Integrated Risk Management Framework 2015/18

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Committee/Groups that have received or considered this paper:

The Board / Committee are asked to: (please select one only)

- Approve the recommendation(s) proposed in the paper. √
- Discuss and scrutinise the paper and provide feedback and comments.
- Receive the paper for approval.

Link to Public Health Wales commitment and priorities for action:

(please tick which commitment(s) is/are relevant)

- include relevant priority for action(s) √

Priorities for action
1 Introduction

This document sets the high level strategic direction for risk at Public Health Wales, in setting out the framework the organisational arrangements for risk and its management are allowed to be measured through assurance and performance.

2 Background

The historic background to this new integrated approach to risk are acknowledged, much socialisation, engagement and discussion throughout the organisation and with key stakeholders have enabled a coherent and relevant document to be developed.

3 Timing

Much of the delivery of the framework is aligned to the delivery of the Public Health Wales strategic plan.

4 Description

Framed in the ISO 31000, the three line defence model and monitored by HM Treasury performance document. This document follows best practice in the public sector whilst additionally complying with NHS requirements of good governance.

5 Financial Implications

None. Outside normal working arrangements.

6 Recommendations

The Board is asked to approve this Strategic Framework, and endorse its use throughout Public Health Wales.
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7 Introduction

Risk management should be embedded in all of the organisation’s practices and processes in a way that it is relevant, effective and efficient. Risk processes should become part of, and not separate from, those organisational arrangements. In particular, risk management should be embedded into policy development, business and strategic planning and review, and to the change management process.

Risk is an inherent part of the delivery of healthcare. This high level framework outlines PHW’s approach to risk management throughout the organisation.

Achievement of objectives is subject to uncertainty, which gives rise to threats and opportunities. Uncertainty of outcome is how risk is defined. Risk management includes identifying and assessing risks, and responding to them.

This board approved framework for managing risk identifies accountability arrangements, and provides guidance on what may be regarded as acceptable risk within the organisation.

This framework applies to all PHW staff, contractors and other third parties working in all areas of Public Health Wales (PHW).

8 Statement of Intent

8.1 Risk Mandate

Public Health Wales (PHW) are committed to the provision and management of public health, health protection, healthcare improvement, health advisory, child protection, microbiological services and services relating to the surveillance, prevention and control of communicable diseases, which are safe and promote the wellbeing of service users, their relatives and carers, staff and other stakeholders.

Managing risk is a key organisational responsibility and as such is seen as an integral part of our governance arrangements. Public Health Wales is committed to implementing the principles of good governance, defined by NHS Wales as:

‘A system of accountability to citizens, service users, stakeholders and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives’.
The Board recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff, patients and visitors. We will ensure consistent risk management systems and processes are in place for continuous quality improvement and safer patient care.

This strategic framework describes a consistent and integrated approach to the management of all risk across the organisation.

The principles of risk management apply to all staff and all areas of PHW regardless of the type of risk. The Board will ensure that risk management, quality and safety receive priority and the necessary resources within budgets, to achieve the strategic objectives as set out in PHW IMTP.

The Board recognises that the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of premises and managing finances by their nature incur risks.

PHW is committed to having a risk management culture that underpins and supports the business. PHW intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation. Where this is done well, this ensures the safety of the Public, our patients, visitors, and staff, and that as an organisation the Board and management is not surprised by risks that could, and should, have been foreseen.

Strategic and business risks are not necessarily to be avoided, but, where relevant, can be embraced and explored in order to grow business and services, and take opportunities in relation to the risk. Considered risk taking is encouraged, together with experimentation and innovation within authorised limits. The priority is to reduce those risks that impact on safety, and reduce our financial, operational and reputational risks.

