

Meeting Title	Board of Directors		
Date	11.07.19	Agenda item	Bo.7.19.9

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

Presented by	John Holden, Acting Chief Executive		
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Lead Director	John Holden, Acting Chief Executive		
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 (22 nd May and 19 th June 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.

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	▪
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	

I.5.19.7 Limited Assurance Internal Audit Report – Dangerous Goods COSHH

The limited assurance report was received by the Committee and the action plan was noted. The Committee discussed the potential of the findings of this audit to other areas of health and safety/day to day management of compliance issues. The Committee agreed the action plan as described would effectively address the recommendations made in the report.

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The Committee reviewed the following Limited Assurance Internal Audit Reports; National Standards for Cancer Patients, Asset management, and the Control of Substances Hazardous for Health and noted the actions being taken to mitigate or remedy the deficits in controls identified.

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: <i>Safe, caring, effective, responsive, well led</i>
Care Quality Commission Fundamental Standard:
Other (please state):

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