

RISK MANAGEMENT STRATEGY

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**Lincolnshire Community Health Services
Risk Management Strategy**

Version Control

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy - amalgamation of the reviewed Risk Management Strategy (RM002a), Risk Management Procedure9 (RM006a) and Risk Register Guidance (G_RM_01).	December 2012	Trust Board Secretary / Corporate Assurance Manager
2		Full review and update – incorporating change in process and other minor amendments	January 2014	Trust Board Secretary / Corporate Assurance Manager
2.1		Update of footers and extension to March 2015 agreed at Audit Committee December 2014	December 2014	Trust Board Secretary / Corporate Assurance Manager
3	Full Review	General formatting and administrative updates, inclusion of reference to Strategic and Corporate Risk Profile and Board Assurance framework	January 2015	Trust Board Secretary / Corporate Assurance Manager
3.1		Update to footers and extension to May 2016 to allow for changes to RM process to be completed	February 2016	Trust Board Secretary/ Corporate Assurance Manager
4		General formatting and administrative updates, inclusion of reference to Corporate Risk Register and Board Assurance Framework	February 2016	Trust Board Secretary/ Corporate Assurance Manager
4.1	Page 17	Inclusion of a new 'Data Quality' paragraph	September 2016	Trust Board Secretary/ Corporate Assurance Manager
4.2		Minor amendments accepted and extension approved	April 2017	Trust Board Secretary/Corporate

				Assurance Manager
5		Full review – general administrative and process updates, inclusion of risk appetite statement, inclusion of reference to BS 310000	November 2017	Trust Board Secretary/Corporate Assurance Manager
6		Rewrite of the strategy to update and bring in line with revised processes	February 2018	Interim Board Business Manager
7	Whole document	Review of strategy and process. Provide clarity about what is the strategy and what the process is for the management of risks	December 2018	Interim Head of Corporate Governance
8				

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Lincolnshire Community Health Services NHS Trust
Risk Management Strategy

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1. Introduction

Lincolnshire Community Health Services NHS Trust (hereafter known as the Trust) is the primary community healthcare provider in Lincolnshire. The overall aim of the Trust is to provide great care, close to home. The Trust provides services aimed at supporting people to manage their own health at home and reducing the need for people to go into hospital. The services include:

- general and specialist integrated community nursing and therapy healthcare services
 - inpatient beds in four community hospitals
 - urgent care services; minor illness and injury units across the county and in Peterborough
 - healthy lifestyle services, including sexual health
 - children's and young people's services, including; protecting vulnerable children and young people and children's therapy services
 - safeguarding services for both children and adults
 - GP services
- Risk management is an inherent part of the delivery of healthcare and supports the effective running of the organisation. This Risk Management Strategy outlines the Trust's approach to risk management. The Risk Management Strategy explains how the strategy is implemented and the processes that identify manage and escalate risks.

This Board approved strategy for managing risk identifies the accountability arrangements, the resources available and provides guidance on what may be regarded as acceptable risk within the organisation. The Board also considers the strategic context and goals of the organisation in the development of the document.

- Successful risk management involves:
 - Identifying and assessing risks
 - Taking action to anticipate or manage risk
 - Monitoring risks and reviewing progress in order to establish whether further action is necessary or not
 - Ensuring effective contingency plans are in place.
- The Trust recognises that risk management forms an integral part of its philosophy, practices and the business planning cycle. The Board must be able to assure itself the organisation is operating effectively and meeting key aims, goals and principal strategic objectives.

2. Aim

- The Trust's approach to risk management aims to be forward looking, innovative and comprehensive and to make the effective management of risk an integral part of everyday practice. It also aims to support a culture which encourages continuous improvement and development, a focus on proactive rather than reactive risk management and supports well thought through decision making.

- The aim of this strategy is to set out the Trust's vision for managing risk. Through the management of risk, the Trust seeks to minimise, though not necessarily eliminate, threats, and maximise opportunities. The Trust's risk appetite statement seeks to ensure that:
 - a) in relation to the delivery of services and care to patients the Trust prefers safe delivery options that have a low degree of inherent risk. The Trust is not willing to take risks with patient safety. The Trust seeks to innovate to improve patient safety while taking limited risks.
 - b) in relation to regulation and compliance, finance and reputation the Trust is willing to consider all potential delivery options while also providing an acceptable level of reward. The Trust will not break the law.
 - c) in relation to quality and innovation the Trust is eager to be innovative and to choose options offering potentially higher rewards despite greater possible inherent risks. The Trust will not compromise patient safety while innovating service delivery.

