



South Eastern Health
and Social Care Trust

Annual Report on Risk Management As at 31 March~~31 March~~ 20~~20~~19

Policy Profile	
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Annual Report on Risk Management as at ~~31 March~~ 31 March 202019

1.0 Introduction

This is a report on the Trust's Risk Management System from the 1 April 20198 to 31 March 202019. It is based on the criteria within the former Risk Management Controls Assurance Standard issued by the Department of Health which required *"an annual report is produced for the Board to demonstrate the risk management system's continuing suitability and effectiveness in satisfying the organisation's risk management policy and strategy"*. However, the standard is now outdated and the Department ceased to pay a licence fee for it with effect from 30 June 2018.

It is customary for the Trust to complete an annual report on Risk Management each year and as part the Trust's assurance arrangements it has been agreed to continue this report however the format of the report will change over time.

2.0 Background – Cessation of the Control Assurance Programme and the AS/NZ Risk Management Standard

2.1 Controls Assurance

On 8 August 2017, the Department wrote to all ALB Chief Executives advising that it had been considering the future of the Controls Assurance Standards (CAS) process. ~~Since the introduction of the standards in 2002, the landscape of the Department and its ALBs has changed considerably and it became apparent that the CAS process was no longer fit for purpose.~~ The Department advised that it no longer retained the expertise for some of the more specialist standards and, indeed, had been reliant on the ALBs for assistance in keeping the standards up to date. For this reason, the ALBs themselves are often best placed to determine what assurance arrangements are required for the areas covered by the CAS.

~~Feedback from policy leads in the Department, and their engagements with their ALB counterparts, indicated that the standards can be duplicative, subjective and place a disproportionate burden on some of the smaller ALBs.~~ For many of the standards a more appropriate assurance mechanism already exists or could readily be put in place.

For these reasons the Controls Assurance Standards ceased with effect from 1 April 2018. Departmental Policy Leads worked with their colleagues in ALBs as appropriate to ensure that suitable alternative proportionate assurance arrangements were put in place ~~from~~ 1 April 2018. The Mid-Year Accountability process provides an opportunity for an update on engagement with policy leads and to highlight any issues.

2.2 Risk Management

On 1 June 2018, Mr Pengelly, Permanent Secretary and HSC Chief Executive wrote to all ALB Chief Executives about Risk Management. His letter advised that the AS/NZ risk management standard previously used by the Department and its ALBs had not been updated since 2009 and had been superseded by an ISO standard (ISO 31000:2018). From 30 June 2018 the Department ceased to pay a

licence fee for the outdated AS/NZ standard. From 1 July 2018 all new material on risk management must not contain references to the AS/NZ standard or the Department will be in breach of copyright. References may be retained in historical documents.

~~During the summer of 2018, a working group comprising Assistant Directors and Senior Managers working in the field of Risk Management & Governance from all Health and Social Care Trusts, the Health and Social Care Board, the Public Health Agency and the Business Services Organisation, developed As a replacement a Health & Social Care Regional Model for Risk Management was agreed (including a Regional Risk Matrix) following the expiration of the license for the AS/NZ Risk Management standard. The model is based on the principles of the ISO 31000:2018 standard¹ which largely has the same broad principles, framework and processes which the former AS/NZ standard used and is currently used for managing risk by all organisations that have subscribed to this paper.~~

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~~It should be noted that All organisations agreeddecided to follow adopt the 'spirit' the principles of ISO 31000:2018 i.e. they will follow the principles of the standard but will not be seeking accreditation. The paper was submitted in its final form to the Chief Executives' Forum for approval on 17 September 2018 and then subsequently adopted within all of the afore-mentioned organisations.~~

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3.0 Governance arrangements within the South Eastern H&SC Trust

During ~~2019/208/19~~, the Trust continued to embed the governance arrangements as approved by the Trust Board at its meeting on 24 March 2010 (and subsequent amendments thereafter). The basis for governance within the Trust is an integrated governance model, linking financial governance, risk management (including organisational controls), and clinical and social care governance. An overarching Governance Assurance Committee supported by two main sub committees – Corporate Control & Safety, Quality Improvement & Innovation Committee operated throughout the year and this is illustrated in the extant structures, dated April 2016; updated ~~November 2019~~~~October 2018~~ and are included at Appendix 1.

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~~In October 2018, the Trust reviewed and updated its Governance Infrastructure – a new Fire Safety & Electrical Sub Committee was established. In January 2019, the new terms of reference for the former Medical Devices & Equipment Sub Committee were approved following the appointment of a Medical Devices Manager.~~

4.0 Risk Management & Governance Directorate – Update

The Risk Management & Governance Directorate is managed by the Assistant Director, Risk Management & Governance and is part of the wider Human Resources & Corporate Affairs Directorate. The work of the Directorate continued to be supported by Dr Ann Hamilton, Clinical Risk Director and Mr Brendan Mullen, Associate Risk Director.

During the year, the Directorate continued to carry out a significant amount of corporate work and its main activity was to support the operational Directorates,

¹ BSI ISO 31000: 2018: Risk Management Guidelines

continued embedding of Risk Management within the organisation, and further implementation of the Governance and Risk Management infrastructure.

5.0 Risk Management Strategy

The Trust developed its fourth Risk Management Strategy 2018 – 2022 which was subsequently approved by the Trust Board at its meeting on 11 February 2019. The document sets out the strategic direction for the management of all types of risk – clinical, non-clinical and organisational, for the period 2018 – 2022.

The strategy provides a framework for the continued development of risk management systems and processes building on already established risk management and governance structures in the former legacy organisations. It forms part of a series of strategies and systems for improving and strengthening practices and governance arrangements so that safe and high quality health and social care are provided to all that need them. The strategy is updated on an annual basis each year.

6.0 Activities of the Corporate Control Committee and its sub committees – 2019/208/19

The Trust's Corporate Control Committee was formally established in April 2011 and meets on a quarterly basis. During 2019/208/19, the committee met on ~~three~~four occasions. The meeting in January 2020 was cancelled due to widespread industrial action affecting the HSC organisations. in line with its terms of reference. It is chaired by the Chief Executive supported by the Director of Human Resources & Corporate Affairs (Lead Director for Governance) as Vice Chairman.

