

# Strategy for Risk Management

## (under review Dec 2012)

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<b>Date Written:</b>	July 2008
<b>Date Revised:</b>	September 2011
<b>Approved By:</b>	Clinical Governance Committee
<b>Date Approved:</b>	October 2011
<b>Next Due for Revision:</b>	September 2012
<b>Date Policy Becomes Live:</b>	September 2008
<b>For use in:</b>	NNUHFT
<b>For use by:</b>	All trust staff

## Version Information

<b>Version No.</b>	<b>Updated By</b>	<b>Updated On</b>	<b>Description of Changes</b>
Document ref. no: RM1(08)02 2.0	Risk Manager	05/06/2008	Revised strategy document.
Document ref. no: RM1(10)01 3.0	Risk Manager	31/9/2009	Updated to reflect organisational changes and updated guidance
Document ref. no: RM1(10)09 4.0	Risk Manager	31/10/2010	Updated to reflect organisational changes
Document ref. no: RM1(11) 5.0	Risk Manager	1/10/2011	Updated to reflect organisational changes

### Purpose of document

Norfolk & Norwich University Hospital NHS Trust Strategy for Risk Management V5.0 Issue date: Oct 2011 Valid until date: Oct 2012

To provide comprehensive guidance on the Trust's risk management responsibilities and processes.

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## 1. Introduction

This document sets out the risk management strategy for the Norfolk & Norwich University Hospital NHS Foundation Trust. The Trust is committed to ensuring the safety of patients, staff and the public through an integrated approach to managing risk, regardless of whether the nature of the risk is clinical, financial, operational, environmental, or with regard to the reputation of the Trust.

Risk identification, assessment and management is a fundamental part of effective governance in both clinical and non clinical activities as is the health, safety and welfare of all people affected by the Trust's activities. Effective risk management systems and a positive learning environment that supports improvements in patient care and safety will enhance the quality of care, minimise loss of resources and protect the reputation of the Trust.

The Trust's objective is to manage risk as part of normal line management responsibilities and appropriately prioritise funding to address 'risk' issues as part of the management and business planning processes. To support this it is essential that appropriate policies and procedures are in place to minimise risk and that these are communicated to and followed by staff.

The Norfolk & Norwich University Hospital NHS Foundation Trust will approach the management of risk from two directions:

- **Strategic Risks**
- **Operational Risks**

**Strategic** risks can be considered as:

Those business risks that if realised, could fundamentally affect the way in which the organisation exists or conducts its business. These risks will have a detrimental effect on the achievement of the key business objectives. Strategic risks are detailed in the Trust Board Assurance Framework and are mapped against the Trusts strategic objectives.

**Operational** risks can be considered as:

Those risks associated with the delivery of the key business processes and the delivery of patient care in a safe environment. Issues arising from operational risk assessments will be considered at departmental level and escalated through the directorate and divisional structure before these are reported on the Trust Risk Register. Operational risks can include:

- **Clinical risks:** risks associated with the inpatient, day case, outpatient and diagnostic activities of the Trust.
- **Non-clinical risks:** risks associated with the environment of care e.g. use of the building and facilities by staff, patients, contractors and other visitors; health and safety risks; staff management; availability and use of information.
- **Financial risks:** risks associated with income, expenditure, fulfilment of contracts and the correct application of Standing Orders, Standing Financial Instructions and Scheme of Delegation.

- **Reputational:** risks associated with public opinion and risks which may damage the credibility or good name of the Trust.

It is recognised that the boundaries between these categories are not always clear, and that some risks may fall into more than one category.

The Trust risk register will hold a record of all risks.

This approach will ensure effective use of key business processes, streamlining information and risks towards the Trusts Strategic aims.

This Risk Management Strategy has been developed to support the delivery of the Norfolk and Norwich University Hospitals NHS Foundation Trust's Strategic Objectives by:

- Ensuring that risks which could prevent strategic objectives being achieved are proactively identified, mitigated or managed to an acceptable level, and in doing so provide a robust risk management framework with appropriate reporting arrangements and individual responsibilities clearly identified.
- Ensuring the Trust is compliant with legal and statutory requirements.
- Ensuring the Trust is compliant with National Guidance and Standards including the Health Service Litigation Authority (NHSLA) Risk Management Standards for Acute Trusts.