The detailed Risk Appetite statement is available on the Trust's website.

3. Purpose and Scope

- 3.1 The purpose and scope of the Risk Management Strategy and Process is to detail the framework within which the Trust leads, directs and controls the risk to its key functions in order to comply with legislation and strategic objectives. The strategy underpins the Trust's reputation and performance and is approved by the Trust Board. The Risk Management Strategy is underpinned by a process for identifying and managing risk.
- 3.2 The Trust recognises that it has a legal and moral obligation to safeguard staff, patients and members of the public. There are also sound financial and good practice reasons for identifying and managing both clinical and non-clinical risks. Failure to manage risks effectively can lead to avoidable harm, loss or damage in terms of personal injury but also in terms of loss or damage to the Trust's reputation, financial loss and potential for complaints, litigation and adverse or unwanted publicity.
- 3.3 This document is intended for use by all Trust employees and contractors. All staff members will be made aware of the contents on commencement of employment as part of their induction.
- 3.4 The Strategy and process will be made available to all staff via the Trust website. All managers have a responsibility to ensure that staff are made aware and actively implement this Strategy and Policy.
- 3.5 Throughout this document risk terms have been used, a definition table of terms can be found at appendix 1.

4. Objectives of the Strategy

- The objectives of this Risk Management Strategy are as follows:

- To set out the Trust's approach to risk and provide a framework and clear process for robust risk management at all levels within the organisation.
- To outline the framework to provide assurance that risks at all levels of the organisation are being appropriately identified, assessed, prioritised, addressed and monitored.
- to detail the expectations in terms of roles and responsibilities of all staff in order to embed the concepts and ideas of risk assessment, risk management and risk accountability into the day to day working practices of the organisation.
- to support and promote on-going development as a learning organisation.
- To demonstrate the organisational wide accountability
- To ensure incidents, complaints and claims are considered in terms of risk management.

5. Risk Statement

- 5.1 The Trust is committed to having a risk management culture that underpins and supports the business of the Trust. The Trust intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation.
- 5.2 Done well, this ensures the safety of our patients, visitors, and staff and ensures that the Board and management are not surprised by risks that could, and should, have been foreseen.
- 5.3 Strategic and business risks are not necessarily to be avoided, but, where relevant, can be embraced and explored in order to grow business and services, and take opportunities in relation to the risk.
- 5.4 Considered risk taking is encouraged, together with experimentation and innovation within authorised and defined limits. The priority is to reduce those risks that impact on safety, and reduce our financial, operational and reputational risks.
- 5.5 Senior leaders will lead change by being an example for behaviour and culture; ensuring risks are identified, assessed and managed.
- 5.6 Managers will encourage staff to identify risks to ensure there are no unwelcome surprises. Staff will not be blamed or seen as being unduly negative for identifying risks.
- 5.7 All staff should have an awareness and understanding of the risks that affect patients, visitors, and staff and are encouraged to identify risks. Staff will be competent at managing risk. In order to facilitate this, staff will have access to comprehensive risk guidance and advice; those who are identified as requiring more specialist training to enable them to fulfil their responsibilities will have this provided internally.

6. Risk Appetite Statement

- 6.1 The Trust recognises that it is operating in a competitive healthcare economy where patient safety, quality of service and organisational viability are vitally important.
- 6.2 The Trust also recognises that there is always a level of inherent risk in the provision of healthcare which must be accepted or tolerated, but which must also be actively and robustly monitored, controlled and scrutinised.

- 6.3 The Trust also recognises that it has finite resources in terms of staff, equipment and finances available in the delivery of healthcare services.
- 6.4 In response to these factors the Trust will seek to manage risks in accordance with the well-established principle of ensuring the risk is mitigated as far as possible, with priority being placed upon maintaining or improving Patient Safety ahead of any other aim or objective.
- The Trust Board has approved a risk appetite statement that reflects the level of risk the organisation is willing to accept against key elements of risk.
 - The full Risk Appetite Statement is available on the Trust's website at https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/3615/3131/3971/Risk_Appetite_Statement.pdf.

