Risk Management and Assurance Strategy

Document Reference	ST- Risk Management & Assurance Strategy
Version	V:3.2
Responsible Committee	Trust Board
Responsible Director (title)	Executive Director of Standards and Compliance
Document Author (title)	Associate Director Risk & Safety
Approved By	Trust Board
Date Approved	
Review Date	September 2014
Equality Impact Assessed (EIA)	Yes
Protective Marking	Unrestricted

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
V:3.0	Sept 12	Kevin Wynn, Associate Director Risk & Safety	A	Full review
V:3.1	Feb 13	Kevin Wynn, Associate Director Risk & Safety	D	
V:3.2	Aug 13	Mark Hall, Associate Director Risk & Safety	D	Update to reflect changes in Structure and practice
A = Approved D = Draft				
Associated Documentation: ▪ Risk Management Procedures ▪ Quality Strategy ▪ Performance Management Strategy ▪ Health & Safety Policy ▪ Information Governance Policy ▪ Standing Financial Instructions				

1. INTRODUCTION

1.1 Risk is inherent in all Trust activities. Failure to manage risks could lead to harm to patients, staff or others, loss or damage to the Trust's reputation, financial loss and potential for complaints, litigation and adverse publicity.

1.2 This Strategy describes a framework which enables implementation and promotes continuous improvement of the processes and cultures which are essential to the delivery of effective risk management. It also describes a systematic corporate process for evaluating and addressing the impact of risk in a cost effective way, enabling staff with the appropriate knowledge and skills to identify, assess and manage risk. The Chief Executive Officer (as Accountable Officer) can thereby be assured that risks to the Trust's strategic objectives are identified and managed effectively.

2. PURPOSE/SCOPE

2.1 This Strategy is relevant to all directly employed staff, agency staff and contractors engaged in work on behalf of the Trust.

2.2 The purpose of this document is to establish the risk management strategy, aligned to the requirements of the Integrated Business Plan, and to set out the systems, processes and responsibilities for the management of risk across Yorkshire Ambulance Service NHS Trust, taking account of internal and external requirements including Commissioners, the Department of Health, and relevant external regulatory bodies.

2.3 The aims of this Strategy are:

- To ensure that robust risk management arrangements are in place to support and facilitate an effective system of integrated governance.

- To provide a framework for the recognition and management of risks to the effective delivery of the Integrated Business Plan.

- To encourage the highest possible standards of safe service delivery, where the numbers of serious errors are few relative to the volume and complexity of activity undertaken.

2.4 The Trust Board has identified, agreed, and published the strategic risks to the Trust's five year Integrated Business Plan and these are reflected in the Annual Business Plan. The context of the strategic risks has been identified and agreed by the Trust Board against four strategic goals and associated strategic objectives. These are subject to review on an annual basis:

Continuously Improving Patient Care
- To improve clinical outcomes for key conditions.
- To deliver timely emergency and urgent care in the most appropriate setting.

High Performing
- To provide clinically effective services which exceed regulatory and legislative standards.
- To provide services which exceed patient and commissioner expectations.

Always Learning
- To develop culture, systems and processes to support continuous improvement and innovation.
- To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future.

Value for Money and Provider of Choice
- To be at the forefront of healthcare resilience and public health.
- To provide cost-effective services that contribute to the objectives of the wider health economy.

2.5   Strategic risks are captured in the Board Assurance Framework and form the basis of the Board's risk management agenda.

3.   PROCESS

Risk management objectives

3.1   Strategic objectives will be disseminated through Directorate and local business areas. The Standards and Compliance Directorate will take the lead in evolving risk management processes;

- To embed effective systems and processes for the identification, management and control of risk throughout all business areas of the Trust.
- To secure robust assurance arrangements, in order to facilitate the achievement and maintenance of Monitor's governance risk rating of Green and financial risk rating of 3 or above.
- To augment a range of educational initiatives to equip all grades of managers and staff, to effectively manage risks pertinent to their roles and level of responsibility.
- To attain and secure the highest levels of compliance against all external regulatory standards and the registration requirements of the Care Quality Commission.

