

**Board of Directors**  
**26 March 2020**

<b>Paper title:</b>	Risk management Strategy 2020-24 - Draft	<b>Agenda item</b>  <b>13.3</b>
<b>Presented by:</b>	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
<b>Prepared by:</b>	Jenny Wilkes, Deputy Director Compliance, Risk and Nursing	

<b>Purpose of the report</b>		
To present the Risk Strategy to the Board for discussion and approval.	For approval	<b>X</b>
	For discussion	<b>X</b>
	For information	

<b>Executive summary</b>		
The previous risk management strategy came to an end in 2019. This refreshed strategy sets out the Trust’s approach to risk management throughout the organisation and identifies accountability arrangements, resources available, and provides guidance on what may be regarded as acceptable risk within the organisation. The strategy also identifies the ambition of the strategy and how it will be delivered between 2020 and 2024.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below ‘Yes’ or ‘No’</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>Recommendation</b>
<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Adopt this strategy for 2020-2024 pending consultation</li> <li>• Agree to consult with staff and stakeholders on the refreshed strategy</li> <li>• Ratify the risk strategy post consultation</li> </ul>

<b>Strategic vision</b>				
Please mark those that apply with an X				
<b>Providing excellent quality services and seamless access</b>	<b>Creating the best place to work</b>	<b>Supporting people to live to their fullest potential</b>	<b>Financial sustainability growth and innovation</b>	<b>Governance and well-led</b>
X	X	X	X	X

<b>Car Quality Commission domains</b>				
Please mark those that apply with an X				
<b>Safe</b>	<b>Effective</b>	<b>Responsive</b>	<b>Caring</b>	<b>Well Led</b>
X				X

<b>Relationship to the Board Assurance Framework (BAF)</b>	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> <li>Does not link to a single item in the BAF but describes the operational relationship to the BAF</li> </ul>
<b>Links to the Corporate Risk Register (CRR)</b>	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> <li>Does not link to a single item in the CRR but describes the operational relationship to the CRR</li> </ul>
<b>Compliance and regulatory implications</b>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> <li></li> </ul>

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# Risk Management Strategy 2020-24 Draft v4

## Contents

Executive Summary.....	5
Introduction .....	5
Plan/Timescales .....	7
Definition of risk management .....	8
Risk Management Objectives .....	8
Risks .....	8
Risk to patients.....	8
Organisational risks.....	9
Reputational Risk .....	9
Opportunistic risks .....	9
Risk Appetite .....	9
Assessing and Scoring Risks .....	10
Ambition .....	11
Governance Structure to support the management of risk .....	13
Risk Escalation Process .....	14
Horizon Scanning .....	14
Delivering the Strategy .....	15
Appendix 1: Risk Escalation and De-escalation framework.....	16
Appendix 2: AS/NZS 4360:2004 - Australian / New Zealand standard for risk management .....	17
Appendix 3: risk assessment matrix.....	18
Appendix 4: Operational Management of Risk.....	19
Appendix 5 Responsibilities and Accountabilities .....	20

## Executive Summary

Good risk management underpins quality of patient care, be it through direct clinical care or indirectly from support services. Our ambition is to be better than the best. We want people who use our services and their families to feel and be safe in our care due to our robust risk management arrangements. We want staff to be proud and feel safe to work in our Trust and feel confident and supported in their management of risk. At all times the Trust will take all reasonably practicable steps to protect patients, staff, visitors and contractors from the risk of harm.

The Trust is an organisation that does not accept compromises in the quality of care or minimum targets set by others, but supports learning and improvement in our services so that we strive to get the basics of care right every time, for every patient or user of our services.

The Board of Directors, with the support of its committees, have a key role in ensuring a robust risk management system is effectively maintained and to lead on a culture whereby risk management is embedded across the Trust through its policy, strategy and plans, setting out its strategic ambitions and priorities in respect of risk management when delivering a safe high quality service.

This strategy document sets out a road map for the Trust to follow over the coming months in order to continue to mature its' approach to the management of risk within the organisation.

This strategy and its ambitions, once implemented, will provide an approach to risk appetite that is practical and pragmatic and that makes a difference to the quality of decision making, so that decision makers understand the risks in any proposal and the degree of risk which they are permitted to expose the organisation while encouraging enterprise and innovation.

