

# Risk Management and Assurance Strategy

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## Version history log

Version	Date	Description of changes
1.0	June 2010	Updates to reflect changes to committee structures and management.
2.0	December 2012	Updates to reflect changes in committee structures, wording of purpose section and addition of amendment log.
3.0	November 2014	Reviewed and updated in line with current practice within and out with the Trust.
4.0	December 2016	Reviewed and updated in line with re-refresh of Risk Management policy & procedure

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## 1. Introduction

### 1.1 Purpose

- 1.1.1 To establish the Trust's Risk Management Strategy, aligned to the requirements of the Trust's 2021 Strategy and Integrated Operational Plan, and to set out the systems, processes and responsibilities for the management of risk; taking account of the requirements of the Department of Health and relevant external regulatory bodies.
- 1.1.2 Risk is inherent in all Trust activities. Failure to appropriately manage risks can increase the potential for harm to patients, staff or others, loss or damage to the Trust's reputation, financial loss and potential for complaints, litigation and adverse publicity.
- 1.1.3 This Strategy describes a framework which enables implementation and promotes continuous improvement of the processes and cultures which are essential to the delivery of effective risk management. The Strategy also describes a systematic corporate process for evaluating and addressing the impact of risk in a cost effective way, utilising staff with the appropriate knowledge and skills to identify and assess the potential for risks to arise. The Chief Executive Officer (as Accountable Officer) can thereby be assured that risks relating to delivery of the Trust's strategic objectives are identified and managed effectively.

### 1.2 Context

- 1.2.1 The Trust is committed to the pro-active management of risk, this ***Risk Management and Assurance Strategy*** describes the approach taken by the Trust to manage risks.
- 1.2.2 The risk management process described in this Risk Management and Assurance Strategy and in the supporting Risk Management Policy and Procedure documents, is influenced by existing risk management frameworks in place across the NHS, the services provided at this Trust, and also the specific procedures and practices employed.
- 1.2.3 The view of the Trust Board is that the management of risk is the business of everybody in the organisation. It is recognised that the management of risk is an integral part of good management practice and as such it should be embedded in the organisation's culture. The Trust will also promote good risk management in its relationship with stakeholders, including organisations and individuals who contract with the Trust.
- 1.2.4 A system of internal control has been designed to manage, and where appropriate apply a hierarchical approach to the management of risk in order to escalate risks appropriately and provide assurance to the Trust Board. The Trust Board will identify where seek assurance on the effectiveness of these measures as part of the Trust's Board Assurance Framework.
- 1.2.5 The Trust Board acknowledges its responsibility to monitor the implementation and progress of this Strategy and to formally review it accordingly on an annual basis.

### **1.3 Objectives**

1.3.1 The objectives of the Strategy are:

- To ensure that robust arrangements are in place to manage risks to support and facilitate an effective system of internal control.
- To provide a framework for the recognition and management of risks to the effective delivery of the Trusts strategic objectives.
- To encourage the highest possible standards of safe patient care, where the rate of avoidable harm is low to the volume and complexity of activity undertaken.

### **1.4 Scope**

1.4.1 The Strategy applies to all directly employed staff, agency staff and contractors engaged in work on behalf of the Trust.

### **1.5 Compliance**

1.5.1 The Trust has a statutory responsibility to patients, public and commissioners to ensure that it has effective processes, policies and people in place to deliver its strategic objectives and to effectively control any risks that it may face in achieving these objectives.

## **2. Associated Procedural Documents**

2.1 To support the Strategy there are a number of related policy and procedural documents that underpin the risk management arrangements for the Trust:

- Risk Management and Risk Register Policy
- Risk Management and Risk Register and Procedure
- Quality Strategy
- Performance Management Strategy
- Incident Reporting and Investigation Policy and Procedure (to be developed)
- Serious Incident Investigation Policy and Procedure (to be developed if not included in above)
- Maternity Risk Management Strategy
- Trust Health and Safety Policy and Procedures
- Health and Safety Policy
- Information Governance Policy
- Standing Financial Instructions

### 3. Strategy

#### 3.1 Strategic Aims and Objectives

- 3.1.1 The Trust Board has identified, agreed, and published the Trust's vision, aims and objectives which will be delivered through the Integrated Operational Plan and the 2021 Strategy, together with being delivered through the Business Units, Specialties, and Corporate Departments
- 3.1.2 The Trust managers risks to the delivery of the strategic aims and objectives which are captured in the Integrated Strategic Risk Register and Board Assurance Framework (BAF), which forms the basis of the Board's risk management agenda, supported by the Corporate Risk Register and Operational Risk Registers.