Learning from adverse events

3.2   The Trust risk data management system, Datix, captures information arising from incidents, near miss events, and Issues/Concerns that are routinely reported across all business areas of the organisation. Datix also captures information relating to Compliments, Concerns, Complaints and Claims known as 4C's, reported both internally and by external stakeholders. All types of adverse events are subject to the investigation and organisational learning processes, from which risks are identified, recorded and escalated according to the rated level of risk.

Integrated Performance Report (IPR)

3.3   The Trust Board is presented with an Integrated Performance Report (IPR) at each meeting. The IPR contains a range of metrics relating to performance, workforce, and finance and quality analysis. The metrics, including key performance indicators relevant to Trust objectives, are presented in a format to facilitate effective quality analysis and the identification of themes and trends. Board level monitoring of the various metrics will continue to improve the Trust's ability to recognise and act on emerging risks.

Dashboards

3.4 The vision for Board performance reporting within an aspirant Foundation Trust (FT) is of a single overarching dashboard comprising a combination of key relevant national priority indicators and regulatory requirements together with locally agreed quality requirements. Further dashboards, encompassing functional and departmental review processes provide a greater level of granularity. Performance monitoring at individual/team level, service line, functional, directorate and up to Trust Board will provide the opportunity to identify and act on emerging risks at an appropriate level.

Quality Impact Assessment (QIA)

3.5 The Trust routinely faces challenges to improve its quality of service whilst also improving efficiency and reducing the costs of its services. The decisions the Trust makes on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation.

3.6 Those projects considered complex or high risk that are agreed for development, are subject to a full quality impact assessment which is undertaken as part of the project implementation planning process. Risks emanating from this process are escalated through the risk management process described in the *Risk Management Procedures.*

Internal Audit Reviews

3.7 Each year the Trust Board approves an agreed internal audit programme to provide them with assurance on internal controls and risk areas. Internal Audit also acts as business assurance support reviewing financial systems and processes and other critical business areas, and include ad-hoc reviews of Declarations for the Essential Standards of Quality and Safety and Quality Governance Framework (self-certification), and consider areas of concern raised by Directors and Senior Managers.

3.8 Internal Audit reports carry one of four possible opinions. These give the recipient an indication of the level of assurance that can be taken and that the processes of control within the area audited are adequate. The four opinions are "Full Assurance", "Substantial Assurance", "Limited Assurance" and "No Assurance". The reports also provide guidance on the actions required to improve performance and mitigate risk.

Risk Registers

3.9 Risks are recorded on risk registers, developed and maintained within all local business areas, and Directorates, appropriate to the level of risk identified. Nominated risk leads co-ordinate the management of risks recorded at local business area and Directorate levels. Risk registers are recorded on Datix and reports are developed for Committees from Datix.

Corporate Risk Report (CRR)

3.10 The Trust's Corporate Risk Report forms part of the high level reports to the Quality Committee, Audit Committee, Senior Management Group (SMG), Trust Executive Group (TEG), and the Trust Board as appropriate. The report is prepared alongside the Board Assurance Framework (BAF) within the Standards and Compliance Directorate.

The Corporate Risk Report contains the detail of all extreme level business risks which have either escalated up from local business areas and/or Directorate level, or from gaps in control identified in the Board Assurance Framework.

3.11 The Corporate Risk Report and any associated action plans are reviewed and updated before submission to the relevant Group or Committee, including performance management and exception information alongside recommendations for consideration as required.

Board Assurance Framework (BAF)

3.12 The BAF provides the Trust with a simple but comprehensive method for the effective management of the principal risks to its strategic objectives. It also provides a structure for the evidence to support the Annual Governance Statement.

3.13 The BAF is reviewed and updated on a quarterly basis following face-to-face peer review with Executive Leads.

3.14 The Board Assurance Framework has two key diagnostic purposes:

- It is a high level management assessment process and record of the principal risks to the delivery of strategic objectives and the strength of internal control to prevent these risks occurring.

- It identifies sources of assurance and evaluates them for suitability supported by actual assurances (i.e. published reports) and uses the findings to confirm or modify management's opinion of the adequacy of internal control.

Relationship between the BAF and CRR

3.15 The results of risk identification; gaps in control or assurances and gaps in necessary action should be clearly noted on the BAF. Identified gaps are routinely considered for inclusion in the CRR. By managing BAF derived risks through the CRR, then prioritised action processes and progress reports can be generated to effectively strengthen the controls on the BAF.

