

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust**

**Board of Directors**

**14 April 2021**

**BOD 18/2021**  
(Agenda item: 8)

**Board Assurance Framework (BAF) and Trust Risk Register (TRR) report**

**For: Information/Assurance**

**Executive Summary**

The purpose of this report is to provide an update on the position of the Board Assurance Framework (BAF) and the Trust Risk Register (TRR), the progress of risks thereon and the key developments in risk management processes since the last report to a Board meeting in public on 30 September 2020.

The Board is receiving this report to support it in its duties to ensure that the Trust is appropriately and effectively governed and managed and maintains a sound system of internal control to support the achievement of the Trust's policies, aims and objectives.

**PART 1:** Provides a brief update on **Risk Management** processes and projects underway, including **migration of the TRR and directorate risk registers to the Ulysses** risk management system, revision to the **Risk Management Policy & Strategy** and development of a **Risk Appetite Statement**.

**PART 2:** Provides an update on the development of **the BAF** and the strategic risks thereon. The full BAF is presented at **Appendix 1** to this report, if the detail is required.

Of particular note, since presentation to Board in September 2020, a rework of the structure of the BAF has been undertaken, as well as considerable work to refresh the content to bring it in line with the Trust's new Strategic Objectives. In addition to updating the content of existing risks, several risks have been removed from the

BAF (8), and a number of new risks added (6). Meetings were undertaken with Executive Owners (and, in some cases, Heads of Service/Service Directors) individually and the Executive Team collectively to facilitate these changes.

**PART 3:** Provides an update on the development of the operational (and Covid-19 specific) risks on **the TRR**. The TRR is presented at *confidential Appendix 2* (available in the **Private Reading Room**), if further detail is required. Risks on the TRR are continuously reviewed and refreshed, presented to Board Committees, and a process of bi-monthly meetings to review risks with their respective executive owners was commenced in March 2021.

### **Governance Route/Escalation Process**

The BAF & TRR were last reported to a Board meeting in public on 30 September 2020. Committees and meetings which have since considered this item are as follows:

<b>Date</b>	<b>Committee / meeting</b>
14/10/20	People, Leadership & Culture Committee
11/11/20	Quality Committee
07/12/20	Executive Management Committee (EMC)
09/12/21	Audit Committee
25/01/21	Executive directors' 'deep dive' session
11/02/21	Executive directors' 'deep dive' session
18/02/21	People, Leadership & Culture Committee
24/02/21	Audit Committee
01/03/21	Executive Management Committee (EMC)

### **Recommendation**

The Board is invited to:

- 1) note the report, supporting Appendix 1, and confidential material (Appendix 2) in the Reading Room; and
- 2) confirm whether it is assured that the key strategic and operational risks to the Trust are being appropriately and robustly managed.

**Author(s) and Title(s):** **Hannah Wright, Risk Manager,  
Neil McLaughlin, Trust Solicitor and Risk Manager,  
Hannah Smith, Assistant Trust Secretary.**

**Lead Executive Director:** **Kerry Rogers, Director of Corporate Affairs and  
Company Secretary**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. **Strategic Objectives/Priorities** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust*
  - 1) *Quality - Deliver the best possible clinical care and health outcomes*
  - 2) *People - Be a great place to work*
  - 3) *Sustainability – Make best use of our resources and protect the environment*
  - 4) *Research and Education – Become a leader in healthcare research and education*

## **PART 1: Risk Management**

### **Introduction**

The BAF and TRR are managed within the Office of the Director of Corporate Affairs & Company Secretary. Since September 2020, an additional and dedicated resource, in the form of a temporary risk manager, has been available. The availability of this additional resource has advanced development of our risk management function and supported further automation and centralisation of risk registers (i.e. including BAF, TRR and other risk registers).

Projects currently underway include:

- generally maintaining and managing the BAF and TRR;
- widening the number of committees which maintain a risk-register/BAF review as a standing agenda item (with all TRR & BAF risks now assigned a monitoring committee);
- working to develop actions for all risks on the TRR which are not yet at target level in order to progress towards achieving target level;
- migrating directorate and some service-level risk registers to Ulysses. Migration of the Community Directorate Risk Register was completed in March 2021;
- revising the Risk Management Strategy and Policy; and
- facilitating discussions by the Board about its risk appetite and tolerance.