Chief Executive

9 Aims

The aim of this framework is to set out PHW vision for managing risk. Through the management of risk the organisation seeks to maximise, though not necessarily eliminate, threats and maximise opportunities. The intent is not to create a suite of bureaucratic systems and processes, rather than risk will enable the organisation to enhance its ‘grip’ on business priorities and decision making enabling successful utilisation of innovation and creativity in meeting the organisational strategic aims.
i. The overall purpose of risk management in PHW is to:
   - Reduce the level of exposure to harm for the public, patients, colleagues or visitors by proactively identifying and managing risk to a level as low as reasonably practicable.
   - Promote success and protect everything of value to PHW, such as high standards of patient care, safe working environment, the PHW safety record, reputation, community relations, equipment or sources of income.
   - Continuously improve performance by proactively adapting and remaining resilient to changing circumstances or events.

ii. PHW will establish an effective risk management system which ensures that:
   - All risks are identified that have a potential adverse effect on quality of care, safety and wellbeing of people, and on the business, performance and reputation of the organisation.
   - Priorities are determined, continuously reviewed and expressed through objectives that are owned and understood by all staff.
   - Risks to the achievement of objectives are anticipated and proactively identified.
   - Controls are put in place, effective in their design and application to mitigate the risk, and understood by those expected to use them.
   - The operations of controls are monitored by management.
   - Gaps in control are rectified by management.
   - Management are held to account for the effective operation of controls.
   - Assurances are reviewed and acted on.
   - Staff continuously learn and adapt to improve safety, quality and performance.
   - Risk management systems and processes are embedded locally across operational divisions and in corporate services including business planning, service development, financial planning, project and programme management and education.

10 Objectives

The success of risk management at PHW is dependent on the effectiveness of this framework providing the foundations and arrangements that will embed it throughout the organisation at all levels. This framework will assist in managing risks effectively through the application of the risk management process at varying levels within specific contexts of the organisation. The framework ensures that information about risk derived
from the risk management process is adequately reported and used as a basis for decision making and accountability at all relevant organisational levels.

11 Definitions

The following definitions have been adopted by PHW from ISO 31000: 2009 Risk management- Principles and guidelines.

- **Risk**: the uncertainty of outcome of activity, described as the combination of likelihood and consequence, including perceived importance.

- **Risk Appetite**: the level of risk that the organisation is prepared to accept, tolerate and be exposed to at any point in time.

- **Risk Management**: the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate and anticipate them, and monitoring and reviewing progress.

12 Risk Management

12.1 ISO 31000:2009

*Risk Management – Principles and guidelines*

All activities of an organisation involve risk. At PHW we manage risk by identifying it, analysing it and then evaluating whether the risk should be modified by risk treatment in order to satisfy the risk appetite. Throughout the process, communication and consultation occurs with stakeholders. Additionally, controls and risk mitigation is monitored and reviewed in order to ensure that no further risk treatment is required. The International Standard describes this systematic and logical process in detail. The relationships between the principles for managing risk, the framework in which it occurs and the risk management process described the standard are shown in the figure below:
**Mandate and commitment**

- Creates value
- Integral part of organizational processes
- Part of decision making
- Explicitly addresses uncertainty
- Systematic, structured and timely
- Based on the best available information
- Tailored
- Takes human and cultural factors into account
- Transparent and inclusive
- Dynamic, iterative and responsive to change
- Facilitates continual improvement and enhancement of the organisation

### Framework

- Design of framework for managing risk
  - Continual improvement of the framework
  - Implementing risk management
  - Monitoring and review of the framework

### Process

- Establishing the context
- Risk assessment
- Risk identification
- Risk analysis
- Risk evaluation
- Risk treatment

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12.2 Three Lines of Defence

It’s not enough that the various risk and control functions exist — the challenge is to assign specific roles and to coordinate effectively and efficiently among these groups so that there are neither “gaps” in controls nor unnecessary duplications of coverage. Clear responsibilities must be defined so that each group of risk and control professionals understands the boundaries of their responsibilities and how their positions fit into the organization’s overall risk and control structure.

The Three Lines of Defence model provides a simple and effective way to enhance communications on risk management and control by clarifying essential roles and duties. It helps to assure the ongoing success of risk management initiatives.