3.16 As the CRR gathers risk details from various assessment sources it is very important that the risk identification process determines the relevance and significance of such risks to corporate objectives. Without this link material risks impacting the delivery of strategic objectives may be overlooked and could lead to failure to achieve objectives if controls are not strengthened sufficiently to prevent or minimise the occurrence of risks.

Assurance Infrastructure

3.17 An assurance infrastructure, including the Risk & Assurance Group (RAG), Trust Executive Group and other Executive Committees/Groups, closely scrutinises key controls, and assurances on controls, to assess their validity and efficiency. A key element of this work is to ensure that all procedural documents are subject to monitoring compliance against the detail described within them, that they meet with regulatory requirements and that they have considered all current legislation and guidance.

3.18 A key role is undertaken by the RAG who carry out detailed analysis of assurances received, identify any gaps in the assurance mechanisms and provide an evaluation of the effectiveness of them, reporting findings to the Senior Management Group, Quality Committee, Trust Executive Group through to the Board.

Board Assurance

3.19 The Trust Board seeks assurance that risk management systems and processes are appropriately identifying and managing risks to the organisation through the following:

- Board Assurance Framework and risk movement reports
- The Trust's progress against its strategic and corporate objectives
- Performance reports to the Board outlining achievement against key performance, safety and quality indicators
- Assurance reports from Board sub-committees.
- Compliance with National Standards
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented
- Review of this Strategy.

(Appendices 3-5 provide details of Committee responsibilities, a summary of key committees and management groups and the key risk and assurance information flows between committees and management groups).

Independent Assurance

3.20 In addition to the scrutiny afforded by the Trust Audit Committee, Finance and Investment Committee and Quality Committee; independent sources of assurance on the effectiveness of the Trust's risk management and internal control systems include:

- CQC Registration
- NHS Litigation Authority Risk Management Standards assessment process
- Internal Audit annual review of risk management and the BAF
- Lead Commissioner performance monitoring, and annual governance and assurance arrangements.
- External Audit review

System of Internal Control

3.21 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives; and

- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

3.22 An Annual Governance Statement is produced by the Trust as a requirement of the Department of Health. The Annual Governance Statement, which includes a Head of Internal Audit opinion, covers any significant control issues faced by the Trust.

4. TRAINING EXPECTATIONS FOR STAFF

4.1 The Trust has identified the risk management training requirements of all staff groups in order to promote the highest standards of risk management and clinical care. The training requirements are identified in the training needs analysis which can be found in the *Statutory and Mandatory Policy & Procedure.* Details of the training provided by the Trust can be found in the *Trust Annual Training Prospectus*.

4.2 Board members will receive specialist education and development updates throughout their service with the Trust relevant to their role as defined on the TNA. Senior Managers will receive Risk Awareness development programmes and other educational initiatives, as defined on the TNA.

5. IMPLEMENTATION PLAN

5.1 The latest ratified version of this Strategy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.

6. MONITORING COMPLIANCE WITH THIS STRATEGY

6.1 To be assured that the process for managing risk is being implemented, as described within this Strategy, the key elements of the Strategy will be monitored for compliance.

Auditable Standards	Methodology	Frequency	Monitoring Committee
There is an organisational risk management structure detailing all those committees/sub-committees/groups which have some responsibility for risk	The Risk Manager will complete an annual audit, to include committee reporting arrangements	Annual	SMG TEG
A process is in place for board or high level committee review of the organisation-wide risk register	The Audit Committee through its scrutiny and receipt of reports will monitor and review the CRR	Annual	Audit Committee
The process for the management of risk locally reflects the organisation-wide risk management strategy	Risk Registers and actions will be monitored to address deficiencies and reviewed at subsequent meetings	Bi-monthly	RAG
A process is in place for risk management awareness training delivery to board members and senior managers, in line with the training needs analysis, attendance is recorded, and non-attendance is followed up	The Risk Manager will complete an annual audit to assess the compliance with annual training for the Board and Senior Managers	Annual	SMG TEG

