RISK MANAGEMENT STRATEGY

South Central Ambulance Service NHS Foundation Trust

Unit 7 & 8, Talisman Business Centre, Talisman Road,

Bicester, Oxfordshire, OX26 6HR

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Author: Christopher Law

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1. INTRODUCTION & BACKGROUND

1.1 This document replaces a previous risk management strategy, which was a combined strategy and policy document. This document sets out the strategic aims for managing risk over the next three years.

1.2 Healthcare is complex and any organisation delivering health services to the public will inevitably have to respond to and balance risks, sometimes conflicting, to ensure that services are safe for patients, staff and allow the strategic aims of the organisation to be met.

1.3 Arguably ambulance services have some additional challenges in managing their risks, as assessment, treatment and transport can be time critical, is often unplanned and takes place in environments not under the Trust's direct control and across a wide geography.

1.4 It is important that the Trust sets out its approach to managing risk and to what extent it is prepared to accept risks to allow for innovation and smooth running of its operations; it is envisaged that the Trust board will agree a risk appetite statement.

1.5 This strategy also outlines the organisational approach to developing the management of risk over the lifetime of this document.

1.6 This strategy also sets out some targets for developing risk management across the organisation, over the lifetime of this document. Initially it was envisaged that the strategy would have a two year lifespan, but we know that the pandemic, increased demand and backlog pressures elsewhere in the health system means that the capacity to deliver change at pace can be limited by exacerbations of any one of these. By setting out a three year strategy, this also allows for key oversight functions such as audit committee, quality and safety committee and risk, assurance and compliance committee to provide assurance and updates on progress to the Board.

1.7 This document does not set out how individual risks are identified, articulated, managed and recorded, there is a separate policy document, which sets out the requirements and procedures for managing risk within South Central Ambulance Service.

1.8 Finally, this strategy is a living document, which sets a broad framework for development of risk over its lifetime; however, it is recognised that there should be flexibility to fine tune it over the three years, subject to oversight of the committees named above. There are number of things that could alter the finer detail of this strategy, including but not limited to;

- Change in the Trust's overall strategy

- Objectives being completed ahead of time

- Co-dependencies on other projects (e.g. digital risk management tool)

- New NHS policy or guidance

- Response to internal or external audit and/ or review

2. OVERARCHING AIMS OF THE STRATEGY

2.1 This document is a dedicated strategy that looks at the development of risk management in South Central Ambulance Service. The strategy supports the three main arms of risk management; Incident Reporting, Risk Assessment and Identifying and Managing risks (through the risk registers). It sets out the next steps the Trust wishes to take in an ongoing journey to refine its approach to risk management. The key aims of this strategy are to;

- Improve risk literacy across the organisation, from identifying, articulating and recording risk.

- Increase the overall awareness and skills in risk management for all staff who are responsible for reporting, managing or assuring risk activities.

- Ensure that there is a well understood route for risk to be recognised, managed and escalated from the 'floor to the board'.

- Implement a robust and resilient system for recording risks, their impact and to facilitate escalation.

- Allow for similar risks in different parts of the organisation to be recognised and understood so that an organisational approach to managing them can be undertaken (including, but not limited to changes in systems, process or policy)

- Ensure that, where applicable, all of the required risk assessments are carried out and reviewed; and that appropriate control measures are in place to protect staff and patients and others affected by the work of the Trust.

- Ensure that all managers and staff report incidents and concerns using the Trust's incident reporting system.

3. LANGUAGE OF RISK

3.1 Risk management is an integral part of the work that staff across the organisation do, though many may not recognise it as such. The term 'risk management' can seem remote and not relevant to some roles, though the reality is that staff will take steps, perhaps unconsciously to identify and reduce risk whilst they work every day. Sometimes there is confusion between a live issue (something that is happening now) and the risk, it also not always clear what the final impact is and the scale of it and who is going to be affected by it.

3.2 This strategy will seek to make the language of 'risk' more accessible to staff and introduce a common approach to articulating risk that sets out the event(s) or issue(s) that might occur, how likely it is that they might happen, what will happen if they do and who/ what is affected .

3.3 It is also important that the Trust has an agreed method of assessing and scoring the identified risk that is understood by all and informs decision making, including allocation of resource when comparing risks.

3.4   By supporting staff, across the organisation to understand what risks are and how to describe and score them, it should be easier to gain support across the organisation to address and mitigate against them.

4.   RISK REGISTERS

4.1   The recording of recognised risks and their management is an essential part of evidencing the Trust has an effective and proportionate response to them.

4.2   Work done with different teams through 2020 and in to 2021 has identified that there are variations in understanding of risk registers, with a minority seeing them as either an additional administrative burden or a method of abdicating risk upwards in the organisation; whilst many see the value of recording risks, a number of risk registers are less focused on detailing the mitigations and documenting reviews on their progress.

