Leicestershire Partnership NHS Trust

Risk Management Policy

This Policy sets out the Trust's approach to managing risk.

Key Words:	Risk, Risk Management, Organisational Risk Register Board Assurance Framework, BAF, Corporate Risk Register, CRR, Directorate Risk Register	
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Which Relevant CQC Fundamental Standards?	Regulation 12 Safe Care and Treatment Regulation 17 Good Governance	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V1	August 2019	This Strategy and Policy is new. It replaces the former Risk Management Strategy and Framework version 11, 2018 and the Board Assurance and Escalation Framework 2017.
V1.1	December 2019	The Trust Board approved risk appetite statement has been appended. Update to reflect change in wording from corporate risk register / board assurance framework to organisational risk register.
V2	May2021	Refresh. Strategy element removed and further policy detail provided for clarity.
V2.1	November 2021	Clarity re process for the legal requirements under the Management of Health & Safety at Work Regulations 1999 as amended for 2002 for risk assessment. Inclusion of Counter Fraud risk assessment process Revised risk appetite statement (approved Oct 21) Revised Step Up to Great Strategy (approved Oct 21) Changes to the role of the ICC (approved Sept 21)
V2.2	March 2024	Updated to reflect changes to the ORR, including the introduction to the BAF and CRR, and changes to the Risk Review Group, training, strategy and governance. This version also includes an update on the management of health and safety risk assessments, and changes to the names of the level 1, 2 and 3 groups in line with the latest governance structure chart [dated December 2023].

For further information contact:

Director of Corporate Governance

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. If you require this policy in another format please contact the Corporate Assurance Team.

Due Regard

An analysis on the impact on equality' (Due Regard) has been included in the development of the policy, please refer to Appendix 4.

Definitions that apply to this Policy

Action	The activity which puts controls in place to manage risks that have been identified and assessed.
Assurance	Is the confidence the Trust has, based on sufficient evidence, that controls are in place, operating effectively and its objectives are being achieved
Board Assurance Framework	Identifies the principal risks that may threaten the achievement of the Trust's strategic objectives
Cause, Risk and Effect Model	A method of describing a risk which identifies the cause and effect to support the identification of preventative and responsive controls.
Consequence	The outcome or potential outcome of an event, sometimes referred to as 'impact' or 'severity'
Control	A measure in place to mitigate a risk
Corporate Risk Register	Comprises operational risks that score highly in terms of their likelihood of occurring and their potential impact, that have a wider impact beyond the service where they arose, and need involvement by executives colleagues.
Likelihood	Is the probability that the consequence will actually happen.
Operational risk	Are by-products of the day-to-day running of the Trust and include a broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks are managed by the Directorate which is responsible for delivering services
Inherent Score	This is the score of a risk based on there being no controls in place.
Current Score	Indicates the score for a risk considering the current controls.
Target Score	The score once any new controls have been put in place and are working effectively (sometimes referred to as the residual score).
Risk	The 'effect of uncertainty on objectives'. This effect can either be a positive or negative deviation from what is expected (ISO 31000). Through the management of risk, the Trust seeks to minimise, though not necessarily eliminate, threats, and maximise opportunities
Risk Appetite	The amount of risk exposure an organisation is willing to seek or accept in the pursuit of its objectives.
Health and Safety Risk Assessment	The Management of Health & Safety at Work Regulations requires all employers to carry out suitable and sufficient assessment of the risks to the health and safety of their employees to which they are exposed whilst at work, to include those who are not within their employment but to whom they owe a duty of care.
Risk Management	Refers to a 'coordinated application of resources to minimise, monitor, and control the probability and/or impact of unfortunate events or to maximise the realisation of

	opportunities' (ISO 31000).
Strategic risk	Are those that represent a threat to achieving the Trust's strategic objectives or to its continued existence. They also include risks identified for the Trust as a member of an Integrated Care System / Provider Collaboratives.
Risk Registers	Are repositories for electronically recording and dynamically managing risks on the Ulysses system that have been appropriately assessed. Risk registers are available at different organisational levels across the Trust.

1. Introduction

The Trust is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Trust's governance framework and system of internal control. The Risk Management Policy is regularly reviewed and updated to ensure it continues to be consistent with the Trust's strategic objectives and reflects national guidance and legislation.