Anticipated next steps, subject to resource:

- work with the Board further to establish its risk appetite and tolerance (and potentially create a Risk Appetite Statement);
- continue the project to refresh the BAF and to maintain it via a programme of review, with all risks to be reviewed by executive owners at least quarterly;
- migrate the directorate level risk registers of Oxon BSW Mental Health and Buckinghamshire Mental Health to Ulysses. Individual discussions are needed with specialist services regarding migration of its risk registers. Reporting functionality has already been developed with Ulysses and directorate governance leads for directorate risk register reporting;
- to determine the benefits of adding team/locality/service line risk registers, and the BAF, to Ulysses; and

- to use the migration programme as an opportunity to re-visit risk management training.

### **Risk Management Strategy and Policy**

The Risk Management Strategy and Policy falls due for revision in 2021. Work to revise this policy and strategy is underway. It is anticipated that this will be put to the Quality Committee for consideration and approval in May 2021.

### **Risk Appetite and Risk Appetite Statement**

The Trust's approach to formulating and agreeing its risk appetite and tolerance was discussed at a Board Seminar on 10 March 2021 (in addition to consideration at Audit Committee on 12 December 2020 & 24 February 2021). Further Board workshop time would be required to determine the Trust's risk appetite and tolerance, and the merits of presenting this by way of a formal Risk Appetite Statement.

## **PART 2: Board Assurance Framework (BAF)**

### **Actions taken since last review**

The Board last reviewed the BAF in a Board meeting in public on 30 September 2020. The following actions in relation to the BAF have been undertaken since that date:

- a full restructuring of the BAF in order to present it in a new format (Appendix 1). This new format has evolved in response to feedback from members of the Executive and others;
- a detailed review, with Executive Owners, of *most* of the risks on the BAF (the process of review continues). This has resulted in the removal of 8 risks (detailed below), and risks remaining have been updated, refreshed and risk ratings considered;
- the addition of 6 new risks (detailed below); and
- creation of a *BAF Amendment Log* to track substantive changes to the BAF for audit purposes.

### **BAF Purpose**

The **BAF sets out the strategic risks** (whilst the Trust Risk Register, or 'TRR', sets out the operational risks) **to the Trust achieving its identified long-term Strategic Objectives**. The BAF underpins the statutory requirement to produce an

Annual Governance Statement which confirms that the Trust is appropriately and effectively governed and managed and maintains a sound system of internal control to support the achievement of the Trust's policies, aims and objectives. The BAF also informs the Trust's strategic development and annual business planning processes.

The BAF forms the key document for the Board in ensuring principle strategic risks are controlled, that the effectiveness of the key controls has been assured, and that there is sufficient evidence to support the Annual Governance Statement.

### **BAF format**

The previous BAF format was first used in September 2013 and continued to evolve with the input and assistance of the Audit Committee and in accordance with best practice. Nevertheless, the format, weight of content, and volume of detail included in the BAF, previously presented in an Excel Spreadsheet, had evolved to such a point that it had become difficult to read and somewhat cumbersome to work with.

As such, a new format for the BAF has been developed, with the ambition that this represents a more accessible and user-friendly document, which will encourage engagement, from which key information can be more readily extracted, and to which updates can be more readily made.

It is stressed that no fields of data have been lost from those included in the previous structure of the BAF. As such, there has been no loss of content available to the reader and it still accords with best practice.

New fields have been added, including:

- Date risk added to BAF;
- Date of last review and date of next review;
- Target date by which target risk rating is to be achieved;
- Indicator for direction of risk movement;
- Splitting of 'assurances' into levels: Level 1 (reassurance), Level 2 (internal assurance) and Level 3 (external assurance).

The above have been included with the aim to achieve better oversight of progress, movement and frequency of review of the BAF risks, as well as to present a clearer picture of the quality of assurance.

It is anticipated that the BAF may evolve further to include indicators as to whether there is positive, neutral or negative assurance as regards the efficacy of controls and mitigations (for example by reference to performance against mandated targets and/or new strategic Objective Key Results).