The role of the Committee is to be the overarching strategic committee responsible to the Governance Assurance Committee on all matters pertaining to integrated governance issues ie, Financial Governance, Corporate Governance (including Risk Management and Organisational Controls). Clinical and Social Care Governance remains within the responsibility of the Safety and Quality Committee. It supports the governance and risk management accountability arrangements within the organisation and ensures that all significant risks are properly considered and communicated to the Governance Assurance Committee and/or the Trust Board, as appropriate.

The Committee's responsibility also includes the organisation-wide co-ordination and prioritisation of risk management issues and overseeing the work of any specialist risk management groups. The committee's terms of reference are included at Appendix 2.

For ease of reference, the sub committees aligned to the Corporate Control Committee during 2019/208/19 are listed below:-

- Decontamination
- Emergency Planning & Service Continuity
- E-Health Programme
- Environmental Cleanliness
- Environmental/Waste Management

- Fleet & Transport
- Fire Safety & Electrical
- Food Safety
- Health & Safety
- Information Governance
- Lessons Learnt
- Medical Devices & Equipment
- Organisation and Workforce Development
- Radiation & MRI Protection
- Security

As at 31 March 202019, 15 sub committees were operational. ~~The former Fire Safety Committee was replaced by a new Fire & Electrical Sub Committee in October 2018 and its Terms of Reference endorsed by Corporate Control meeting on 17 October 2018. On 16 January 2019, the Medical Devices Sub Committee resubmitted its terms of reference for approval to the Corporate Control Committee, following the appointment of a new Medical Devices Manager.~~ Each operational sub committee had approved terms of reference and an annual action plan based on the key priorities for its respective work area. Progress reports were submitted to the committee on a quarterly basis. The end of year position reports on the action plans for 2019/208/19 were due to be submitted to the Corporate Control Committee on 15 April 202019; together with the action plans for 2020/2149/20 were also submitted to this meeting for endorsement. However the Corporate Control Committee and its associated sub committees were temporarily stood down following a decision by the Executive Management Team. This was to allow areas to respond to the Covid19 pandemic.

7.0 Corporate and Directorate Risk Registers

In order to develop and be aware of its risk profile and to identify the key areas for investment in risk reduction/management, the Trust developed a new framework for risk registers which was presented to, and approved by, the Executive Management Team on 12 February 2008 (updated on an annual basis, last updated in February~~May~~ 20198).

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The Corporate Risk Register for 2019/208/19 was presented to, and approved by, the Trust Board at its meeting on 29 ~~May~~ June 20198. Regular progress reports on the Corporate and Directorate Risk Registers were made to the Corporate Control and Governance Committees respectively during 2019/208/19. The end of year position report for 2019/208/19 was incorporated into the Draft Board Assurance and Corporate Risk Register Report 2020/2149/20 which was presented and approved by the Trust Board at its meeting on 2~~4~~ June ~~May~~ 202019.

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8.0 Corporate Control Committee Programme of Work/Action Plan – 2019/208/19

The Committee has a Programme of Work (Appendix 3) which dictates the activities discussed at each meeting. This is complemented by a detailed Action Plan (Appendix 4) which outlines the objectives that the Committee wish to achieve during the year. The action plan was primarily focused on the key actions arising

aligned to its terms of reference (addressed in detail in section 10.0 below) to ensure continued substantive compliance with the standard viz:-

- Maintenance of sub committee structure aligned to the Corporate Control Committee;
- Review of terms of reference for committee and its effectiveness;
- Updating of SET Governance Strategy and preparation work for new 3 year strategy;
- Directorate Management Plans (incorporating Governance issues);
- Development of an Annual Risk Management Report;
- Development of a new 3 year Board Assurance Framework and Risk Management Strategy;
- Transitional arrangements for the former Controls Assurance Programme;
- Continued implementation of the Corporate and Directorate Risk Registers; and
- Updating Governance infrastructure.

1044 out of 12 (8392 %) objectives were achieved during 2019/208/19 (the partial compliant areas related to the development of a new 3 year Integrated Governance Strategy, review of the Risk Management Strategy - delayed due to Industrial Action).

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~~The Action Plan for the Corporate Control Committee for 2019/208/19 is in draft and not yet approved due to cancellation of the meeting due to be held on 15 April 2020. This will be taken to the next meeting of the committee scheduled for 15 July 2020. was developed and approved by the Committee at its meeting on 17 January 2018 for endorsement by the Governance Assurance Committee at its meeting on 24 March 2018. The Terms of Reference and Programme of Work for the Corporate Control Committee will also be presented at the July meeting. were reviewed during January 2018 and approved at the meeting on 18 April 2018. There were no significant changes to the documents.~~

9.0 Board Assurance Framework

During 2018/19, the Trust developed a new Board Assurance Framework for 2018/2022 which complements the Risk Management Strategy for the same period. It is subject to annual review in December each year. An Integrated Governance Strategy for the same period is currently under development and will be progressed once the permanent Assistant Director Risk Management & Governance has been appointed. The work of the Governance Assurance, Corporate Control and the Safety, Quality Improvement & Innovation Committees continued to be embedded in the organisation and all Committees discharged their duties during the year in line with their agreed terms of reference and programmes of work.

10.0 Risk Management Controls Standard – 2019/208/19

On 30 March 2018, the Department confirmed the approach to replace the Governance and Risk Management standards wef 1 April 2018 ie, *“that existing governance and accountability tools provide the Department with appropriate assurance on governance and risk management namely:-*

- *Accountability process and sponsorship function;*

- Board Governance Self-Assessment Tool;
- Assurance Framework;
- Mid-Year Assurance and Governance Statement;
- Independent assurance – BSO Internal Audit/RQIA; and
- Management Statement/Financial Memorandum”.

Therefore, ~~for 2018/19,~~ the former Risk Management Controls Assurance Standard no longer requires completion.

A summary of the **key initiatives implemented during the year** to achieve substantive compliance with the former standard is outlined below. These include the key action points arising from the action plan. For ease of reference the description of the criterion (from the former AS/NZ standard) is also included.

10.1 Criterion one – Accountability: Board level responsibility for risk management is clearly defined and there are clear lines of accountability for managing risk throughout the organisation leading to the Board

A new three year Risk Management Strategy 2018/2022 was developed and approved by the Trust Board at its meeting on 11 February 2019. This incorporates both clinical and non-clinical risk issues, responsibilities for staff at all levels and continued implementation and use of the organisation-wide risk matrix using the new HSC Model for Risk Management (including Regional Risk Matrix) based on ISO 31000:2018 approved by the Chief Executives’ Forum on 17 September 2018. In addition, the quarterly reporting mechanism from the Corporate Control Committee to the Governance Assurance Committee and the Governance Assurance Committee to the Trust Board continued to ensure the recording and reporting of significant risk issues to the Board on a continuous basis.