The core principles outlined in figure 1 provide guidance on the characteristics of effective and efficient risk management, communicating its value and explaining its intention and purpose in accordance with ISO 31000 which is an international standard issued in 2009 by ISO (International Organisation for Standardisation). This underpins the approach for the design, implementation, and maintenance of risk management in the Trust. These principles enable the Trust to manage the effects of any uncertainty on its objectives.

Figure One ISO 31000 core principles

ISO 31000 core principles Risk management:

- Creates and protects **value.**
- Is an **integral** part of Trust activities.
- Is part of **decision making** at all levels in the Trust.
- Explicitly addresses uncertainty.
- Is **systematic** and structured to support consistency.
- Is based on the best available information, including future expectation.
- Is **customised** and proportionate to external and internal context.
- Takes **human factors** into account; human behaviour and culture significantly influence all aspects of risk management.
- Is transparent and inclusive.
- Is **dynamic**, iterative, and responsive to change.
- Committed to **continual improvement**. Risk management is continually improved through learning and experience.

2. Scope

This Policy applies to all staff including contractors, bank and agency and staff working within Hosted Services. It applies equally to all areas of the Trust and to all types of risk.

It provides the framework to ensure that risks relating to the delivery of services and care to patients are minimised, that the wellbeing of patients, staff and visitors is optimised and that the assets, business systems and income of the Trust are protected, and where possible opportunities are maximised.

It clearly defines roles and responsibilities for risk management and describes an environment where risks are continuously identified, assessed and appropriately managed by fostering an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning.

3. Risk Management structure and process

There are five levels of risk management within the Trust;

- The Board Assurance Framework captures strategic level risk.
- The Corporate Risk Register comprising operational risk which has been escalated to a corporate level for management.
- The Directorate and Local Risk Registers contain operational level risk from across the trust.
- Risk assessments for identifying risk.

4. Board Assurance Framework

An effective Board Assurance Framework (BAF) supports the understanding and discussions around delivery of the Trust's strategic objectives by identifying the principal risks that may threaten the achievement of those objectives. These risks are determined each year by the Board in line with the refresh of the strategic objectives and are then reviewed each month with the executive team to ensure that it is kept live and takes into consideration the impact of those risks which cannot be resolved at a corporate level to evaluate if any in-year risks need to be included. Decisions to include risks on the BAF or remove them are taken by the Board and/or its Level 1 Committees.

The BAF is presented in slide format to the following;

- Trust Board
- Strategic Executive Board
- Quality and Safety Committee, People and Culture Committee and the Finance and Performance Committee.
- the Level 2 Delivery Groups alongside a cut of the Corporate Risk Register and the Operational risk profile to provide the oversight and management of both registers and provide the opportunity to identify any impact of corporate risk on our strategic position.

5. Corporate Risk Register

Whist the BAF comprises the major risks that could prevent the board from fulfilling the objectives in the Trust's agreed strategy, the corporate risk register (CRR) comprises operational risks, mainly identified by services themselves. It does not include all the organisation's operational risks, usually just those that score highly in terms of their likelihood of occurring and their potential impact, that have a wider impact beyond the service where they arose, and that need involvement by executives or colleagues from other services to resolve them.

As opposed to the BAF, some risks are trust-wide in nature, others are specific to services or departments but have been escalated to the corporate risk register because of the high level of risk or because action is required by executives, or colleagues from other services, to mitigate the risk.

- When the directorate cannot identify a resolution to the risk or the risk is significant to the Trust's objectives, the issue is escalated to the Executive Management Board by the sponsoring director providing a rationale and clear decision or action that is required from the Executive Management Board for consideration to resolve immediately or to manage on the corporate risk register.
- The information is recorded onto the corporate risk register. The corporate risk register is reviewed and monitored by the Executive Management Board with an executive lead allocated for each corporate risk.
- Risks scoring 15 and above which cannot be mitigated to an acceptable level will be escalated for consideration of their impact on the Board Assurance Framework by the Trust Board.

The CRR is held within the Ulysses risk management module and is presented in a slide format to the following;

- Executive Management Board
- Level 2 Delivery Groups alongside the BAF to provide the oversight and management of both registers and provide the opportunity to identify any impact of corporate risk on our strategic position.