The Board are being asked to adopt this strategy so that it can then be shared for consultation with staff and key stakeholders. Following the consultation and any desired changes, the risk strategy will then be presented to the board for final ratification. During the period of consultation, the Board will develop and agree its risk appetite statement. There is also recognition in this paper that the clinical risk strategy and framework need a refresh. Once that is completed, an overarching risk framework can be developed.

## Introduction

Bradford District Care NHS Foundation Trust recognise that providing mental health and community health services, and the way in which it provides these services and its associated activities, carries with it unavoidable and inherent risks.

The risk management strategy outlines the Trust's approach to risk management throughout the organisation and identifies accountability arrangements, resources

available, and provides guidance on what may be regarded as acceptable risk within the organisation.

The previous risk management strategy came to an end in 2019. It contained a 3-year plan for the development of risk management within the organisation.

The objective to reconsider the risk appetite of the organisation was not completed and this has been incorporated into this new strategy with the aim of moving this on in the organisation.

This strategy document sets out a road map for the Trust to follow over the coming months in order to continue to mature its' approach to the management of risk within the organisation.

The risk maturity of the organisation will be increased by achieving the ambitions within this strategy. The risk maturity of the organisation has increased over the lifetime of the previous strategy, but there is still work to be done to ensure that this maturity keeps increasing and does not stall or slide backwards. The risk maturity of the organisation would increase over the lifetime of this strategy

Risk management is an integral part of the Trust's quality, governance and performance management processes.

Successful risk management involves:

- Identifying and assessing risks
- Taking action to anticipate or manage them
- Monitoring them and reviewing progress in order to establish whether further action is necessary or not
- Ensuring effective contingency plans are in place

All staff have a role in considering risk and helping to ensure it does not prevent the delivery of safe and high-quality services. However, it's important that we recognise the importance of positive risk taking, because if we overreact to risk, we reduce the autonomy of service users and staff. The Trust's approach to risk is locally owned and is underpinned by the question "are we safe today"?

The Trust encourages an open, just and fair culture that encourages all staff and contractors to report risks, hazards, near misses and incidents. In addition, people who use our services and carers are encouraged to report concerns or any risk related issues to healthcare professionals or to the Patient Advice and Complaints Team so that lessons are learned and disseminated across the organisation.

The objective is to set out how the Trust's risk management systems will support the delivery of the Trust's overarching strategy and how it will continue to be developed from 2020. As such it outlines the key responsibilities for the management, reporting and escalation of risk within the Trust.

In developing, improving and embedding its risk management system the Trust will take account of the appropriate statutory requirements, national guidance and the requirements of its regulators.

#### Plan/Timescales

From April 2020 to March 2024, the following tasks will be undertaken to support the delivery of this strategy:

No.	Task	Timeframe
1.	Board to adopt the Risk Management Strategy	March 2020
2	Trust consultation with staff, partners and stakeholders	April/May
3	Internal Audit of the Board Assurance Framework	2020 2021 2022 2023
3	Development and implementation of a Risk and Assurance Group that is accountable to the Quality and Safety Committee	April 2020
4	Board to agree its risk appetite and develop its risk appetite statement	July 2020
5	Board to ratify the Risk Management Strategy	
6	Trust to publish its Risk Management Strategy	
7	Board to align the strategic objectives, Board Assurance Framework and Corporate Risk Register	July 2020
8	Board to assign strategic objectives and risks to Board Committees	July 2020
9	To review and update the Risk Management Policy and Procedure	August 2020
10	Board to review target risks in BAF and CRR	August 2020
11	Review and develop a new clinical risk strategy	October 2020
12	Consult with patients, staff, partners and stakeholders on the clinical risk strategy	November/December 2020
13	Combine the risk management strategy and clinical risk strategy into a Risk Framework	January 2021
14.	Annual Review of Risk Framework	April 2021 April 2022 April 2023
15	Board Development Sessions every six months to review risks /risk appetite	

### Definition of risk management

Risk management is a systematic process in which potential risks are assessed, managed, monitored and reviewed. It is applicable at all levels; corporate, care group, department, team and individual.

Risk Management is a proactive approach which:

- Identifies the activities of the organisation
- Identifies the hazards that exist within those activities and the risks associated with the hazards
- Assesses the risks for likelihood and severity/impact
- Eliminates the risks that can be eliminated
- Reduce the effect of those risks that cannot be eliminated
- Acknowledge the risks that can be accepted
- Seek to engage with staff to understand risks and
- Regularly monitor and review all risks

### Risk Management Objectives

The objectives for risk management at the Trust are to establish and support an effective risk management system which ensures the following:

All staff are empowered to 'stop the line' if safety is compromised.

