Risk Committee

TERMS OF REFERENCE – April 2014 /15

1. Overall Purpose:

The risk Committee is established as a committee to: have overall responsibility for establishing a strategic approach to risk management across the organisation, ensuring that the approach is pro-active. It ensures that the necessary processes are in place to achieve compliance with statutory requirements and to protect the Trusts' patients, staff and assets. Risk management will be an integral part of the Trusts' strategic and operational objectives.

2. Key Responsibilities:

- To agree, recommend, and monitor the Trust's Risk Management Strategy and policies ensuring the policies are implemented effectively, reviewed, updated and approved.
- To act as the Trust co-ordinating body on all risk-related policies and procedures in conjunction with other specialist committees.
- Assist the Trust Board in defining acceptable risk within the organisation.
- Make recommendations to the Trust Board on priority risk areas and appropriate action required
- Monitor Divisional risk registers by exception reports
- Review and challenge the Corporate Risk Register exception reports on a monthly basis
- Each Director to be responsible for highlighting any "high" risk areas of concern to the committee for consideration, outside the rolling programme of directorate risk register reviews
- Monitor and review the Trusts Board Assurance Framework (BAF) and monitor the assurances detailed within the document in line with BGAF
- Establish a work programme / Action log as an agenda item to be reviewed and updated at each meeting
- Agree an annual progress report for the Trust Board at the end of each financial year
- Review the Risk Management Strategy on an annual basis

Interim Chairman: David Dean Interim Chief Executive: Manjit Obhrai
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3. Accountability and Relationships:

The Committee / Group is accountable to the Board Committee. The Committee will:

- undertake its activity in alignment with the Assurance & Escalation Framework;
- ensure that all of its reporting sub-committees have regularly reviewed Terms of Reference and appropriate membership;
- ensure that all of its reporting sub-committees submit annual reports, using the Trust template;
- receive and monitor Chair's Key Issues from each of its sub-committees; and
- provide Chair's Key Issues from its meetings to the Audit Committee in line with Best practice .

Chair's key issues of the reporting Group/s will be standing agenda items of the Committee.

The Committee will co-operate with the Audit Committee in carrying out its responsibilities for providing assurance to the Board in respect of the Trust's governance systems and processes.

5. Membership:

- **Chair**: CEO
  Deputy Chair Deputy Medical Director (Patient Safety)
  Director of Human Resources
  Director of Finance
  Director of Nursing
  Corporate Risk Manager / Deputy Director Patient Safety
  Chief Operating Officer
  Corporate Secretary

6. In attendance by invitation:

- Divisional Directors
- Clinical Directors
- Internal Audit Representative

7. Frequency of meetings and attendance

Meetings of the Committee will normally be held monthly

Members are expected to attend at least 75% of meetings in a 12 month period.
Members and invited attendees unable to attend, should notify the Committee Clerk, 3 days in advance of the meeting and should identify a substitute to attend, who is appropriately briefed to present any necessary reports and participate in the meeting.

Deputy Medical Director will act as Chair of the Committee in the event of the named Chair being unable to attend.

8. Rules:

- Ordinary meetings will be held in accordance with the Trust's Annual Governance timetable and will be arranged 12 months in advance where possible;
- Extraordinary meetings may be called with the agreement of the Chair, where necessary:
- Urgent business within the remit of the Committee, requiring attention between meetings may be conducted using the Urgent Actions Procedure, or escalated to the senior committee;
- 'Any Other Business' to be notified to the Committee Chair prior to the meeting;
- Agendas and papers will be published 5 working days in advance of the meeting, where possible;
- Meetings to be minuted and separate action points recorded and circulated promptly;
- A quorum will consist of 50% of core members one of which must be Clinical
- The minutes will be reported at the next meeting following approval by the Committee , at its next meeting; and
- The Committee will make an Annual Report to the Audit Committee, incorporating an annual self-assessment of its effectiveness against its terms of reference, submitting the self-assessment and any action/improvement plan resulting from the self-assessment.

9. Authority

The Committee may investigate, monitor and review any activity within its terms of reference. It may seek information from employees and employees are directed to co-operate with requests made by the Committee.

The Committee may secure the attendance of any individual with relevant experience and expertise if it considers this necessary. The Committee may seek to commission external specialist advice within policy and within budget.

The Committee may only approve proposals with financial implications, within its delegated authority and within policy and budget. Where decisions are required, which fall outside the delegated authority of the Committee, a recommendation for approval shall be made to the relevant committee via the Chair's Key Issues log and submission of supporting papers.

10. Monitoring Compliance with these Terms of Reference:

The Committee's Annual Report will be used to assess the Committee's compliance with its terms of reference and submitted to the Audit Committee.

11. Review

The Committee's Terms of Reference will be reviewed after 3 months in the first instance.

Author: **Shirley Munday Corporate Risk Manager**
Date: **1/04/2014**
Ratified by: The Board
Date Ratified:
Review Date: 1st July 2015