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Target audience	**All Staff**

Herefordshire Public Services
Risk Management and Assurance Policy

Contents

1. Introduction & Purpose of Policy

This policy clearly identifies the accountability arrangements and processes to be used for identifying and managing risks and opportunities in Herefordshire Council (HC) and Herefordshire Primary Care NHS Trust (HPCT). Where they are referred to together they are described here as Herefordshire Public Services (HPS).

This policy covers all areas of risk within HPS: organisational; clinical; service provision; financial, strategic and the wider, non organisational risks to the achievement of their individual or collective objectives and priorities.

The diagram below shows the key stages of policy development based on a continuous improvement cycle.

POLICY

Effective policies set a clear direction for the organisation to follow:

INITIAL & PERIODIC STATUS REVIEW

A strong commitment to continuous improvement through development of the system and techniques of risk control

ORGANISING THE SYSTEM

An effective management structure & arrangements are in place for delivering the system elements:

Responsibility
Standard documents
Communication
Control Systems
Competence
Co-operation

ACT   PLAN

CHECK   DO

AUDITING

HPS learns from all experiences and applies lessons learnt:

Self/Internal Audits
External Audits
Benchmarking
Feedback from Stakeholders
Peer Reviews

PLANNING & IMPLEMENTATION

There is a planned and systematic approach outlining:

Risk Assessment
Workplace precautions
Risk Control Systems
Management Arrangements

MEASURING PERFORMANCE

Performance is measured against standards:

Management by objectives
Leadership
Risk reporting
Incident analysis
Proactive & reactive monitoring
Measure of failure & the causes of failure
Measure of success

Who does the policy apply to?

This document applies to all employees of HPS, and to managers at all levels to ensure that risk and opportunity management is a fundamental part of the total approach to quality, corporate and clinical governance. In addition HPS will actively promote and support good practice in risk and opportunity management particularly within primary care and education.

2. Policy Statement

HPS is committed to having a shared system in place to understand, monitor and minimise the risks within our organisations and the services they provide and which will contribute to continued improvement.

Effective risk and opportunity management will help to ensure:

- clarity in our plans about what we need to do to achieve our objectives and priorities
- the delivery of our plans through effective performance management
- a safe environment for all our staff, clients and members of the public
- best service provision for clients and clinical care for patients
- the reputation of the partner organisations is maintained
- costs are saved by reducing dissatisfaction and claims
- the promotion of innovation to achieve objectives
- the realisation of opportunities
- a positive report on risk management in the Annual Governance Statement, Statement of Internal Control and compliance with external accreditation bodies – Audit Commission, Care Quality Commission

HPS aim to take all reasonable steps in the management of risk with the overall objective of protecting service users, staff and assets.

Approach to Risk and Opportunity Management and Assurance

Herefordshire Public Services' approach to risk and opportunity management and assurance has been developed to support the key requirements of good corporate governance:

Open and Transparent: The HPS approach to managing risks will be open and transparent and blame will not be attributed if decisions made in good faith turn out to be the wrong decision. Staff, Directors, PCT Non-Executive Director, Councillors, members of the public, partners and outside organisations should have access to information on our current risks and opportunities and how they are being managed. Risk management supports and enhances the decision making process and Board and Cabinet reports include information on the risks and opportunities in taking or not taking a recommended course of action.

Consistent: There will be consistency in the approach to identifying, assessing and managing risks across the organisation. Risks will be reviewed regularly and any changes in circumstances will be recorded and acted upon.

When managing and controlling risks, actions will be proportionate - the cost and time of efforts should be in balance with the potential impact of the risk.

Accountable: There will be clear accountability for HPS risks. This will include a public statement on risk management as part of our decision making process; an annual statement of internal control signed by the Chief Executive, approved by the Board and Cabinet, included in the Annual Finance Statement; and the risk register will be open to regular internal audit and audit inspection by external agencies (e.g. External Auditors, SHA, Department of Health, Audit Commission).

Appropriate risk-taking and innovation will be encouraged and promoted through a 'no blame' culture.

