



Risk Management Strategy

Version:	4
Approved by:	Quality and Governance Committee
Date Approved:	9 September 2010
Ratified by:	Trust Board
Date Ratified:	30 September 2010
Name of originator/author:	Risk Manager
Name of responsible committee/individual:	Governance Committee
Date issued:	5 October 2010
Review date:	September 2011

Contents

	Page
Executive Summary	3
Introduction	4
Definition of Risk	4
Aims	4 – 5
Objectives	5
Risk Management	6 - 7
Responsibilities	7 - 14
Risk Management Structures	14 - 15
Training	15
Risk Assessment	15
Risk Register	15
Process for Management of Risk	16
Authority for Management of Risk	16
Monitoring	16 - 17
References	17
Associated Documentation	17
Review of Strategy	18
 Appendices	
A Risk Measurement and Categorisation Criteria	19 - 20
B Risk Register Monitoring Process	21 - 23
C Triangulated Risk Approach Document	24

Executive Summary

Risk management is an essential part of any organisation. Although a risk free environment is impossible, much can be done to minimise risk by having all embracing strategies, policies and procedures that cover and permeate all areas of Trust activities.

This Risk Management Strategy is a document that explains to staff and the public how South Western Ambulance Service NHS Trust intends to deliver its commitment to being an organisation that is committed to patient and staff safety and takes its risk management responsibilities seriously. Risk management is everybody's responsibility. Its practice must be embedded in the normal management processes and structures of the organisation and encouraged by a responsible culture.

The Risk Management Strategy promotes the philosophy of integrated governance and requires all risk management to be systematic, robust and evident. This strategy requires that risk management processes are applied to business planning at all levels and that risk management issues should be communicated to key stakeholders where necessary. The strategy covers clinical, organisational and financial risk, and identifies the key management structures and processes defining objectives and responsibilities within the Trust.

This strategy confirms the Trust's commitment to developing a responsible culture. This will, in turn, help maximise the identification, reporting and avoidance of risk, promoting the safest possible environment for patients and staff.

Healthcare provision is by nature a high risk activity. The challenge for all staff is to reduce the potential for incidents occurring by being proactive in the management of risk. The underpinning principle of this strategy is that a responsible risk management culture is developed within the Trust that empowers all staff to make sound judgements and decisions concerning the management of risk, and risk taking. The principles of this strategy are consistent with the Trust's key priorities – patient safety and staff management.

Implementation of the Risk Management Strategy will be co-ordinated and monitored by the Governance Committee (the Trust's overarching Committee with responsibility for risk management). This strategy will be reviewed on an annual basis and updated if necessary, by the Risk Manager in consultation with the Governance Committee.

This strategy is supported by a Risk Management Process which clearly describes the processes that the Trust has put in place in order to adequately manage risk.

The content of this strategy complies with best practice, NHS Litigation Authority and Department of Health requirements.

1 Introduction

- 1.1 This strategy sets out South Western Ambulance Service NHS Trust's commitment to effective risk management. The Trust recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of its service aims and objectives and the organisational culture. It should be integrated into the Trust's philosophy, practices and business and embedded at all levels of the organisation; not viewed as a separate entity.
- 1.2 In setting out a system which seeks to effectively identify, analyse and control risk, or to transfer it where it is unacceptable or unavoidable, this strategy is consistent with the requirements of the Risk Management Standard for Ambulance Services; Integrated Governance Handbook: A Handbook for Executives and Non-Executives in Healthcare Organisations (2006); Care Quality Commission; 'A First Class Service – Quality in the New NHS (1999) and the revised Turnbull guidance (2005).
- 1.3 The Trust is in the process of applying to be a foundation trust. Should the Trust be successful in its application the Board will be accountable to Monitor in ensuring that sound governance systems are in place and that risks associated with any of its functions are managed within a robust compliance framework. This strategy has been produced in consideration to the 'Consultation on an update to the Guide for Applicants – Quality Governance' produced by Monitor.
- 1.4 This strategy is integral to the work of each of the Trust's directorates and members of staff within them. Covering clinical, organisational and financial risk, the strategy identifies the key risk management structures and processes and defines the objectives of and responsibility for each of these within the Trust.

2 Definition Of Risk

- 2.1 The term 'risk' represents the possibility of incurring misfortune or loss. It covers both the physical environment and the process of delivery of care and services which may result in foreseeable harm to patients, visitors, staff and the public, as well as to Trust property, financial resources and credibility.
- 2.2 The management of risk is concerned with the elimination or minimisation of uncertainties and potential problems within the organisational environment. This includes corporate, operational, financial, internal, tactical and strategic, irrespective of whether the uncertainty or problem is likely to affect patients, employees, volunteers or the organisation as a whole.
- 2.3 The purpose of risk management is not to remove all risk but to ensure that risks are recognised and their potential to cause loss fully understood. Action can then be taken to direct appropriate levels of resource at controlling the risk or minimising the effect of potential loss.