### **BAF alignment to the Trust's new Strategic Objectives (SOs)**

The Trust has recently approved the new five-year Trust Strategy. Four new SOs have been set out, focused on the themes of: Quality; People; Sustainability; and Research & Education. The four new SOs in full are:

1. *Deliver the best possible care and outcomes;*
2. *Be a great place to work;*
3. *Make the best use of our resources and protect the environment;*
4. *Become a leader in healthcare research and education.*

The new format of the BAF aligns with these new SOs.

The removal of 8 risks from, and addition of 6 new risks to, the BAF reflects, in part, the change in the Trust's focus and strategic ambitions.

### **BAF Processes**

Named lead executive directors are responsible for specific BAF risks and the completeness and reliability of BAF controls, assurances and the data upon which assurances are based. From March 2021 onwards, bi-monthly meetings are taking place with executive leads and the Trust Solicitor & Risk Manager and/or Risk Manager to review BAF (and TRR) risks. Each BAF risk will be reviewed with its executive lead at least quarterly.

The BAF and its development processes are, and have historically been, reviewed throughout the year by the Executive and senior managers, the Quality Committee, the Audit Committee and the Board of Directors. The BAF is reported at Board meetings in public.

BAF risks are now assigned a monitoring committee, which will mean BAF risks being routinely reviewed in a wider number of Board Committees, including Finance & Investment Committee, the Mental Health Act Committee, and the People Leadership and Culture Committee.

Recent Board Committee and Executive reviews of the BAF are detailed in the 'Governance Route' subsection of the Executive Summary of this report, above (p. 2).

### **'Red' risks on the BAF**

- The following BAF risks are rated as extreme risks with current risk ratings exceeding 15:

**1.6** – *demand and capacity* – this risk formed the subject of lengthy discussion at an Executive risk registers 'deep-dive' on 11 February 2021, and prompted an action that there would be a further meeting to review this issue in detail (currently arranged for 8 April 2021);

**2.1** – *workforce planning*;

**2.2** – *recruitment & retention*;

**3.1** - *Failure of the Health and Social Care Place Based, Integrated Care Systems and Provider Collaboratives in which we work to act together to deliver integrated care, maintain financial equilibrium and share risk responsibly*;

These three risks remain outstanding for detailed review. Risk ratings may change upon review, and detail of controls, assurances, gaps and actions will undoubtedly be amended and updated. Operational pressures on the Executive Owners in the preceding months have been such that planned meetings and works to review these specific BAF risks were not able to proceed as swiftly as hoped. Risks 2.1 & 2.2 were intended for review in a HR Senior Managers' meeting, which was delayed as a result of the departure of the Director of HR. Review of risk 3.1 currently sits on the Executive owner's work plan.

**3.4** – *failure to deliver financial plan* - though rated as an extreme risk, this risk is being managed at target level. The risk is tightly controlled and monitored routinely by Finance and Investment Committee and the Board.

### **Risk Movement (BAF)**

The following BAF risks have been subject to a **change in risk rating** since last review by the Audit Committee:

- ↓ **3.2** – *Failure to manage governance of external partners effectively* - risk rating reduced from 12 to 9 and is now at target level – risk reduction reflects considerable work undertaken recently in establishing the Trust's Partnership Standard and centralising oversight of partnership relationships and governance;
- ↑ **3.11** – *Risk of extensive amount of business solutions residing in a single data centre* - risk rating increased from 8 to 12, though increase was to rectify historic underscoring, rather than an actual increase in risk. An alternative Data Centre solution has been identified and migration is expected in around June/July 2021. It is anticipated that this risk will be managed to target level and closed by August 2021.

Six **new risks** have been added or are proposed as follows:

**1.7** – *Risk re. pandemic* (risk title/description TBC);

**2.4** - *Failure to develop and maintain our culture in line with Trust values, including: promoting equality, diversity & inclusivity; prioritising the health, safety & wellbeing of staff; and fostering a culture of learning & development* (risk title/description TBC);

■ **3.12** - *Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and maintain the delivery of safe and effective services during a wide-spread and sustained emergency or incident;*

■ **3.13** - *A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (net zero carbon by 2040);*

**4.2** - *A failure to maintain an offering of attractive, varied and high quality education opportunities for staff* (risk title/description TBC);

**4.3** - *risk re. research information sharing and opt-out system* (risk title/description TBC);

These new risks are in varying degrees of development and/or approval at present (with current wording of 1.7, 2.4, and 4.2 very much working drafts).