HPS will manage risk to add value, i.e. it will aim to achieve the balance between under-managing risks i.e. unaware and therefore no control, which could damage performance, and over-managing them i.e. an obsessive level of involvement in the fine details, which could become overwhelming and stifle innovation and creativity.
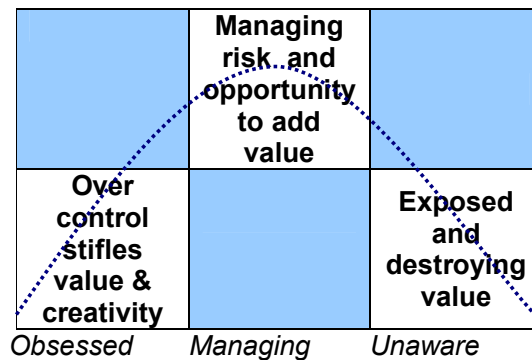
Figure 1: Managing risk and opportunity to add value

Risk and Opportunity Management goals for HPS are to:

- Minimise chances of adverse incidents, injuries or losses to patients, service users, staff and the general public
- Improve the quality of services, care and outcomes for people, bettering their life-chances and quality of life
- Encourage and train staff to identify risk areas and become involved in reducing risk
- Reduce risks by developing evidence based clinical and professional practice
- Reduce risks by maintaining a skilled and properly trained workforce.
- Encourage open communication and support staff in order to promote the policy of being a transparent and "no blame" organisation which can learn from incidents.
- Promote good risk management practice amongst independent contractors, suppliers and partners.
- Avoid damage to reputation, including through complaints, litigation or failures in organisations from which services have been commissioned
- Achieve key corporate objectives including National Performance targets
- Ensure compliance with the Annual Health Check and Comprehensive Area Assessment.
- Ensure the best interests of the public are served by the continuation of the organisations to commission and deliver required services
- Minimise avoidable financial losses, or the cost of risk transfer, e.g. Increased insurance premiums or the failure to win discounts.
- Work in conjunction with other organisations' risk management strategies and policies when undertaking joint pieces of work or managing projects on behalf of others.

In order to meet these general and specific objectives, HPS will adopt a pro-active risk management programme which has our total support and we look to each member of staff for your complete commitment to and co-operation in its implementation.

3.   Organisation and responsibilities

The Cabinet and Board Commitment to Risk Management

The Cabinet and Board recognise that risk management is an integral part of good management practice and to be most effective must become part of the culture of both organisations. The Cabinet and Board are therefore, committed to ensuring that risk management forms an integral part of their philosophy, practices, business plans and performance management rather than being viewed or practised as a separate programme, and that responsibility for implementation is accepted at all levels within both organisations.

The Cabinet and Board believe it is important to recognise that risk taking can bring both rewards and penalties. Modernisation and innovation cannot be achieved without risks being taken. But by understanding fully the consequences of taking those risks staff can have greater confidence in what they do. We aim to fully identify, evaluate and respond to those risks that may prevent us from achieving our objectives and to enable us to take advantage of opportunities in a "risk informed" manner.

Responsibility of HC Cabinet and HPCT Board

HC Cabinet and HPCT Board are responsible for reviewing the effectiveness of internal controls and for monitoring the work of the Committees with delegated responsibility for risk management.

The Cabinet and Board are required to produce annual statements of assurance that they are doing their "reasonable best" to manage the organisation's affairs efficiently and effectively and managing its risks through the implementation of internal controls. They must "sign off" their organisations Statement of Internal Control and HPCT's self assessment against the Healthcare Commissions Core Standards for Better Health.

Board and Cabinet members are responsible for:
- approving the risk management strategy and policy
- ensuring that risk information is available to them to support their decision making processes
- participating in the identification and evaluation of risks appropriate to the decisions they are asked to make.

HC Members and HPCT Non Executive Directors

Members/Non Executive Directors have a key role to play in monitoring executive management of risk within their organisation and contributing to the development of the HPS strategy for managing risk.

They must satisfy themselves that the systems of risk management each organisation has in place are robust and defensible.

HC Member Champion and PCT Non Executive Director

The Leader of the Council shall actively support the risk management process and encourage all Councillors to play their full part.

The Non Executive Director who chairs the PCT Audit and Assurance Committee shall actively support the risk management process and encourage all PCT Board Members to play their full part.

The Chief Executive

The Chief Executive has overall responsibility for Risk Management within HPS.

Directors

The Director of Quality and Standards has overall accountability for Clinical Risk and together with the Clinical Governance GP Lead is responsible for Clinical Governance systems and processes in HPCT.

HPS Directors of Resources are accountable for Financial Risks and the preparation of the annual financial statements which will include the Annual Governance Statement and Statement of Internal Control for their respective organisations.