#### 3.2 Risk Management Objectives

- 3.2.1 The Risk Team will take the lead in the delivery of risk management objectives which will be incorporated into annual work plans, which are:
- To embed effective systems and processes as set out in the Trust's Risk Management and Risk Register Policy and Procedure for the identification, management and control of risk throughout all areas of the Trust.
  - To secure robust assurance arrangements, in order to develop and maintain an effective system of internal control.
  - To augment a range of educational initiatives to equip all levels of managers and staff, to effectively manage risks pertinent to their roles and level of responsibility.
  - To attain and secure the highest levels of compliance against all external regulatory standards and the registration requirements of the Care Quality Commission (CQC).

#### 3.3 Corporate Governance and Management

- 3.3.1 The Audit Commission has defined corporate governance in healthcare as:
- 'The systems and processes by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community'.***
- 3.3.2 Corporate governance is the system by which the Trust is directed and controlled, at its most senior levels, in order to achieve its strategic aims and objectives and meet the necessary standards of accountability, probity and openness. The Deputy Chief Executive and the Trust Board Secretary play a pivotal role in ensuring the Trust Board, the Board Committees and other executive groups operate effectively within their Terms of Reference with no gaps in governance arrangements.

#### 3.4 Other Types of Governance

- 3.4.1 Various terms are used within the NHS to describe types of governance. The types of governance systems and process in place across the Trust include:
- Integrated Governance
  - Quality Governance
  - Information Governance
  - Financial Governance

### 3.5 Risk Management

3.5.1 The Trust is subject to constant change in its core business and the wider environment. The risk environment is constantly changing too, priorities and the relative importance of risks for the Trust will shift and change. Assessment of risk is therefore a dynamic and on-going process. The Trust recognises that in order to be most effective risk management must become part of the organisation's culture, part of day to day 'business as usual'. The Trust will strive to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. When this is achieved, everyone in the Trust will become proactively involved in the management of risk.

### 3.6 Types of Risk

3.6.1 The two main types of risk facing the Trust can be categorised as **strategic or 'corporate' risks** and **operational risks**.

3.6.2 **Strategic risks** are those related to the delivery of the Trust's strategic objectives. They have the highest potential for external impact including engagement with the wider health and social care community and with external stakeholders. Strategic risks are managed through the Integrated Strategic Risk Register, which is underpinned by the Corporate Risk Register and reviewed on a monthly basis by the Strategic Risk Management Group (SRMG). Principal risks associated with the delivery of each strategic aim and objective are reviewed by the Trust Board on a monthly basis as part of the Board Assurance Framework, which is integrated into the Strategic Risk Register.

3.6.3 **Operational risks** consist of risks to the Trust's on-going day-to-day business delivery, such as clinical (patient safety), staff safety, security, information, financial and litigation. Whilst they may have some external impact, they mostly impact on the internal functioning and services of the Trust at operational level. Operational risks will usually be managed at Business Unit level as part of the relevant Business Unit Risk Register. Significant operational risks (usually those graded at 15 or above) may impact on the delivery of strategic objectives and therefore these risks will be escalated to the SRMG and managed within the Corporate Risk Register.

### 3.7 Risk Appetite and tolerance

3.7.1 Risk Appetite is "the level of risk that an organisation is willing to accept or tolerate". The appropriate level will depend on the nature of the work undertaken and the objectives pursued. A different Risk Appetite or tolerance may be identified in relation to different strategic objectives or particular risks. Precise measurement is not always possible and risk appetite may be defined by a broad statement of approach. The Trust may have an appetite for some types of risk and may be averse to others, dependent upon the nature of the risk and the potential effects if the risk were to occur. For example, some risks may have a high impact but a low likelihood and the appetite to tolerate these may be high due to the resource implications of attempting to treat them.

