escalated by the executive to the Trust Board	Trust Board	Board assurance framework

Population of the risk register:



Responsibilities:

Risk level	Responsibility
High (15-25)	Reviewed by relevant Executive Director Reported to Trust Management Group monthly (corporate risk register) Executive director has authority to accept, reject, amend Executive Team determines inclusion in BAF if determined as a strategic risk
Moderate (6-12)	Reviewed by Senior Manager / Clinical Director Reviewed by departmental governance groups Senior Manager / CD has authority to accept, reject, amend
Low (<6)	Reviewed by local manager. Local manager has authority to accept, reject, amend

The Executive Team has the following responsibilities:

- Management of risks on the Corporate Risk Register
- Escalation of strategic risks to the BAF
- Undertake a monthly review of the Corporate Risk Register.

- Use the Corporate Risk Register to drive the meeting agenda.

Corporate risk register:

For a risk to be included in the corporate risk register it must meet the following criteria:

- Risk has the potential to affect the achievement of one or more corporate objectives
- The risk cannot be managed by the executive director in isolation
- It requires further controls to manage the risk which require considerable input to resolve the risk (finance, people, time).

Departments:

Risk register to be reviewed at departmental governance meetings.

Risk Level	Period of review
Local / departmental / directorate (<8)	At least 6 monthly
Local / departmental / directorate (>8)	At least quarterly
Corporate risks (15-25)	At least monthly
BAF risks	Quarterly

Risk Escalation Pyramid