All staff can work in a safe environment.

All staff recognise their personal contribution to effective risk management.

Risks which may adversely affect patients, staff and the public are identified, assessed, documented and effectively managed locally.

Risks to the achievement of corporate objectives are identified, assessed, documented and managed locally and corporately.

Risks are regularly reviewed and updated by individuals, teams/services, care groups, departments by the accountable managers.

Risks and issues not being controlled locally are escalated.

Risks are managed to an acceptable level as defined in the Boards risk appetite and escalated/de-escalated appropriately (Appendix 1)

All staff can undertake risk management in a supportive environment and have access to the tools they need to report, monitor and manage risks effectively.

## Risks

### Risk to patients

As already identified, the Trust recognises that there is inherent risk as a result of being ill or injured. It is the responsibility of the Trust to inform patients, carers and relatives and work to reduce that risk where possible.

The Trust will adopt a systematic approach to clinical risk assessment and management recognising that safety is at the centre of all good health care and that positive risk management, in collaboration with patients and carers, is essential to support recovery.

In order to deliver safe, effective and high-quality services, the Trust will ask staff to work in collaboration with patients and carers and each other to minimise risk and promote patient wellbeing.

### Organisational risks

The Trust will endeavour to promote a positive risk-taking culture within the organisation, where unsafe practice is not tolerated and where every member of staff feels committed and empowered to identify and escalate any system weaknesses.

### Reputational Risk

The Trust will endeavour to work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

### Opportunistic risks

The trust will develop and grow its business by being creative and proactive in seeking new business ventures, consistent with the strategic direction set out in the business plans, whilst abiding by its statutory obligations.

The Trust's risk management process ensures that risks are identified, assessed, controlled, and when necessary, escalated. These main stages are carried out through:

1. Clarifying objectives
2. Identifying risks to the objectives
3. Defining and recording risks
4. Completion of the risk registers and identifying actions
5. Escalation and de-escalation of risks

### Risk Appetite

On an annual basis, the Trust will publish its risk appetite statement in respect of each of the principal risks that together contribute to the Board Assurance Framework

The Trust previously agreed an overall position when defining risk appetite. This was set at moderate; "tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes."

Organisations will have risk appetites which will vary depending on their sector, culture and objectives. A range of appetites exist for different risks and these may change over time. Organisations can be helped to achieve their goals and sustain their operations by properly communicating risk appetites with appropriate risk appetite statements.

The work on risk appetite as part of this strategy will provide risk appetite against each risk group. There will be ten risk groups against which appetite will be determined by the Board. An annual review of these groups will be undertaken to determine the risk

profile of the organisation and whether any groups need to be removed or new ones introduced. The risk groups will be as follows;

- Clinical innovation
- Commercial
- Compliance/Regulatory
- Financial/Value for money
- Partnerships
- Reputation
- Quality Effectiveness
- Quality Experience
- Quality Safety
- Workforce

### Assessing and Scoring Risks

The Trust has like many other NHS organisations adopted the Australian/New Zealand Standard (See Appendix 2), with the risk scores taking into account the consequence (impact) and likelihood of a risk occurring.

Risks are scored using a risk scoring matrix (Appendix 3). Each risk is assessed by estimating the likelihood of a risk happening and multiplying it against the consequence (impact) of the risk if it did happen. This is a three-step process:

- Step 1 – evaluating the **consequences** (impact) of a risk occurring as if no plans exist to control, mitigate or reduce the impact of a risk occurring.
- Step 2 - evaluating the **likelihood** (how often) a risk may possible occur once plans and controls to mitigate (reduce / remove) a risk have been put in place.
- Step 3 – Calculate the risk score – Consequence score x Likelihood score = Risk score

The table below outlines how a risk will be escalated from ward to board depending on risk rating score:

Risk Rating Score	Management
Low between 1 and 3	Managed at a service level by the <i>Action Lead</i> via the Trust-wide Risk Register. Assurance will be provided to the <i>Accountable Manager</i> on the management of this risk (Note - not normally escalated to Board level)
Minor between 4 and 6	Managed at a service level by the <i>Action Lead</i> via the Trust-wide Risk Register. The <i>Accountable Manager</i> will monitor the delivery of any actions

	(Note - not normally escalated to Board level)
Moderate between 6 and 12	Managed by the <i>Accountable Manager</i> . Actions prioritised and agreed with the <i>Executive Owner</i> . (Note – not normally included in the Board Assurance Framework)
Significant between 15 and 25	Managed on a day-to-day basis by the <i>Accountable Manager</i> and reviewed as a minimum on a monthly basis with the <i>Executive Owner</i> . Actions prioritised / agreed on a monthly basis and subject to scrutiny by the appropriate Board Committee / Board of Directors (Note – included in the Board Assurance Framework)

## Ambition

This strategy stretches the ambition of the Trust in its management of risk. The strategy is based on achieving the following ambitions.