3.7.2 The Trust will grade and assess the likelihood and severity of risks in accordance with standard National Patient Safety Agency (NPSA) '*Risk Matrix Severity definitions*'. Risks will be rated as either EXTREME, HIGH, MODERATE or LOW dependent upon the risk score. All risks will also have a 'target risk score' identified. This score can be used to define the maximum level of risk tolerable before action should be taken to lower it. By defining its risk appetite, the Trust can arrive at an appropriate balance between uncontrolled innovation and excessive caution. It can be used

to guide managers on the level of risk permitted and encourage consistency of approach across the Trust, and ensure that resources are not spent on further reducing risks that are already at an acceptable level. The Trust's risk rating system is shown below:

**Table 1 – Risk Rating levels**

Rating	Descriptor	Grading	Management level	Risk Register	Risk team support	Risk type	Review frequency
RED	EXTREME	≥15	Executive Director Strategic Risk Management Group	Strategic Corporate	Risk Manager	Risks to the delivery of the aims and objectives of the Trust	Monthly
AMBER	HIGH	8 to 12	Business Unit Risk Lead Risk Validation Group Business Unit Governance meetings	Business Unit	Risk Team	Operational risks	Monthly
YELLOW	MODERATE	4 to 6	Specialty Manager or department head	Specialty or department risk register	As needed	Local operational or H&S risks	Monthly
GREEN	LOW	≤3	Specialty Manager or Department head	Specialty or department risk register	As needed	Low local risks or H&S risks	At least Quarterly

#### 4. The assurance process

##### 4.1 Assurance Infrastructure

4.1.1 An assurance infrastructure, including the Audit Committee and other Trust Board Committees are in place to closely scrutinise key controls and assurances on controls to assess their validity and efficiency to identify any gaps in controls or gaps in assurance. A key element of the assurance process is to ensure that all procedural documents are subject to monitoring compliance against the detail described within them, that they meet relevant regulatory requirements, current legislation and guidance.

##### 4.2 Board Assurance

4.2.1 The Trust Board seeks assurance that risk management systems and processes are appropriately identifying and managing risks to the organisation through several mechanisms including the following:

- Board Assurance Framework
- Trust's progress against its strategic objectives
- Performance reports to the Board outlining achievement against key performance, safety and quality indicators
- Compliance with National Standards and regulatory requirements
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented effectively
- Annual review of this Strategy.

### **4.3 Board Assurance Framework (BAF)**

4.3.1 The Board Assurance Framework provides the Trust with a simple but comprehensive method for the effective management of the principal risks to its strategic aims and objectives. It also provides a structure for the evidence to support the Annual Governance Statement. The Board Assurance Framework is reviewed and updated by the Trust Board, and performance management and exception reports provided for consideration to Executive Groups and the Trust Board.

4.3.2 The Board Assurance Framework has a number of purposes, which include:

- It is a high level management assessment process and record of the principal risks to the delivery of strategic objectives and the strength of internal control to prevent these risks occurring.
- It identifies sources of assurance and receives and reviews actual assurances using them to confirm or modify the Board's opinion as to the adequacy of internal control.
- It identifies gaps in control or assurance and requests additional assurance in order to minimise or remove gaps in control.

### **4.4 Independent Assurance**

4.4.1 In addition to the scrutiny afforded by the Trust's Audit Committee; independent sources of assurance on the effectiveness of the Trust's risk management and internal control systems include:

- Compliance with regulatory frameworks such as CQC regulations.
- Compliance with or performance against national standards such as National Audits, NICE guidance or relevant Royal College guidelines.
- Internal Audit annual review of risk management and the BAF.
- External Audit reviews.
- Other external reviews undertaken.
- Lead commissioner performance monitoring, and annual governance and assurance arrangements.

4.4.2 Each year the Trust Board approves an agreed internal audit programme to provide them with assurance on internal controls and risk areas. Internal Audit also acts as business assurance support reviewing financial systems and processes and other critical business areas, Internal Audit undertake ad-hoc reviews based upon identified concerns raised by Directors and Senior Managers. Internal Audit reports carry one of four possible opinions, these give the recipient an indication of the level of assurance that can be taken and that the processes of control within the area audited are adequate. The four opinions are "Full Assurance", "Substantial Assurance", "Limited Assurance" and "No Assurance". The reports also provide guidance on the actions required to improve performance and mitigate risk.

### **4.5 System of Internal Control**

4.5.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of strategic objectives; and
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently and effectively.