10.2 Criterion two – Organisation-wide risk management processes: The organisation’s senior management has defined and documented its strategy for managing risks, including objectives for, and its commitment to, risk management. The risk management strategy is relevant to the organisation’s strategic context and its goals, objectives and the nature of its business. Management ensures that the strategy is understood, implemented and maintained at all levels of the organisation

The Corporate Risk Register for ~~2019/208/19~~ was presented to, and approved by, the Trust Board on ~~294 MayJune~~ 2019~~8~~. This was supplemented by the production of Directorate Risk Registers for ~~2019/208/19~~ which were submitted to, and considered by, the Corporate Control Committee on a quarterly basis during the year at its meeting held on ~~178~~ April 201~~98~~.

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10.3 Criterion three – Organisation-wide accountability: A committee structure is in place, which supports the risk management accountability arrangements within the organisation and ensures that all significant risks are properly considered and communicated to the board

In ~~November 2019~~~~October 2018~~, a revised Governance Infrastructure (low level structures only) was presented to, and approved by, the Corporate Control Committee with effect from ~~November 2019~~~~October 2018~~. ~~This~~

~~related to the establishment of Fire & Electrical Safety Sub Committee (replaced previous Fire Safety Committee).~~

10.4 Criterion four – Management of Incident Reporting: *An agreed process for reporting, managing, analysing and learning from adverse incidents is in place, in accordance with HPSS guidance*

The Trust's extant Trust Incident policies and procedures remain operational. The Assistant Director, Risk Management & Governance led the development of a suite of regional incident management policies which are now in place within each Trust. ~~will be issued by the Department post April 2019.~~

Datix web – following a successful pilot in early 2019 involving key areas, Datixweb incident reporting system was rolled out across the organisation. An intensive training programme was provided for staff in respect of reporting incident with user guides available online. Additionally training for reviewers and approvers of incidents was also provided. A quality assurance process was adopted, not available in all Trusts, with the aim of providing a consistent approach to coding and investigation of incidents. the move to online incident reporting and investigation commenced with a Project Group in place and pilot sites identified for testing of the new system. The pilot, using sites within Surgery, Mental Health and Pharmacy, commenced in mid-February 2019 with awareness training provided to all pilot sites in advance of going live. On completion and evaluation of the pilot, a full roll out programme across the Trust will commence in April 2019. This will also include the use of regionally agreed incident codes for benchmarking purposes (known as CCS2 codes). It is hoped that additional modules will be added to the system in respect of Complaints and Claims.

10.5 Criterion five – Complaints and Claims: *An agreed process for reporting, managing, analysing and learning from complaints and claims is in place, in accordance with HSC guidance*

The Trust continued to operate the extant HSC Complaints Procedure which was launched on 1 April 2009, (amended 2019). Due to popular demand – Effective Written Responses to Complaints Training ~~(May 2018 and March 2019)~~ was held again in March 2020 which focussed on providing staff investigating complaints, with effective response writing skills.

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~~A range of training programmes for all levels of staff was prepared and rolled out during the year (see 10.4 above).~~

10.6 Criterion six – Risk Management Processes: *A risk management process, based on the requirements of AS/NZS 4360:1999 and covering all risks, is embedded throughout the organisation at all levels, including the board, with key indicators being used to demonstrate performance. The whole system of risk management is continuously monitored and reviewed by management and the board in order to learn and make improvements to the system*

This criterion is covered under criteria 1 to 9.

10.7 Criterion seven – Business Continuity Management: *Business Continuity Management plans aligned to the International Standard on Business Continuity*

Management Systems (ISO 22301) are in place that can be activated in order to protect and maintain essential services, to a pre-defined level, through a business disruption

The Trust has a range of major incident and business continuity plans in place which are tested on a regular basis. These are supported by Directorate Incident Response Plans. A review of the Corporate Business Continuity Plan (BCP) was undertaken and approved by Trust Board in March 2019. Changes took account of lessons learned from Exercise Siberia held on 23/4/18 and implications for EU Exit. It also included a revision to documentation. The year began with a table top incident code-named Exercise Siberia. This was held on 23/4/18 and was based on a potential Cyber Security incident hosted in the QHC, UHD with in excess of 400 staff attending. The main focus thereafter was in relation to EU Exit preparations. This has included a review of the Corporate Business Continuity Plan ensuring the Trust has considered any potential threats that may arise.

The most significant threat to business continuity for the Trust continues to be unpredictable weather. Since the last severe weather in March 2018, a Severe Weather Group has been established which may be stood up in the event of disruptions to assist with providing a coordinated response in order to maintain service continuity.

There have been additional impacts in 2019/20 which have required activation of the Corporate BCP. In November 2019 widespread industrial action was initiated by Trade Unions across the HSC sector in support of pay parity and safe staffing. This continued until a suspension announced on 16 January 2020 and a formal agreement was reached in 24 February 2020xxxx. In early 2019 the world was faced with a pandemic involving the spread of COVID19. Both of these events involved establishing the Command and Control structures to support the response to the disruption including Incident Control Room and the Strategic Coordinating Group. The Trust is continuing to manage the Covid19 response.

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10.8 Criterion eight – Capability: All employees, including members of the board, clinicians, managers, bank, locum and agency staff, together with, where relevant, contractors and volunteers are provided with appropriate risk management training

During 2019/208/19, a range of training initiatives were provided and the full detail of these is reflected in section 11.0 below. The main focus on training during the year was on Corporate Induction, Risk Assessment, Corporate and Directorate Risk Registers, Complaints (in terms of drafting written responses) and Datixweb and Root Cause Analysis (Significant Event Audit –Level 1 and Level 2).

10.9 Criterion nine – Independent Assurance: The board receives independent assurance(s) that a risk management system is in place that meets the requirements of this standard

An annual audit of Risk Management is undertaken by Internal Audit. For 2019/208/19, this was undertaken in March 2020/19 – the outcome was:-

Overall for the year ended 31 March 2020, Internal Audit can provide **Satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. Although satisfactory assurance has been provided, it is important to note that Limited assurance has been provided in a number of areas, most notably Payments to Staff and Whistleblowing Processes.