Figure Two Strategic and corporate risk reporting structure

6. Directorate Risk Register

The directorate risk register is reviewed and monitored by the departmental management groups. Each service will have a named lead reviewer to manage the process. Updated directorate risk registers are reviewed monthly by the departmental management groups and a summary report goes to the monthly Directorate Management Team highlighting all new risks and risks scoring 15 and above. Risks scoring 15 and above and risks requiring action outside the remit of the directorate can be escalated to the Accountability Framework Meeting for potential escalation onto the corporate risk register.

As part of the review of the directorate risk register, the reviewer considers the content of all local/service area risk registers to identify potential overall risks to the directorate. Risks can then be discussed at the Directorate Management Team and escalated to the Directorate Risk Register where appropriate if they have a Directorate wide impact or require further support to mitigate.

7 Local/Service Risk Register

- On identification of a risk an initial risk assessment is undertaken.
- The risk is raised on the local/service risk register for review by the management team and agreement whether to accept onto local/service register to manage.
- The local/service risk register is reviewed and maintained through team/service management meetings.

8 Duties

The Trust's Risk Management Framework contains a structure of delegated responsibility through Board, Committee, and individual responsibilities. Management of risk is an integral part of management and clinical practice. Everyone within the Trust is therefore responsible for identifying and managing risk. As part of their existing roles the following individuals have specific risk management responsibilities, accountability, and authority.

Trust Board of Directors (The Board)

The accountable body sharing collective responsibility for the success of the Trust, including the effective management of risk and compliance with relevant legislation and statutory requirements. The Board provide the strategic direction and leadership to the Trust. A robust risk management framework ensures the systems and processes of control are in place to deliver the responsibility for implementing risk management throughout the Trust. The Board determines the risk appetite for the Trust.

The Trust Board is required to produce statement of assurance which declare that it is doing its 'reasonable best' to ensure that the Trust meets its objectives and protect people using services, staff, the public and other stakeholder against all types of risk.

The Trust Board of Directors will ensure that appropriate realistic resources are made available to implement and support effective risk management throughout the Trust.

The Trust Board of Directors has the ultimate responsibility for risk management. It needs to be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively. The Audit Committee will assist the Board in this process by performing an annual review of the effectiveness of the risk management activities and it will be helped in this by the Chief Internal Auditor's annual work, report and opinion on the effectiveness of the system of internal control.

The Trust Board of Directors will receive minutes and reports from the Audit Committee, Quality and Safety, Performance and Integrated Assurance Committee Meetings summarising key assurances and risks escalated by the Chairs of each Board Committee and discuss and note progress with risk management actions as necessary. The Board, in exercising its responsibility, will also consider key indicators capable of showing improvements in risk management and/or providing early warning of risk (e.g. incident and complaints statistics, Care Quality Commission inspection report findings.)

The responsibility for monitoring the management of risk across the organisation is delegated by the Trust Board to the following Committees:

- Audit Committee
- Quality and Safety Committee
- People and Culture Committee
- Finance and Performance Committee

Specific responsibilities for the management of risk and assurance on risk management framework effectiveness is delegated as follows:

Quality and Safety Committee
Provide assurance to the Board that there is effective integrated governance across the Trust and to have oversight of and assurance on those Board Assurance Framework risks assigned to it.

People and Culture Committee
Oversee the management of people and culture and to provide assurance to the Board on those Board Assurance Framework risks assigned to it.

Finance and Performance Committee
Oversee all aspects of the Trust's financial and performance management and to provide assurance to the Board and to have oversight of and assurance on those Board Assurance Framework risks assigned to it.

Strategic Executive Board
Lead the process of regular scrutiny of the Board Assurance Framework to review the management of strategic risks to the Trust, system risks and implications and consideration of how emerging risks should be managed. Oversees risk management practice and effectiveness of the framework, providing assurance and acting as the conduit between the Quality and Safety Committee, the People and Culture Committee and the Finance and Performance Committee and the Board of Directors as part of the overall organisational risk management process.

Executive Management Board
Undertake scrutiny, review and management of trust performance to gain appropriate assurances that processes are working effectively with support and monitoring of the Corporate Risk Register and key risks that require Executive support.

Joint Working Group (NHFT/LPT)
Oversee all aspects of the Trust's work with LPT providing assurance to the Board and to have oversight of those risks assigned to it.

