United Lincolnshire Hospitals
NHS Trust

To:	**Trust Board**
From:	Kevin Turner, Deputy Chief Executive
Date:	December 2017

Title:	**Integrated Strategic Risk Register and Board Assurance Framework Report**

Responsible Director: Kevin Turner, Deputy Chief Executive

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Purpose of the Report:
The purpose of this report is to provide the Trust Board with an update on the:

- Integrated Strategic Risk Register and Board Assurance Framework during November 2017.

The Report is provided to the Board for:

Decision		Discussion	✓
Assurance	✓	Information	✓

Summary/Key Points:
To provide the Trust Board with an:

- Update on the progress of strengthening risk management, reporting and assurance for the Trust.
- Update report on the current Integrated Strategic Risk Register and Board Assurance Framework.

Recommendations:

- That the Trust Board notes the progress of strengthening risk management processes, accountability and assurance framework.
- That the Trust Board notes the position of the Integrated Strategic Risk Register and Board Assurance Framework.

Strategic Risk Register	**Performance KPIs year to date**
The Strategic Risk Register has been Integrated with the Board Assurance Framework, and is presented to each of the Committees to provide assurance that the risks are being managed against the strategic aims and objectives of the organisation.	The Strategic Risk Register will identify the key risks to delivering the Two Year Integrated Operational Plan and the 2021 Strategy for the Trust.

Resource Implications (e.g. Financial, HR)
The Strategic Risk Management Group is coordinating the delivery of a Risk Management Improvement Plan, which includes a critical path of delivery to ensure effective structures are in place to enable service areas demonstrate the leadership, management, accountability and reporting on

escalating and reporting on risks.
Assurance Implications
Risk management is the recognition and effective management of all threats and opportunities that may have an impact on ULHT's reputation, its ability to deliver its statutory responsibilities and the achievement of its vision, aims, objectives and values. This report forms part of the assurance framework for the Trust outlined in the Risk Management Strategy, Policy and supporting Procedures.
Patient and Public Involvement (PPI) Implications
The risk management process covers all Clinical and Executive Directors who will have risk registers that will feed up through the appropriate risk registers, Operational, Corporate Risk Register and the Strategic Risk Register. Risk management should minimise the potential for harm to service users/patients, staff and visitors to as low as is reasonably practicable, thereby providing a safe environment in which patients can be cared for, staff can work and the public can visit.
Equality Impact
There is work being undertaken to develop an Equality Analysis for the 2021 Strategy and supporting Programme, this will support the Strategic Risk Register. **Appendix A** provides an Equality Assessment for Risk Management.
Information exempt from Disclosure – Yes
Requirement for further review? Yes

1.   Purpose of the Report

1.1   This report is presented to the Trust Board to review the Integrated Strategic Risk Register and Board Assurance Framework following the review of the risks from the November 2017 Committee meetings.

1.2   The risks are shaped around the Trust's strategic objectives to provide assurance of the ongoing mitigation and management of risks by the Trust's Executive Team and the assurance through the Committees of the Trust Board.

2.   Recommendations

2.1   That the Trust Board notes the position of the Integrated Strategic Risk Register and Board Assurance Framework.

2   Reasons for Recommendations

NHS Contract

3.1   There is a requirement to provide a quarterly assurance report to the CCGs on the delivery of the Service Development Improvement Plan requirements of the 2017-19 NHS Contract between ULHT and Lincolnshire CCGs under the following conditions:

- Service Condition - SC33: Incidents That Require Reporting (Schedule 6) Serious Incidents, Never Events and Adverse Incidents that occur within the Trust.
- Duty of Candour – (Contained within the National Quality Requirements).
- Risk Register - Reference number LQR 23 in the 2017 – 19 Quality Schedule.

Risk Management Improvement Programme

3.2   There has been ongoing work to strengthen the governance and assurance on reporting and updating on risks, which has integrated the work of the Strategic Risk Management Group, with the Quality Performance and Improvement Committee

(QPIC), which seeks assurance from Clinical Directorates across the Trust on the management, monitoring and reporting of quality and risk.

Strategic Risk Register

3.3   The Trust Board has agreed an Integrated Strategic Risk Register and Board Assurance Framework which outlines the risks against the delivery of the strategic aims and objectives. This enables the Trust to manage uncertainties and maximise the likelihood that we achieve our vision through the delivery of the strategic objectives.

3.4   The Strategic Risk Register is reported to each of the Trust's Committees to review their strategic risks and ensure that they have assurance that mitigation action is in place, together with escalating any risk issues to the Trust Board if assurance is not provided.