All recommendations from the audits are being followed up by managers. Internal Audit can provide satisfactory assurance in relation to Risk Management within the Trust. Satisfactory assurance has been provided on the basis that Risk Management is governed by established policies and procedures which have been recently approved by the Trust Board. Risk Management is considered separately from a corporate viewpoint and by Directorates. All of the Trust's risks i.e. corporate and directorate risks are formally reviewed at quarterly meetings and informally throughout the year.

There were no significant findings in this report that impact on the assurance provided. Four Priority 3 findings were noted.

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11.0 Risk Management Training and Education Programmes

During the year the following range of courses were delivered by staff within the Risk Management & Governance Directorate:-

- Risk Management Induction – a general induction to Risk Management;
- H&S Induction – a general induction to Health & Safety (e-learning);
- Risk Assessment – how to undertake general risk assessments;
- Corporate Risk Registers – how to create a corporate risk register;
- Directorate Risk Registers – how to create a Directorate Risk Register;
- Foundation Training – Junior Doctors;
- Complaints Training – face to face and e-learning;
- Securing Records (on request);
- ~~Serious Adverse Incident training – RCA and Significant Event Audits;~~
- Incident Reporting and Management including Datixweb;
- Emergency Planning and Business Continuity Awareness training; and
- Other bespoke training to professional staff groups.

~~Two~~ major training programmes were delivered during 2019/208/19:-

- ~~IOSH Leading Safely (November 2018): H&S training for senior leaders in the organisation attended by all Trust Board members; and~~
- ~~Pilot three-day IOSH Managing Safely (November/December 2018) aimed at operational managers equipping them with necessary to manage operational risks.~~
- Due to popular demand – Effective Written Responses to Complaints Training (May 2018 and March 2019) was held again in March 2020 which focused on providing staff investigating complaints, with effective response writing skills;
- Datixweb training - to support the roll out across the Trust of the new web based incident reporting system was delivered as a comprehensive face to face training programme.

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Additionally, other training such as infection control, waste, security was also provided by specialist advisers who work outside the remit of the Risk Management & Governance Directorate.

12.0 Summary and Conclusion

This report provides a brief overview of developments within Risk Management during 2019/2020/21. It provides an annual report for the Board to demonstrate the risk management system's continuing suitability and effectiveness in satisfying the organisation's risk management policy and strategy.

Valerie Walker~~Irene Low~~
Interim Assistant Director: Risk Management & Governance

10 June 2020~~11 July 2019~~

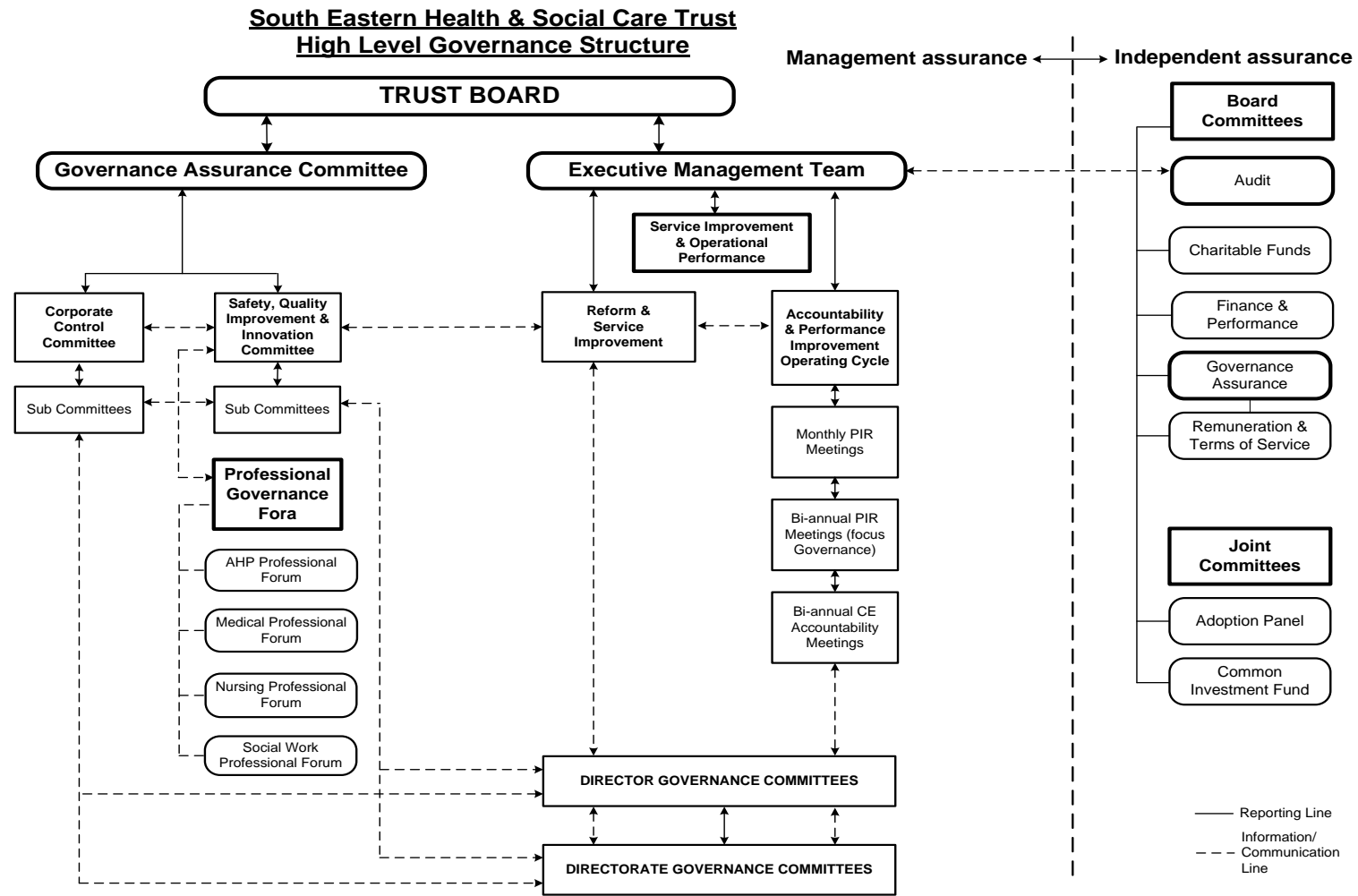
Appendices

Appendix 1 – High and low level Governance Structure – 2019/208/19 (April 2016; updated November 2019 October 2018)
Appendix 2 – Terms of Reference – Corporate Control Committee (dated April 20198)
Appendix 3 – Programme of work – Corporate Control Committee (2019/208/19)
Appendix 4 – Action Plan for the Corporate Control Committee – 2019/208/19 (with status report as at 31 March 202019)