4.5.2 An Annual Governance Statement is produced by the Trust as a requirement of the Department of Health. The Annual Governance Statement, which includes a Head of Internal Audit opinion, covers any significant control issues faced by the Trust.

## 5. Risk Registers

### 5.1 Risk Register levels

5.1.1 A risk grading system using **four** levels is used by the Trust. The four levels of risk are managed in **three** tiers of Risk Registers as shown below in Figure 1:

**Figure 1 – Risk Register levels**



5.1.2 All recorded risks are included on the relevant Risk Register in accordance with the levels shown in Figure 1 above. The processes associated with the management of the Risk Registers are set out in the Trust's Risk Management and Risk Register Policy and Procedure.

### 5.2 Corporate Risk Register (CRR)

5.2.1 The Trust's Corporate Risk Register is held centrally on the Datix system and is managed by the Strategic Risk Management Group (SRMG) with support from the Trust's Risk Manager. The Corporate Risk Register contains strategic risks, linked to the Trust's strategic objectives with an Executive lead identified as shown in Table 2 below:

**Table 2 – Trust strategic objectives and monitoring committees**

Strategic objective	Monitoring Committee	Executive Lead
SO1   Continuously high quality and safe	Quality Governance	Director of Nursing

	patient care	Committee	
SO2	A clinically responsive organisation	Quality Governance Committee	Director of Operations
SO3.	Services shaped around patient needs	Finance, Service Improvement & Delivery (FSID) Committee	Medical Director
SO4	Skilled, competent and motivated workforce	Workforce & OD Committee	Director of HR & OD
SO5	Performance improvement	FSID	Director of Finance
SO6	Financial stability and recovery	FSID	Director of Finance

5.2.2 The Corporate Risk Register contains the detail of all high-level business risks that have either been escalated up from Business Unit Risk Registers or new risks identified associated with gaps in control identified in the Integrated Strategic Risk Register and Board Assurance Framework. Risks contained within the Corporate Risk Register and associated actions are reviewed and updated on a monthly basis by Executive leads with support from the Trust's Risk Manager. This process is overseen by the SRMG. The Corporate Risk Register helps to inform the Board Assurance Framework and Business Planning Cycle of the Trust.

### **5.3 Relationship between the Integrated Strategic Risk Register and Board Assurance Framework and Corporate Risk Register**

5.3.1 Gaps in control or assurances and gaps in necessary actions should be clearly noted on the Board Assurance Framework. Identified gaps in control or assurance are routinely considered for inclusion on the Strategic Risk Register. By managing the Board Assurance Framework derived risks through the Strategic Risk Register, prioritised action processes and progress reports can be generated to effectively strengthen the controls on the Board Assurance Framework.

5.3.2 As the Corporate Risk Register gathers risk details from various assessment sources it is very important that the risk identification process determines the relevance and significance of such risks to strategic objectives. All risks contained within the Corporate Risk Register or Operational and Business Unit Risk Registers are therefore linked to the most relevant strategic objective as listed in Table 2 above. Without this link material risks impacting on the delivery of strategic objectives may be overlooked and could lead to failure to achieve objectives if controls are not strengthened sufficiently to prevent or minimise the occurrence of risks.

## **6. Organisational Systems Associated with Risk Management**

### **6.1 Learning from adverse events**

6.1.1 The Trust risk data management system (Datix) captures information arising from Incidents and Near Misses, that are routinely reported across all business areas of the organisation. Datix also captures information relating to complaints and claims reported both internally and by external stakeholders. All types of adverse events are subject to review or investigation and organisational learning processes, from which risks are identified, recorded, and escalated according to the assessed level of risk. These processes are detailed in the relevant Trust policies and procedures as listed in section 2.1.

## **6.2 Integrated Performance Reports (IPR)**

- 6.2.1 The Trust Board is presented with an Integrated Performance Report (IPR) at each meeting. The IPR contains a range of metrics relating to performance, workforce, finance and quality analysis. The metrics, including key performance indicators relevant to Trust objectives, are presented in a format to facilitate effective quality analysis and the identification of themes and trends. Board level monitoring of the various metrics will continue to improve the Trust's ability to recognise and act on emerging risks.

