

Board of Directors

Thursday, 09 September 2021.

Report Title:	Risk Management Policy
Executive/NED Lead:	Denver Greenhalgh, Director of Governance
Report author(s):	Sarah Knighton, Corporate Governance Manager
Previously considered by:	Audit and Risk Committee July 2021

Approval

Discussion

Information

Assurance

Executive summary

The Risk Management Policy has been reviewed to incorporate the recommendations of the internal audit limited assurance review and the revised risk appetite set by the Board in July 2021. The policy was reviewed by the Audit & Risk Committee at its meeting in July 2021, noting the following amendments:

Action	Risk Management Policy	Page
The Trust will update the Risk Management Policy to ensure it reflects the frequency of review of the risk appetite statement, and the agreed process for reporting risk to the Board.	Risk appetite will be reviewed, set and communicated by the Board on an annual basis or sooner should there be a significant change to the operating landscape.	Page 8
	The schedule for reporting to the Board is included within the schedule.	Page 31
The Trust will ensure all fields within the Risk Register are completed, notably controls (assurances) ad due dates, and with information of sufficient quality. This will be monitored through the Key Controls Report to the EROC, and instances of non-compliance will be raised with the divisions.	The formal reporting of the Key Controls Report is reference within the policy.	Page 31 and 33
	Divisions will report on their key controls performance within the quarterly reports to Executive Risk Oversight Committee.	Page 48
The Trust will ensure that reporting requirements from the Executive Management Committee (EMC) and to the Trust Board are clearly defined, agreed by the applicable forums, and that reporting is undertaken in line with these.	The schedule for reporting to the Board is included within the schedule.	Page 31

Action Required of the Board		
The Board is asked to receive and approve the revised Risk Management Policy which is recommended by the Audit & Risk Committee.		
Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>		If ESNEFT does not have an effective risk management process which is implemented, monitored and reviewed then our service users and staff may be exposed to unnecessary risk, with potential for impact on quality of service, use of resources and reputation.
Trust Risk Appetite		The organisation has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so.
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>		If ESNEFT does not have an effective risk management process in place for the identification, assessment and control of risk then we will be unable to provide a positive statement within the Annual Governance Statement to that effect, with the potential for impact to our NHS provider license.
Financial Implications		If ESNEFT does not have an effective risk management process in place for the identification, assessment and control of risk then we may not make best use of our resources; be exposed to potential litigation costs and regulatory sanctions.
Equality and Diversity		Nothing detailed within this report contravenes trust legal / statutory responsibilities for equality and diversity.