7. REFERENCES

- Francis Report. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.* Robert Francis QC. Available at http://www.midstaffspublicinquiry.com/sites/default/files/report/Volume%201.pdf

- Monitor. (2010). *The NHS Foundation Trust Code of Governance.* London: Monitor. Available at: www.monitor-nhsft.gov.uk

- Audit Commission. (2008). *Key Lines of Enquiry for Auditors: Local Evaluation Assessment.* London: Audit Commission. Available at: www.audit-commission.gov.uk

- Department of Health. (2008). *High Quality Care For All NHS Next Stage Review Final Report.* London: Department of Health. Available at: www.dh.gov.uk

- Department of Health. (2006). *Integrated Governance Handbook. A handbook for executives and non-executives in healthcare organisations.* London: Department of Health. Available at: www.dh.gov.uk

- NHS Appointments Commission. (2006). *The Intelligent Board.* London: NHS Appointments Commission. Available at: www.appointments.org.uk

- Hart B. Prof (2004). *AS/NZS 4360:2004 Risk Management.* Standards Australia/Standards New Zealand. Available at www.standards.org.au/

- Department of Health and NHS Appointments Commission. (2003). *Governing the NHS: A guide for NHS Boards.* London: NHS Appointments Commission. Available at: www.dh.gov.uk

Appendix 1 - Definitions

Corporate Governance and Management

The Audit Commission has defined corporate governance in healthcare as '*The systems and processes by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community'*.

Corporate governance is the system by which the Trust is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness. The Director of Corporate Affairs/ Trust Corporate Secretary plays a pivotal role in ensuring the Trust Board, its sub-committees and other executive groups operate effectively within their Terms of Reference.

Other Types of Governance

Various terms are used within the NHS to describe types of governance. The types of governance recognised by the Trust include;

- Integrated Governance
- Clinical Governance
- Quality Governance
- Information Governance
- Financial Governance

Corporate and Local Risk Management

The Trust is subject to constant change in its core business and the wider environment; the risk environment is constantly changing too, therefore priorities and the relative importance of risks for the Trust will shift and change. Assessment of risk is therefore a dynamic and on-going process.

The Trust recognises that in order to be effective, risk management must become part of the organisation's culture. The Trust will strive to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. This will be measured by assessment of the Trusts Risk Maturity carried out by Internal Audit.

Strategic risks

Strategic risks are those related to the delivery of the Trust's strategic objectives. They have the highest potential for external impact including engagement with the wider health and social care community and with external stakeholders.

The strategic risks are annually reviewed and modified by the Trust Board and are to be managed as complex processes as opposed to discrete events. The Trust Board will ensure that strategic risks are properly identified and correctly managed, by review of the Board Assurance Framework and performance management.

Operational risks

Operational risks consist of risks to the Trust's on-going day-to-day business delivery, such as clinical (patient safety), staff safety, security, information, financial and litigation. Whilst they may have some external impact, they mostly impact on the internal functioning and services of the Trust.

Operational risks will be managed within the local, directorate and committee structures, as appropriate, dependant on the level of risk identified. Significant operational risks, which are not effectively managed, impact on the delivery of strategic objectives are therefore the Trust has put into place a process to escalate risk, as required.

(Comprehensive detail describing the Trust approach to the identification, escalation, management and control of risk can be found in the *Risk Escalation and Reporting Procedure*)

Risk Appetite

The Institute of Internal Auditors defines 'risk appetite' as "The level of risk that an organisation is willing to accept". The appropriate level will depend on the nature of the work undertaken and the objectives pursued.

Precise measurement is not always possible and risk appetite may be defined by a broad statement of approach. The Trust has an appetite for some types of risk and may be averse to others, depending on the context of the risk and the potential for losses or gains.

The Trust will develop measures for different categories of risk. For example, it may use measures described in the *Risk Escalation and Reporting Procedure* to define the impact and likelihood of risks, this can be used to define the maximum level of risk tolerable before action should be taken to lower it.

By defining its risk appetite, the Trust can arrive at an appropriate balance between uncontrolled innovation and excessive caution. It can be used to guide managers on the level of risk permitted and encourage consistency of approach across the Trust, and ensure that resources are not spent on further reducing risks that are already at an acceptable level.

The types of risk facing the Trust fall into two categories; strategic risks and operational risks and are captured as such on the Risk Registers.