The Norfolk and Norwich University Hospital NHS Foundation Trust recognises that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day to-day basis throughout the Trust.

The continued delivery of high quality healthcare requires identification, management and minimisation of events or activities which could result in unnecessary risks to patients, staff and visitors/members of the public. The management of risk is a key organisational responsibility and is the responsibility of all staff employed by the Trust.

The Trust acknowledges its legal duty to safeguard staff, patients and members of the public. There are also sound moral, financial and good practice reasons for identifying and managing risks. Failure to manage risks effectively can lead to harm/loss/damage in terms of both personal injury but also in terms of loss or damage to the Trust's reputation; financial loss; potential for complaints; litigation and adverse or unwanted publicity.

Risk Management is an integral part of good Clinical and Corporate Governance and the Trust has adopted an integrated approach to the overall management of risk irrespective

of whether the risks are clinical or non clinical. As well as close links with Clinical Quality and Safety, Risk Management is also embedded within the Trust's overall Performance Management Framework and links with business planning and investment.

The Norfolk & Norwich University Hospital NHS Foundation Trust is committed to ensuring the safety of patients, staff and the public through the integrated management of all aspects of governance and risk. The Trust recognises that this is best achieved through an environment of honesty and openness, where mistakes and adverse events are identified quickly and dealt with in a positive and responsive way.

The objective of this Risk Management Strategy is to create a culture that encourages staff to:

- Identify and assess risks which may adversely affect operational services;
- where possible take action to eliminate risks or put actions in place to control or reduce them to an acceptable and cost effective level;
- openly accept any remaining risks with controls in place which reduce the risk to an acceptable level.

This Risk Management Strategy sets out the strategic goals towards which the Trust is working with regard to Risk Management, and provides a framework that sets out clear expectations about the roles, responsibilities and requirements of all Trust staff.

## 2.0 Scope

This strategy applies to all Trust staff and is intended for use by all staff regardless of whether they are directly employed, agency staff or contractors engaged on Trust business in respect of any aspect of that work. Although the key strategic risks are identified and monitored by the Trust Board, operational risks are managed on a day to day basis by staff throughout the organisation. In order that progress in managing all risks can be acknowledged, the Trust Risk Register provides a central record of all risks to the organisation.

The responsibilities of all staff are detailed below. Specific responsibilities are placed on The Trust Board, Executive Directors, General Managers and Operational Managers for ensuring that the requirements of this strategy are met within their respective areas of responsibility.

**The Trust Board** are responsible for establishing principal strategic objectives and for driving the organisation forward to achieve these.

The Trust Board are also responsible for ensuring the risks associated with its strategic objectives have been identified and that any associated action plans are in place. Risks associated with the strategic objectives are recorded in detail on the Corporate section of the Risk Register and an up to date position is provided in by the nominated Executive Director lead who has been designated with management responsibility for each area of risk.

The Trust Board will receive assurance, based on sufficient evidence, that internal controls are in place and that these are operating effectively and that objectives are achieved through reports from the Audit Committee and the Clinical Governance Committee. At least one non executive Trust Board member will be a member of the above committees with minutes and reports shared between committees.

**The Chief Executive** has overall accountability for the management of risk and maintaining a system of internal control that supports the achievement of the Trust's policies, aims and objectives. As the Accountable Officer, the Chief Executive has the responsibility for reviewing the effectiveness of the system for internal control and is informed by :-

- Internal and external audit opinion on the overall arrangements for gaining assurance through the Assurance Framework.
- Evidence from the Assurance Framework that the effectiveness of controls that manage the risks to the Trust achieving its principal objectives have been reviewed.

This Risk Management Strategy is a key component within the system of internal control.

**All members of staff** have an important role to play in identifying, assessing and managing risk. To support staff in this role the Trust encourages a culture of openness and willingness to admit mistakes. All staff are encouraged to report any situation where things have, or could have gone wrong. Balanced in this approach is the need for the Trust to provide information, counselling and support, and training for staff in response to any such situation.

At the heart of the Trusts risk management processes is the desire to learn from events and situations in order to continuously improve management processes. Where necessary, changes will be made to the organisations systems to enable this to happen.