3 Aims

- 3.1 The key aim of this strategy is to establish systems and processes to ensure that risk management becomes infused in the Trust's philosophy, practices and business planning processes.
- 3.2 The Trust must ensure that it delivers its objectives effectively. There should therefore be a close relationship between the Trust's corporate objectives and strategic goals and its management of all the risks to which it is exposed. This risk management strategy is therefore part of the Trust's Governance Strategy and is integrally linked to the Assurance Framework.
- 3.2 South Western Ambulance Service will seek to maintain good risk management by all managers and staff through actively identifying risks, eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimised and therefore protect the Trust's assets. Primarily, it ensures the continuing provision of high quality services to patients, stakeholders, employees and the public.
- 3.3 Every member of staff must have a real sense of ownership and commitment to identifying and minimising risk. This can be achieved through an environment of transparency, where adverse incidents and near misses are identified quickly and dealt with in a positive and responsive manner.
- 3.4 By implementation of this strategy the Trust aims to:-
 - a) provide the highest quality out of hospital care, without risks to the health of those involved, and within resource allocations;
 - b) meet its corporate objectives and strategic goals as set out in the Trust's Business Plan and Assurance Framework;
 - c) understand the risks the Trust faces, their underlying causes and ensure that lessons are learnt;
 - d) ensure the Trust meets its statutory obligations;
 - e) enhance the Trust's community image and consumer confidence;
 - f) minimise the total cost of claims and other losses to the Trust through fraud and negligence;
 - g) achieve best value for money and ensure resources are appropriately directed, thereby maximising resources for patient services and care;
 - h) encourage and develop risk management as an integral part of the Trust's culture based on honesty and openness, where mistakes and adverse incidents are identified quickly and dealt with in a positive and constructive way;

- i) ensure that managers and staff at all levels are clear about their personal responsibility with regard to risk management.

4 Objectives

4.1 To meet the aims of this strategy the Trust will:-

- a) continue to assign the Governance Committee as the Board committee with responsibility for risk management;
- b) continue to assign the Directors Group and Governance Committee to provide a focus for risk management;
- c) ensure appropriate risk management structures are in place;
- d) undertake a Trust wide risk profiling exercise to review Directorate, Executive Directors and Corporate risk registers; including project team risk registers;
- e) continue to implement a robust incident reporting system, ensuring lessons are learnt and shared;
- f) promote the Trust's 'responsible' culture;
- g) provide training on risk management to Trust staff ensuring that all individuals within the organisation are aware of their role, responsibilities and accountability with regard to risk management;
- h) ensure that internal and external feedback feeds into the risk management system;
- i) undertake self assessments against national risk management standards and develop appropriate action plans to address any identified areas of improvement;
- j) continue to provide swifter risk identification, analysis and mitigating actions through regular 'Risk Watch' meetings;
- k) monitor the effectiveness of risk management policies and procedures via the monitoring of agreed Key Performance Indicators.

5 Risk Management

5.1 The management of risk covers every aspect of the Trust's business including clinical care, service delivery, out of hours provision, accountability issues, fleet and equipment management, records management, estates, environment, asset management, financial performance, corporate issues and strategic matters. Risks will be considered in relation to both the internal and external environment and will be informed by systems such as incident reporting and investigation, communication, patient and public involvement and resilience.

- 5.2 The risk management process identifies risks, assesses their potential frequency and severity, eliminates risks wherever practicable and reduces the effect of those that cannot be prevented. It also informs financial decisions and absorbs the financial consequences of risk materialising.
- 5.3 Guidance on Trust risk management systems and processes, risk identification, analysis, control, prioritisation and funding is set out in the Trust's Risk Management Process and associated documents on the Trust's intranet.

6 Responsibilities

- 6.1 The organisational structure and clear lines of accountability aim to ensure that there is both a coordinated and holistic approach to the management of risk throughout the Trust.
- 6.2 All managers and staff will be responsible for the management of risk within the extent of their roles and responsibilities. They will be expected to comply with the systems and associated procedures, and ensure all efforts are made to eliminate or minimise risks they become aware of.

6.3 Trust Board

- 6.3.1 The Trust Board is responsible for:-
 - a) ensuring appropriate structures are in place to implement effective risk management;
 - b) committing those financial, managerial, technological and educational resources necessary to adequately control identified risks;
 - c) monitoring risk management controls in place ensuring their suitability and sufficiency in reducing threats to the achievement of the Trust's strategic objectives and requirements linked to the Care Quality Commission Regulations (DoH 2009).
 - d) providing leadership to promote a positive risk management culture throughout the organisation.

6.4 Chief Executive

- 6.4.1 The Chief Executive, on behalf of the Trust Board, is accountable for ensuring there is a comprehensive risk management system, and for ratifying the Statement on Internal Control in the Trust Annual Report.
- 6.4.2 The Chief Executive will communicate with relevant stakeholders where there is a risk that threatens the achievement of the Trust's corporate objectives as set out in the Assurance Framework, to gain their support and engage them in the development of a corrective action plan.