The following (former) BAF risks have been **removed from the BAF**:

**1.2** – *Failure of service models to deliver an integrated care pathway* – whilst acknowledged that delivery an integrated care pathway remains important to delivering quality and effective care, no longer felt to be a key risk, especially within the context of new ways of working within Integrated Care Systems and Provider Collaboratives (see related BAF risk 3.1);

**1.4** – *Failure to ensure patients and carers are involved in care* – issues adequately addressed by / duplicate of related BAF risk 1.1;

**1.7** – *Estate and facilities being unsuitable, unfit for purpose or used inefficiently* - Operational risk relating to Trust's estate remaining fit for purpose remains open on the Trust Risk Register (TRR 1012);

**3.3** – *If the Trust does not proactively engage with its Governors, membership, patients and the wider public then this may compromise its ability to listen and respond to feedback, involve stakeholders proactively and communicate effectively and transparently* – No longer considered to be to be a key issue in line with new strategic objectives. Some live issues (re. governor and FT member engagement) carried over to related BAF risk 3.6;

**3.5** – *Risk of non-delivery of Productivity Improvement Programme/Cost Improvement Programme (PIP/CIP) savings and difficulty in maintaining financial sustainability* - consolidated with BAF risk 3.4;

**3.8** – *Poor quality clinical data and/or lack of data completeness* – risk considered to be primarily operational, rather than strategic. Risk relating to quality of clinical data remains open on the Trust Risk Register (TRR 1015);

**3.9** – *Failure to meet the key objectives of the project to replace the Electronic Health Record (EHR)* – remaining risk considered to be primarily operational, rather than strategic. Risks relating to EHR system remain open on the Trust Risk Register (TRR 1016);

**4.2** - *Failure to be sufficiently innovative and leading edge in its practice* – not felt to align to new SOs. R&D risks will be reconsidered (approx. May 2021) in line with new R&D strategy, once that has been developed and approved.

The remaining risks not listed above (subject to a few exceptions) have been given detailed consideration and **updated** where appropriate. Several risks have been re-described, in order that they more accurately articulate current (rather than historic) areas of concern. Such changes have been made in conjunction with and at the request of Executive owners.

## **PART 3: Trust Risk Register (TRR)**

### **TRR Processes**

The **TRR** sets out the **key operational risks** to the Trust achieving its identified long-term strategic objectives.

Monitoring and management of risks on the TRR is now undertaken via the Ulysses system. The risk owner of each risk on the TRR is a member of the Executive and has direct access to the TRR through the Ulysses Incident Management portal on the Trust's Intranet.

A new suite of reports has been (and continues to be) developed to enhance and facilitate monitoring and reporting of risks on the TRR; which, for example, can indicate 'at a glance' risk movement, risk ratings and closed risks.

The ambition is for directorate risk registers to migrate to Ulysses in the coming months. Maintaining TRR and directorate risk registers on Ulysses facilitates a single view of all risks that relate to each directorate, and the registers would "speak" in a way that satisfies an Internal Audit recommendation (PWC April 2020) to undertake a project review to centralise information including risk registers and

associated action plans. Migration of the Community Services directorate risk register to Ulysses was completed in March 2021.

Key processes for management of the TRR now include:

- Each risk is assigned to a responsible executive director (or 'owner') for oversight;
- Each risk on the TRR is assigned a review frequency, and the Ulysses system automatically prompts as to when the next review is due. This is displayed in the TRR. Risks are now being routinely reviewed in line with these review dates via contact with the relevant executive director (or to a senior manager to whom they have delegated), and reviews are recorded against the risk on Ulysses for audit purposes.
- Trust Solicitor & Risk Manager and Risk Manager view the TRR weekly to determine which reviews are due and who will take responsibility for facilitating that review. Overdue actions are also reviewed and followed up with those responsible for the action.
- All risks on the TRR are aligned to an appropriate responsible Board committee ('monitoring committee'), and risk register reviews will form standing agenda items for those committees.
- Related risks are linked on Ulysses.
- Related incidents and risks are linked on Ulysses.
- Monthly meetings with senior managers for Community Services, Bucks Mental Health, and Oxon & SW Mental Health take place to discuss key risks issues within their directorate, including whether directorate level risks should be escalated to TRR.
- The TRR and BAF are reviewed regularly by the executive directors in the monthly Executive Management Committee (EMC) meetings. A rolling programme will help to ensure that, throughout the year, a range of risks are discussed at EMC.
- In March 2021 bi-monthly meetings with executive owners to review their respective TRR (and BAF) risks commenced.