Corporate Risk Register

3.5   There has been continuing work to cleanse the current Corporate Risk Register and the Operational Risk Register as part of the priority improvements, this is reported through to each of the Trust's Committees to update and provide assurance that the Corporate Risk Register is being managed, monitored and reporting on the progress of mitigation actions.

4	Summary of Key Points

4.1   As part of the 2017/19 NHS Contract between ULHT and Lincolnshire CCGs, there is an agreement that elements of the Service Development Improvement Plan (SDIP) will be subject to quarterly reporting to the CCGs to demonstrate improvements to risk management at LQR 23. The following **Table 1** provides the requirements for the Trust to meet.

Table 1: Service Development Improvement Plan ULHT and Lincolnshire CCGs

3) Risk Register, Reference number LQR 23 in the 2017 – 19 Quality Schedule **Reason for Inclusion** The effective management of risk is crucial in delivering safe healthcare to the population of Lincolnshire Performance to Date 2015 –16 Q1 = Green Q2 = Green Q3 = Green Q4 = Green 2016 – 17, Q1 = Red, Q2 = Red,	A detailed programme plan shall be submitted by the trust no later than the end of Q1 2017 (30.06.17), detailing the following: - Gantt chart & supporting narrative - Activity for Q2, 3 & 4 detailing how this Local Quality Indicator shall be fully achieved by the end of Q4 (31.03.18) - The above plan shall be refreshed & re-issued to the CCG at the end of each quarter The CCG shall use the evidence from the Service Condition reporting to determine the level of assurance

The progress to date for Q1 and Q2 for 2017/18 is Green.

Risk Management Improvement Plan

4.2   The Strategic Risk Management Group has had oversight of the delivery of the Risk Improvement Plan actions against ten themes. This Group had been monitoring and reporting on the updates on the Strategic, Corporate and Operational Risks. These

tasks for seeking assurance on the Corporate and Operational Risks have now been taken on by the QPIC, where there has been ongoing assurance being sought from Clinical Directorates across the whole spectrum of Clinical Governance including risk. This governance structure has been set up in advance of the implementation of the new Integrated Clinical Governance arrangements for the Trust, which avoids duplication of effort and maximises the use of time through integrating risk assurance with clinical governance through QPIC.

4.3   As part of the risk improvements there is an Incident Management Improvement Plan, together with a Duty of Candour Improvement Plan which are being managed and monitored with reports on progress going through to the Quality Safety Improvement Board.

Integrated Strategic Risk Register

4.4   The refreshed Integrated Strategic Risk Register and Board Assurance Framework is reviewed each month as part of the assurance of each of the Trust's Committees which:

- Have restructured agendas around risk management aligned to the strategic objectives and seeking assurance against the strategic risks.
- Provide a detailed review of each strategic risk, seeking assurance on the effectiveness of mitigation plans, controls and updates and evidence.
- Each of the Trust's Committees will have an upward report to show escalation and overall assurance of their risks.

4.5   Currently each strategic risk is assigned to an Executive Lead who has responsibility for the management of the controls, the implementation of new controls where necessary and the monitoring of the mitigation plans and actions. These updates are provided as part of the overall reporting of the Integrated Strategic Risk Register and Board Assurance Framework, which is attached as **Appendix B**.

4.6   The Integrated Strategic Risk Register and Board Assurance Framework is presented to the relevant Trust Committees who are being supported with "deep dive" reviews of the strategic risks.

Corporate and Operational Risks

4.7   There has been extensive work conducted with each of the Clinical Directorates and Non Clinical areas to validate each risk on the risk registers, this has included:

- Working with risk owners and managers to validate information and evidence of their risks on the risk registers.
- Providing one to one training and support to refresh risk registers.
- Identifying and aligning risks in the Corporate and Operational Risk Registers to the strategic risks.

Benefits being realised

4.8   There is continuous progress being made to improve risk management, with emphasis being place on working with the Risk owners and their relevant Directorates to ensure clarity of the risks and identify key actions and mitigations which can be demonstrated as being delivered through their local governance arrangements.

Lessons Learned

4.9   The improvement planning is identifying key themes of improvement for:

- Improved patient safety through improved risk management and incident management.
- Clearer lines of accountability for Clinical Directorates and Corporate Directorates, aligned to quality assurance and review processes.
- Improved compliance in-line with statutory requirements, standards, policy and procedures.
- Clearer outline of roles, responsibilities and accountabilities.
- Supporting rolling programme of training and awareness of risk management.
- Promotion of the benefits of risk management and feedback to operational areas for the improvements to the Trust for recording, monitoring and management of risks to improve safety.
- Improved information and feedback will improve the culture of safety.
- Refreshing of the Datix system which will improve information, reporting and feedback to users.