6.5 Executive Directors

6.5.1 Executive Directors have responsibility for ensuring:-

- a) the Risk Management Strategy is implemented within their own directorate and that 'suitable and sufficient' risk assessments have been carried out;
- b) they debate, clarify and agree new significant, moderate and low risks to ensure a consistent approach to risk scoring;
- c) the development, management and population of Directorate risk registers within their Directorates ensuring the risk manager is informed of any risks scoring equal to or greater than 12, which then require escalation to the Executive Directors' or Corporate registers;
- d) managers and staff co-operate in applying this strategy throughout their directorate with the involvement of the Risk Manager;
- e) Directorate risk registers are reviewed as a standing agenda item at all Directorate and departmental team meetings;
- e) ensuring the Directorate risk registers are assessed regularly and that managers are updating and managing risks appropriately
- f) steps are taken to secure resources for risk assessment, including the implementation of associated controls;
- g) specialist advice is available to the Trust as required, e.g. fire prevention, infection control, legal, occupational health;
- h) an open and honest culture is developed where mistakes and adverse incidents are identified quickly and dealt with in a positive and constructive way;
- i) directorate activity is compliant with national risk management standards.

6.5.2 Specific responsibilities are set out below:

6.6 Director of Corporate Services

6.6.1 The Director of Corporate Services has delegated responsibility for managing the strategic development and implementation of risk management. Specific responsibilities include:

- a) attending Risk Watch Meetings to debate, clarify, challenge and agree risks and review the Corporate and Executive risk registers; and
- b) Presenting new significant, moderate or low risks for debate, quality assurance of risk scoring and approval; to be populated onto either the Corporate or Executive Directors risk registers or to be managed on Directorate risk registers; a triangulated approach to risk management.

6.7 Director of Finance and Performance

6.7.1 In particular the Director of Finance and Performance is responsible for:-

- a) regularly assessing the financial risks to the Trust in liaison with Executive Directors and directorate managers;
- b) identifying internal risks and the safe operation of financial control systems with the Internal Auditor and Audit Committee of the Trust Board, ensuring these direct the development of the annual Audit Plan. The security of these arrangements will be regularly monitored by the Trust Board;
- c) taking account of risks within the Corporate Risk Register when setting financial priorities for the Trust;
- e) maintenance and review of the Trust's insurance arrangements;
- f) leading on implementation of a regulatory framework to take account of the financial and governance risk rating assessments applied by Monitor following the Trust's authorisation as a foundation trust.

6.8 Medical Director

6.8.1 The Medical Director has delegated responsibility for managing the strategic development and implementation of clinical risk management and clinical governance. In particular the Medical Director is responsible for:-

- a) leading the implementation of the Trust's Risk Management Strategy for clinical matters;
- b) regularly assessing and ensuring clinical risks are appropriately prioritised within the Trust's risk register and associated action plan;
- c) managing risk issues relating to clinical care in collaboration with both the Director of Delivery and Quality and Risk Manager
- d) providing regular reports to the Trust Board and Governance Committee on clinical risk including the work of the Clinical Effectiveness Group.

6.9 Director of Information Management and Technology (IMT)

6.9.1 The Director of IMT is the Trust's appointed Senior Information Risk Owner (SIRO who has been identified as having appropriate knowledge and training to champion information security risk at Board level.

6.10 Other Members of the Trust

6.10.1 There are roles within the organisation which have a specialist risk management element, these roles include:-

6.11 Head of Governance

6.11.1 The Head of Governance has delegated responsibility for ensuring the ongoing development of this strategy and the implementation of appropriate risk management strategies. Specific responsibilities include:

- a) establishment of efficient and effective risk management systems and arrangements to include analysis of clinical negligence and personal injury litigation, serious and other adverse incidents, Making Experiences Count (MECs) concerns, complaints etc. However the development of detailed arrangements to reduce financial and clinical risk will be the responsibility of the Director of Finance and Performance and the Medical Director respectively;
- b) provision of regular reports to the Governance Committee and Trust Board about risk management;
- c) developing relevant and effective arrangements that ensure appropriate policies and procedures are in place associated with the requirements of Monitor, Care Quality Commission, the NHS Litigation Authority's Risk Management Standards for Ambulance Services and those related to litigation or legislation;
- d) taking steps to ensure specialist advice and/or reports are available to the relevant Trust Committees of the Trust Board; and
- e) attending Risk Watch Meetings to debate, clarify, challenge and agree risks and review the Corporate and Executive Director Risk Registers.

6.12 Risk Manager

6.12.1 The Trust's Risk Manager is responsible for:

- a) leading the development of this strategy and associated policy documents;
- b) co-ordination of the Trust's risk management activities;
- c) co-ordination of information, briefing, instruction and training across the Trust on risk management, its underlying principles and expectations. This will include advising on the development of appropriate remedial programmes;
- d) taking action and/or reporting to the appropriate Director and the Head of Governance any concerns about the on-going adequacy and implementation of the Trust's Risk Management Strategy;
- e) overseeing the accurate logging, monitoring, reviewing and regular reporting to the appropriate Trust managers and relevant Trust Committee on adverse incidents and near miss reports;
- f) overseeing the accurate logging, monitoring, reviewing and regular reporting to the appropriate Trust managers and relevant Trust Committee of those incidents classified as 'serious' incidents, ensuring they are investigated in accordance with the Trust Serious Incident Policy;

- g) providing reports on the Trust's compliance with the NHS Litigation Authority's Risk Management Standard and other risk management assessments.
- h) attending Risk Watch Meetings to debate, clarify, challenge and agree risks and review the Corporate and Executive Risk Registers.