## **6.3 Dashboards**

- 6.3.1 The vision for Board performance reporting is of a single overarching dashboard comprising a combination of key relevant national priority indicators and regulatory requirements together with locally agreed quality requirements. Further dashboards, encompassing functional and departmental review processes provide a greater level of granularity. Performance monitoring at individual/team level, service line, functional, Divisional, Directorate and up to Trust Board will provide the opportunity to identify and act on emerging risks at an appropriate level. These developments will include risk metrics.

## **6.4 Quality Impact Assessments (QIA)**

- 6.4.1 The Trust routinely faces challenges to improve its quality of service whilst also improving efficiency and reducing the costs of its services. The decisions the Trust makes on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation. Those projects considered complex or high risk that are agreed for development, are subject to a full quality impact assessment which is undertaken as part of the project implementation planning process.

## **7. Training**

- 7.1 The Trust will provide corporate induction training for all staff, which will include an introduction to the principles of risk management. Further to this, training for the range of risk management priority areas is described in the Trusts Training Needs Analysis (TNA). Specific training on Risk Assessment, and Investigation principles is provided as demand requires.
- 7.2 Risk Management awareness training will be delivered to Board members and Senior Managers in line with the Trusts Training Needs Analysis. The themes of risk management awareness training will be relevant to their roles in strategic risk management, the use of the Board Assurance Framework, Corporate Risk Register and Business Planning functions and tailored to meet the current needs of the senior management. Attendance will be recorded through the Trust Board Secretary keeping a register of attendance, with non-attendance being followed up with further training opportunities, within a 3 month period. Where non-attendance continues, this will be brought to the attention of the relevant Director.

## **8. Communication and Dissemination**

- 8.1. This Strategy is available on the Trust's intranet site.

## **9. Archiving**

- 9.1. Review of this Strategy will be initiated by the Chief Executive Officer. The Strategy will be

updated to reflect any changes to legislation or to the Trust's risk management processes. The previous version of the Strategy will be archived in line with the arrangements described in the 'Policy for the Development, Management and Publication of Policies, Procedures and Guidelines'.

## 10. Monitoring and Compliance

10.1 To be assured that the process for managing risk is being implemented, as described within this Strategy, key elements of the Strategy will be monitored for compliance as shown below:

- Annual review of the effectiveness of the Strategic Risk Management Group.
- Annual review of the effectiveness of the Risk Validation Group.
- Annual audit of risks contained on the Corporate Risk Register against the requirements detailed in Section 10 of the Risk Management and Risk Register Policy and Procedure to be undertaken by the Head of 2021 Programme.
- Annual audit of a representative sample of Business Unit Risk Registers against the requirements detailed in Section 11 of the Risk Management and Risk Register Policy and Procedure to be undertaken by the Risk Manager.
- Annual external review of the Trust's risk management process to be undertaken by Internal Audit.
- The Risk Manager will complete an annual audit, to include committee reporting arrangements. The Head of 2021 Programme will report the findings from the audit to the Chief Executive. Actions to address any deficiencies will be noted in the minutes of Chief Executive and reviewed at subsequent meetings.

## 11. References

1. HM Treasury, (2013). Audit and Risk Assurance Committee Handbook. [www.dh.gov.uk](http://www.dh.gov.uk)
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7. Department of Health. (2008). *High Quality Care For All NHS Next Stage Review Final Report*. London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)
8. Risk Matrix gradings, definitions and risk levels referred to in this strategy are taken from the 'model matrix' contained within the National Patient Safety Agency (NPSA) 'A risk matrix for risk managers' Reference No. 0676, 1 January 2008

## Appendix 1: Roles & Responsibilities Associated with Risk Management and Assurance

### Trust Board

The Trust Board recognises its accountabilities and provides leadership within a framework of practical and effective controls that enables risk to be assessed and managed. The Board sets the strategic aims and ensures that resources are in place to meet its objectives. It receives reports on the highest principal risks and associated actions as detailed in the Trust's Board Assurance Framework. The Trust Board conducts, at least annually, a review of the Board Assurance Framework and on the effectiveness of the Trust's system of internal control. The Board also reports on its approach to quality governance and its plan for the improvement of clinical quality in accordance with the guidance set out by the Department of Health, the Care Quality Commission.

### **Audit Committee**

The Audit Committee is a formal committee of the Trust Board and provides overview and scrutiny of risk management. The Committee independently monitors, reviews and reports to the Trust Board on the processes of governance and, where appropriate, facilitates and supports through its independence, the attainment of effective processes. The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system.