Level 2 Delivery Groups
The Level 2 Delivery Groups have oversight of their relevant operational risks from the Directorate and local risk registers. Alongside this they have the relevant strategic risks from the BAF, and corporate risks from the CRR. This allows the groups to triangulate and assess emerging risk and themes, and any hot spots where risk is not being adequately mitigated. They will receive the Level 3 highlight reports which give a level of assurance over the management of risk and in turn, they will provide a level of assurance over the management of risk to their parent Level 1 Committee via the AAA Highlight Report.

Level 3 Delivery Groups
The Level 3 Delivery Groups have oversight of their relevant operational risks from the Directorate and local risk registers. They will also receive the AAA highlight report from the DMTs which provides a level of assurance over the management of risk. Where further detail or action is required by the Group from the Directorate, a deep dive will be requested on the following meeting agenda.

The groups will then provide a level of assurance over the management of operational risk to their parent Level 2 Delivery Group via their AAA Highlight Report.

The level 3 Delivery Groups need to understand their risk profile, know where they have areas of high risk, and need to be assured that these risks are being mitigated appropriately.

Escalation of alerts to the next level up in the governance will need to be made if there are risks which are out of date or where local mitigations are not controlling areas of high risk. They will also need to advise on any emerging areas of risk.

Management Team Oversight
Directorate Management Teams, hosted service management teams, enabling departments and equivalent operational management teams are responsible for reviewing the directorate and local risk registers and the health and safety risk assessments to consider the following where appropriate.

- Any data quality issues with the risk data, including any which are nearing the date for review, and missing information etc. Data quality dashboards are available within the Ulysses system to support these discussions.
- To consider any new risks, any escalations, de-escalations, or closures.
- To review high risk areas and explore how these risks are being mitigated.
- To record any decisions on risk on relevant meeting action logs and minutes
- To capture the level of assurance over risk on the AAA highlight report, including any alerts and requests for escalation to the Corporate Risk Register.

9. Individual Duties

Chief Executive
The Chief Executive is the Accountable Officer of the Trust and has overall accountability for ensuring that the Trust discharges its statutory and legal duties for all aspects of risk and maintains a sound system of internal control and assurance that supports the achievement of the Trust's objectives. Provides full support and commitment to adequate staffing, finances and other resources to ensure the management of those risks which may have an adverse impact on the staff, finances or Trust stakeholders.

The Chief Executive has overall accountability and responsibility for ensuring that:
- The Trust maintains an up-to-date Risk Management Framework endorsed by the Trust Board; promoting a risk management culture throughout the organisation.
- responsibilities for the management and co-ordination of risks are clear and unequivocal.
- the Trust has an effective system of risk management and internal control in place, based on an on-going risk management process designed to identify the strategic /principal risks to the achievement of the Trust's objectives, to evaluate the nature and extent of those risks and to manage them efficiently and economically as far as is reasonably practicable.
- risk issues are considered at each level of business planning from the corporate process to the setting of staff objectives.
- decisions are taken to eliminate or reduce risk as far as is reasonably practicable.
- the Trust ensures that it shares with stakeholders any risk concerns which may impact on them and the wider population.
- the Annual Governance Statement contains the appropriate assurance

requirements in relation to risk management and systems of internal control and is signed and presented to Trust Board for approval forming part of the statutory Accounts and Annual Report.
- the Trust sets out its commitment to the risk management principles in the Trust Statement of Intent, which is a legal requirement under the Health and Safety at Work Act 1974.

Deputy Chief Executive/ Managing Director
Has delegated responsibility for ensuring effective systems for risk management are in place across the Trust.

Director Human Resources and Organisational Development
The Director of Human Resources and Organisational Development has responsibility for the assurance of risk management and internal control systems to ensure effective risk management within the Trust.

The Director of Human Resources and Organisational Development is also responsible for:
- recruitment, including professional registration checks of all employees where appropriate, maintenance of training registers and staff records.
- Ensuring employees have job descriptions containing reference to their responsibilities and duties in relation the Trust Risk Management Framework
- the development, implementation and monitoring of employment policies and identifying any risk associated with contractual agreements.

Director of Corporate Governance
The Director of Corporate Governance is responsible for the development, oversight and effective execution of the Board Assurance Framework and ensures effective processes are embedded to rigorously manage corporate and strategic risks, monitoring the mitigating actions and reporting to the Trust Board and relevant Board Committees.