6.13 Head of Operations (Somerset)

6.13.1 The Head of Operations (Somerset) is responsible on behalf of the Chief Executive for health, safety and welfare matters, in particular: -

- a) Promoting health education and safety at work;
- b) Ensuring effective systems exist for the maintenance, monitoring and review of the Trust's health and safety arrangements, activities and performance;
- c) provision of regular reports to the Governance Committee and Trust Board about Health and Safety;

6.14 Health, Safety and Security Manager

6.14.1 The Trust's Health, Safety and Security Manager is responsible for:-

- a) Working with managers to ensure security, health, safety and welfare risks are appropriately dealt with in accordance with the Trust's Risk Management documents;
- b) Accurately logging, monitoring and reviewing accident and security reports, highlighting any trends and learning points to the Health and Safety Group and Governance Committee respectively;
- c) The co-ordination of information, briefing, instruction and training across the Trust on health and safety matters, including risk assessment;
- d) The management of the Trust's health and safety risk assessment procedures.

6.15 Fleet Manager

6.15.1 The Trust's Fleet Manager is responsible for managing risk issues and incidents relating to vehicles and medical equipment. Their responsibility will also include accurately logging, monitoring and reviewing vehicle accident reports, motor insurance claims and equipment defect reports highlighting any trends and learning points to the Learning From Experience Group.

6.16 Local Resolution Manager

6.16.1 The Trust's Local Resolution Manager's (responsible for the management of MECs complaints and concerns) key risk management responsibilities include accurately logging, monitoring, reviewing and risk rating complaints, highlighting any trends

and learning points to the Learning From Experience Group. Their responsibility will also include liaising with the Risk Manager to highlight any potential claims and Serious Incidents identified through the complaints process.

6.17 Senior Patient Experience Manager

6.17.1 The Senior Patient Experience Manager's key risk management responsibilities include accurately logging, monitoring, reviewing and risk rating concerns and comments highlighting any trends and learning points to the relevant Trust Committee. Their responsibility will also include liaising with the Risk Manager to highlight any potential claims and Serious Incidents identified through the Making Experiences Count process.

6.18 Resilience Manager

6.18.1 The Resilience Manager will regularly update the Trust's Major Incident Plan and will ensure that managers and staff are appraised, and trained in relevant procedures, and understand their responsibilities.

6.19 Central Alert System Liaison Officer

6.19.1 The Trust's Central Alert System (CAS) Liaison Officer is the Risk Management Support Officer. They are responsible for ensuring CAS alerts are dealt with within appropriate timescales, highlighting any risks to the Risk Manager.

6.20 Directorate Heads

6.20.1 The Heads of individual directorates/divisions have responsibility for:-

- a) implementing the Trust's Risk Management Strategy including overseeing the management of 'suitable and sufficient' risk assessments throughout their own department/functional responsibility in accordance with the Trust's Risk Assessment documents. In liaison with the Health, Safety and Security Manager, they will ensure that records of health and safety risk assessments are made available to employees and Health and Safety Representatives;
- b) contributing to the identification of employees' risk management training needs;
- c) ensuring that managers within their departments investigate any adverse incident, MECs complaint or concern, or claim in accordance with Trust policy documents;
- d) management of their local risks on their Directorate Risk Register ensuring any corporate risks equal to or over 12 are highlighted to the Risk Manager;
- e) ensuring directorate activity is compliant with national risk management standards, e.g. NHS Litigation Authority.

6.21 Trust Managers

6.21.1 Managers are responsible for the day to day implementation of the strategy within their own area. Responsibilities include:-

- a) acting upon any significant hazards and risks identified during the normal course of their duties and reporting any risks that they cannot adequately control, as well as anomalies, to the appropriate senior manager;
- b) checking risk assessment systems are in place for their own area of operation and reviewed regularly, including initiating and participating in any risk assessments, as necessary on a timely basis;
- c) management of their local risks on their Directorate Risk Register ensuring any corporate risks equal to or over 12 are highlighted to the Risk Manager.
- d) in liaison with the Risk Manager, Health, Safety and Security Manager, and/or other senior managers ensure that staff are adequately informed and trained in risk management, including any existing or new control measures. Where training is arranged locally, the Training and Education Department must be informed so that training records can be updated;
- e) ensuring accidents and incidents including near misses are reported in line with Trust policy, sufficiently investigated and action taken to prevent re-occurrences;
- f) effective budget management;
- g) issuing (and ensuring compliance with) Trust policies and procedures;
- h) ensuring department activity is compliant with national risk management standards, e.g. NHS Litigation Authority.
- i) encouraging staff awareness and ownership of the Trust's Risk Management Strategy and associated documents, and processes;
- j) leading the on-going development of an open and honest culture where mistakes and adverse incidents are identified quickly and dealt with in a positive and constructive way.