In the Three Lines of Defence model, management control is the first line of defence in risk management, the various risk control and compliance oversight functions established by management are the second line of defence, and independent assurance is the third. Each of these three “lines” plays a distinct role within the organization’s wider governance framework.

Executive management and the Board collectively have responsibility and accountability for setting the organization’s objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives. The three lines of defence model is depicted below:
12.3 Escalation

The figure below describes the PHW governance and risk escalation/de-escalation process. This approach is framed around the 3 lines of defence model.
12.4 Board Assurance Framework (BAF), Corporate Risk Register, and Local Risk Registers

All NHS organisations in Wales are required to demonstrate good governance and ensure they are operating robust systems and processes to support this. Boards need to be confident that the systems and processes are operating in a way that is effective and is driving the delivery of objectives by focusing on minimising risk. They need to prove that they have identified their objectives and managed the principal risks to achieving them. The Board Assurance Framework will allow the Board to satisfy this requirement.

It is the responsibility of the Board to:

- Determine and clearly articulate its objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance measurements;
- Ensure that plans are in place to take corrective action where they are not assured that objectives will be fully delivered; and
- Engage with and listen to staff.

These requirements form the basis of the Board Assurance Framework (BAF). The BAF at PHW will be created and presented to the Board on a quarterly basis. Each strategic aim, its key risks, and accountability arrangements will be administered by a relevant Board Sub-Committee. The Board Sub-Committee Chairmen will report progress and performance in managing risk to the Board. Collation of the BAF will be the responsibility of the Board Secretary with support of the Head of Risk and Assurance.

Corporate Risk Register

The Corporate Risk Register (CRR) is a catalogue of risks emanating and escalated from directorates where risk control is not within the directorate’s gift. Additionally, risk may be submitted to the CRR from Board sub-committees, or as a result of high risk from external or internal audit. The CRR is managed by the Executive Team who have a pivotal role as a second line of defence, and in determining escalation and de-escalation strategies.

Local Risk Register(s)

The Local (Directorate, Division or Service) risk registers are comprised of the routine risk based tasks associated with each work related activity,
these registers enable directorate’s to create risk profile, trends and monitoring processes to ensure risk is continually assessed and managed

12.5 PHW intermediate strategic plan

The PHW strategic objective 7 determines the organisation aim:

'We will have a well designed organisation which is fit for purpose, underpinned by effective governance'.

This integrated risk management framework enables this strategic objective to be achieved. Additionally, the framework is a key ‘enabler’ and supports delivery of the other organisational strategic objectives

12.6 Horizon Scanning

Horizon scanning is about identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a threat to the business. Additionally, horizon scanning can identify positive areas for PHW to develop its business and services, taking opportunities where these arise. PHW will work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

By implementing formal mechanisms to horizon scanning PHW will be better able to respond to changes or emerging issues in a planned structured and co-ordinated way. Issues identified through horizon scanning should link into and inform the business planning process. As an approach it should consider ongoing risks to services.

The outputs from horizon scanning should be reviewed and used in the development of the PHW’s strategic priorities, policy objectives and development. The scope of horizon scanning covers, but is not limited to:

- Legislation.
- Government white papers.
- Government consultations.
- Socio-economic trends.
- Trends in public attitude towards health.
- International developments.
- NHS Wales’s publications.
All staff have the responsibility to bring to the attention of their managers potential issues identified in their areas which may impact on the PHW delivering on its objectives.

Board members have the responsibility to horizon scan and formerly communicate matters in the appropriate forum relating to their areas of accountability.

12.7  Risk Appetite and Statement

12.7.1  Risk Appetite

The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an evaluation of the risks. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which is tolerable. The amount of risk that is judged to be tolerable and justifiable is the “risk appetite”. (Appendix D provides a guidance template on setting the PHW risk appetite).

Risk appetite is therefore ‘the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.’ (HMT Orange Book definition 2005). It can be influenced by personal experience, political factors and external events.