<u>Directors and Managers</u>

HPS are working towards ensuring that all levels of management understand and implement the Risk Management Policy and Guidance. Directors/managers:

- Are responsible for managing risks assigned to them on the Assurance Framework and Risk Register

- Must ensure all new employees, through local induction, are made aware of the Risk Management Policy and Guidance. They must also ensure existing employees are made aware of any revisions to the policy.

- Are responsible for ensuring that appropriate and effective risk management processes are in place within their designated area(s) and scope of responsibility; and that all staff are made aware of the risks within their work environment and of their personal responsibilities.

- Are responsible for ensuring that all necessary risk assessments are carried out within their directorate/department in liaison with appropriate identified relevant advisors where necessary e.g Health and Safety, Infection Control, Security, Environmental, which may include the preparation of specific departmental policies and guidance.

- Are responsible for implementing and monitoring any identified and appropriate risk management control measure within their designated area(s) and scope of responsibility. In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, or where the cost of implementation exceeds locally agreed limits and/or requires capital expenditure, Executive Directors/managers are responsible for bringing these risks to the attention of the relevant Committee/Board if local resolution has not been satisfactorily achieved.

- If control measures which were originally believed to be adequate fail and lead to realisation of the risks, Executive Directors/managers must follow relevant policies (Incident reporting, Major Incident Plan) and inform the Chief Executive/ Executive Directors.

- Have the authority to accept risks within their scope of responsibility. This must follow completion of a full risk assessment and adhere to the definition of Acceptable Risk on page 13.

- Must ensure that all staff must be given the necessary information and training to enable them to work safely. These responsibilities extend to any one affected by HPS operations including sub-contractors, members of the public, visitor's etc.

Executive Directors/managers or their designated representatives will implement the policy by:

a. Ensuring that they have adequate knowledge and/or access to all legislation relevant to their area and as advised by appropriate experts ensure that compliance to such legislation is maintained.

b. Ensuring that adequate resources are made available to provide safe systems of work. This will include making provision for risk assessments, appropriate controls measures, raising outstanding concerns, ensuring safe working procedures/practices and continued monitoring and revision of same.

c. Ensuring that only suitably trained and accredited personnel are appointed into posts.

d. Ensuring that appraisals are completed for their staff according to HPS policies

e. Ensuring that there is a core of appropriate mandatory training for all employees to attend e.g. Health and Safety, Fire, Moving and Handing, Dealing with Violence and Aggression, Conflict Resolution, Child Protection, etc, and that appropriate mandatory updates are maintained.

f. Identifying and releasing suitable staff to be trained as risk assessors, first aiders, moving and handling, health and safety co-ordinators etc.

g. Monitoring clinical and professional performance, health and safety standards including risk assessments, infection control measures, use of personal protective equipment, lone worker arrangements, stress at work assessments etc and ensuring that these are reviewed and updated regularly.

h. Ensuring that risk issues are considered when setting individual staff objectives which reflect their role in the organisation.

Individuals Supporting HPS in Risk Management

A number of individuals have key roles in supporting HPS to achieve this policy and contact details are included in Appendix 1 and Appendix 2:

HC Corporate Risk Manager and HPCT Head of Corporate Risk

Co-ordinate and facilitate the risk management process and raise staff awareness of risk management through educational programmes. They are responsible for the maintenance and development of the overall risk registers and Board Assurance Framework and support risk owners and project boards in the identification and management of their risks.

HC Corporate Risk Manager ensures that appropriate insurance arrangements are in place to manage significant financial risks and to comply with the relevant legal framework for the handling of third party claims.

HPCT Head of Corporate Risk manages claims under the Employers Liability, Property Expenses, Liability to Third Parties and Clinical Negligence schemes according to the NHS Litigation Authority requirements.

HPCT Clinical Governance Manager

Highlights and presents quality, audit and patient incident information and trends.

HPCT Deputy Director of Resources (Financial Governance) and HC Head of Financial Services

Co-ordinates work with internal audit in order to achieve a satisfactory Statement of Internal Control for their respective organisations.