7. Duties/ Responsibilities

- 7.1 The Chief Executive holds overall responsibility for risk management. The Chief Executive is also accountable for the implementation of risk management and controls assurance.
- 7.2 Clear lines of accountability for risk management have been established throughout the organisation. The Head of Corporate Governance is charged with advising on and co-ordinating risk management activities. The Head of Corporate Governance consults with the Chief Executive and other Executive Directors on the strategic direction of all risk activities.

Trust Board	Board Committees	Trust Leadership Team (TLT)	Specialist Groups
<ul style="list-style-type: none"> • The Trust Board is collectively responsible for risk management, although as Accountable Officer the Chief Executive holds overall responsibility for risk management. • The Trust Board is responsible for the Board Assurance Framework and Corporate Risk Register. • The Trust Board is responsible for approving the movement of risks on and off the Board Assurance Framework and the Corporate Risk Register. The Trust 	<ul style="list-style-type: none"> • The Board Committees will review the Corporate Risk Register and Board Assurance Framework as part of the agenda of the meeting. • The Board Committees will seek assurance that the risks are being properly addressed by the leaders in the Trust. 	<ul style="list-style-type: none"> • The TLT is responsible for continuing to manage the risks included on the treatment plan. • The TLT will seek views from specialists groups through the Director responsible for the service. • Any movement on the registers will be considered by TLT and submitted to the Trust Board for final agreement .. • The TLT will receive risk assessments for consideration for inclusion on the 	<ul style="list-style-type: none"> • Each meeting of specialists groups will include the Corporate Risk Register suite of documents as part of the agenda and provide any updates to the Director responsible for the service. The Director remains responsible for the risk score and has the final decision as to what the score should be. • The specialist groups provide advice to the Executive Directors

Trust Board	Board Committees	Trust Leadership Team (TLT)	Specialist Groups
Board will have sight of the full Board Assurance Framework and Corporate Risk Register on a monthly basis		Corporate Risk Register. • The TLT will make recommendations to the Trust Board on the inclusion of risks on the Corporate Risk Register.	and agree any update to the risk. The Director should update the Register in line with the agreement made at the specialist group.

7.3 Should there be a disagreement between the Director responsible for the service and the specialist advisor for the subject of the risk, discussion will be held at a properly constituted meeting to understand the difference of opinion and an agreement will aim to be reached, recognising the Director responsible for the service ultimately carries the overall responsibility for any risk. If a disagreement persists around any aspect of the risk, the difference of opinion will be discussed at the next TLT where the Director will be required to explain the difference of opinion. TLT will the final outcome and ensure a summary of the discussion and issues is included in the monthly risk report.

7.4 Detailed roles and responsibilities of officers are included in Appendix 2.

8. Risk Management Review

8.1 The Risk Management Strategy and process is reviewed every year.

8.2 The Risk Appetite Statement should be reviewed on an annual basis in line with the development of the Annual Plan. The Risk Appetite Statement should consider any developments in the objectives identified in the Annual Plan.

9. Board Assurance Framework

9.1 Annually the Trust Board agrees the objective for the forthcoming financial year at a board meeting. The objectives are included in the Board Assurance Framework which is reviewed by the Board Committees and Board on a monthly basis. The Trust has a Board Assurance Framework in place. The updated objectives are allocated to Executive Directors who are responsible for delivering the objectives. Overall responsibility for delivery of the Board Assurance Framework is held by the Chief Executive.

9.2 The Board Assurance Framework is updated on a monthly basis along with the Corporate Risk Register. A meeting is held with each of the directors on a monthly basis prior to the board committee meetings to update the Board Assurance Framework.

9.3 An update report along with the Corporate Risk Register and the Board Assurance Framework is presented for review and decision to the TLT on a monthly basis. The documents are then reviewed by the board committees. The board committee will update the Board Assurance Framework following its discussions and the updated version is reviewed by the Trust Board.