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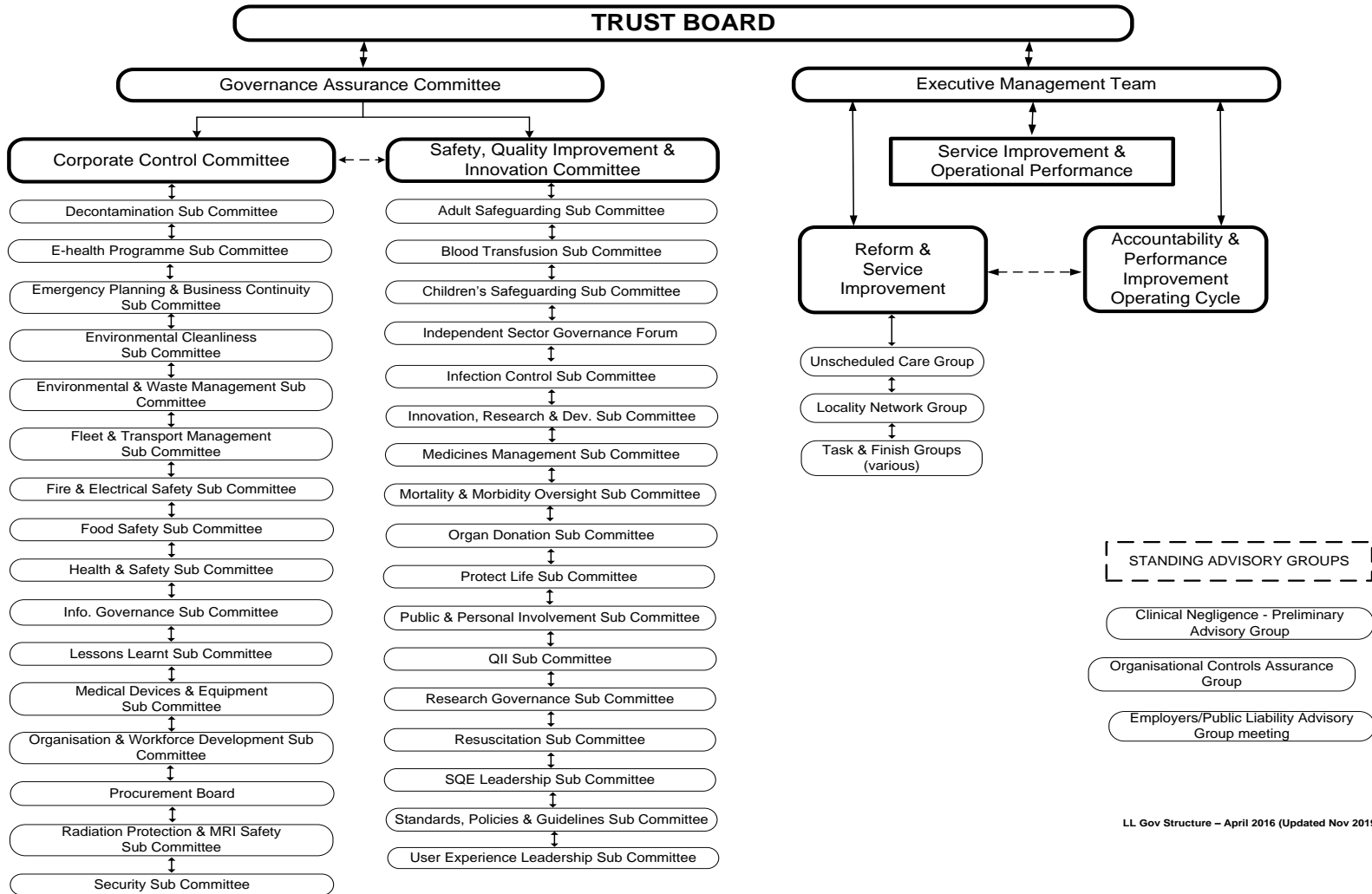
Appendix 1 – High and Low Level Governance Structures 2019/208/49 (April 2016; updated ~~November 2019~~ October 2018)

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High Level Gov Structure – April 2016 (Updated Nov 2019)

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST
Lower Level Sub Committee Structure



LL Gov Structure – April 2016 (Updated Nov 2019)



South Eastern Health
and Social Care Trust

Corporate Control Committee Terms of Reference

| **Date:** April 201~~9~~
| **Version:** Version 1.0
| **Review Date:** April 20~~20~~~~19~~

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1.0 Constitution

The Governance Assurance Committee hereby resolves to establish a sub committee to be known as Corporate Control Committee (the Committee).

2.0 Membership of the Committee

Membership of the Committee shall be as follows:

- The Executive Management Team (x 9);
- Two Non-Executive Directors (x2) ;
- Clinical Risk Director;
- Assistant Director of Risk Management & Governance (Joint operational leads for Governance);
- Assistant Director: Safe & Effective Care (Joint operational leads for Governance)
- Assistant Director, Social Work Regulation, Improvement and Audit (Joint operational leads for Governance);

In attendance:

Litigation Services & Systems Manager
Head of Risk Management & Advisory Services

The Chief Executive shall be the Chairman of the Committee and he shall be supported in this role by a Vice Chairman who shall be the lead Director for Governance.

3.0 Quorum

A quorum shall be one third (5) of the members of the committee (15).

4.0 Frequency of Meetings

The committee shall meet on a quarterly basis.

5.0 Authority

The Committee is authorised by the Governance Assurance Committee to undertake any activity within its terms of reference. In particular, it may seek advice from whatever source it deems to be appropriate in order to fulfil its function.

6.0 Role and Responsibilities of the Committee

The **role of the Committee** is to be the overarching strategic committee responsible to the Governance Assurance Committee on all matters pertaining to integrated governance issues ie, Financial Governance, Corporate Governance (including Risk Management and Organisational Controls) . Clinical and Social Care Governance is the responsibility of the Safety and Quality Committee.