The Director of Corporate Governance:
- Provides support and facilitation to the Trust Board, Audit Committee and Assurance Committees in discharging their duties and responsibilities as outlined; and ensuring that the Trust's corporate governance arrangements meet best practice and are reviewed periodically for effectiveness.
- works closely with the Chair, Chief Executive, Executive Directors and Senior Leadership staff to:
    - implement and maintain an appropriate Risk Management Framework and supporting processes, ensuring that effective governance systems and clinical risk processes are in place to assure the delivery of Trust objectives and preservation of public sector values.
    - support the establishment and embedding of Directorate and Local Service level risk registers
    - leads and participates in risk management oversight at the highest level, covering all risks across the organisation.

Executive Directors and Senior Managers
Executive Directors and Senior Managers who attend the Board have delegated responsibility for managing risks in accordance with their portfolios as reflected in their job descriptions. For example, the Director of Finance has executive responsibility for financial governance and associated financial risks.

Executive Directors are responsible for ensuring effective systems for risk

management, compatible with this Policy, are in place within their directorate. Specifically, they must ensure: (i) suitably competent staff are identified to lead on risk management in the directorate and that their role and responsibilities are clearly understood (ii) staff are familiar with this Policy and aware of their responsibility for risk (iii) staff attend appropriate risk training as necessary (iv) risks (strategic and operational) are effectively managed i.e. identified, assessed and that action plans to mitigate risks are developed, documented and regularly reviewed. (v) service developments, business cases and capital plans are formally risk assessed.

Operational Directors

Operational Directors and Heads of Nursing or equivalent are responsible for ensuring effective systems for risk management are in place within their directorates and ensuring their staff are aware of the Risk Management Policy.

Ward Sisters/Charge Nurses, Service Managers and Departmental Managers or equivalent are responsible for ensuring effective systems for risk management are in place at ward or departmental level.

Non-Executive Directors

Challenge risk management and governance arrangements within the organisation and provide assurance of the robustness of these arrangements as part of their role as members of the Trust Board and its committees.

Directorate Risk and Governance Leads

Directorate Risk/Governance Leads or equivalents are responsible for coordinating risk management processes in their directorate and for maintaining the quality of Directorate and Local Risk Registers, and health and safety risk assessments.

Risk Manager

The Risk Manager have Trust-wide risk related roles and responsibilities to: (i) support and contribute to the development of Trust-wide and directorate risk management and governance arrangements (ii) provide specialist advice to ensure compliance with statutory requirements and best practice (iii) be involved in development of relevant policies and procedures (iv) identify and disseminate relevant new legislation and guidance (v) share information and good practice (vi) support relevant investigations and reviews as required (vii) provide education and training (viii) participate in specialist risk related groups as required.

Head of Health, Safety and Risk

Health and Safety Compliance Team have Trust wide specialist related roles and responsibilities in health & safety, security , fire, moving and handling, emergency preparedness, resilience and response to: (i) support and contribute to the development of Trust-wide health & safety risk management and governance arrangements (ii) provide specialist advice to ensure compliance with statutory requirements and best practice for health & safety (iii) development of relevant policies and procedures (iv) identify and disseminate relevant new legislation and guidance (v) share information and good practice (vi) undertake RIDDOR investigations and support relevant serious investigations and reviews as required (vii) provide education and training (viii) participate in specialist risk related groups as required.

All staff

All staff, irrespective of profession, grade, or discipline, including locums and those with honorary contracts are responsible for:

- compliance with the Risk Management Framework and supporting processes and procedures.
- working within their own level of competence
- providing safe standards of clinical practice through compliance with the regulations of appropriate professional bodies
- identifying and reporting of all risks, incidents and near misses as quickly as possible following their identification
- escalation of risk, incidents and near misses in compliance with the appropriate policies
- attending risk management training as required for the post.
- participating in risk assessment processes as necessary
- using any safety equipment, personal protective equipment and adopting safe working practices in accordance with relevant Trust policies, procedures, and guidance
- cooperating with management, representatives of enforcement agencies and auditors in respect of Health and Safety issues, investigation of incidents, complaints, and claims
- taking responsible care of their own health and safety and the safety of anyone else who may be affected by what they do whilst at work.
- being aware of emergency procedures e.g. resuscitation, evacuation and fire precaution procedures pertaining to their service area.

Contractors

Specific risks identified by the Trust will be shared with any other relevant organisation working in partnership with the Trust. Equally, the Trust expects that any relevant risks identified by partners will be shared with the organisation.