In the interest of openness and the process of learning from mistakes, formal disciplinary action will not usually be taken as a result of a risk management investigation. However, a serious breach of health and safety regulations and serious negligence causing loss or injury are examples of gross misconduct. Disciplinary action may, therefore, be appropriate where it is found that a member of staff has acted:

- illegally - against the law; or
- maliciously - intending to cause harm which s/he knew was likely to result; or
- recklessly - deliberately taking an unjustifiable risk where s/he either knew of the risk or s/he deliberately closed his/her mind to its existence.

Should disciplinary action be appropriate, this will be made clear as soon as the possibility emerges. The investigation would then be modified to take account of the Trust Disciplinary Policy with advice from the Director of Human Resources as appropriate.

### 3.0 Implementation of this strategy

The implementation of this strategy will be achieved through:

- Adopting an integrated approach to the management of risk and to integrate risk into the overall arrangements for clinical and corporate governance by developing robust arrangements within each division for managing risk ;
- Providing risk management training and support to designated individuals including Senior managers to enable them to manage risk as part of normal line management responsibilities;
- Ensuring that risks are continuously identified by undertaking risk assessments using a common methodology across the key business processes to identify, control and minimise risks;
- Recording the results of risk assessments onto the Trust's Risk Register and ensuring that all risks with a residual risk rating of 9+ are escalated to the relevant Division for agreement and discussion and that risks with a residual risk rating of 12+ are reported to the Clinical Governance Committee. All risks with a residual risk rating of 16+ are reported to the Trust Board.
- Encouraging a culture of openness in terms of reporting and learning from incidents for both staff and patients resulting in a culture that allows organisation wide learning.
- Using Root Cause Analysis to investigate incidents; identify contributory factors and root causes and inform improvements/changes required to improve patient safety;
- Ensuring that the lessons learnt from incidents are shared and disseminated across the Trust to foster Trust-wide learning;
- Ensuring that learning from national reports is disseminated to improve patient safety.
- The Board of Directors continuously striving to ensure that there are effective Governance and Risk Management systems and arrangements in place and that these are monitored on an ongoing basis.

## **4.0 National Health Services Litigation Authority (NHSLA)**

The Risk Management Strategy will be underpinned by specific policies which cover all the key elements of risk and which incorporate, as a minimum, the requirements of the NHSLA Risk Management Standards for Acute Trusts.

The NHSLA Risk Management Standards for Acute Trusts are split between 5 main standards each with 10 criteria and is listed at **Appendix 2**.

## **5.0 Accountabilities and responsibilities.**

### **Chief Executive Officer**

The Chief Executive has overall responsibility for ensuring that the Trust has an effective risk management system in place, meeting all statutory requirements and adhering to guidance issued in respect of governance.

### **Designated Executive Directors**

The Chief Executive has delegated day to day responsibility for aspects of risk management to nominated Executive directors as follows:

#### **Director of Resources**

The Director of Resources has delegated Board of Director responsibility for managing the strategic development and implementation of all financial matters, statement of internal control, estates, IT, facilities, security, purchasing and information governance. This includes any element of risk containing financial, estates, facilities, security, IT, purchasing or information governance implications.

#### **Medical Director**

The Medical Director has delegated responsibility for Clinical Governance and Risk along with the Director of Nursing and delegated responsibility for managing the strategic development and implementation of medical, clinical & cost effectiveness, emergency planning and public health (this includes any element of risk containing medical, clinical & cost effectiveness, emergency planning and public health including codes of conduct and professional practice, consent, medicines and research)

#### **Director of Nursing**

The Director of Nursing has delegated responsibility for Clinical Governance and Risk along with the Medical Director and is the principal nursing and allied health professional advisor to the Trust Board. The Director of Nursing is also responsible for determining and implementing nursing strategy and has overall accountability of all aspects of nursing issues and provides professional leadership to develop the nursing workforce in response to the changing needs of the service. The Director of Nursing is the lead on public and patient involvement, patient safety and the Care Quality Commission compliance. This includes

aspects of risk relating to the management of risk, patient focus, codes of professional practice and infection control.

### **Director of Human Resources**

The Director of Human Resources has delegated responsibility for managing the strategic development and implementation of human resources, health & safety and occupational health services. This includes any aspect of risk relating to the management of human resources, health & safety and occupational health services.

### **Clinical Directors/ General Managers**

The clinical directors and general managers and have delegated responsibility for managing the strategic development and implementation of integrated risk and clinical governance within the divisions. This includes:

- ensuring systems are in place for recording and maintaining an effective and live Risk Register
- ensuring effective systems are in place for assessing, reporting, recording and investigation of all risks, in particular, patient safety and staff incidents, near misses, serious incidents (SI's) complaints and claims.

