

Meeting Title	Board of Directors		
Date	09.05.19	Agenda item	Bo.5.19.9

Report from the Integrated Governance and Risk Committee: The Strategic Risk Register

Presented by	John Holden, Acting Chief Executive		
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Purpose of the paper	This paper provides an overview of the work of and outcomes from the Integrated Governance and Risk Committee in March and April 2019		
Key control	Strategic risk management and principal risk framework		
Action required	To note		
Previously discussed at/ informed by	Integrated Governance and Risk Committee (20 th March and 17 th April 2019)		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

The Integrated Governance and Risk Committee provides a governance infrastructure for review and challenge associated with the management of and mitigation of risks being managed within the Strategic Risk register. This report provides, by exception, risks on the strategic risk register which were subject to active consideration and decision making, with the rationale for that consideration and the outcome of the decision making at the Committee meetings (See Appendix 1). In addition the significant risk profile (Appendix 2) provides Directors with details on all identified significant risk exposures (risks being managed on the strategic risk register with a current risk score of 12 or over) throughout the Trust. Appendix 3 provides the agenda for the meetings held.

At its April meeting the Committee received a number of key Corporate Governance reports, the Annual Governance Statement, the Provider Licence Certification and the compliance with the Foundation Trust Code of Governance. All of which it, after deliberation confirmed and approved.

The Committee also received and approved the Trust's revised Risk Management Strategy and Risk Escalation Framework which are provided to the Board of Directors for approval at this meeting.

The Quality Committee had requested assurance that risks ID 3211 and 3240 were considered in relation to both quality and performance by the Committee. In relation to ID 3211 (Cancer standards) the Committee were informed that the Trust is predicting compliance with 2WW standards for February and that the 62 week backlog is reducing. It was confirmed that, to date, there had been no evidence of harm to patients due to long waits. In relation to ID 3240 (Non RTT process failures), the Committee were assured that the Trust is aiming to be at 92% performance within the next 6 months and that the effectiveness of mitigation was continuously being reviewed through the performance management infrastructure.

Analysis

All strategic risks are subject to a monthly review and have been reviewed by the Integrated Governance and Risk Committee in line with its terms of reference on two occasions since the last meeting of the Board. The Trust has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on requirements within the NHS Improvement Accountability Framework, CQC registration or the achievement of Trust policies, aims and objectives should the mitigation plans be ineffective. Currently, the significant risks relate to the following principal risks:

No	Principal risk	Significant risks being mitigated
1	Failure to maintain the quality of patient services	▪

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2	Failure to recruit and retain an effective workforce	▪
3	Failure to maintain operational performance	▪
4	Failure to maintain financial stability	▪
5	Failure to deliver the required transformation of services,	▪
6	Failure to achieve sustainable contracts with commissioners	▪
7	Failure to deliver the benefits of strategic partnerships	▪
8	Failure to maintain a safe environment for staff, patients and visitors	▪
9	Failure to meet regulatory expectations and comply with laws, regulations and standards	▪
10	Failure to continually learn and improve the quality of care for our patients	

Appendix 1 Summary of the work of the Integrated Governance and Risk Committee

Appendix 2 Strategic risk register-significant risks (open strategic risks >12 by principal risk)

Appendix 3 Agenda of meetings

Recommendation

The Board is asked to decide if the contents of this paper provide assurance that the work of the Integrated Governance and Risk Committee provides Executive oversight of and assurance associated with the strategic risks being mitigated and managed by the organisation.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			G			
To deliver our financial plan and key performance targets			G			
To be in the top 20% of NHS employers			G			
To be a continually learning organisation				G		
To collaborate effectively with local and regional partners					G	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	The Board Assurance Framework provides the alignment of corporate risks by principal risk and contextualises it in relation to controls in place to for each strategic objective					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance

NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual

Care Quality Commission Domain: Safe, caring, effective, responsive, well led

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Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
▪	▪	▪	▪	▪	