### **Finance Performance & Improvement Committee**

The Finance Performance and Improvement Committee is a formal committee of the Trust Board. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. The Finance, Service Improvement and Delivery Committee takes lead responsibility for risks associated with the delivery of strategic objectives SO3, SO5 and SO6.

### **Quality Governance Committee**

The Quality Governance Committee is a formal committee of the Trust Board which undertakes objective scrutiny, and gains assurance on systems and processes relating to Quality Governance and patient safety within the Trust, to enable challenge and upward escalation to the Trust Board. The Quality Governance Committee takes lead responsibility for risks associated with the delivery of strategic objectives SO1 and SO2.

### **Workforce and Organisational Development Committee**

The Workforce and Organisational Development Committee is a formal sub-committee of the Trust Board which leads on the development and delivery of the Trust's organisational development plan, workforce strategy and workforce performance metrics. The Workforce & OD Committee takes lead responsibility for risks associated with the delivery of strategic objective, SO4.

### **Strategic Risk Management Group (SRMG)**

The Strategic Risk Management Group takes overall responsibility for overseeing the processes associated with the Strategic and Corporate Risk Register. The SRMG undertakes a monthly review of the Corporate Risk Register, agreeing any new risks to be added to the Register and ensuring that relevant information relating to Strategic Risks is included within the Board Assurance Framework.

### **Risk Validation Group (RVG)**

The Risk Validation Group undertakes a monthly overview review of Corporate Risks, working with

Business Unit Risk Registers, agreeing any risks which need to be escalated to the SRMG for potential inclusion on the Corporate Risk Register. The group escalates any risks of 15 and above that present a strategic risk to the Trust to the SRMG.

### **Performance Reviews**

Monthly Performance Reviews chaired by the Chief Operating Officer holds the Business Units to account for the delivery of key performance indicators and measures, and to share and explore issues associated with delivering service improvement in the context of business planning. Business Units report any new or 'top' risks on their Risk Registers at this Committee.

### **Business Unit Governance meetings**

Business Unit Governance meetings will undertake monthly review of their Risk Registers as part of their agreed quality governance and risk management agendas. They will agree actions to manage risks, agree 'top' risks to be reported at Performance Review meetings and identify any new or existing risks which need to be discussed at RVG for actions to be agreed or for potential escalation to the Corporate Risk Register.

### **The Chairman**

The Chairman provides leadership to the Trust Board, focusing on its effectiveness in all aspects of its role and setting its agenda. The Chairman ensures effective communication, both with members of the Board and with stakeholders. The Chairman also facilitates the effective contribution of Non-Executive Directors in particular and ensures constructive relations between Executive and Non-Executive Directors.

### **Chief Executive Officer**

Accountability for risk lies with the Chief Executive Officer (CEO) who has overall responsibility for establishing and maintaining an effective risk management system within the Trust for meeting all statutory requirements and adhering to governance related guidance issued by the Department of Health. As the Accountable Officer the CEO has responsibility for maintaining a sound system of internal control and for safeguarding the public funds and the organisation's assets, as set out in the Accountable Officer Memorandum. The Accountable Officer will sign the Annual Governance Statement on behalf of the Trust Board, after reviewing the effectiveness of the systems of internal control.

### **Executive Directors**

Executive Directors have responsibility for ensuring that the Risk Management and Assurance Strategy is implemented and to encourage an open and honest culture, where mistakes and untoward incidents are identified quickly and dealt with in a positive and constructive way. All Directors, Executives and Non-Executives, have a responsibility to constructively challenge the decisions of the Trust Board. Executive Directors will take lead responsibility for the relevant Strategic objective and the risks linked to a specific strategic objective as listed in table 2.

### **Non-Executive Directors**

The Non-Executive Directors constructively challenge and assist in the development of strategy. They

scrutinise the performance of management in meeting agreed goals, aims and objectives and monitor reporting on performance. They seek assurance as to the integrity of financial, clinical and other information, that financial and clinical quality controls and systems of risk management and governance are robust and implemented. Non-Executive Directors will ensure that as Chairs of Board committees such as the Quality Governance Committee or the Finance, Performance and Improvement Committee, regular and effective review of Corporate risks owned by each Board committee is undertaken

### **Deputy Chief Executive**

On behalf of the CEO the Deputy Chief Executive is designated as the accountable and responsible officer to ensure the Trust has a robust Risk Management and Assurance Strategy in place and also that the Trust's Risk Management Policy and Procedure is effectively implemented.