### **'Red' risks on TRR**

■ The following TRR risks are rated as extreme risks with current risk ratings exceeding 15:

**1019** – *recruitment* – this mirrors BAF risk 2.2. Recruitment is a high-profile risk and one discussed frequently across a variety of forums and committees across the Trust. This risk is planned for detailed review by the HR senior management team this month, to ensure the risk description retains the right focus, that the current

risk rating is appropriate, and that all the current controls, mitigations and plans in respect of this issue are captured in the detail of the risk;

**1020** – *work related stress* – this risk rating should be considered in the context of the Covid-19 pandemic and resultant pressure on staff. Considerable progress has been made in respect of controls to manage and mitigate stress (captured in detail in the risk) which, but for the Covid-19 pandemic, would have been expected to have resulted in a reduction in risk rating from this time last year. However, pressures on staff consequent on the pandemic have been such that, despite improved controls and mitigations, it is assessed that the risk to staff of stress remains high;

**1068** – *waiting times (mental health services)* – the Board is invited to note that this is a new risk still under development. The current risk rating has been reached based on the ratings of similar risks on directorate level risks registers, but has not yet been formally assessed. It is intended that this risk (along with linked risk 1024 – *visibility of waiting lists*) will be escalated for focused discussion at the next EMC meeting in May 2021, as it is anticipated that further actions are needed to reach a strong level of assurance that this risk is being robustly managed;

**1084** – *inpatient self-harm* – there is a risk of injury to or death of patients with intent to self-harm if the Trust fails to: undertake appropriate risk-assessments; implement suitable risk management or care plans; control access to potentially dangerous items or other means by which to self-harm; and/or appropriately risk-assess unsupervised time on the ward, leave or environmental features of wards. We have in place significant controls to manage this risk and a quality improvement programme (target to complete in autumn 2021) relating to individual risk assessments and care plans.

### **Risk Movement**

The following TRR risks have been subject to a **change in risk rating** since last review at a Board meeting in public:

- ↓ **995** – *Covid-19- increased risk to vulnerable and BAME staff* – risk rating reduced from 12 to 8 in the context of individual staff risk assessments and action plans for those at increased risk;
- ↑ **1004** – *availability of specialist mental health beds (LD & autism)* – risk increased from 4 to 12 to reflect pressure for specialist beds nationally and our current patient cohorts;
- ↓ **1033** – *compliance with obligations under Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS)* – risk rating reduced from 12 to 8 in the context of controls and systems which make non-compliance unlikely. Risk is now at target level.

- ↑ **1063** – *training, supervisions and appraisals* – risk rating increased from 9 to 12 in the context of concern relating to supervisions. Recorded supervision rates have fallen during the Covid-19 pandemic.

5 **new risks** have been added to the TRR:

- **1065** – *Cardiopulmonary Resuscitation Training* - This risk emerged from a report to the Executive Meeting on 28 September 2020 (also reported to the Quality Sub-Committee on 20 October 2020), which highlighted that the Trust was under target in terms of the number of staff completing (or refreshing) cardiopulmonary resuscitation training and (re)assessment. Significant progress in managing this risk has already been made, but work continues. This risk is currently rated 10 (Amber/High).
- **1066** – *Non-compliance with Mental Health Act* - The TRR held a number of risks (988, 992, 1002 & 1036) which related to the Trust failing to comply with its duties under the Mental Health Act, including: proper completion of statutory paperwork; presentation of rights; time limits for detention under s.136; and medical scrutiny of grounds for statutory detention. These various issues have been consolidated into one overarching risk, which addresses the risks associated with a failure to comply with the Mental Health Act and the controls in place to mitigate these risks. Updates to the controls have been added as applicable. The former risks [988, 992, 1002 & 1036] have been closed. This risk is currently rated 6 (Yellow/Moderate).
- **1068** – *waiting times (mental health services)* – This risk is currently rated 15 (Red/Extreme). See detail included in 'red risks' above.
- **1082** – *Fit testing of FFP3 masks* – incorrectly fitting FFP3 masks do not provide adequate protection from Covid-19 infection. As such, a programme of fit-testing or staff is underway but due to the volume of testing required will not be complete until approximately September 2021. In the meantime, there are controls and mitigations in place, for example prioritisation of fit-testing for staff working in areas where there is high use of aerosol generating procedures. However, until the programme of fit-testing is complete (target September 2021) there will remain some risk to staff not yet fit-tested of contracting/spreading Covid-19, particularly if required to undertake resuscitation. This risk is currently rated 12 (Orange/High).
- **1084** – *inpatient self-harm* – This risk is currently rated 15 (Red/Extreme). See detail included in 'red risks' above.

The following risks have been **closed on the TRR**:

**993** – *Covid-19 risk – data protection and processing* – this risk was managed to target level. The period of acute risk as the Trust found new ways of working in the pandemic (e.g. home-working, remote access to data, virtual meetings) passed and many of these alternative ways of working have become the 'new normal'. A

general (i.e. non-COVID specific) GDPR risk exists elsewhere on the TRR [1014] and that risk addresses ongoing challenges/risks as regards the lawful processing of data.

**998** – *Covid-19 risk - staff return to sites* - Current situation is quite different to had been anticipated when this risk was added in April 2020. Given new ways of flexible working and facilities for working from home it is no longer anticipated that there will be a mass return to sites until it is safe to do so. This risk was relevant, but was closed once it no longer reflected the reality or intentions of the Trust.

**1009** – *care notes implementation in community hospitals* –

**1016** – *EHR system functionality* -

**1017** - *Staff Mandatory Training* - superseded by risk 1063;

**1023** – *Same-sex breaches in inpatient settings* – this risk was managed to target level and assurance was obtained that controls were effective (no same-sex breaches in 2020 or 2021). Risk will remain open on Quality Governance Risk Register for continued monitoring;

**1029** – *Non-delivery of Cost Improvement Programme (CIP) targets and actual budget over-spends* - Risk mirrored BAF risk 3.4 so considered unnecessary. Risks associated with financial sustainability, the financial plan and CIP to be managed via the BAF.

**1032** – *delay in transfer of patients from community hospitals* - Closed following discussion with Community Directorate.

**1034** – *Pain reassessment in community hospitals and MUI* – Closed following discussion with Community Directorate. Risk was reduced via implementation of new processes, and good assurance obtained via local audits that pain reassessments are now undertaken appropriately. continues to be managed via service risk register.

**992, 988, 1002, 1036** – *various risk relating to duties under the Mental Health Act* - superseded by consolidated risk 1066. See comments in relation to risk 1066 above. Any/all outstanding actions in relation to these risks were completed before closure.

### **COVID-19 Risks**

In addition to the range of Trust-wide risks on the TRR, a group of COVID-19 specific risks have been managed on TRR since April 2020 and reviewed regularly (with risk owners, operational leads and via Board Committees) since that time. Those risks and their current RAYG ratings are summarised below:

Risk Description & RAYG Rating		Movement of risk rating since Sept 2020
990	Personal Protective Equipment	↔

991	Staff wellbeing	↔
992	MHA Risks	Closed
993	Data protection and processing	Closed
994	Physical healthcare on wards and transfer of patients with enhanced physical healthcare needs to a general hospital during COVID-19	↔
995	Potentially vulnerable staff including BAME staff	↓
996	Risks to service users with Learning Disabilities who may be at greater risk from the direct or indirect effects of COVID-19	↔
997	Infection Prevention & Control	↔
998	Return to sites	Closed
1082	Fit testing of FFP3 masks	New

## RECOMMENDATION

The Board is invited to:

- 1) note the report, supporting Appendix 1, and confidential material (Appendix 2) in the Reading Room; and
- 2) confirm whether it is assured that the key strategic and operational risks to the Trust are being appropriately and robustly managed.