6.22 Employees

6.21.1 Employees are responsible for:-

- a) being personally responsible for not undertaking any task or action which would knowingly cause risk to themselves, others, or to the Trust;
- b) as far as is reasonably practicable, attempting to prevent other people from undertaking tasks or actions which would knowingly cause risk to themselves, others or to the Trust;
- c) identifying and reporting actual or potential hazards/risks in the work environment;

- d) participating in training sessions and carrying out any agreed control measures and duties as instructed;
- e) participating in the investigation of any adverse incidents or MECs complaints or concerns as requested;
- f) taking immediate action to minimise risks where it is reasonably practicable to do so.

7 Risk Management Structures

7.1 Risk management, clinical governance and Care Quality Commission Regulations have been incorporated into the Governance Committee. To demonstrate the holistic approach to risk management within the Trust, the committee and group structure functions are summarised below and described in further detail within the relevant terms of reference.

7.2 In order to achieve a co-ordinated approach to risk management and to avoid duplication of effort all the key committees and groups concerned with risk management will maintain links through designated individuals, as set out in their terms of reference.

7.3 Governance Committee

7.3.1 The Chair of the Governance Committee is a Non-Executive Director appointed by the Trust Board.

7.3.2 The Governance Committee is a committee of the Board and has overarching responsibility for risk management. It aims to ensure a holistic approach is achieved within the processes for risk management as well as ensuring risk issues inform corporate decision making.

7.4 Directors Group

7.4.1 The Directors group debates and quality assures the scoring of all new significant and moderate risks. To ensure that adequate controls are in place to avoid or manage risk the Directors Group reviews both the Corporate and Executive Directors Risk Registers on a monthly basis.

7.5 Health and Safety Group

7.5.1 The Chair of the Health and Safety Group is the Head of Operations (Somerset).

7.5.2 The Health and Safety Group will concern itself with the provision of a healthy and safe working environment for all employees, contractors and members of the public who may visit or use South Western Ambulance Service premises and/or vehicles, or be affected by the Trust's operations.

7.6 Learning from Experience Group

7.6.1 The Learning From Experience Group aims to:-

- a) ensure there is a systematic approach to the analysis of incidents, complaints, concerns, comments, and claims on an aggregated basis;
- b) encourage learning and promote improvements in practice;
- c) communicate any identified trends or common risks to relevant internal and external stakeholders.

7.6.2 The Chair of the Learning from Experience Group is the Head of Governance. The Governance Committee will receive six monthly reports from the Learning From Experience Group and is responsible for ensuring that trends and themes are acted upon and managed effectively. It will ensure that any lessons learned through the investigation of incidents, MECs complaints and concerns, comments, and claims are disseminated internally and externally, as appropriate.

8 Training

- 8.1 Training members of the organisation on risk management principles and systems is a primary aim of the Trust. Staff will be adequately trained in the concepts of risk management, patient safety and quality (formally known as clinical governance) and adverse incident reporting as part of their induction and as set out in the Trust's Training Needs Analysis to promote the highest standards of risk management and clinical care.
- 8.2 Trust Board members will receive risk management training and guidance in accordance with the annual Board cycle and Trust's Training Needs Analysis.
- 8.3 Training needs for all Trust staff, Board members, volunteers, senior managers and governors will be identified via a Training Needs Analysis and provided as part of the ongoing Training Prospectus. Such training will cover this Risk Management Strategy, risk assessment techniques, record keeping, health and safety, risk management, incident reporting, investigation techniques and infection control.
- 8.4 Training may be conducted via various methods including face to face, via workbook, attendance at seminars,
- 8.5 Records of attendance at risk management training will be recorded on the Trust's Electronic Staff Record (ESR) system. Any non-attendance will be followed up in accordance with the process set out within the Trust's Training and Education Policy.

9 Risk Assessment

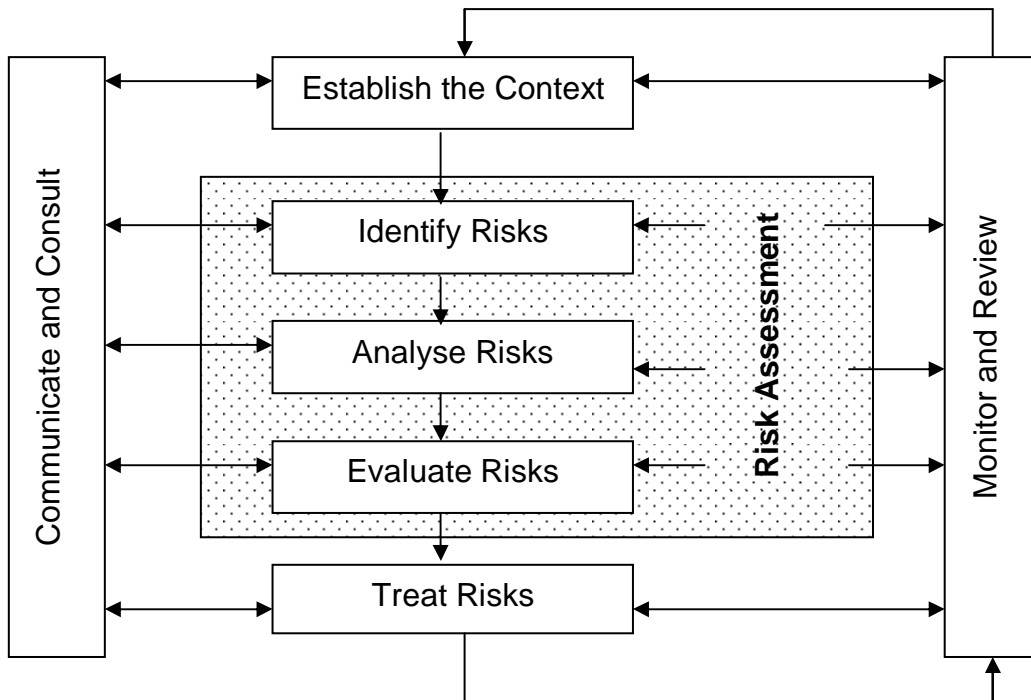
- 9.1 Detailed procedures describing the risk assessment process to be carried out by each function/department and directorate within the Trust are contained within the Risk Management Process document. The Trust's Risk Measurement and Categorisation Criteria are at Appendix C.