9.4 The objectives included in the Annual Plan and approved at the beginning of the

financial year by the Trust Board are the objectives included in the Board Assurance Framework and are reviewed throughout the year. The Corporate Risk Register underpins the Board Assurance Framework and the risks are mapped against the Board Assurance Framework. The Board Assurance Framework items are also mapped against the Corporate Risk Register to ensure there is some appropriate correlation. This provides support to the assurances being given to the Board and the Board Committees each month

10. Risk Register – corporate and operational

- 10.1 The Corporate Risk Register provides the senior leaders in the organisation with a clear understanding of the current active risks that have been identified and are being managed by the Trust.
- 10.2 The Corporate Risk Register underpins the Board Assurance Framework and is supported by the operational risk registers. The Corporate Risk Register is discussed with each of the Directors on a monthly basis. At each meeting the director considers the risks included in the Corporate Risk Register and will provide details on any additional mitigations or adjustments to the risk and scoring.
- 10.3 The updated Corporate Risk Register, Board Assurance Framework and Summary Risk Management Report are presented to the TLT, board committees and Trust Board in a cycle. The report identifies any actions the meetings need to consider and approve.
- 10.4 Operational registers are used at an operational level and provide the basis for the hierarchy of risk. Each operational area has a local register where local risks are recorded. Risks are discussed at local governance groups and are escalated as appropriate to either the Neighbourhood Teams Locality Services or Urgent Care and Flow Countywide Services governance groups. Similarly, once risks have been discussed at the Neighbourhood Teams Locality Services and Urgent Care and Flow Countywide Service meetings any risks that require escalation will be escalated through the identified process.

11. Treatment Plan

- 11.1 The Treatment Plan sits behind the corporate or operational risk registers. It is the “register” of those risks in the organisation that have been mitigated by the actions that have been taken and have all the controls in place, but there remains a residual risk the organisation continues to hold.
- 11.2 Corporately, once the risk has been mitigated as fully as it can be and all the controls available have been put in place, the risk is considered again by the Director who owns the risk. The Director will recommend to the TLT that the risk be moved to the Treatment Plan. The TLT will seek assurance through evidence that the risk has been fully mitigated. The TLT will recommend the Board approves the move at the next Board meeting.
- 11.3 Placing the risk on the Treatment Plan will ensure the risk continues to be kept under review and any additional controls that become available should be recorded. The risk remains open on the Treatment Plan until it either becomes a fully mitigated risk and can be closed or something additional happens to the risk which results in either the risk being moved back to the Corporate Risk Register or a new risk is considered and it is linked to the Treatment Plan risk, so that both are considered together when

ensuring the controls are being put in place.

- 11.4 If a new risk is added to the Corporate Risk Register which is related to an existing risk on the Treatment Plan, the new risk should be linked to the existing risk number and consideration be given if the risk on the Treatment Plan should be closed. The consideration should be undertaken by the Director responsible for the risk with the support of any information specialist. The information should be discussed at the TLT in line with the standard process for introducing a risk (please see Process for Identifying and Managing Risks)
- 11.5 This movement is underpinned by a dynamic risk assessment that is in place and sitting behind the Corporate Risk Register. Dynamic risk assessments are updated as part of the process of reviewing the risk.
- 11.6 The Treatment Plan is reviewed formally on a quarterly basis as part of a monthly review of risk with each director. Any movement is reported through the governance structure in the same way as any movement on the risk register is reported.
- 11.7 The final link back to the Board Assurance Framework occurs when a risk is moved to the closed register. The risk is checked against the Board Assurance Framework to ensure that any gaps in control or gaps in assurance on the Board Assurance Framework are not outstanding or reliant on the risk. If this does occur a further discussion with the Director responsible for the risk is held to ensure that any inconsistency is identified and managed either by leaving the risk on the appropriate register or introducing a new risk at either operational or corporate level.
- 11.8 Operationally, a risk is moved to the Treatment Plan when it has been mitigated as far as it can be and all controls are in place. Once the local governance group has agreed it has seen the evidence to confirm there are no outstanding actions, the Quality Assurance Manager will move the risk to the Treatment Plan and arrange for the risk to be kept under review by the risk owner. The local governance group will formally review the Treatment Plan on a quarterly basis as a minimum.

12. Closed Registers

- 12.1 The closed register records all the risks that have been considered by the Trust, where the risk no longer exists either because the Trust has ceased undertaking the activity that gave rise to the risk, or the risk has changed and the element described has been managed and eliminated or has been picked up in a further risk. Both the operational and the Corporate Risk Registers have a closed register sitting within the suite of documents.