Designated Executive Directors, Clinical Directors and General Managers have delegated authority to manage all risks within the organisation.

### **All Managers**

All Operational Managers, Consultants and Departmental Managers are responsible for ensuring the appropriate management, reporting, investigation and learning of all risks in accordance with Trust policies. In addition they are responsible for implementing, monitoring any identifying appropriate risk management control measures and actions within their designated area(s) and scope of responsibility and ensuring compliance with the Trust policies and procedures for the management of risk.

All managers listed above have delegated authority to manage risks within their designated department or directorate.

Any risk assessment with a residual rating of 16 or more must be notified immediately to the appropriate General Manager and escalated to the relevant Executive Director to ensure that there are adequate controls/ action in place to control or reduce the risk.

### **All Employees**

Are directly responsible for familiarisation and compliance with the Trust policies, procedures and approved guidance and for initiating action to prevent or reduce the adverse effects of risks and the reporting of all incidents and near misses in accordance with Trust policy and procedures.

### **Agency Staff, Contractors and Voluntary Organisations**

All agency staff, contractors and voluntary organisations are responsible for:

- Familiarising themselves with the Trust policies and procedures.

- Complying with Trust policies and procedures especially in respect of Health & Safety, CoSHH, fire and related regulations.
- Ensuring no procedure or other piece of work is undertaken when competence is in doubt or which may place patients, staff and visitors in an unsafe environment.
- Not using equipment unless training has been completed and competence assured.

### **Risk Specialists**

The facilitation of the management of risk processes will be provided through risk experts for example, the Risk Manager, Head of Legal Services and other specialists such as the Principle Pharmacist and the Radiation Protection Advisor. In addition there are other patient and staff safety specialist advisors for example, Patient Safety & Quality Manager, Health & Safety Advisors, Fire Officer, Infection Prevention and Control Specialist Nurses and the Resuscitation Training Manager.

The Risk Manager is directly accountable to the Director of Nursing for the development and implementation of the Trust's Risk management programme, integrating clinical and non-clinical risk, and monitoring the effectiveness of activities and processes.

## **6.0 Assurance**

As part of the process for managing risk, consideration will be given to the level of assurance for monitoring the effectiveness of identified controls. The level of assurance expected will be influenced by the level of risk for the objective or activity.

### **Trust Board Assurance**

The Trust Board will receive assurance, based on sufficient evidence, that internal controls are in place, operating effectively and that objectives are being achieved through the above committees and the Executive Board.

The Trust Board also gains assurance that risks are being appropriately managed throughout the organisation through the Board Assurance Framework. The Board Assurance Framework includes those risks that are associated with the strategic objectives of the organisation. Those risks associated with the strategic objectives are reviewed and updated on a 6 monthly basis by the Risk Manager and the Head of Income and these are presented to the Audit committee.

Any risk on the risk register with a residual risk rating of 16 or more will be reported to the Trust Board through the Clinical Quality & Safety Report.

### **Committees with responsibility for Risk**

#### **Audit Committee**

**The Audit Committee is responsible** for high level strategic monitoring and assurance with regards to internal controls assurance, organisational and financial risks and has shared responsibility for integrated governance and risk, ensuring that the Trust Board is kept fully

informed of all significant risks and any associated developments or issues. It has delegated authority on behalf of the Trust Board to instigate investigations and enquires and to agree corrective action where necessary.

### **Clinical Governance Committee**

The Clinical Governance Committee provides high level strategic monitoring and assurance to the Trust Board, including monitoring of any external assessments and reviews and associated action plans, ensuring the Trust Board is kept fully informed of all significant risks and any associated developments or issues. It has shared responsibility for integrated governance and risk. It has delegated authority on behalf of the Trust Board to instigate investigations and enquires and to agree corrective action where necessary. **The Clinical Governance Committee has responsibility for the receipt of minutes and reports of specialist subcommittees which have a responsibility for risk (See Appendix 1). The Clinical Governance Committee will review those risks on the risk register which have residual risk rating of 12+.**

### **Sub committees with responsibility for risk**

Sub committees of the Clinical Governance Committee and Audit Committee with responsibility for risk are required to report to one of the corporate committees on a regular basis. This may be by means of the sharing of minutes or by the submission of specific reports. In addition all subcommittees will have agreed terms of reference will be required to be reviewed on a bi-annual basis.

