

## **Draft Terms of Reference Risk Management Committee**

### **Constitution**

The Board hereby resolves to establish a Committee of the Board to be known as the Risk Management Committee (The Committee). The Committee is an Executive Committee of the Board and has delegated powers to review the most significant risks to the achievement of the Trust's objectives and ensure there are robust controls and mitigation actions in place.

The Committee will be required to adhere to the Standing Orders of the Trust.

### **Membership**

The Chief Executive will be the Chair of the Committee

Membership shall comprise:

Chief Executive (Chair)

Director of Compliance & Risk Management (Deputy Chair)

Director of Safety & Quality

Medical Director or nominated Deputy

Chief Operating Officer

Finance Director

Director of Compliance and Risk Management

Chief Compliance Officer

Centre Chief or nominated Deputy (eg governance Lead, senior manager) as required

Value Stream Leads, as required

Director of Human Resources

Director of Communications

Head of Estates or nominated Deputy (eg Health and Safety Team Manager, as required)

Head of Patient Safety

### **Quorum**

For the Committee to be quorate, it requires the presence of at least a 1/3 of members with at least 4 Centre Chiefs (or deputy) (including the Value Stream Chiefs)

### **Attendance**

Members may appoint suitable deputies to represent them. Deputies must attend when required. It is expected that a member of their nominated deputy will attend for a minimum of 75% of meetings in a year. Attendance will be monitored by an attendance matrix

### **Frequency**

The Committee shall meet monthly

Additional meetings may be held at the discretion of the Chair

## **Authority**

Authority for all decisions relating to risk management lies with the Trust Board of the Shrewsbury and Telford Hospital NHS Trust. The Committee has delegated powers from the Trust Board to oversee and assess the effectiveness of risk management arrangements within the Trust. The Committee is authorised by the Board to investigate any activity within its terms of reference

## **Duties**

The Committee will:

- Oversee the implementation and further development of the Trust's Risk Management Strategy ensuring it supports the achievement of the Trust's objectives and business plan
- Develop and manage the risk management system (including clinical risk) in line with the Trust's strategy, prevailing policies, standards, and guidance, and the changing environment in which the Trust operates
- Assess and review the composition and ongoing development of the Board Assurance Framework ensuring it provides a robust tool through which the Board can monitor management of the organisation's key strategic risks, ensuring effective control and assurance mechanisms in place and that effective actions are being taken to address gaps in controls and assurance.
- Provide the Trust Board with assurance that a comprehensive Corporate Risk Register is maintained which will enable the Board to have a shared and clear understanding of the key risks in the Trust; what mitigations are in place to manage risks and which risks are being tolerated
- Identify and validate new risks and consider whether they pose a principle risk to the Trust's strategic objectives and should be included on the Board Assurance Framework
- Oversee the maintenance and further development of the Centre's Risk Registers as key tools to support achievement of high levels of internal control, patient safety, and clinical quality to inform risk based decision making and specifically promote local level responsibilities and accountability for identifying and monitoring the organisations risks
- Assess all risks with a risk score of 15 and above and bring to the attention of the Board all serious risks (risk score to be decided) to consider whether to be added to the Board Assurance Framework.
- The Risk Management Executive will consider all risks with an impact of 5.
- Ensuring Director risk owners and risk action owners have plans in place to control identified risks and to take necessary action to ensure remedial plans are put into place should mitigation fall behind plan
- Coordinate all risk management activities of the Trust using reports from Centres, specialist risk teams and operational groups with risk management responsibilities (eg Health & Safety, Information Governance forum) and agree actions to be taken to mitigate risk across the Trust, and where relevant monitor action/treatment plans.
- Ensure that standards for risk management and control are related legislation and regulations are brought to the attention of the responsible clinician/ manager and through the specialist risk teams and audit compliance with the standards
- Review and monitor compliance with the CQC standards using the trust's performance assurance framework

- Review progress against CQC Quality Risk Profile
- Review findings and ensure implementation of recommendations arising from internal audits of Trust risk and compliance processes
- Monitor compliance with the NHSLA risk management standards (Standard 1)
- Review and monitor compliance with NPSA and NICE standards

### **Reporting from the Committee**

The Committee will be directly accountable to the Board.

The Chairman of the Committee will report on the proceedings of each meeting to the next meeting of the Trust Board and will draw to the attention of the Trust Board any matters of concern in relation to the effective management of the organisation's risks

The Chairman of the Committee will ensure that the Trust Board receives the Trust's Board Assurance framework and high level risk summary.

The Committee will produce an annual risk management report for the Trust Board

### **Review**

The Terms of Reference will be reviewed by the Board of Directors annually.

April 2011