13. Annual Governance Statement

- 13.1 The Annual Governance Statement is an annual statement prepared by the Trust which provides assurance on the internal controls in place across the organisation during the year. It includes detail of the risk management systems, details of how the Trust's capacity to manage risk is addressed and a summary of the risk and control framework that is in place in the organisation. The statement is approved by the Trust Board as part of the year end process.

14. Definitions of Risk

- 14.1 Different types of risk will originate from different situations. Various risks originate due

to the uncertainty arising out of various factors that influence a situation. Risk implies future uncertainty and possible deviation from an expected outcome. Risk measures the uncertainty that an organisation is willing to take.

14.2 The definition of risk is a [probability](#) or [threat](#) of [damage](#), [injury](#), [liability](#), loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through preemptive [action](#).

14.3 At its best risk management will radically improve the quality of services provided and provide strategic direction to the Trust by guiding staff on the appropriate level of risk they are permitted to take and enable staff to seize important opportunities.

14.4 Risk can relate to:

A threat - an event or circumstance which could cause harm or loss, or affect the ability of the organisation to achieve its objectives.

An opportunity – the organisation must take some risks in order to obtain a benefit, to innovate, grow and improve.

15. Business development and risk assessment

15.1 Any new business development opportunity should be considered from a risk perspective. The business case and proposal documents should include a risk assessment that identifies the risks that the Trust could be exposing itself to as part of taking on the business. Those risks should be considered against the Risk Appetite Statement.

16. Development of the risk systems – Improvement plan

16.1 Over the next 12 months the systems around risk management will continue to be developed and are summarised below:

- Work will be undertaken to further develop the culture in the Trust around scoring of risks and ensuring the risk assessment documentation is used dynamically.
- Develop a training package that can be delivered as part of the mandatory training and induction of new staff.
- Introduce the Datix risk module to ensure risks are recorded through Datix.
- Ensure the articulation of risks, controls and actions are accurate, definitive and timely.

Appendix 1- Definition of terms

Action – is the work that is undertaken to address the risk, but may not result in a control being put in place to manage the risk in the future.

Assurance – Internal and external evidence that risks are being effectively managed

Control(s) – Outcomes of work that has been undertaken that help the risk be mitigated and prevented from reoccurring.

Consequence- The potential consequence if the adverse effect occurs as a result of the hazard

Internal control - A method of restraint or check used to ensure that systems and processes operate as intended and in doing so mitigate risks to the organisation; the result of robust planning and good direction by management. If a control is not working effectively then it is not a control.

Inherent Risk - The level of risk before any control activities are applied.

Likelihood - The chance or possibility of something happening.

Residual Risk - The current risk 'left over' after controls, actions or contingency plans have been put in place.

Risk – The chance of something happening that will have an adverse impact on the achievement of the Trust's objectives and the delivery of high quality care.

Risk Appetite – The level of risk considered the Trust is prepared to accept, tolerate or be exposed to at any point in time.

Risk Capacity - Maximum level of risk to which the organisation should be exposed, having regard to the financial and other resources available.

Risk Management - 'All the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate and anticipate them, and monitoring and reviewing progress'.

Risk Maturity – The overall quality of the risk management framework.

Risk Owner – The individual who is responsible for the management and control of all aspects of individual risks. This is not necessarily the same as the action owner, as actions may be delegated.

Risk Profile – The overall exposure of the organisation to risks (or a given level of the organisation).

Risk Rating – The total risk score worked out by identifying the consequence and likelihood scores and cross referencing the scores on the risk matrix.

Risk Register – The tool for recording identified risks and monitoring actions and plans against them.

Risk Tolerance - The boundaries of risk outside of which the organisation is not prepared to venture in the pursuit of its objectives.

Appendix 2 - Roles and Responsibilities

The following table describes the individuals, groups and committees responsibility for risk.