4.3   The strategy will help managers and staff groups understand the key purposes of maintaining an up to date risk register, namely to;

- Articulate the risks being managed by a department/ group
- Show clearly the impact of risks and how likely they are to happen
- Help directorates and groups prioritise their focus and resources
- Identify who is responsible for managing the risk
- Document the mitigations being taken to reduce the impact and/ or likelihood of the risk
- Evidence the effectiveness of risk management and provide assurance to internal and external stakeholders
- Allow risks to be aggregated and/ or escalated through the organisation as necessary

4.4   The strategy will take a four pronged approach to improving the content and use of risk registers; Standard entry template on the digital tool, Education packages for agreed staff groups, Coaching and support from the Clinical Directorate and finally reporting on management of the risk registers against agreed standards.

5.   ESCALATION AND SCRUTINY OF RISK

5.1   An essential part of risk management in any organisation is for senior mangers and the Board to be aware of key risks and for them to be assured they are being addressed, with sufficient challenge back to managers and directors to be satisfied the Trust is managing its risks appropriately and in line with is constitution.

5.2   An outcome of this strategy is to develop a clear 'hierarchy' of where risks are reviewed and where they are scrutinised, for example the corporate risk register is scrutinised by the Executive Directors in the Risk, Assurance and Compliance Committee, but the Non-Executive Directors provide scrutiny through board meetings.

6.   APPETITE FOR RISK

6.1   Whilst it is true to say that the Trust will generally reduce risk so far as possible, it is not the case that all risks can be continually lowered and sometimes it is

desirable to have a higher tolerance for some types of risk. To meet the core Trust value of innovation for example, there might be some considered onvestment risk in setting up a new service or way of working that is yet unproven, but has good potential for improving patient care or reducing demand.

6.2 Risk scoring systems (based on a calculation of the impact and likelihood of a risk crystallising) are useful and can help those managing risks to prioritise resources and workstreams, but they can be crude. You can have a risk with a very low impact, but a greater chance of occurring that scores as high as something which although less likely to occur would have a catastrophic outcome; it stands to reason that you might want to invest resources (time, people, money) to avoid a very high impact risk because the consequences for individuals or the organisation are so much more extreme. Therefore, it is important to have some guidance to inform discussion and decision making.

6.3 The board have indicated their desire to have both a risk appetite statement and a framework to help those managing risk and this forms an integral part of the strategy.

7. TRAINING AND DEVELOPMENT

7.1 Understanding the training and education need across the organisation and the support required in implementing it is an important part of delivering any strategy. There are four parts to the addressing the training and development needs for this strategy;

- Continue existing training, including incident reporting (e.g. through induction), risk assessment for managers and staff.
- Carrying out a simple gap analysis across different staff groups and agree development needs with senior managers/ directors.
- Review existing education packages, including risk assessment training
- Identify any additional training and/ or education that can be delivered as part of other programmes (such as the roll out of the digital risk management tool, which is likely to be part of a larger package of 'modules' such as incident reporting).
- Working with education colleagues to develop training packages to meet the remaining needs and agree method of delivery.
- Ongoing support from the risk managers.

8 STRATEGY TIMELINE AND OUTPUTS

8.1 Year One (2021 -2022)

- Continue existing training arrangements
- Agree all departments and groups who should have a risk register
- Agree with directorate leads the reporting and scrutiny structure for risk registers
- Work with the Director of Patient Care & Transformation to agree the platform for a digital system to host the risk registers
- Consult on and agree on Trust wide risk scoring system
- Consult on and agree whether risks and issues should be monitored through

the same risk registers or separated out

- Agree risk appetite with Executive directors
- Draft and agree a Trust risk appetite statement
- Introduce 'three lines of defence' methodology, to corporate risk register

8.2   Year Two (2022 – 2023)

- Continue existing training arrangements
- Move risk registers on to digital platform
- Common approach to describing risks across all registers
- Review risk appetite statements and progress of risks against them, recalibrating as required
- Agree performance indicators for risk management (e.g. frequency of review, risks that have not improved with mitigations in place) with Directors and managers and reporting structure
- Consult and agree the content of learning required for different staff groups to develop risk management knowledge and skills
- Develop training packages and agree method of delivery and timelines
- Deliver training (identified through the gap analysis in year one) to one quarter of identified staff
- Introduce 'three lines of defence' methodology, where possible to directorate risk registers

8.3   Year Three (2023 – 2024)

- Continue existing training arrangements
- Deliver training to remaining identified staff (identified in gap analysis in year one)
- Start upward reporting against KPI's
- Review strategy and develop 2024 – 2027 strategy

9   OVERSIGHT AND REVIEW OF THE STRATEGY

9.1   The Quality and Safety Committee will be responsible for overseeing the progress of the strategy and its overall adherence to the timelines above. The corporate risk manager will also supply a quarterly update on progress to the Risk, Assurance and Compliance Committee.