10 Risk Register

10.1 The Trust's Corporate and Executive Directors Risk Registers are held centrally within the Risk Department. Each Directorate holds its own Directorate Risk Register which is maintained within the Directorate, with an individual from that Directorate allocated responsibility for its development and maintenance. The Trust's Risk Register Monitoring Process (Appendix A & B) details the content of Risk Registers and describes the process for ensuring the Risk Register is regularly reviewed and updated by managers, Directors and the Board.

11 The Process For The Management Of Risk

11.1 The detailed Trust process for the management of risk is set out within the Trust's Risk Management Process document. The diagram below demonstrates the Trust's risk management process:



12 Authority For The Management Of Risk

12.1 All managers have the delegated authority to manage any level of risk locally within the resources available to them. This will include putting controls in place as a result of risks identified from risk identification processes such as risk assessment, complaints, adverse incidents and claims.

12.2 Where the manager does not have resources to adequately control or manage the risk the advice of a more senior manager or Director should be sought and the risk added to the relevant Trust's risk register.

12.3 If the identified risk affects the whole organisation rather than the local area the manager should notify a senior manager or director who will decide on the action to

be taken. In this case the Risk Manager should be notified and the risk added to the risk register.

13 Monitoring

13.1 The Trust's Governance Committee will receive, as part of the annual Governance report, an annual update on Risk Management which will:-

- demonstrate the effectiveness of the organisation's risk management structure;
- include a summary of control measures put in place as part of the Trust's risk management process, and, as a result of risks identified from adverse incidents, complaints and other feedback by those with delegated authority responsible for managing risk locally;
- provide a summary of work undertaken by key individuals responsible for risk management activities;
- include details of risk management training provided to the Board, senior managers and employees during the year and any actions undertaken to address non-attendance.

13.2 The Corporate and Directors risk register is presented at each meeting of the Governance Committee which monitors the document to ensure:-

- that the process for assessing strategic risks is being followed;
- that the risk registers accurately reflect the Trust's risks.

13.3 The process for the Board review of the Risk Register will be monitored as part of the annual review of the Risk Management Strategy by the Trust Board and will inform updates to the process.

13.4 The Audit Committee is responsible for reviewing the Risk Management process to ensure that it is fit for purpose.

14 References

14.1 For this strategy the following references apply:-

- *Risk Management Standard for Ambulance Services, NHS Litigation Authority.*

15 Associated Documentation

15.1 This strategy links to:-

- Governance Strategy
- Equality and Diversity Strategy
- Information Governance Policy
- Governance Committee Terms of Reference
- Risk Management Process
- Incident Reporting Policy
- Serious Incident Policy
- Policy for Managing Recommendations from External Bodies
- Training and Education Policies

- Health and Safety Group Terms of Reference
- Health and Safety Policies
- Making Experiences Count Policy
- PALS Policy
- Claims Policy
- Communications Strategy
- Patient, Public & Involvement and Community Engagement Strategy
- Learning from Experience Procedure
- Monitor Guide for Applicants for 2010/11
- Monitor Compliance Framework for 2010/11

16 Review

- 16.1 This strategy will be subject to annual review by the Trust's Governance Committee and Board.