Title	Responsibilities
Chief Executive	<ul style="list-style-type: none"> • Overall accountability for maintaining a sound system of internal control and assurance that supports the achievement of the Organisation's objectives. • Responsibility for ensuring full support and commitment is provided and maintained in every activity relating to risk management. • Responsibility for planning for adequate staffing, finances and other resources, to ensure the management of those risks which may have an adverse impact on the staff, finances or Trust stakeholders. • Signing the Trust's Annual Governance Statement, which adequately reflects the risk management issues within the Trust. • Operationally, the Chief Executive delegates responsibility for the implementation of the Risk Management Strategy to other individuals, as described above.
Director of Finance and Business Intelligence	The Director of Finance and Strategy has responsibility for financial governance and associated financial risks.
Medical Director	The Medical Director has responsibility for clinical risk
Director of Nursing, AHP and Operations	<p>Executive responsibility for all operational risk management issues. This is delegated on a daily basis to the Deputy Director of Nursing. The Director of Nursing and Operations assumes overall accountability for the Trust's risk management system in the absence of the Chief Executive.</p> <p>Providing effective leadership to the Heads of Clinical Services and the Quality Assurance Managers to ensure there are robust systems in place in all services to identify risks associated with delivery of key targets and to all clinical services.</p>
Director of Workforce and Transformation Deputy Chief Executive	The Director of Workforce has responsibility for all workforce, Estate and IMT risks.
Directors	<p>Act as accountable Lead Directors for their respective areas of the business and will ensure that within their directorates all risk management issues are coordinated, managed, monitored and reviewed including:</p> <ul style="list-style-type: none"> • Lead in the management of risk by devising and implementing short, medium and long term strategies to tackle identified risk. • Recommending to the Trust Board the raising and closing of identified strategic risks, using the Board Assurance Framework.
Non-Executive Directors	<ul style="list-style-type: none"> • Providing challenge to the risk management and governance arrangements within the organisation.

Title	Responsibilities
	<ul style="list-style-type: none"> • Providing assurance of the robustness of these arrangements as part of their role as members of the Trust Board and its committees.
Head of Corporate Governance	<p>The assurance of the risk management for LCHS including:</p> <ul style="list-style-type: none"> • Maintenance of the risk registers and risk management strategy. • Risk monitoring, management and reporting. • Risk awareness. • Combined risk register and board assurance management and reporting. • Management of the Annual Governance Statement. • Operational management responsibility for the implementation of all aspects of the corporate and risk management agenda through management of the Corporate Governance Team.
All Employees (including contracted personnel)	<ul style="list-style-type: none"> • The identification of both clinical and non-clinical risks that exist or emerge within the area in which they work, and the escalation of these identified risks to managers, risk leads, or senior management as appropriate. • Undertaking working practices that comply with all policies, regulations, procedures and specific safe systems of work. • Ensuring they act in a manner which is safe and secure for themselves, colleagues, patients, visitors and others who may be affected by their actions, being aware they have a duty to take reasonable care for their own safety and the safety of others who may be affected by their acts or omissions. • Report any hazardous situations and accidents/ near-miss incidents to the relevant manager(s) as soon as possible and through the appropriate systems.
Senior/Line Managers	<ul style="list-style-type: none"> • Ensuring that they and their staff fulfil their responsibility for risk management by identifying, reporting, monitoring and managing risk in line with this and other associated policies. • Ensuring that appropriate and effective governance processes are in place to proactively identify assess and manage risk within their designated area and scope of responsibility. • Ensure identified risks are recorded, properly assessed, escalated, communicated and managed effectively and appropriately in line with guidance within their area of responsibility so that the consequences of a risk – patient harm, financial loss, reputational damage, etc. are minimised.
Quality Assurance Managers	<ul style="list-style-type: none"> • Playing a key role in supporting the systems and processes for the review and recording of all risks scoring 4 - 8 and above. • Providing expert advice on the grading and escalation/de-escalation where appropriate. This will involve providing education and encouragement of how risk reporting improves patient safety. • Providing support on the relationship between incidents, complaints, claims, compliments and the risk systems • Supporting their area in the identification, assessment and reporting of risk.