It will support the governance and risk management accountability arrangements within the organisation and ensure that all significant risks are properly considered and

communicated to the Governance Assurance Committee and/or the Trust Board, as appropriate.

Governance responsibilities

- To provide assurance to the Governance Assurance Committee that the key building blocks of integrated governance - Financial Governance, Corporate Governance including Risk Management are being effectively and appropriately managed. Clinical & Social Care Governance is the responsibility of the Safety, Quality Improvement & Innovation Committee.
- To ensure that key priorities relating to Governance are delivered through a performance management and accountability framework;
- To be responsible for the strategic management of the Trust's integrated Governance agenda, incorporating Financial Governance, Corporate Governance (including Risk Management and organisational controls).
- To develop and implement an integrated Governance strategy supported by annual governance plans at Strategic and Director/Directorate levels;
- To prepare and submit regular reports to the Governance Assurance Committee, as required, on the activities and outcomes of the Corporate Control Committee including the work of related sub committees;
- To receive for endorsement the annual programmes of work for the Corporate Control Sub Committees;
- To consider and prepare the risk management section of the Trust's Annual - Governance Statement and any Risk Management Statements for inclusion in the Trust's Annual Report;
- To develop and implement an Assurance Framework for the Trust ensuring that all significant risks that impact on the achievement of the Trust's principal objectives have been identified, recorded, actioned and entered on to the Corporate Risk Register, as appropriate;
- To receive regular reports on the operation of the Trust's Risk Registers (both Corporate and - Directorate) ensuring that regular reports are made to the Governance Assurance Committee and/or Trust Board;
- To ensure compliance with the achievement of the Controls Assurance programme (and its subsequent replacement programme) and any other similar initiatives for eg, ISO and HQS programmes in accordance with agreed work plans;
- To ensure appropriate linkages are in place with the Safety & Quality, Financial Management and Operational and Performance Management strands of the governance structure to ensure that the risk and safety/quality programmes work in unison.

Risk Management Responsibilities

- To provide the Governance Assurance Committee with assurances that the Trust has appropriate arrangements for effective internal control, and for the identification and management of risk.
- To implement and maintain a strategic framework within which the Trust can develop a dynamic risk management system including relevant policies, procedures and guidelines for clinical and non-clinical risks;
- To produce an annual risk management programme of work for endorsement by the Governance Assurance Committee;
- To establish and maintain a framework of sub committees reporting to the Corporate Control Committee in order to ensure key risk management priorities are being addressed;
- To be responsible for the organisation-wide co-ordination and prioritisation of risk management issues and overseeing the work of any specialist risk management groups;
- To receive annual action plans and regular reports for all sub committees reporting to the Corporate Control Committee in order to ensure key governance and risk management priorities are being addressed;
- To act as a filter mechanism for risk issues from Directorate level risk registers for entry onto the Corporate Risk Register;
- To lead on the implementation and monitoring of relevant risk management standards in order to ensure the delivery of high quality, evidence based care for eg, Controls Assurance;
- To determine priority areas for the audit programme in respect of governance and risk management activities based on both clinical and non-clinical risk programmes; and
- To receive regular management information on complaints, incidents and litigation cases to ensure that the Trust has the necessary controls in place to manage each area and review trends, as appropriate.

7.0 Operational arrangements for meetings

7.1 Administrative support to the committee

The Committee shall be supported administratively by the Assistant Director: Risk Management & Governance, whose duties in this respect will include:

- Preparation and issue of agenda on behalf of the Chairman;
- Collation and distribution of papers sufficiently in advance of each meeting to facilitate their full consideration and discussion at the meeting;
- Ensuring appropriate arrangements are in place for the servicing of the committee including the taking of minutes and keeping a record of matters arising and issues to be carried forward.
- Advising the Committee on pertinent issues.

7.2 Conduct of meeting

All questions arising will be decided by a simple majority of those present. In the case of equal votes, the Chair will have a casting vote. It is intended that meetings will not last more than 2 hours.

7.3 Agenda items and papers for meetings

Agenda items should be submitted to the Assistant Director: Risk Management & Governance 10 days in advance of the meeting. He/she will agree the content of the agenda prior to issue with the chairman of the group.

The Assistant Director: Risk Management & Governance will issue the agenda/papers for the meeting approximately 7 days in advance of the meeting.

Should an item need to be raised on the day, this can be covered under Any Other Business, subject to there being available time for discussion. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable the members to have the opportunity to read information in advance.

7.4 Minutes of meetings

The Assistant Director: Risk Management & Governance (or nominee) will provide the secretariat for the meeting. Minutes of meetings will be produced and agreed with the chair prior to issue. These will be circulated as soon as possible after the meeting listing topics discussed, actions agreed and individuals responsible for undertaking those actions.

7.5 Sub Committee Reporting Arrangements

The Committee will oversee the work of all specialist risk management sub committees and will endorse their terms of reference and annual programmes of work. The Committee will receive the minutes of all sub committee meetings and quarterly reports detailing progress reports on work plans.

7.6 Review of terms of reference

The Committee will review its terms of reference on an annual basis. The Governance Assurance Committee should endorse these.

8.0 Reporting

The minutes of the Committee shall be formally recorded and distributed to the members of the Committee and presented to the next Governance Assurance Committee meeting, for information and noting. Regular reports from the Corporate Control Committee will be submitted to the Governance Assurance Committee as per the agreed reporting mechanism.