### **Head of 2021 Programme**

The Head of 2021 Programme has lead responsibility for the development, maintenance and implementation of the Trust's Risk Management Policy and Procedure. The Head of 2021 Programme will ensure that the Risk Manager and the Risk Team provide appropriate support to Executives and Business Units to ensure that the Strategic Risk Register and the Board Assurance Framework are prepared, and kept updated. The Head of 2021 Programme will ensure that the Corporate Risk Register and Business Unit Risk Registers are managed effectively and in accordance with the Risk Management Policy and Procedure. The Head of 2021 Programme will provide senior level support to the Strategic Risk Management Group (SRMG) and any other relevant Board committees.

### **Risk Manager**

The Trust's Risk Manager has responsibility to support the process associated with the effective management of the Corporate and Operational Risk Registers. Duties will be undertaken as follows:

- Undertake daily, weekly and monthly review of corporate and operational risks.
- Ensure that an up to date Corporate Risk Register is received by the SRMG each month along with any new risks to be considered for addition to the Corporate Risk Register.
- Provide relevant reports for SRMG and provision of effective support.
- Liaison with the Head of 2021 Programme to ensure that Corporate risks are accurately represented in reports.
- Provide training and guidance relating to the Risk Management and Risk Register process.
- Ensure the Risk Team provide effective support to Business Units to effectively manage Business Unit Risk Registers.

### **Risk Team**

The Trust's Risk Team have responsibility to support the process associated with the effective management of the Business Unit Risk Registers. Duties will be undertaken as follows:

- Undertake monthly review of Business Unit Risk Registers with relevant Business Unit Management teams or Business Unit Risk Leads.
- Attend Business Unit Governance meetings to facilitate review of Business Unit Risk Registers.
- Support the Risk Validation Group (RVG) and ensure that relevant risks from Business Unit Risk Registers are reviewed by RVG and considered for escalation to SRMG if required.

## **Health & Safety team**

To provide support, advice and training relating to Health and Safety risk assessments at department or specialty level.

## **Business Unit Management Teams or Risk Leads**

Responsibility for the effective management of Business Unit Risk Registers will be taken by the Business

Unit Management Team or one of these people as the nominated Business Unit 'Risk Lead'. This will comprise:

- Liaison with the Risk Team to ensure monthly review of the Business Unit Risk Register.
- Liaison with individual Risk Owners to ensure appropriate actions are being identified and implemented to manage risks.
- Ensuring review of the Business Unit Risk Register is undertaken in Business Unit Governance meetings and that top Business Unit risks to be discussed at Performance Review meetings are identified, or any risks for review by RVG are agreed.
- Attending Performance Review meetings when necessary to present the top Business Unit Risks.
- Attending RVG when necessary to present risks for review or potential escalation to SRMG.

## **Specialty or department managers**

Specialty or department managers have responsibility for undertaking monthly or quarterly review of risks included in Specialty or Department Risk Registers as follows:

- Ensuring appropriate actions are taken by individual Risk Owners to manage risks.
- Ensuring that Specialty or Department Risk Registers are reviewed at the relevant Specialty or Department Governance meeting.
- Ensuring any risks for potential escalation to Business Unit Risk Registers are identified for review at the relevant Business Unit Governance meeting.
- Liaising with Risk Team or Health and Safety team as appropriate for support and guidance relating to risk assessments or the risk management process.

## **All staff**

All staff have a responsibility to manage risks and act safely at all times. Key responsibilities of staff are as follows:

- Maintain general risk awareness and bring any immediate risk issues to the attention of their line manager.
- Be familiar with and comply with the Trust's risk management and Health and Safety Policies and Procedures.
- Report incidents in accordance with the Trust's Incident Reporting and Investigation Policy and Procedure (*to be developed*)
- Attend mandatory training as required.
- Comply with professional guidelines and codes of conduct.

**Appendix 2 to  
Risk Management and Assurance Strategy**

**Equality Analysis – Initial assessment Form – to be completed**

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## **Glossary of Terms**

To be completed

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