Heads of Clinical Services (HOCs)	<ul style="list-style-type: none"> • Discussing existing and emerging risks within their environment with the Quality Assurance Managers, Matrons and Clinical Team Leads. • Ensuring risk assessments are undertaken and an action plan is developed to mitigate the risk including any cost implications and monitor progress of completion • Ensuring all risks and associated action plans are monitored and reviewed at each local governance meeting. Any risk scoring 8 or above should be included in the risk register for discussion at local groups and committees. • Ensuring all staff are aware of their responsibilities in relation to risks in their working environments. • Ensuring staff have been provided with the necessary information and training to enable them to work safely. • Discussing any new risks with the most appropriate Deputy Director.
Chairs of all Trust meetings	<ul style="list-style-type: none"> • Ensuring all relevant risks are brought to the meeting on a regular basis for review to ensure they are up to date and being effectively managed. • Seeking assurance that appropriate action has been taken to mitigate the risk
Trust Leadership Team	<ul style="list-style-type: none"> • The Trust Leadership Team (TLT) reviews the risk register, and the Board Assurance Framework on a monthly basis, for effectiveness of controls, provide strategic direction on risk management across the organisation and ensure internal governance mechanisms remain robust • The TLT is responsible for continuing to manage the risks included on the Treatment Plan. • The TLT will seek views from specialists groups through the Director responsible for the service. • Any movement from the Treatment Plan should be approved at the Trust Board and included in the next Risk Report. • The TLT will receive Risk Assessments for consideration for inclusion on the Corporate Risk Register. • The TLT will make recommendations to the Trust Board on the inclusion of risks on the Corporate Risk Register.
Audit Committee	<p>The Audit Committee will review the adequacy of the risk systems and provide assurance to the Trust Board that the systems are appropriate and provide the Trust with an appropriate risk management system. The committee has responsibility for providing assurances to the Trust Board on the internal control systems and the process which are in place by the monitoring and validation through internal and external audit cycles.</p>
Quality and Risk Committee	<p>The Quality and Risk Committee (Q&R) will be responsible for overseeing the management of clinical risks. It will seek assurance that risks are being updated on a regular basis and triangulate the information report to the Committee with the Corporate Risk Register.</p>
Finance, Performance and Investment Committee	<p>The Finance, Performance and Investment Committee (FPIC) is responsible for overseeing the management of business risks. It will seek assurance that risks are being updated on a regular basis and triangulate the information report to the Committee with the Corporate Risk Register.</p>

Senior Management Team	<ul style="list-style-type: none"> • The meeting is chaired by the Director of Nursing, AHP and Operations and is the point at which any risk escalated from the Safeguarding Patient Safety Group can be discussed with the senior management and the Director responsible for the service. • The meeting will review the risks and escalate any that require consideration for inclusion on the Corporate Risk Register for discussion at the TLT.
Specialist Groups	<ul style="list-style-type: none"> • At each meeting specialist groups will include the Corporate Risk Register suite of documents as part of the agenda and provide any updates to the Director responsible for the service • The groups provide advice to the Executive Directors and agree any update to the risk. The Director should update the register in line with the agreement made at the group. • Specialist Groups includes, (but is not an exhaustive list) Senior Management Team, Health and Safety Group, Workforce and Transformation Executive Group, Safeguarding and Patient Safety Group, Effective Practice Assurance Group, Fraud Risk Group
The Trust Board	<ul style="list-style-type: none"> • Sharing the collective responsibility for the success of the Trust, including the effective management of risk and compliance with relevant legislation and providing the strategic direction and leadership to the Trust including: <ul style="list-style-type: none"> ○ Protecting the reputation of the Trust; ○ Providing leadership on the management of risk and ensuring the approach to risk management is consistently applied and determining the risk appetite for the Trust; • Ensuring all assurances demonstrate that the risk has been identified assessed and all reasonable steps have been taken to manage it effectively and appropriately. • Endorsing risk related disclosure documents. • Review the Risk Appetite Statement on an annual basis

Appendix 3

Key Performance Indicators

Equality Analysis

<p>Name of Policy:</p> <p style="text-align: center;">Risk Management Strategy</p> <p>Equality Analysis Carried out by: Anna Pridmore Date: 17 August 2018 Equality & Human rights Lead: Rachel Higgins Director\General Manager: Anna Pridmore</p>	
<p>*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.</p>	

Section 1 – to be completed for all policies

A.	<p>Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be</p>	<p>The purpose of this policy is to provide all staff with an approved framework for the effective identification and management of risk within the organisation. The policy seeks to ensure that risk to the quality and delivery of patient services and care is minimised, protects the services, reputation and finances of the organisation, ensures the organisation meets its statutory obligations and creates a culture where staff acknowledge risk as the responsibility of everyone.</p>
B.	<p>Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details</p>	<p>The effective implementation of this policy has a significant impact on all staff, service users, public and carers. This policy sets out an approved framework through which this should be done.</p>

C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Anna Pridmore		
Date:		17 August 2018		