Ambition One	
Further define the organisations risk appetite	
How will we achieve this?	<p>Develop risk appetite statements against appropriate aims and objectives as defined by Trust Board.</p> <p>Decide upon and set risk tolerance levels within the risk register system. These can then be used at all levels of the organisation.</p> <p>Once in place, the defined risk appetite and tolerances should be reviewed annually to ensure they reflect the appropriate level for the Trust.</p>
Ambition two	
To support greater devolution of decision making and accountability for management of risk throughout the organisation from Trust Board to point of delivery (Board to ward)	

<p>How will we achieve this?</p>	<p>Embed the use of risk appetite, once set, to aid decision making throughout the organisation.</p> <p>Review and update the risk management policy and procedure as the maturity of the organisation grows, to reflect changes in practice.</p> <p>To promote a risk culture whereby staff can make decisions and improvements to ensure risks to the delivery of the Trust's ambitions are identified and addressed.</p>
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<p><b>Ambition three</b></p>	
<p>Ensure there is a single and comprehensive risk management system and process throughout the Trust which are in place to support effective risk management and ensure that these are integrated to activities within the Trust</p>	
<p>How will we achieve this?</p>	<p>All risks relating to projects/ initiatives will be subject to risk management processes and recorded centrally on the risk register system. This will help to ensure that all Trust risks are monitored and managed in a consistent manner and allows the structure and process for managing risks to be applied in a uniform manner across the organisation.</p>

<p><b>Ambition four</b></p>	
<p>To support service users, carers and stakeholders through the reduction of risks to service delivery and improved service provision.</p>	
<p>How will we achieve this?</p>	<p>To use a full range of intelligent risk information from risk assessments, workforce, patient experience and business data to improve the management of risk and improve quality.</p> <p>Develop information sharing processes to ensure identification of emerging risks and triangulation.</p>

	<p>Design and implementation of a Risk Management Dashboard.</p> <p>Review, develop and implement a new Clinical Risk Policy and Procedure</p>
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Ambition five	
Sustain a positive culture for risk management	
How will we achieve this?	<p>Continually develop the risk module on Safeguard to support the Trust's risk management arrangements.</p> <p>Implement, develop and promote the use of the action planning module on Safeguard to support the robust governance of action plans within the Trust.</p> <p>Continue to promote the Learning Network across the organisation to embed a learning culture within the organisation.</p> <p>To explore the risk maturity level of the organisation.</p>

## Governance Structure to support the management of risk

There are different operational levels of risk governance in the Trust:

- Board of Directors
- Assurance Committees
- Senior Management Team
- Corporate Governance Meetings
- Care Group Meetings
- Ward/Team level
- All staff reporting risks

The Board Assurance Framework (BAF) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important strategic objectives; and to map out both the key controls that should be in place to manage those objectives and confirm the Board has gained sufficient

assurance about the effectiveness of these controls. The BAF is used to drive the Board agenda.

The Corporate Risk Register is the high-level operational risk register used as a tool for managing risks and monitoring actions and plans against them. Used correctly it demonstrates that an effective risk management approach is in operation within the Trust.

Board Sub committees exist to provide assurance of the robustness of risk processes and to support the Board of Directors.

Additionally, each care group and department will have a management function where risk is discussed, including their risk register, actions and any required escalation.

#### [Risk Escalation Process](#)

All corporate risks will be recorded on the Trust safeguard system.

**Risk and Assurance Group:** This group will meet bi-monthly to review risks identified on the corporate risk register. Those risks associated with an initial score of 15 or more will be escalated to the risk and assurance group and will be reported to the relevant board committee.

It is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. (Appendix 4)

In addition the risk and assurance group will play a key role in working with the Board of Directors and its committees to identify the appropriate types of assurance, standardising and moderating their application across the Trust, making recommendations to the relevant Board Committees and cascading out good practice to care groups, teams and service across the Trust.