**South Western Ambulance Service NHS Trust
Risk Measurement And Categorisation Criteria**

Table 1 – Consequence Score

	1	2	3	4	5
Descriptor	Negligible	Low	Moderate	Significant	Catastrophic
Injury	Minor injury	Minor injury or illness, first aid treatment needed	Reportable to external agencies/statutory bodies (e.g. RIDDOR)	Major injuries, Single death	Multiple deaths or major permanent incapacity
Claim or Financial impact on Trust	below £1,000	£1,001 - £10,000	£10,001 - £250,000	£250,001 - £1,000,000	(over £1 million)
Service / Business Interruption	Loss / interruption PTS < 12 hour	Loss / interruption PTS >12 hours and < 24 hours Loss/interruption UCS IT < 1 hour	Loss / interruption PTS > 24 hours and < 5 days Loss/interruption UCS IT > 1 hour and < 4 hours	Loss / interruption PTS > 5 days Loss/interruption UCS IT > 4hours and < 12 hours Loss/interruption A&E IT < 2hours	Loss/interruption A&E IT> 2 hours Loss of A&E phone system Loss/interruption UCS IT > 12 hours Loss of UCS phone system
Inspection / Audit	Minor recommendations. Minor non-compliance with standards	Recommendations given. Non-compliance with standards	Challenging recommendations. Non-compliance with core standards.	Enforcement action. Multiple challenging recommendations. Major non-compliance with standards	Prosecution Severely critical reports. Operating illegally
Adverse Publicity / Reputation	Inaccurate media coverage	Local Media coverage – short term.	Inaccurate Regional Media coverage Single Local MP concern	National Media < short term. Multiple Local MP concern	National Media- long term. (questions in House of Commons and Lords)

Table 2 – Likelihood Score

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency	The event may only occur in exceptional circumstances	The event could occur at some time	The event should occur at some time	The event will occur at some time	The event is expected to occur in most circumstances
Probability	< 5%	5 – 30%	30 – 60%	60 – 90%	> 90%

	Rare	Unlikely	Possible	Likely	Almost Certain
Negligible	1	2	3	4	5
Low	2	4	6	8	10
Moderate	3	6	9	12	15
Significant	4	8	12	16	20
Catastrophic	5	10	15	20	25

Risks scoring 1 – 10 = Low (Directorate Risk Registers)

Risks scoring 12 = Moderate (Executive Directors)

Risks scoring 15 – 25 = Significant (Corporate)

Risk Register Monitoring Process

1 Introduction

- 1.1 In order that an organisation can effectively manage its risks it should first identify and prioritise them. These risks should then be recorded on Risk Registers.
- 1.2 The Risk Register should be a 'live' document and, as far as reasonably practicable, accurately reflect the Trust's risk exposure at any one time. In order that the Risk Register does reflect the Trust's current position a Risk Register monitoring process has been put in place.

2 Content of Risk Registers

- 2.1 In order that the Trust is aware of all relevant information regarding its risks, the Risk Registers should include the following information:-
 - Risk reference;
 - Description of Risk;
 - Summary of Controls;
 - Action summary;
 - Action deadlines;
 - Reference to Corporate Objectives;
 - Reference to Assurance Framework;
 - Risk scoring (including consequence and likelihood);
 - Residual risk
 - Risk source (including but not limited to, Corporate Objectives, incident reports, risk assessments, other risk registers, projects, self assessments)
 - Date of review.

3 Risk Register Monitoring Process

- 3.1 The Risk Manager will be responsible for maintaining the Trust's Corporate and Executive Directors Risk Registers.
- 3.2 Each Directorate is responsible for developing and maintaining its own Directorate Risk Register and appropriate lead managers should be identified to implement this process.
- 3.3 The updated Directorate Risk Registers should be e-mailed to the Risk Manager on a monthly basis.
- 3.4 All line managers are responsible for discussing their Directorate Risk Register with department staff. It is important that all staff have an awareness of the identified risks within their departments and that they have the opportunity to add to and comment on the Directorate risk register. Directorate Risk Registers will be reviewed as a standing agenda item at all Directorate and departmental team meetings.

- 3.5 Directors should meet with lead managers on a quarterly basis to review the risks, control measures and associated actions for which they have responsibility. Directors will ensure that risk ratings are calculated in the context of the overall organisation and that the Risk Register is updated on a monthly basis. Directors will be asked to provide assurance to the Risk Manager that these meetings are taking place.
- 3.6 Individual Directors, or their representatives, will meet with the Risk Manager quarterly to jointly review the content of the Directorate Risk Register, control measures and the status of associated actions.
- 3.7 Every Trust committee and working group has a standing agenda item entitled 'the identification of new risks'. Any risks arising from that meeting should then be fed through to the appropriate Register in accordance with the Trust's Risk Management Process.
- 3.8 The Trust will hold an annual review of all risks to quality assure their content, scoring and relevance.

4 Risk Management Business Cycle

- 4.1 A Risk Management Business Cycle has been produced which illustrates when and at what level the Risk Registers will be reviewed by the Trust's Groups and Committees. The following information provides further information on the cycle.

4.2 Directors Group

- 4.2.1. The Directors team will review the Corporate and Executive Directors Risk Register on a monthly basis. In addition they will, at every meeting, debate and quality assure any new risks identified.
- 4.2.2 The Directors team will be responsible for the acceptance of any moderate risks where it is considered that those risks are controlled as far as practicable. The acceptance of such risks will be formally noted in the meeting minutes.

4.3 Governance Committee

- 4.3.1 The Governance Committee will be responsible for considering any proposals to accept significant risks where it is considered that they are controlled as far as practicable. Such proposals can only be accepted by the Trust Board following a recommendation by the Governance Committee. Once a risk has been accepted it will be monitored by the Governance Committee for any changes that may affect the status of that risk.
- 4.3.2 At each meeting of the Governance Committee members will review those risks rated as being 'significant' or 'moderate'. In addition the Governance Committee will receive Directorate Risk Registers on an annual basis.
- 4.3.3 The Governance Committee will review any recommendations made by the Directors Group to accept moderate risks prior to them going to the Trust Board.