Responsibilities of all Employees

a. Be familiar with this Policy
b. Attend risk management training relevant to their post and maintain clinical or professional skills where appropriate
c. Report incidents/accidents and near misses using HPS procedures
d. Lead or participate in risk assessment processes, and develop and implement plans to address risks identified in their area (according to the nature of their post)
e. Comply with all HPS policies and procedures aimed at eliminating or reducing risk e.g. health and safety, fire, emergency procedures, handling equipment safely
f. Provide safe clinical or professional practice within their area of competence
g. Be involved in appraisal.

Committee Structures:

Audit & Assurance Committee (HPCT)

The Audit and Assurance Committee is a statutory committee with expanded responsibility for Integrated Governance. The committee will also seek assurance on the organisational preparations for the World Class Commissioning (WCC) Assurance process. In particular its remit includes:

- Core functions of audit including financial systems, financial information and compliance with laws and regulations governing the NHS; governance, risk management and control.
- Delivery of core audit committee functions, including carrying out an independent, objective and informed review of financial systems, information and control.
- Assessment of internal systems, policies and procedures.
- Reviewing and maintaining effective systems of integrated governance, risk management and internal control.
- Seeking support and advice from external and internal audit and any other professional expertise as required
- Assurance of organisational development planning and delivery.

The Audit and Assurance Committee is chaired by a Board Non-Executive Director.

The Commissioning Performance and Quality Committee (HPCT)

The Commissioning Performance and Quality Committee will have oversight of health economy performance and the overall finance and contract performance of the PCT as a commissioner will be reported routinely to this Committee. In particular its remit includes:
- Measurement, monitoring and management of performance, including: finance, activity, quality of health and healthcare, including safety, clinical outcomes and patient experience secured through commissioned services
- Directing the development, monitoring and managing of integrated measures of performance – including finance, activity and quality – across all providers in line with commissioning plans.
- Compliance with statutory and regulatory duties particularly in the commissioning of safe and appropriate clinical care

The Commissioning Performance and Quality Committee is chaired by a Board Non-Executive Director.

Strategy and Planning Committee (HPCT)

The Strategy and Planning Committee has a key role in recommending strategy for NHS Herefordshire to the Board. As such it will be active in identifying opportunities and therefore applying the risk management process to Opportunity Management.

Audit and Corporate Governance Committee (HC)

This committee will monitor the effective development and operation of risk management and corporate governance in the Authority.

Responsibilities include:-

- Consider the effectiveness of the risk management arrangements, the control environment;
- Seek assurances that action is being taken on risk related issues identified by auditors   and inspectors;
- Be satisfied that the Authority's assurance statements, including the Statement on Internal Control, properly reflect the risk environment and any actions required to improve it;
- Review and update of the risk management policy statement every year
- Annual review of the risk management framework; and
- Quarterly review of progress against any risk management action plans.

<u>Provider Board (PCT Provider Services)</u>

The Provider Board is responsible for reviewing the effectiveness of internal controls and for monitoring the work of the Provider Committees with delegated responsibility for risk management.

The Provider Board is required to produce annual statements of assurance that they are doing their "reasonable best" to manage the organisation's affairs efficiently and effectively and managing its risks through the implementation of internal controls. They must "sign off" their self assessment against the Healthcare Commissions Core Standards for Better Health.

Provider Board members are responsible for:
- approving the risk management strategy and policy
- ensuring that risk information is available to them to support their decision making processes
- participating in the identification and evaluation of risks appropriate to the decisions they are asked to make.

<u>HPS Steering Group (HPS)</u>

The HPS Steering Group sets the strategic direction for HPS development and the priorities for realising that strategy. It does this by establishing the criteria for measurement of success including the identification, quantification and effective delivery of benefits to be achieved through the development of an integrated approach to services in Herefordshire. It also holds the partnership system to account for progress against those success criteria

The risk management responsibilities of the Steering Group include:
- Ensuring that robust partnership arrangements are in place
- Holding Joint Management Team to account for the development and implementation of a framework for the prevention and prompt resolution of disputes presenting significant risk to the integrity of the HPS partnership
- Maintaining an effective system of integrated governance, internal control and risk management, across the whole of its activities (both non-clinical and clinical), in support of the achievement of its aims and objectives

<u>Joint Management Team (HPS)</u>

This is a high level management group with specific risk management responsibilities to:-

- Identify strategic and cross cutting risks;
- Promote a culture of risk awareness.

<u>Whistle-blowing</u>

If staff are concerned that there are very serious risks in the organisation, which they have raised through the normal management channels without response, it may be appropriate for them to use HPS Whistle-blowing policy.