Appendix 2 - Roles & Responsibilities

This section of the Strategy provides a brief synopsis of the roles, responsibilities and accountabilities of key individuals and committees. The organisational structure aims to ensure that there is both a coordinated and holistic approach to the management of risk throughout the Trust.

The Chairman

The Chairman provides leadership to the Trust Board, focusing on its effectiveness in all aspects of its role and setting its agenda. The Chairman ensures effective communication, both with members of the Board and with stakeholders. The Chairman also facilitates the effective contribution of non-executive directors in particular and ensures constructive relations between Executive and Non-Executive Directors.

Chief Executive Officer

Accountability for risk lies with the Chief Executive Officer (CEO) who has overall responsibility for establishing and maintaining an effective risk management system within the Trust for meeting all statutory requirements and adhering to governance related guidance issued by the Department of Health.

As the Accountable Officer the CEO has responsibility for maintaining a sound system of internal control and for safeguarding the public funds and the organisation's assets, as set out in the Accountable Officer Memorandum. The Accountable Officer will sign the Annual Governance Statement on behalf of the Trust Board, after reviewing the effectiveness of the systems of internal control.

Non-Executive Directors

The Non-Executive Directors constructively challenge and assist in the development of strategy. They scrutinise the performance of management in meeting agreed goals, aims and objectives and they monitor reporting on performance. They seek assurance as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

Executive Directors

Executive Directors have responsibility for ensuring that the Risk Management & Assurance Strategy is implemented and to encourage an open and honest culture, where mistakes and untoward incidents are identified quickly and dealt with in a positive and constructive way. All Directors, Executive and Non-Executive, have responsibility to constructively challenge the decisions of the Trust Board.

Executive Director of Standards and Compliance

The Director of Standards and Compliance is responsible to the Trust Board and CEO in regard to risk management and assurance processes. The Director is obliged to provide the Trust Board and other executive groups with reports on risk management and assurance, as required.

The Director is also responsible for providing expert advice to the Trust Board in relation to risk management and assurance and ensuring the Trust Board has access to regular and appropriate risk management information, advice, support and training when deemed necessary

Executive Director of Finance and Performance

The Director of Finance has lead responsibility for the management of financial risk, to implement systems to control fraud and corruption, and to ensure security of financial systems within the Trust. The Director advises the Trust Board, the Audit Committee, and other executive committees as appropriate, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities. The Director also leads the development and implementation of the Trust's performance management arrangements and has delegated responsibility for preparing, implementing and updating the Performance Management Strategy.

Executive Medical Director

The Medical Director has lead responsibility for clinical governance and risk management, ensuring that all clinical procedural documents are maintained and updated appropriately. The Director advises the Trust Board, the Clinical Governance Group, and the other executive committees as appropriate, of risks associated with the Trust's clinical procedures and practices.

Associate Director of Risk and Safety

The Associate Director of Risk and Safety has lead responsibility for the development, maintenance and implementation of the Risk Management and Assurance Strategy, and to facilitate the delivery of effective risk management and assurance processes. In consultation with education and development managers the Associate Director develops appropriate training sessions that will encourage staff to take responsibility for risk management within their area, and aim to minimise the impact of risk on the Trust.

Managers with specialist risk management responsibilities

The Directors listed above are supported by a number of managers with specialist risk management responsibilities.

Directorate/Local Area Managers

Directorate/Local Area Managers will ensure effective dissemination of the Strategy and implementing all associated risk management procedural documents. The managers have responsibility for establishing and maintaining the Directorate/local risk registers, implementing resultant risk treatment plans and ensuring that systems are in place to assess, treat and reduce risks within the directorate/local areas.

Staff

All staff within the Trust have a responsibility to familiarise themselves with the Strategy and comply with the contents of all associated procedural documents. Staff will be required to participate in activities which are commensurate with the Trust's Strategy and statutory requirements detailed in associated procedural documents.

Appendix 3 - Committee Responsibilities

Trust Board

The Trust Board adheres to the principles outlined in the *Combined Code on Corporate Governance (2003)*. The Board recognises its accountabilities and provides leadership within a framework of practical and effective controls which enables risk to be assessed and managed. The Board sets the strategic aims and ensures that resources are in place to meet its objectives. It receives reports at each meeting on the highest principal risks and associated actions as detailed in the Trust's Board Assurance Framework. Risk and assurance information flows are summarised in the diagram in Appendix 5.