### **Divisional Boards**

The Divisional Boards will receive assurance from the directorates within their division, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved.

### **Executive Management Team**

The Executive Management team will be responsible for reviewing the Board Assurance Corporate risks on the Risk Register.

## **7.0 Systems and processes for managing risk**

The Trust operates two major systems to facilitate the management of risk throughout the organisation. These are:

- **proactive** risk management through the risk assessment process. This is described in the Policy for the identification, assessment, management and recording of risks on the Risk Register.
- **reactive** risk management through the Trust's incident reporting process. This is described in the Policy for reporting, managing and investigating incidents, near misses and Serious Incidents.

The process for the grading and assessment of risks across the organisation is outlined in the Risk Grading tool which is set out the Policy for the identification, assessment, management and recording of risks on the Risk Register.

## 8.0 Monitoring effectiveness

The trust will continue to monitor and review its performance in relation to the management of risk and the effectiveness of the systems and processes which are in place to manage risk. An annual programme of internal audit is agreed which includes monitoring of the effective implementation of risk management across the organisation.

The process for monitoring compliance with this strategy is set out in the Compliance Monitoring Table in Appendix 3.

## 9.0 Training

To ensure that the Trust has sufficient capability to implement effective risk management systems and processes, staff must be aware of the principles and practice of Risk Management.

The Trust will provide risk management training to all staff including Trust Board members and senior managers. Training programmes will be developed on the basis of need and the level of involvement that staff have in undertaking risk management activities.

Risk Awareness training for Trust Board members will be delivered on an ongoing basis.

The Trust Board members receive information at each meeting regarding the management of risks across the organisation which includes Infection Prevention & Control, Risk, Clinical Quality & Safety including complaints, patient safety incidents, serious incidents. Any new risks on the risk register with a residual risk rating of 16+ is reported to the Trust Board.

The Trust Board members also receive regular presentations at their monthly meetings which are intended to inform the Trust Board of specific risk issues and to provide assurance to the Trust Board. Attendance of all Trust Board members at Trust Board meeting is recorded.

Senior Managers across the organisation are required to attend a Risk Management Awareness update at least every 2 years.

Risk Management awareness training is included at induction training to all new starters.

Risk Management awareness training is provided for all staff at Mandatory update training on a 2 yearly basis.

Attendance at Risk Management awareness training is recorded and non attendance notified and followed up with individuals through divisional and department monitoring systems.

Risk Management awareness training can include the following aspects of risk;

- Basic risk management-principles and practice

- Risk Assessment & Risk Registers
- Incident reporting
- Incident investigation & Root Cause Analysis
- Health and Safety including Manual Handling
- Infection Prevention & Control including Hand Hygiene

The Trust will assess the effectiveness of its risk management training programmes through the setting of clear objectives and by seeking staff feedback.

## 10.0 Communication

This strategy has been circulated to members of the Clinical Governance Committee, Governance Leads, General Managers and designated individuals with risk management responsibility across the organisation for comment prior to its approval.

This document will be available to all staff on the Trust intranet.

A copy of this document will be available stakeholders via the Trust internet pages.

## 11.0 Review of this strategy

This strategy will be subject to review on an annual basis or earlier in the event of new or revised legislation.

## Equality impact assessment

As part of its development, this strategy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the Trust's Equality Scheme and Equal Opportunities Policy and no detriment was identified. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief.

## NNUHFT stakeholders

Key stakeholders include:

- Staff (directly employed and agency)
- Contractors
- East of England (EOE) Strategic Health Authority
- NHS Norfolk Primary Care Trust
- East of England Ambulance Trust
- SerCo
- Octagon
- Voluntary Organisations

## **Contributors and peer review**

The document was submitted to the Executive Management Team and members of the Clinical Governance Committee for consideration prior to approval.

## **References & bibliography**

Corporate Manslaughter and Corporate Homicide Act. 2007.

Five steps to Risk Assessment. HSE. 2006

National Standards, Local Action: Health and Social Care Standards and Planning Framework DOH. 2007/08

NHSLA Risk Management Standards for Acute Trusts .2011/12. January 2011

Risk Management Model (HSG65) Successful Health & Safety Management. HSE. 1997.