Risks need to be considered in terms of both opportunities and threats and are not usually confined to money - they will invariably also impact on the capability of our organisation, its performance and its reputation.

We need to know about risk appetite because: If we don’t know what our organisation’s collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking exposing the organisation to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development. If our leaders do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient outcomes affected.

PHW will periodically review its appetite for and attitude to risk, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk.

12.7.2  Risk Appetite Statement

The risk appetite of PHW is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame.
In practice, an organisation’s risk appetite should address several dimensions:

- The nature of the risks to be assumed.
- The amount of risk to be taken on.
- The desired balance of risk versus reward.

On an annual basis PHW will publish its risk appetite statement as a separate document. The statement will define the board’s appetite for each risk identified to the achievement of strategic objectives for the financial year in question.

Risks throughout the organisation should be managed within PHW risk appetite, or where this is exceeded, action taken to reduce the risk.

The PHW risk appetite statement will be communicated to relevant staff involved in the management of risk.

12.8 Governance of Risk

12.8.1 Governance Structure to Support Risk Management

There are different operational levels ensuring the governance of risk in PHW:

- Board of Directors
- Executive Management Team
- Annual Governance Statement

Risk management by the Board is underpinned by a number of interlocking systems of control. The board reviews risk principally through the following three related mechanisms:

1. The Board Assurance Framework (BAF) sets out the strategic objectives, identifies key risks in relation to each strategic objective along with the controls in place and assurances available on their operation. Additionally, the BAF is cross-referenced with, and contains all risk within the Corporate Risk Register. The BAF can be used to drive the board agenda.

2. The Corporate Risk Register (CRR) is the corporate high level operational risk register used as a tool for managing risks and monitoring actions and plans against them. The Executive Team are responsible for the escalation and de-escalation of risk from, and to the Corporate Risk Register.
3. The annual governance statement is signed by the Chief Executive Officer. It sets out the organisational approach to internal control. This is produced at the year-end (following regular reviews of the internal control environment during the year) and scrutinised as part of the annual accounts process and brought to the board with the accounts.

Additionally, the Executive Team, Audit Committee and other board sub-committees exist to provide assurance of the robustness of risk processes and to support the board of directors.

12.9 Responsibility and Accountability

PH will ensure that there is accountability, authority and appropriate competence for managing risk, including implementing the risk management process and ensuring the adequacy, effectiveness and efficiency of any controls. This will be facilitated by:

- Identifying risk owners that have the accountability and authority to manage risks.
- Identifying who is accountable for the development, implementation and maintenance of the framework for managing risk.
- Identifying other responsibilities of people at all levels in the organisation for the risk management process.
- Establishing performance measurement and external/internal reporting and escalation processes; and
- Ensuring appropriate levels of recognition.

To enable all staff to fulfil their respective roles and responsibilities the PHW Governance Team will provide support, guidance and training in risk management.

12.10 Individual Responsibilities

Risk management is the responsibility of all staff. Ultimately all who work at PHW have a responsibility for the delivery of high quality, safe care, although this may manifest itself in various day to day to activities conducted by members of staff. The following sections define the organisational expectations of particular roles or groups:

12.10.1 Chairman

The Chairman has oversight of the direction and control of the organisation. In discharging this role, the Chairman is supported by the Board and a number of Non-Executive Directors. Delegated powers are
given to the Chief Executive Officer to ensure strategic objectives are met.

12.10.2 Non-Executive Directors

Non-executive Directors chair Board Sub-Committees and as such should ensure that Committee Terms of Reference inclusive of the annual cycle of committee business is delivered satisfactorily. Additionally, the role of the Non-Executive Directors should reflect the notion of ‘critical friend’ presenting robust and effective challenge to Executive colleagues at Board meetings, and to their respective committees.

12.10.3 Chief Executive Officer

The Chief Executive Officer is the responsible officer for PHW and is accountable for ensuring that PHW can discharge its legal duty for all aspects of risk. As the ‘accountable officer’, the Chief Executive Officer has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement. Operationally, the Chief Executive Officer has designated responsibility for implementation of this Framework as outlined below.