Specific links to other policies are detailed in **appendix 5**.

4.   Planning and implementation

Risk Management Process

General Principles

HPS is committed to developing a pro-active and systematic approach to risk management. A separate document – **Risk Management and Assurance Guidance** - sets out in detail the approach to identifying and assessing risks – whether they be risks to achieving strategic, corporate, programme, project, operational or partnership objectives.

The process will:

- be multi-faceted, drawing on the experience of multi-disciplinary teams, with knowledge of the range of HPS functions and risks
- be iterative, i.e. improving and refining over time
- ensure the stages are clearly recorded

The stages of the risk management process are to:

a. identify any actual and potential risks
b. identify the controls in place and evaluate the level of risk remaining
c. determine what action may be necessary - this could range from stopping the activity, to reducing the risk, to transferring some of the risk to another party, to accepting the risk (see definition in 9.2)
d. implement the additional control measures
e. monitor that actions are completed and these, together with existing controls are effective i.e. **Assurance**

Risk and Opportunity Assessment

Each directorate, service, department or operational area needs to complete a risk and Opportunity assessment in order to identify operational and strategic risks and opportunities. Directorate and Operational managers are responsible for ensuring that risk assessments are completed as an ongoing process and reviewed quarterly following the steps in the Risk Management and Assurance Guidance, a proforma template for undertaking a risk assessment is included in the guidance to ensure a consistent approach to the risk assessment process.

Risk assessments will address a range of issues – operational, service delivery, strategic as well as financial, health and safety and staffing risks. The process is the same for all and an example list of areas to consider can be found in appendix 1 of the Guidance. This is not an exhaustive list but is initial guidance.

It is important that risk management is integrated into the existing business processes and risks identified as part of the following must be included on risk registers:

Strategic /corporate /service planning - At the time of the development of corporate/directorate/service plans and "in year" corporate policy development the risks to the achievement of objectives need to be identified and managed.

Financial planning - Risk registers will inform the financial planning process in relation to:

- allocation of resources required to improve the management of unacceptable risks
- allocation of resources to the change programme, projects, ongoing operations and partnerships
- taking into account the impact of budget decisions, both for budget plans and in year budget changes, on the risk profile of the organisation.

Performance management - At the operational level risk registers will be developed alongside the annual business plans for directorates and the service plans for service areas. The registers will be reviewed when monitoring performance against objectives to identify any risk related causes of underperformance and act as an early warning.

Organisational Change Programme - Managing a change programme will bring a range of risks relating to strategic alignment, partnerships, programme planning, competing demands of day to operations and projects and the availability of appropriate skills and capabilities. These will be considered when the business case for major projects within the programme are being reviewed.

Major projects including major procurements and major partnerships - Risk will be assessed and registers created to support project initiation documents (or business cases) for major projects, procurements and partnerships. These risk registers should inform the business case decisions. The risk registers will demand ongoing review throughout the life of the project/procurement/partnership life cycle.

Where risk registers are shared, we will work in conjunction with the risk management strategy and policy of our partners. When undertaking projects on behalf of others, we will manage risks consistent with their strategies and policies.

ICT Programmes and Projects - Where ICT Programmes and Projects are managed under MSP or PRINCE2 Programme and Project Management Methodologies, Risks and Issues will be managed according to these methodologies, consistent with this policy and the Risk Management Strategy. Where risks and issues are required to be escalated to the Board/Cabinet, they will conform to the standards laid out in this policy.

Health and Safety - Those groups designated to monitor Health and Safety are responsible for ensuring the annual health and safety audits are completed.

Incident Reporting - All reported incidents (and near misses), will also be assessed by the person completing the form and reviewed by an appropriate manager as described in HPS Incident Reporting Policy.

Following assessments within any of the above, any high ranking risks and those which could impact on whether or not HPS can meet a strategic objective must be included on the Assurance Framework and reported to the Cabinet/Board.

Risk Register

The Risk Register is a record of all the risks identified (a blank example is in appendix 3 of the Risk Management and Assurance Guidance) through the Risk Management process, their score and risk treatment. It is a dynamic document which will cover all risks. It will inform the decision making of the risk committees and managers by providing them with a central reference of all risks and will be regularly updated. It will be held centrally by the HPCT Head of Corporate Risk and HC Corporate Risk Manager but will be accessible and available to all managers.