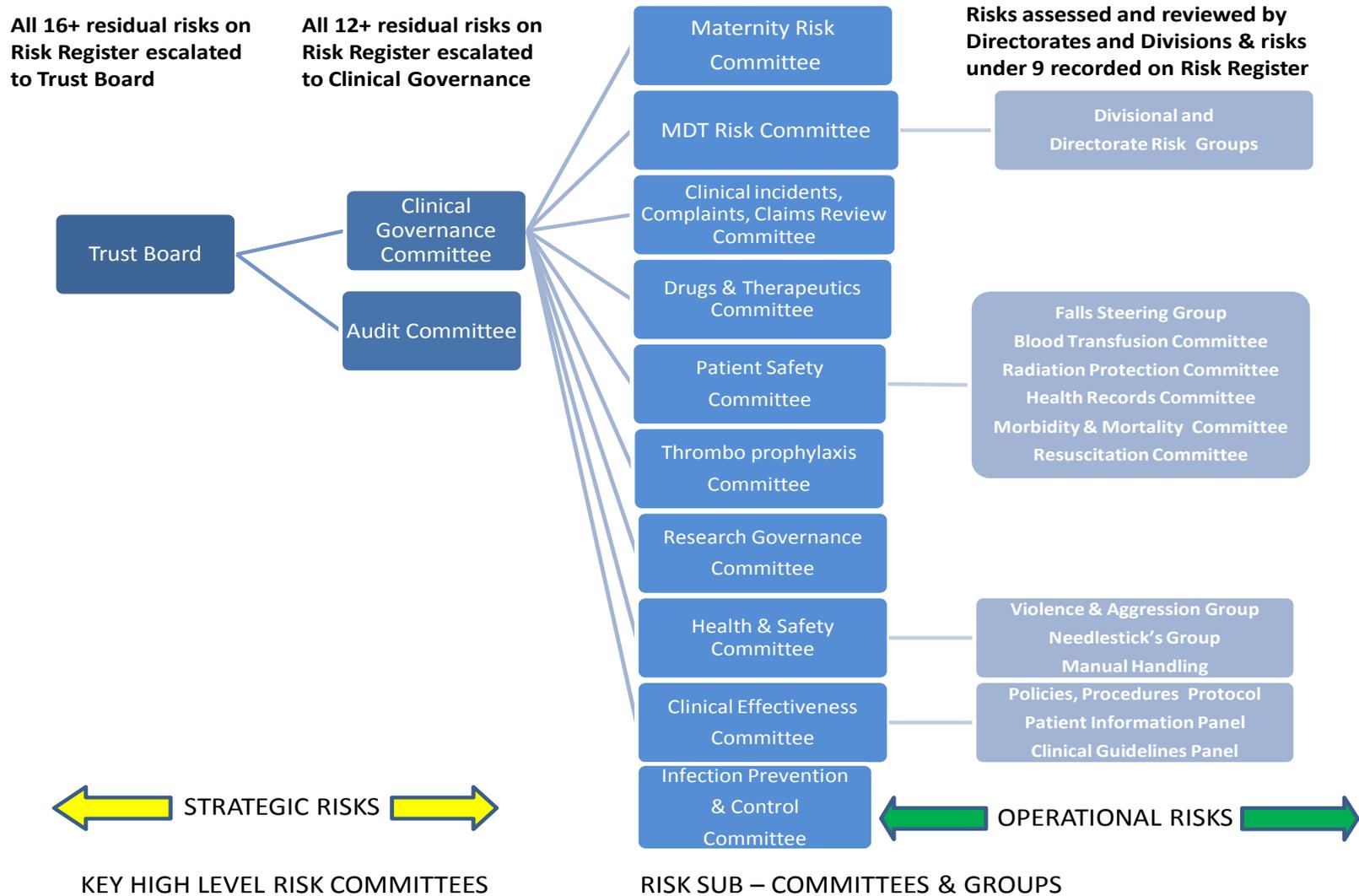
Review of Risk Maturity in the NHS. Risk Maturity Thematic Review June 2009. RSM Bentley Jennison NHS Sector Group.