12.10.4 Executive Director of Finance

The Director of Finance has responsibility for financial governance and associated financial risk.

12.10.5 Executive Director of Quality, Nursing and Allied Health Professionals

The Executive Director of Quality, Nursing and Allied Health Professionals has authority for clinical governance and absolute delegated authority for quality improvement, risk management, complaints, and is executive lead safeguarding and infection control.

12.10.6 Head of Risk and Assurance

The Head of Risk and Assurance working closely with the Executive Director of Quality, Nursing and Allied Health Professionals, supported by the Risk Team will be responsible for systems and processes for risk management and for reporting risk performance to board sub-committees.
12.10.7 Board Secretary

The Board Secretary is responsible for maintaining the Board Assurance Framework.

12.10.8 Executive Directors

Executive Directors have responsibility for the management of strategic and operational risks within individual portfolios. These responsibilities include the maintenance of the corporate risk register and the promotion of risk management to staff within their directorates.

Executive Directors have responsibility for monitoring their own systems to ensure they are robust, for accountability, critical challenge, and oversight of risk.

12.10.9 Senior Managers

Senior managers take the lead on risk management and set the example through visible leadership of their staff. They do this by:

- Taking personal responsibility for managing risk.
- Sending a message to staff that they can be confident that escalated risks will be acted upon.
- Ensuring risks are updated regularly and acted upon.
- Identifying and managing risks that cut across delivery areas.
- Discussing risks on a regular basis with staff and up the line to help improve knowledge about the risk faced; increasing the visibility of risk management and moving towards an action focussed approach.
- Communicating downwards what top risks are, and doing so in plain language.
- Escalating risks from the front line.
- Linking risk to discussions on finance, and stopping or slowing down non-priority areas or projects to reduce risk as well as stay within budget, demonstrating a real appetite for setting priorities.
- Ensuring staff are suitably trained in risk management.
- Monitoring mitigating actions and ensuring risk and action owners are clear about their roles and what they need to achieve.
- Ensuring that people are not blamed for identifying and escalating risks, and fostering a culture, which encourages them to take responsibility in helping to manage them.
- Ensuring that risk management is included in appraisals and development plans where appropriate.
Senior staff are expected to be aware of and adhere to risk management best practice to:

- Identify risks to the safety, effectiveness and quality of services, finance, delivery of objectives and reputation—drawing on the knowledge of front line colleagues.
- Identify risk owners with the seniority to influence and be accountable should the risk materialise.
- Assess the rating of individual risks looking at the likelihood that they will happen, and the consequence if they do.
- Identify the actions needed to reduce the risk and assign action owners.
- Record risks on the risk register.
- Check frequently on action progress, especially for high severity risks.
- Apply healthy critical challenge, without blaming others for identifying and highlighting risks, or consider that they are being unduly negative in doing so.
- Implement a process to escalate the most severe risks, and use it.

12.10.10 All Staff

All staff are encouraged to use risk management processes as a mechanism to highlight areas they believe need to be improved. Where staff feel that raising issues may compromise them or may not be effective they should be aware and encouraged to follow guidance on whistle blowing and raising concerns.

Staff side representatives also have a role in risk management including providing support and guidance to staff undertaking risk assessments where appropriate, and providing advice in the event of a dispute to the validity of a risk assessment.

12.11 Committee Duties and Responsibilities

The Board sub-committees are responsible for assuring that the risks are being managed appropriately by taking into account the gaps, mitigation and PHW tolerance levels, and for assuring the board where appropriate or raising any concerns to other relevant sub-committee, additionally each board sub-committee should review the board assurance framework and the corporate risk register at each of its respective meetings.
12.11.1 Board of Directors

The board is responsible for ensuring that PHW has effective systems for identifying and managing all risks whether clinical, financial or organisational. The risk management structure helps deliver the responsibility for implementing risk management systems throughout PHW.