Assurance Framework

Risks scored as extreme which could impact on HPS achieving their strategic or principal objectives are known as principal risks and additional information on these is required to be reported to the Board and Cabinet. This is termed the Assurance Framework and an example is included in appendix 4 of the Risk Management and Assurance Guidance. The Assurance Framework provides assurance about those risks which are being managed effectively and objectives are delivered and will also identify which of HPS objectives are at risk because of gaps in controls or assurance about them. The Board and Cabinet will formally review the Assurance Framework twice a year as a minimum.

Principal risks cannot be considered in isolation, they will be derived from the prioritisation of risks fed up through the whole organisation and in this way the Risk Register will contribute to the Assurance Framework

Risk Quantification and Acceptability

HPS has adopted a common approach to quantifying risk as described in the Risk Management Guidance. Each risk will be assessed and scored on the likelihood of occurrence and the severity/impact in the current circumstances, a matrix of the quantification of risk is detailed in the Risk Management and Assurance Guidance.

The score of a particular risk will determine at what level decisions on acceptability of the risk should be made and where it should be reported to within HPS. The Board and Cabinet have defined as "Significant" any risk that has the potential to damage the organisation's objectives

General guidelines are:

Extreme Risk	Score 15 - 25	Report to a Director for more detailed analysis of the risk, to be included on the Assurance Framework and reported to the Board and Cabinet with proposed treatment/action plans
High Risk	Score 8 - 12	Report to a Director and then to an appropriate Risk Committee with proposed treatment/action plans
Moderate Risk	Score 4 – 6	Report to Senior Manager with proposed treatment/action plans, for particular monitoring.
Low Risk	Score 1 – 4	Report to local manager for local action to reduce risk

Acceptable Risk

Setting levels of acceptance is referred to as **risk tolerance or risk appetite** and is defined as follows:

- the likely consequences are insignificant
- a higher risk consequence is outweighed by the chance of a much larger benefit (e.g. In rehabilitation people may accidentally burn themselves while learning how to prepare food and drink but the benefit of independence outweighs that risk)
- occurrence is rare
- the potential financial costs of minimizing the risk outweighs the cost consequences of the risk itself
- reducing the risk may lead to further unacceptable risks in other ways

Therefore a risk with a high numerical value may be acceptable to the organisation, but that decision would be taken at an appropriate level.

Analysis of Risks

All Directors, Managers, Non Executive Directors and Councillors will be trained in risk analysis using HPS Risk Scoring Matrix.

The HC Corporate Risk Manager and HPCT Head of Corporate Risk are responsible for ensuring that information on incidents, claims, complaints, risks and hazards are analysed for trends and that such information is made available to the appropriate Director/manager so as to be included in the Risk Register and also reported to the committees with delegated responsibility for risk management within HPS.

Unacceptable Risk

Where control measures are deemed unacceptable to control the risks from the hazards identified, additional control measures must be implemented, these should be detailed within the risk assessment documentation and transferred into the action plans and the risk register where applicable.

<u>Communication</u>

All staff will be made aware of the Risk Management Policy and Guidance through induction, team brief and mandatory training. A copy will also be placed on the intranet site of HPS. The policy will be distributed to HPS sites to ensure that staff with specific management responsibilities receive a copy.

Other stakeholders will be made aware of the Risk Management Policy and will be involved and consulted as appropriate. For example, this could be during consultation on development of other policies or strategies, or through coverage of Risk Management in the HPS Annual Report and public Board and Cabinet papers. Stakeholders will include:

- Users and Carers
- The General Public
- Local GPs, Dentists, Pharmacists, Optometrists
- Schools
- Strategic Health Authority
- Regional Government
- Hereford Hospitals Trust and West Midlands Ambulance Trust
- PALS
- The Third Sector
- Fire Brigade and Police
- The Utility Companies
- Chamber of Commerce, Hereford
- Chamber of Commerce, Powys
- Audit Commission
- Herefordshire Partnership

Training

The Board and Cabinet acknowledges that the provision of appropriate training is central to the successful implementation of the risk management process.

Training needs will be identified and a suitable programme implemented for all staff including those with specific responsibilities under this policy, including members of the Board, Cabinet, Governance Committees and managers in HPS.