It is the responsibility of each contractor employed by the Trust to ensure that all staff working on their behalf are fully conversant with the health and safety requirements for the activity for which they are engaged and report any risks or issues identified immediately directly to the Trust.

10. Risk format and definitions

Aligning controls and assurances

Risks are captured in a way which presents the controls, assurances, gaps and actions together. This means that we can provide assurance over whether existing controls are working. Where they are not, we can be clear about the action required to resolve this. This gives us assurance over our current risk score, which is based on the controls in place. If the controls are not working, then the score drops to the inherent (initial) score which is based on the level of risk where no controls are in place.

Cause, Risk and Effect

We describe risk according to the cause risk and effect model. This provides clarity over the risk so that preventative and responsive mitigating action can be appropriately identified.

The three T's

Risk is managed according to the three T's;

- **Treat.** To actively mitigate the risk to reduce the risk score.

- **Tolerate.** To monitor the risk without needing to actively mitigate.
- **Terminate.** To close the risk.

Scoring stages

There are three different stages of scoring a risk based on the controls in place and whether they are working effectively;

- Inherent Score. This is the score of a risk based on there being no controls in place. This is applied to the Board Assurance Framework only.
- Current score. Indicates the score for a risk considering the current controls.
- Target score. This is the score once any new controls have been put in place and are working effectively.

5x5 multiplication methodology for scoring

The following matrix is used to grade risk. The scores obtained from individual consequence and likelihood risk scoring are assigned grades as follows;

1 Very Low (green)

2 Low (yellow)

3 Moderate (Amber)

4 High (red)

5 Significant (red)

The following matrix is used to grade **combined** risk scores. Risk scoring; consequence x likelihood (C x L)

	Likelihood				
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Tolerance levels

Risk tolerance represents the practical application of risk appetite. The risk appetite statement (latest version available on the Trust website) involves qualitative statements, risk tolerance operationalises the statements by using quantitative measures to better support the monitoring and review of risk.

Risk tolerance measures the levels of risk taking acceptable to manage the category of risk determined by the risk appetite statement. Essentially, the lower the appetite, the more mitigation required to ensure sufficient controls are in place to manage the risk. These are designed to keep the Trust within the risk appetite and to provide a safety margin to prevent a program from reaching or exceeding its risk capacity. These will be applied automatically based on the appetite level and will support consistency of application across the Board Assurance Framework.

RISK APPETITE LEVEL → / RISK TYPES ↓	0 NONE Avoidance of risk is a key organisational objective.	1 MINIMAL Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	2. CAUTIOUS Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	3. OPEN Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	4. SEEK Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk.)	5. SIGNIFICANT Confident in setting high levels of risk appetite because controls, forward planning and responsive systems are robust
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	
Appetite tolerance	0 - 3	4 - 8	9 - 11	12 - 15	16 - 25	20+

The greater the risk appetite the more assurance we need against the existing controls. Confidence will be gained through appropriate controls being in place that positively affect outcomes and through assurance that the controls are operating effectively

11. Risk Appetite Statement

The risk appetite statement is updated in line with any refresh of the Trust's strategic objectives and is available on the Trust's website. The risk appetite is assessed, applied, and presented on each of the risks on the Board Assurance Framework.

The Trust is not risk averse and recognises that decisions with the potential to improve services can also carry risks. This should not deter people from making decisions but is considered before making an informed decision based on risk assessment and a decision on the level of tolerance of any risks. Decisions or actions that may have consequential high risks will be discussed by the Board and if relevant the Board will agree how the risk(s) will be proactively managed and contained.

12. Links to other documentation

The Trust's processes for risk management is detailed in the following Standard Operating Procedures:

- Guidelines to Identify, Articulate and Mitigate Risk
- Guidelines for the Use of the Risk Register on Ulysses
- Guidelines for managing health and safety risk assessments
- The latest corporate governance structure is available from the Corporate Affairs Team.

13. Training needs

The status of risk training is not considered mandatory or role essential however we recommend risk training for all staff, in particular those with a role in chairing meetings, those with a role in clinical governance and risk management, service leads and risk owners at least once every 2 years. Training is provided by the risk manager and a schedule of dates is issued at the start of each year. A record of training and names of attendees is recorded centrally on ULearn. Training figures are reported to the Audit and Assurance Committee every quarter.

Risk Development Sessions are included as part of the ongoing development programme for the Trust Board.