4.4 **Risk Watch**

4.4.1 The Director of Corporate Services, Head of Governance and Risk Manager attend regular Risk Watch Meetings to debate, clarify, challenge and agree risk scores to ensure dynamic and regular triangulated review of the Corporate, Executive and Foundation Trust Project Risk Registers. The Risk Watch group aims to meet on a weekly basis.

4.5 **Board**

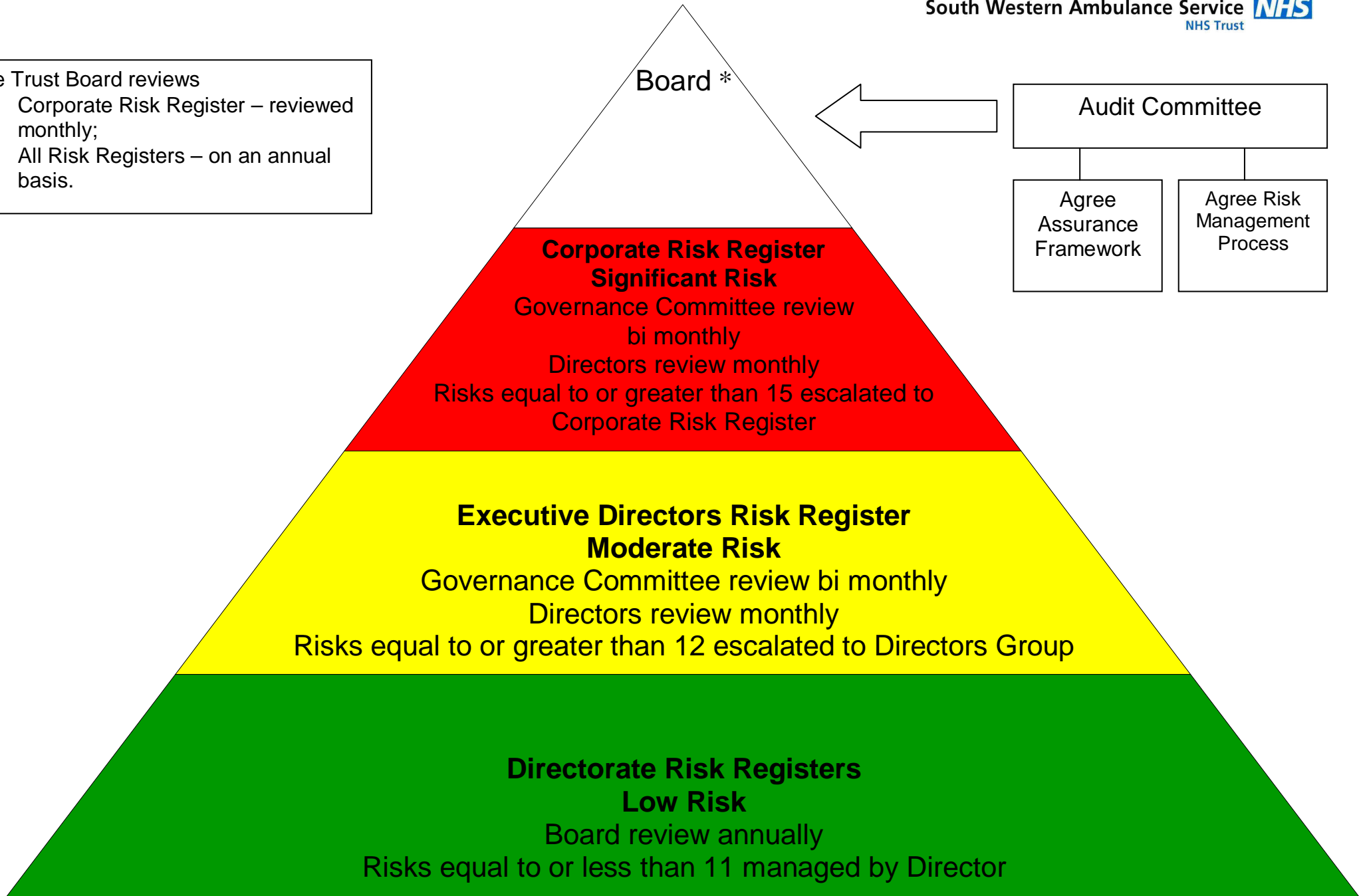
4.5.1 Members of the Board will receive the Corporate Risk Register on a monthly basis and a copy of all Risk Registers on an annual basis.

4.5.2 The Board will ultimately be responsible for considering and accepting any risks rated as significant where it is considered that those risks are controlled as far as practicable.

Appendix C

* The Trust Board reviews

- Corporate Risk Register – reviewed monthly;
- All Risk Registers – on an annual basis.



Risk Management Strategy Version Control Sheet

Version	Date	Author	Summary of Changes
4	Sept 2010	V. Williams	Amendments to 8.3 regarding training in risk management for Board members. Also the inclusion of Governors and volunteers.