

# RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

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### OBJECTIVES

The principal objective of the risk management strategy is to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise risks and loss of assets and reputation and that the reporting processes for risk are maintained.

The strategy will also seek to:

- ensure that the risk management processes are integral to the organisational working practices and culture
- encourage the reporting of incidents, within a fair blame culture ensuring that lessons are learned and preventative measures introduced
- ensure that, through the strengthening of risk management arrangements there are continual improvements to patient safety
- minimise claims for accident or injury against the Trust
- support systems which eliminate, transfer or reduce risks to as acceptable a level as possible
- secure the highest possible standards of risk management in terms of external validation, including the NHS Litigation Authority (NHSLA) Risk Management Standards and CQC Inspection Process

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### PRINCIPLES OF RISK MANAGEMENT

The following principles underpin the strategy:

that risk management will be embedded in the core processes and systems of the Trust, including guidelines and procedures, operational policies, the business planning cycle, business case development, performance management and corporate governance.

- risks will be actively managed and positive assurance sought
- the risk registers will be live, actively managed and reviewed documents
- that risk management is the responsibility of all staff within their own sphere of work
- that high risk areas and activities will attract greatest focus and attention
- that there will be learning from analysis of incidents, complaints and claims and explicit roll-out of identified improvements

the strategy will actively promote and underpin the acquisition of relevant accreditations, including the NHS Litigation Authority (NHSLA) Standards and the registration requirements of the Care Quality Commission (CQC). It will also support the CQC inspection process

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### RISK MANAGEMENT STRUCTURE

#### Board of Directors

The Board of Directors is responsible for reviewing the effectiveness of risk management throughout the Trust.

## **RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY**

The Board of Directors will review the Board Assurance Framework and Strategic Risks quarterly.

- Receives minutes from sub committees as a means of assurance and demonstration of effective management of clinical and non-clinical risk throughout the Trust.

### **Corporate Directors Group**

The Corporate Directors Group (CDG) has delegated responsibility for reviewing the Executive Risk Register and Board Assurance Framework.

The CDG:

- Meets to review the Executive Risk Register and Board Assurance Framework prior to being presented to Board
- Reviews newly included risks entered on the Executive Risk Register.
- In reviewing organisational risks, make decisions on escalating or de-escalating risk scores

### **Quality, Safety and Patient Experience Committee**

The Board of Directors discharges its' responsibility via the Quality, Safety and Patient Experience Committee to oversee the on-going development, implementation and monitoring of all matters relating to Quality, Safety and Patient Experience within the Trust.

- Receives feedback from the Divisions regarding Quality, Safety and Patient Experience issues and potential risks

### **Health and Safety Committee**

The Board of Directors discharges its responsibility to the Health and Safety Committee to oversee the ongoing development, implementation and monitoring of all matters relating to Health and Safety within the Trust.

### **Divisional Boards**

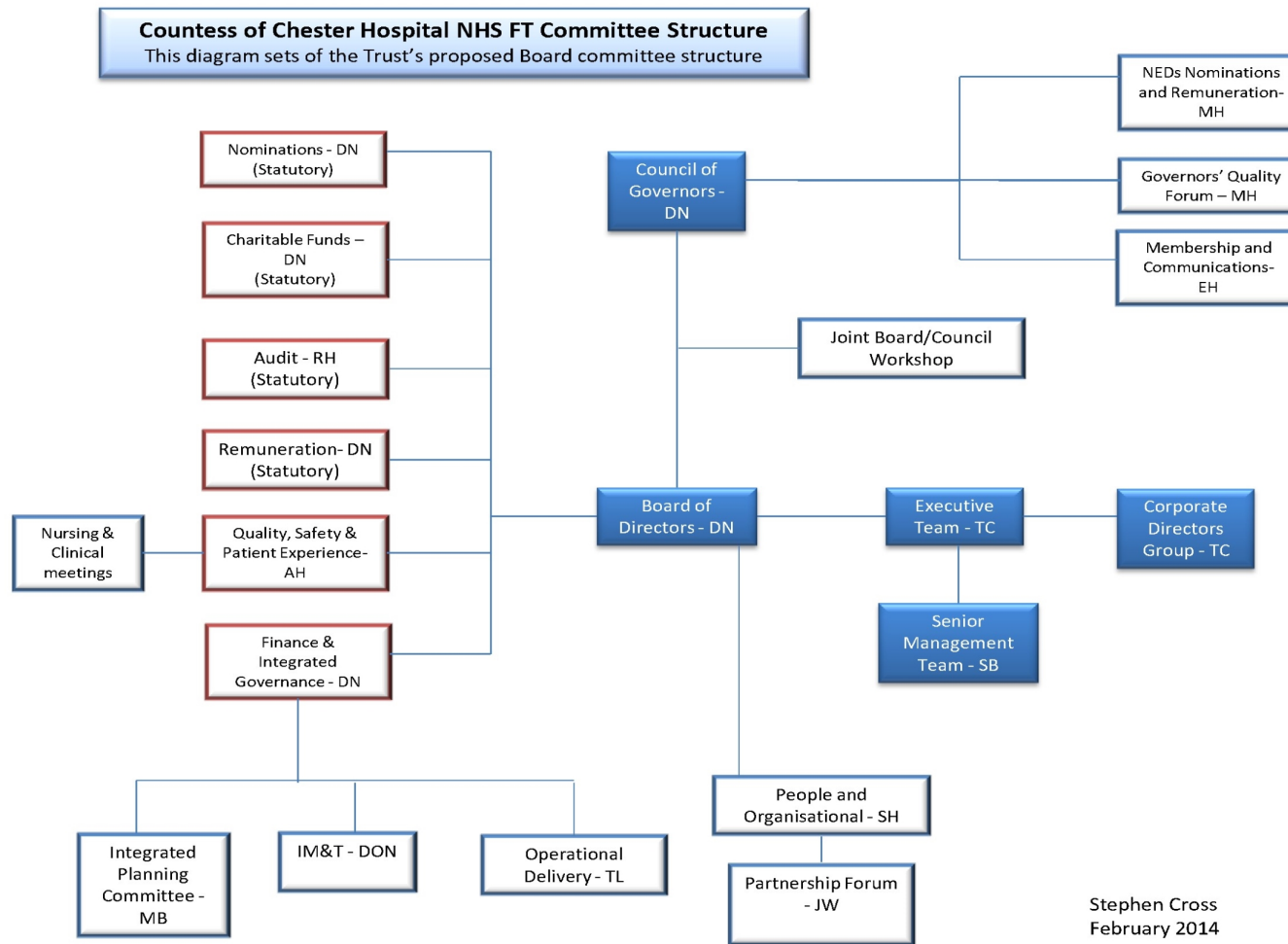
Receives and reviews action plans and escalated risks from the sub groups and specialties throughout the Division:

- Reviews the Divisional Risk Register and ensures appropriate development of treatment plans for remedial action
- Reviews the action plans from sub groups and specialties throughout the Divisions to ensure progress and closure
- Reviews any escalated risk and decides on acceptance, remedial action or escalation to the Executive Risk Register.
- Reviews minutes from sub groups and specialties throughout the Divisions which give assurance of effective risk management.
- Receives Health & Safety issues, incidents, national guidance and other relevant governance/risk issues through the monthly governance report

Appendix A provides an overview of the high level risk committees and the reporting arrangement to the Board of Directors.

Appendix B demonstrates the process for ensuring that senior management within the Trust undergo training in risk management awareness.

## APPENDIX A - HIGH LEVEL RISK COMMITTEES REPORTING ARRANGEMENTS TO THE BOARD



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