Health & Safety risk assessment training is included in the mandatory Health & Safety Risk Assessment training which is delivered via teams and is available to all staff to develop competencies in the completion of health & safety specific risk assessments.

The health and safety risk assessment training follows the statutory requirements under the Management of health and safety at work regulations to be suitable and sufficient in line with the HSE 5 steps to risk assessment.
There is in addition an annual training schedule for specialist subjects that require specific health & safety risk assessment e.g. DSE, COSHH, ligature risks, new and expectant mothers and young persons N.B. this list is not exhaustive.

14. Monitoring Compliance and Effectiveness

The table below outlines the Trust's monitoring arrangements for this document.
The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational need.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version.

Ref	Minimum Requirements	Evidence for Self-assessment	Responsible Group	Frequency of monitoring
1.	Directorate and local risk registers	Review of directorate risk registers	DMTs / AFM	Quarterly
2.	Board Assurance Framework	Review of strategic risk	Trust Board	Bimonthly
3.	Staff have completed the training in line with TNA	Training will be monitored in line with the training policy.	Audit and Risk Committee	Quarterly

15. References and Bibliography

22 September 2020 'Standards for managing risk' Chartered Institute of Internal Auditors 2009 'ISO 31000 international standard' International Organisation for Standardisation. 2018 'Risk Management – Guidelines' ISO 31000
2017 Risk frameworks: Driving business strategy with effective risk frameworks, Grant Thornton

16 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Well Led CQC inspection	This policy supports a rating of Good and Outstanding
Core component for the Head of Internal Audit Opinion	This policy supports a rating of Significant or above.

Appendix 1 Training Needs Analysis

Training topic:	Risk
Type of training: (see study leave policy)	✓ Personal development
Directorate(s) to which the training is applicable:	✓ Directorate of Mental Health ✓ Community Health Services ✓ Enabling Services ✓ Families Young People Children and LDA ✓ Hosted Services
Staff groups who require the training:	All clinical and non-clinical staff with an emphasis on risk owners and committee and group Chairs.
Regularity of Update requirement:	Every two years
Who is responsible for delivery of this training?	Risk Team
Have resources been identified?	Risk Team
Has a training plan been agreed?	Training plan subject to on-going refinement
Where will completion of this training be recorded?	Other (please specify) tailored training to be recorded by the Risk Team.
How is this training going to be monitored?	In regular reports to the Audit and Risk Committee

Appendix 2 The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	**Y**
Respond to different needs of different sectors of the population	**Y**
Work continuously to improve quality services and to minimise errors	**Y**
Support and value its staff	**Y**
Work together with others to ensure a seamless service for patients	**Y**
Help keep people healthy and work to reduce health inequalities	**Y**
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	**Y**

Appendix 3 Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Kate Dyer	Acting Director of Corporate Governance

Circulated to the following individuals for comment;

Name	Designation
Fern Barrell	Risk Manager
Heather Darlow	Governance Lead
Samantha Roost	Interim Head of Health, Safety and Risk
Trust Policy Expert Group	

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Revision of the Risk Management Policy
Date Screening commenced	February 2024
Directorate / Service carrying out the assessment	All
Name and role of person undertaking this Due Regard (Equality Analysis)	Kate Dyer, Acting Director of Corporate Governance
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This Policy sets out the Trust's approach to managing risk.	
OBJECTIVES: This Policy sets out a clear approach for the Trust's vision in relation to the management of risk, detailing the systems and processes in place, and highlighting roles and responsibilities. The objective of this Policy is to promote an integrated and consistent approach across all parts of the Trust to managing risk.	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	No
Disability	No
Gender reassignment	No
Marriage & Civil Partnership	No
Pregnancy & Maternity	No
Race	No
Religion and Belief	No
Sex	No
Sexual Orientation	No
Other equality groups?	No

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	☐

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Full statement of commitment to policy of equal opportunities is included in the policy.			
Signed by reviewer/assessor	Fern Barrell	**Date**	26 February 2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Kate Dyer	**Date**	26 February 2024

Appendix 5 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	Risk Management Policy		
Completed by:	Kate Dyer		
Job title	Acting Director of Corporate Governance	**Date** February 2024	
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No	The only data collection relates to the list of staff attending training. This will be held securely and staff will not be named in committee reports.
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		No	

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**n/a**	
Date of approval	**n/a**	