Membership of the Committee – April 2019⁹⁸

Mr H McCaughey~~Mr N Guckian~~, Interim Chief Executive (wef 1 April 2019 to 30 June 2019)

Mr S McGoran, Interim Chief Executive (wef 1 July 2019)

Mrs M Weir, Director of Human Resources & Corporate Affairs

Mr S McGoran, Director of Hospital Services until 30 June 2019

Mr D Robinson, Interim Director of Hospital Services (wef 1 July 2019)

Ms N Patterson, Director of Primary Care & Older People and Executive Director of Nursing

Mrs B Mongan, Director of Adult Services & Prison Healthcare until 24 April 2019

Mr D Bradley, Interim Director of Adult Services & Prison Healthcare (wef 25 April 2019)

Mr C Martyn, Medical Director

~~Mr N Guckian~~Mr Paul Morgan, Interim Director of Finance & Estates (wef 1 April 2019)

~~Mr B Whittle~~Mrs B Mongan, Director of Children's Services & Executive Director of Social Work (wef 1 April 2019)

Ms R Coulter, Director of Planning, Performance & Informatics

Mr N Brady, Non-Executive Director

Mr M Mawhinney, Non-Executive Director

Miss I Low, Assistant Director, Risk Management & Governance until 27 February 2019

Mrs V Walker, Interim Assistant Director, Risk Management & Governance (wef 1 March 2019)

Dr A Hamilton, Clinical Risk Director

Mrs B Campbell, Assistant Director, Social Work, Regulation Improvement & Audit

Mrs L Kelly, Assistant Director, Safe & Effective Care (until 21 February 2019) (on secondment) thereafter Ms Clare-Marie Dickson, Interim Assistant Director, Safe & Effective Care (wef 24 February 2019)

In attendance:

Mrs J McAtamney, Head of Litigation Services & Systems Manager

Mrs V Walker, Head of Risk Management Advisory Services until 28 February 2019.

Mrs C Boyd, Interim Head of Risk Management Advisory Services from 9 March 2019.




Appendix 3 – Programme of Work for the Corporate Control Committee: 2019/20/19



Corporate Control Committee: Programme of Work

Month	Corporate Control Meeting	Corporate Control Committee work outside meeting
January	Corporate and Directorate Risk Registers Controls Assurance Programme Directorate Reports – by exception Quarterly reports from sub committees Issues referred from sub committees Prepare draft action plan for incoming year Review and update of Assurance Framework Review and update of Risk Management Strategy Review and update of Governance Strategy	Input into draft internal audit plan in terms of Governance issues Issue memorandum to sub committees for end of year plans/incoming plans and update TORs Issue memorandum to sub committees for Review of Effectiveness Report
February		
March		Submit January minutes to March GAC
April	Closure of Corporate Control Action plan for extant year Approval of Corporate Control programme of work for incoming year Closure of action plans for Corporate Control Sub Committees for extant year Approval of work plans for Corporate Control sub committees for incoming year Corporate and Directorate Risk Registers Controls Assurance Programme Directorate Reports – by exception Issues referred from sub committees Report on Sealed Documents Consider the committee’s own effectiveness in its work Review and update, as required, Committee’s terms of reference and programme of work	Draft sections for Governance Statement Draft Annual Risk Management Report
May		
June		Submit April minutes to June Governance Assurance Committee (GAC)
July	Corporate and Directorate Risk Registers Controls Assurance Programme Directorate Reports – by exception Quarterly reports from sub committees Issues referred from sub committees Update report - Family Engagement – SAls Consider Annual Reports on Incidents, Litigation and Complaints	
August		
September		Input to the Mid-Year Assurance Statement Submit July minutes to Sept GAC
October	Corporate and Directorate Risk Registers Controls Assurance Programme Directorate Reports – by exception Quarterly reports from sub committees Issues referred from sub committees Report on Sealed Documents Report from the Procurement Board	
November		
December		Submit October minutes to the December GAC





CORPORATE CONTROL COMMITTEE ACTION PLAN – 2019/20



<u>No.</u>	<u>Topic Area/ Objective</u>	<u>Baseline Position as at 1 April 2019</u>	<u>Action Planned</u>	<u>Action Achieved/Outcome As at 31 March 2020</u>	<u>Target Date By whom</u>	<u>Status</u>
1.	<u>Corporate Control Committee Action Plan</u>	<u>Corporate Control Action Plan for 2018/19 developed and approved by Governance Assurance Committee (GAC) on 21 March 2018</u>	<u>Develop draft action plan for 2019/20 for approval by GAC at its meeting on 13 March 2019</u>	<u>Draft action plan for CC committee presented for endorsement to GAC at its meeting on 13/3/19</u>	<u>CC Committee 1 April 2019</u>	
2.	<u>Maintenance/ Development of the Corporate Control Committee's Sub Committees</u>	<u>Closure of 2017/18 action plans and updated TOR signed off by Corporate Control Committee – 18/4/18</u> <u>2018/19 action plans approved – 18/4/18</u>	<u>Write to all sub committee chairpersons seeking (i) closure of 2018/19 action plans (ii) updated terms of reference and (iii) action plans for 2019/20 by 31 March 2019</u>	<u>Position report on action plans as at 31/3/19 compiled and presented to CC Committee at its meeting on 17/4/18. Position report on TORs as at 31/3/18 compiled and presented to CC Committee at its meeting on 17/4/18. Position report on 2019/20 action plans compiled and presented to CC Committee at its meeting on 17/4/19.</u>	<u>1 Low 30 April 2019</u>	
3.	<u>Review of terms of reference for committee and consider the effectiveness of the committee</u>	<u>TOR and Programme of Work last reviewed and updated by committee on 18/4/18</u> <u>Paper on review of effectiveness approved at 18/4/18 meeting.</u>	<u>Review committee's TOR, POW and effectiveness and present in report format to the Committee</u>	<u>Revised TOR and POW and Report on Effectiveness for CC Committee compiled and listed for discussion and approval at CC meeting to be held on 17/4/18.</u>	<u>CC Committee 30 April 2019</u>	