Audit Committee

The Audit Committee is a formal sub-committee of the Trust Board. The Audit Committee provides overview and scrutiny of risk management. It meets quarterly and has an annual work plan which has been refined to reflect the increased focus on quality governance.

In carrying out this work, the Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these. It also seeks reports and assurances from all Executive Directors, senior managers and other Board committees as appropriate as part of its work plan, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. The Committee uses the Board Assurance Framework to guide its work and the assurances it seeks from Trust Executives and senior managers.

Finance and Investment Committee

The Finance and Investment Committee is a formal sub-committee of the Trust Board. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management.

Quality Committee

The Quality Committee is a formal sub-committee of the Trust Board. The Committee undertakes objective scrutiny of the Trust's clinical governance, safety quality and workforce plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control.

Trust Executive Group

Reporting to the Trust Board, the Trust Executive Group is accountable for the operational management of the Trust and the delivery of objectives set by the Board. It is also the formal route to support the Chief Executive Officer in effectively discharging his responsibilities as Accountable Officer.

Senior Management Group

The Senior Management Group supports the operational management of the Trust and the delivery of objectives set by the Trust Board. The Group carries delegated responsibility from the Trust Executive Group.

Performance Management Group

The Performance Management Group enables the Executive Directors to hold the service divisions to account for delivery of key performance indicators and measures, and to share and explore issues associated with delivering service improvement in the context of the business plan.

Risk and Assurance Group

The Group receives reports on all directorate risk registers and specific risk issues from the members, including representatives from all other associated risk management groups. arising.

Health & Safety Committee

The Health & Safety Committee receives reports on health, safety and security issues from its membership, and reports to the Senior Management Group.

Clinical Governance Group

The Clinical Governance Group receives reports on clinical governance and risk issues from work stream leads, and reports to the Senior Management Group.

Appendix 4
Committees and Management Groups July 2013

TRUST BOARD

- **Audit Committee**
- **Finance & Investment Committee**
- **Quality Committee**
- **Remuneration and Terms of Service Committee**
- **Charitable Funds Committee**

Trust Executive Group

- **Performance Review Group**
- **Senior Management Group**
- **Transformation Programme Group**
- **Foundation Trust Development Group**

Under Senior Management Group:
- **Workforce Governance Group**
- **Clinical Governance Group**
- **Risk & Assurance Group**
- **Health & Safety Committee**
- **Capital Fleet & Equipment Group**

- **PTS Management Group**
- **A&E Operations Management Group**
- **NHS 111 Management Group**

- **Education & Training Delivery Group**
- **Incident Review Group**
- **Medicines Mgt Group**
- **Locality management Group**
- **Locality management Group**
- **Locality management Group**
- **Locality management Group**

Appendix 5 - Risk and Assurance Information Flows

Committees and Groups with responsibility for Management of Specific Risks

Committees and Groups with responsibility for Assurance

Trust Board

Trust Executive Group

Transformation Programme management Group

Foundation Trust Development Group

Performance Review Group

Locality and department performance review

Capital Fleet & Equipment Group

Workforce Governance Group

Education Training & Delivery Group

Medicines Management Group

Clinical Risks

Clinical Governance Group

Staff Risks

Health &Safety Committee

Incident and 4C's Risks

Incident Review Group

Risk & Safety Management

Senior Management Group

Risk & Assurance Group

A&E Operations Management Group

PTS Management Board

111 & Urgent Care

Corporate Departments

Service Lines and Department Groups

BAF.
High Level Committee Reports & Assurance on management of key risks.

Charitable Funds Committee

Audit Committee

Quality Committee

Finance & Investment Committee

Assurance

.Internal & External Audit Other External Reports.

Assurance – Quality, workforce, governance. Risk review, BAF & Risk Report, Locality assurance

Assurance - Finance & Investment. Risk review, BAF & Risk

Assurance

Risk Registers.

Incident Mgmt.

Serious Incidents.

Action Plans.

Assurance

Sept 2013