The responsibility for monitoring the management of risk across the organisation has been delegated by the board to the following interrelating committees:

- Audit Committee
- Information Governance Committee
- Quality and Safety Committee
- Organisational Development Committee
- Executive Team

Specific responsibilities for the management of risk and assurance on its effectiveness are delegated as follows:

12.11.2 Audit Committee

The Audit Committee is responsible for providing assurance to the PHW board on the process for PHW’s system of internal control by means of independent and objective review of corporate governance and risk management arrangements, including compliance with laws, guidance, and regulations governing the NHS. In addition, it has the following responsibilities relating to risk:

- To maintain an oversight of PHW’s general risk management structures, processes and responsibilities, including the production and issue of any risk and control related disclosure statements.

12.11.3 Information Governance Committee

The Board’s Information Committee is responsible for providing advice and assurance to the Board to enable it to discharge its responsibility for the information it processes

This committee oversees the work of the Information Governance Managers and ensures Public Health Wales complies with all relevant IG legislation.
12.11.4 Quality and Safety Committee

The Committee is responsible for providing the PHW board with assurance on all aspects of quality of clinical care; governance systems including risks for clinical, corporate, and regulatory standards of quality and safety. The committee will consider any relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements, and to report any areas of significant concern to the Executive Team.

12.11.5 Developing the Organisation Committee

The purpose of the Committee is to advise, challenge and assure the Board that there are effective arrangements and plans in place to develop both the organisation and the workforce so that Public Health Wales is well placed to be able to meet its strategic priorities. The Committee will provide advice, external challenge and scrutiny on the existing strategic priority relating to ‘developing the organisation’ and provide advice and direction on the development of future strategic priorities relating to developing the organisation. The Committee will support, guide and assure the Board on all aspects relating to developing the organisation strategic priority which will include such matters as workforce planning, career progression, succession planning and organisation change. This will also include wider corporate support functions such as IT, Finance and communications.

12.11.6 PHW Executive Team Meeting

The PHW Executive Team is responsible for the operational management and monitoring of risk, through the corporate risk register and Board Assurance Framework, and for agreeing resourced treatment plans and ensuring delivery. The Executive Team is the pivotal meeting for the escalation and de-escalation of risk.

12.12 Directorate Risk Management Arrangements

All Directorates will put the necessary arrangements in place within their areas for good governance, safety, quality and risk management.

Directorates have the responsibility, through the respective management, for the risks to their services and for the putting in place of appropriate arrangements for the identification and management of risks. Services will develop, populate and review their risks, drawing on risk processes to ensure risk registers are kept up to date through regular review.
In doing this, due account will be taken of the PHW’s strategic and corporate objectives, particularly in terms of meeting regulatory standards and guidance, national performance standards and targets and relevant legislation, and of the issues and risks relevant to specific areas within the particular services. Standardised data sets produced from Datix in dashboard format will be used by Directorates to determine risk status in a timely, accurate, reliable manner to illustrate risk performance.

13 Training

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management.

Training required to fulfil this strategy will be provided in accordance with the PHW’s training needs analysis. Management and monitoring of training will be in accordance with PHW’s statutory and mandatory training policy.

Specific training will be provided for the board, in respect of high level awareness of risk management. Risk awareness sessions are included as part of the board’s development programme.

14 Monitoring Compliance and Audit

PHW will review its appetite for and attitude to risk, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk.

This strategy will be reviewed annually. The review, broadly framed using HM Treasury risk management framework assessment, and subsequent arising actions will be informed by an assessment of risk maturity, which in turn enables the board to determine the organisational capacity to control risk. The review will consider:

- Risk leadership.
- People.
- Risk policy and strategy.
- Partnerships.
- Risk management process.
- Risk handling.
- Outcomes.

Key Performance Indicators will be created from the audit process allowing incremental performance aligned to the PHW strategic plan.
15 Evidence Base


16 Dissemination, Implementation and Access to the Document

This Framework is available on the PHW intranet. All staff are notified via email, of the strategy and other amendments.