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<u>No.</u>	<u>Topic Area/ Objective</u>	<u>Baseline Position as at 1 April 2019</u>	<u>Action Planned</u>	<u>Action Achieved/Outcome As at 31 March 2020</u>	<u>Target Date By whom</u>	<u>Status</u>
4.	<u>Governance Strategy and Action Plan</u>	<u>Draft Governance Strategy 2018-2021 discussed at GAC on 19/12/18; to be endorsed by Trust Board when available and updated on an annual basis circa Dec each year.</u>	<u>Annual review of strategy (in conjunction with the BAF and Risk Management Strategy) circa Dec each year</u>	<u>1st working draft of new 3 year Integrated Governance Strategy 2019/2021 being developed. Meeting arranged for 8 August 2019 (Dr Briscoe is the nominated NED on the group). 2nd meeting held on 5/9/19.</u> <u>31/12/19 – work delayed due to Industrial action. Miss Low will speak to this item at the meeting on 15/1/20. January meeting was cancelled due to Industrial Action</u>	<u>1 Low and relevant ADs 30 Sept 2019</u>	
5.	<u>Directorate Management Plans incorporating Governance issues</u>	<u>PIR meetings and Mid and End of Year Accountability meetings to include Governance/SQE issues</u>	<u>Review the extant arrangements for Governance/SQE within the Operating Cycle framework and make recommendations for improvement, as required.</u>	<u>This item will be included in the discussion at the meeting to be held on 8/8/19 (see item 4 above). Item further discussed at meeting on 5/9/19 – arrangement will remain the same.</u>	<u>1 Low L Kelly H Moore 30 Oct 2019</u>	
6.	<u>Risk Management Annual Report</u>	<u>Risk Management Report for 2018/19 submitted for approval to Corporate Control Committee on 18/4/18, GAC on 13/6/18 March 2018 and Trust Board (20/6/18)</u>	<u>Prepare draft Annual Risk Management Report for 2018/19 and submit to CC Committee for approval on 17/4/19 and subsequent meetings of GAC and Trust Board</u>	<u>Work in progress. Draft prepared and will be tabled at Corporate Control meeting to be held on 17/7/19.</u> <u>Final version of report submitted to Trust Board, for information, at meeting on 28/8/19</u>	<u>1 Low 30 June 2019</u>	
7.	<u>Board Assurance Framework</u>	<u>Draft Board Assurance Framework 2018-2021 approved by GAC on 19/12/18. Endorsed by by Trust Board on 11/2/19 updated on an annual basis circa Dec each year.</u>	<u>Annual review of framework (in conjunction with Risk Management Strategy and Governance Strategy) circa Dec each year</u>	<u>31/12/19 – work delayed due to Industrial action. Miss Low will speak to this item at the meeting on 15/1/20. January meeting cancelled due to IA</u>	<u>1 Low 31/12/19</u>	

<u>No.</u>	<u>Topic Area/ Objective</u>	<u>Baseline Position as at 1 April 2019</u>	<u>Action Planned</u>	<u>Action Achieved/Outcome As at 31 March 2020</u>	<u>Target Date By whom</u>	<u>Status</u>
8.	<u>Risk Management Strategy</u>	<u>Draft RM Strategy 2018-2021 approved by GAC on 19/12/18 and CC on 16/1/19. Endorsed by Trust Board on 11/2/19 updated on an annual basis circa Dec each year.</u>	<u>Annual review of strategy (in conjunction with the BAF and Governance Strategy) circa Dec each year</u>	<u>31/12/19 – work delayed due to Industrial action. Miss Low will speak to this item at the meeting on 15/1/20 January meeting cancelled due to IA</u>	<u>1 Low 31/1/2/19</u>	
9.	<u>Risk Management Organisational Controls Assurance Standards</u>	<u>Baseline assessments for 2018/19 completed and action plans prepared.</u>	<u>Implement the transitional arrangements for CA to OCAG standards during 2019/20.</u> <u>Baseline assessments for 2019/20 to be submitted by 31 Jan 2020.</u>	<u>Transitional arrangements for OCAG completed and kept under review. Last meeting of the group was held on 27/6/19</u> <u>Baseline assessments submitted by all areas</u>	<u>1 Low 31 Mar 2020</u>	

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<u>No.</u>	<u>Topic Area/ Objective</u>	<u>Baseline Position on 1 April 2019</u>	<u>Action Planned</u>	<u>Action Achieved/Outcome As at 31 March 2020</u>	<u>Target Date By whom</u>	<u>Status</u>
10.	Corporate and Directorate Risk Registers	<p>CRR and DRR closed off for 2018/19 in March 2019</p> <p>New CRR and DRR developed in Feb/March 2019</p> <p>Review and update the framework for Corporate and Directorate Risk Registers (annual basis). Last review – May 2018</p>	<p>Regular progress reports on CRR and DRR to be submitted to the committee for consideration on a quarterly basis.</p> <p>CRR to be submitted to the Governance Assurance Committee /Trust Board in May/June 2019</p> <p>DRR to be submitted to the Corporate Control Committee in April 2019</p> <p>Review and update extant version of framework for Corporate/Directorate Risk Registers</p>	<p>Final update position on 2018/19 CRRs and DRRs requested and input to Datix as at 31/3/19.</p> <p>Draft CRR report to be presented to GAC on 19/6/19 (via email communication) and then Trust Board for approval at meeting on 26/6/19 (draft CRRs in preparation)</p> <p>Verbal report on 2019/20 DRRs to be presented to CC at its meeting on 17/4/19. 1st formal report to be submitted to CC on 17/7/19.</p> <p>Extant version of framework document updated – only minor changes.</p>	<p>I Low Quarterly Basis wef 1/4/19</p> <p>I Low 30/6/19</p> <p>I Low 30/4/19</p> <p>I Low 30/8/19</p>	   
11	Report on Sealed Documents	Bi-annual reports on Sealed Documents submitted to CC Committee, for information purposes, in September and March	Arrange for submission of bi-annual report (Sept and March) on Sealed Documents to be prepared and submitted to the CC Committee.	Report on Sealed documents (Oct 2018 to March 2019) to be presented to CC committee at meeting in April 2019.	I Low 30 Sept 2019 31 Mar 2020	

<u>No.</u>	<u>Topic Area/ Objective</u>	<u>Baseline Position as at 1 April 2019</u>	<u>Action Planned</u>	<u>Action Achieved/Outcome As at 31 March 2020</u>	<u>Target Date By whom</u>	<u>Status</u>
12.	<u>Governance Infrastructure</u>	<u>Governance Infrastructure last reviewed in October 2018.</u>	<u>Review and update the Governance infrastructure diagrams in the light of any changes that develop during the year and best practice guidance/documents.</u>	<u>1st working draft of new 3 year Integrated Governance Strategy 2019/2021 being developed. This will include a review of the governance infrastructure. Meeting arranged for 8/8/19 (see items 4 and 5 above also). 2nd meeting held on 5/9/19.</u> <u>Diagrams last updated in April 2019 (iro Procurement Board).</u> <u>31/12/19 – work delayed due to Industrial action. Miss Low will speak to this item at the meeting on 15/1/20.</u>	<u>1 Low in conjunction with relevant parties 31 Mar 2020</u>	

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Symbols used to indicate achievability status

 Achievable – on course
to achieve target

 Doubtful – Effort required/behind
schedule in achieving target

 Not Achievable – Target not achievable or serious
concern/major effort required to achieve target

 Achieved – Target
achieved