5. Monitoring of this policy

In order to ensure that this policy is effective all risk registers and action plans must be reviewed at appropriate intervals along with this policy. The monitoring process should confirm:

- all current risks have been reviewed and any additional action/s identified have been entered on the Action Plan;

- that the Action Plan has been reviewed and actions are on track for completion within agreed deadlines;

- whether any risks need to be removed, e.g. the end of a specific project;

- whether any new risks have been identified that need to be added to the register;

- that the risk register is up to date for new and existing risks;

- whether any operational risks have been identified by heads of service/key managers that could, if not managed become a risk for the directorate; and

- that updated Risk Registers and Action Plans have been entered onto each organisations central database or passed to the relevant Risk Manager after updating and review.

6. Audit

In order to measure the successful implementation of the Risk Management Policy the following Key Performance Indicators have been agreed for 2009/2010:

- The establishment of an Assurance Framework for Herefordshire Council.

- The development and delivery of an integrated risk management training programme to be used in HPS

- Demonstration that the Assurance Framework risks inform the Board and Cabinet Agenda.

7.   Reviews at initial and periodic stages

This Policy will be reviewed in 12 months time

8.   Cross reference documentation

Please refer to Appendix 3.

Appendices

Appendix 1

KEY INDIVIDUALS RESPONSIBLE FOR ADVISING AND CO-ORDINATING RISK MANAGEMENT IN HEREFORDSHIRE COUNCIL

Title	Area of Responsibility	Contact Details
Corporate Risk Manager	Co-ordinates all risk management activity. Responsible for Risk Register	01432 260295
HR Manager	Coordinates OH support and advice	01432 260232
Head of Financial Services	Liaise with internal audit to achieve Annual Governance Statement	01432 263173
Health and Safety Advisor	Provides Health & Safety advice, support and training	01432 260448
Head of Asset Management & Property Services	Provides inspection of property and advice on fire risk assessments	01432 260227
Audit Services Manager	Ensure robust Corporate Governance and liaise with external auditors	01432 260425
Emergency Planning Manager	Corordinate the County wide response in an emergency	01432 260567
Information Security Officer	ICT Risk Assessment	01432 260160

Appendix 2

KEY INDIVIDUALS RESPONSIBLE FOR ADVISING AND CO-ORDINATING RISK MANAGEMENT IN HEREFORDSHIRE PCT

Title	Area of Responsibility	Contact Details
Head of Corporate Risk	Co-ordinates all risk management activity. Responsible for Assurance Framework	01432 363906
Risk Management Support Officer	Supports directorates, responsible for risk register	01432 344344 extn 3737
Associate Director – Clinical Lead, Quality & Effectiveness	Responsible for patient risks and incident reporting	01432 344344 extn 3759
Deputy Director of Resources (Financial Governance)	Liaise with internal audit to achieve Statement of Internal Control	01432 344344 extn 3735
Health and Safety Advisor	Provides Health & Safety advice, support and training	01432 344344 Extn 7634
Fire Safety Advisor Via Works Department	Provides fire training & inspection of properties	01432 344344 extn 3910
Occupational Health	Provides occupational health services to PCT staff	01432 355444 extn 4013/5404
Infection Control Nurse	Provides infection control advice and co-ordinates audits	01432 277117
Moving and Handling Advisor	Provides advice on moving and handling issues and risk assessments.	01432 344344
Senior Nurse Child Protection	Advice & support on child protection issues	01432 343955
Information Governance Officer	ICT Risk Assessment	01432 344344 extn 7604

Appendix 3

LINKS TO OTHER POLICIES AND PROCEDURES

The Risk Management and Assurance Policy is supported by a number of other policies and procedures, all of which act as risk controls. The following is a list of key documents with which staff should be familiar. They can be found on the relevant intranet site or from your manager:

- Health and Safety at Work - and associated policies
- Incident Reporting Policy and Procedure
- Complaints Procedure
- Lone Worker policy
- Moving and Handling policy
- Recruitment, selection and appointment of staff
- Violence at Work
- Whistle-blowing policy
- Standing Financial Instructions
- Standing Orders
- Scheme of Reservation and Delegation
- Child Protection policy
- Sharing information in Child Protection
- Major Incident
- Infection Control
- Medical Equipment policy
- Protection of Vulnerable Adults
- Checking of State Registration
- Fitness to Practice
- Fraud and Illegal Acts
- Computer Security Policy
- Security Policy
- Business / Service Continuity Plans
- Quality Data