**The following documents should be read in conjunction with this Strategy and these are also available on the Trust intranet site:**

- Policy for the identification, assessment, management and recording of risks on the Risk Register.
- Policy for the reporting, management and investigation of Incidents, near misses and SUI's
- Claims Policy
- Health & Safety Policies
- Complaints Policy
- Consent Policy
- Speak up Policy (formerly Whistle blowing policy)
- Being Open Policy
- Policy for investigating incidents, complaints, claims to enable improvement and learning
- Aggregating data and learning from incident's complaints & claims policy
- Maternity, Obstetric and Gynaecological Risk Management Strategy
- Occupational Health Policies (as listed on Intranet)
- HR Policies (as listed on Intranet)

Overview of Trust Board and Key Risk Committees and Risk information flows

Appendix 1



**NHSLA OVERVIEW OF RISK AREAS FOR ACUTE, COMMUNITY AND INDEPENDENT SECTOR ORGANISATIONS 2011/12**

**APPENDIX 2**

Standard	1	2	3	4	5
Criterion	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk Management Strategy	Corporate Induction	Secure Environment	Patient Information & Consent	<a href="#">Clinical Audit</a>
2	Policy on Procedural Documents	<a href="#">Local Permanent</a> Induction of Staff	Slips, Trips & Falls (Staff & Others)	Health Record-Keeping Standards	Incident Reporting
3	Risk Management Committee(s)	<a href="#">Local Temporary</a> Induction of Staff	Slips, Trips & Falls (Patients)	<a href="#">Screening</a> Procedures	<a href="#">Concerns/Complaints</a>
4	Risk Awareness Training for Senior Management	<a href="#">Supervision of Medical Staff</a> in Training*	Moving & Handling	<a href="#">Diagnostic Testing</a> Procedures	Claims
5	Risk Management Process	<a href="#">Risk Management Training</a>	<a href="#">Inoculation Incidents</a>	Medicines Management	Investigations
6	Risk Register	<a href="#">Training Needs Analysis</a>	Maintenance of Medical Devices & Equipment	<a href="#">Transfusion</a>	Analysis
7	Responding to External Recommendations Specific to the Organisation	Medical Devices Training	Harassment & Bullying	Resuscitation	Improvement
8	Health Records Management	Hand Hygiene Training	Violence & Aggression	Venous Thromboembolism	<a href="#">Best Practice - NICE</a>
9	Professional Clinical Registration	Moving & Handling Training	Supporting Staff Involved in an Incident, Complaint or Claim	<a href="#">Transfer</a> of Patients	Best Practice - National Confidential Enquiries/Inquiries
10	<a href="#">Employment Checks</a>	Consent Training	Stress	<a href="#">Discharge</a> of Patients	Being Open

**Document Name: Risk Management Strategy**  
**Document Owner: Risk Manager**

**Policy Reference: v5.0 2011**  
**NHSLA Standard: 1.1, 1.3, 1.4**

**Appendix 3**

<i>Element to be monitored (For NHSLA documents this must include all Level 1 minimum requirements)</i>	<i>Lead Responsible for monitoring (Name &amp; Title of individual needed)</i>	<i>Monitoring Tool / Method of monitoring</i>	<i>Frequency of monitoring</i>	<i>Lead Responsible for developing action plan &amp; acting on recommendations</i>	<i>Reporting arrangements (Committee or group where monitoring results and action plan progress are reported to)</i>	<i>Sharing and disseminating lessons learned</i>
Organisational Risk Management structure detailing committees / sub committees with responsibilities for risk	Risk Manager	Review by Risk Manager and Designated Executive Risk Leads	Annual	Risk Manager and Designated Executive Risk Leads	Clinical Governance Committee	The Lead responsible for developing the action plans will disseminate lessons learned via the Clinical Governance Committee .
Process for board or high level committee review of the organisation wide risk register	Risk Manager Head of Income	Audit	Annual	Risk Manager Head of Income	Clinical Governance Committee	
Process for the management of risk locally which reflects the organisation wide risk management strategy.	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	
Duties of the key individuals for risk management activities	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	
Authority of all managers with regard to managing risk	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	
Process for ensuring that all board members and senior managers receive relevant risk management awareness training	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	



**Our Vision**  
To provide every patient  
with the care we want  
for those we love the most

Process for recording attendance at risk management awareness training is recorded	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	
Process for following up non attendance at risk management training	Risk Manager	Audit	Annual	Risk Manager	Clinical Governance Committee	