#### [Horizon Scanning](#)

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

The implementation of formal processes for horizon scanning will ensure the Trust is better able to respond to changes or emerging issues in a planned and co-ordinated way. Issues identified through horizon scanning should link into and inform the business planning process. It should also consider ongoing risks to services.

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

Government Consultations/White Papers  
NHSE/I publications

Legislation  
ICS developments  
Stakeholders  
CQC  
DHSC publications  
Trends in public attitudes towards health  
Local demographics

All staff have the responsibility to bring to the attention of their managers potential issues identified in their areas that may impact on the Trust delivering on its objectives. (Appendix 5)

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

## Delivering the Strategy

In 2019, the trust set out its 5-year strategic framework, strategic objectives and ambitions for the next five years.

The risk strategy will be delivered by focussing on key themes of activity, linking the Trusts overarching strategic objectives and ambitions and local objectives agreed within Care Group/Corporate service plans.

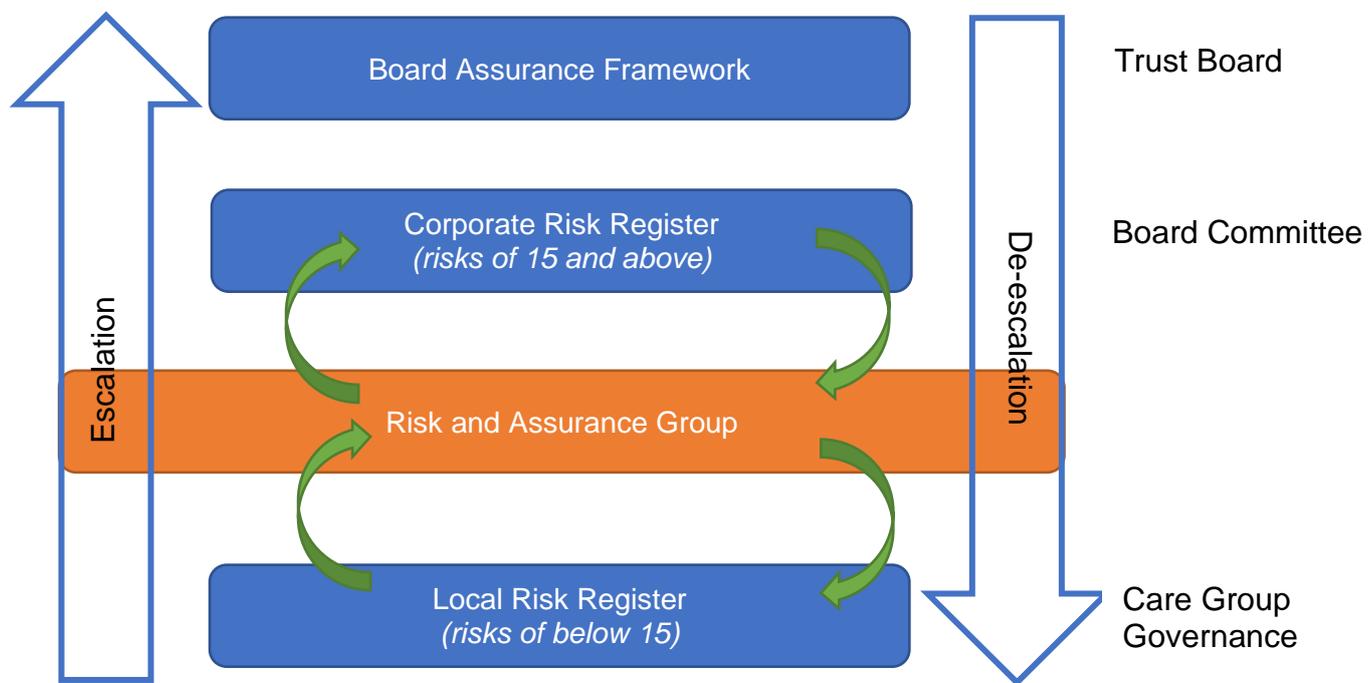
Directors, Deputy Directors, Service Managers, Team Leaders will:

- Be clear about the organisation's quality priorities and strategic objectives
- Promote awareness and understanding of the benefits of proactive risk management and develop a positive risk and patient safety culture
- Manage risk through their own clinical/corporate structure by identifying, assessing controlling and reviewing risks; ensuring the controls and action plans are sustainable, smart and fully implemented
- Distribute and disseminate to their teams, results of complaints, incidents, audits and lessons learned
- Support compliance with appropriate legislation and standards including national and CQC requirements

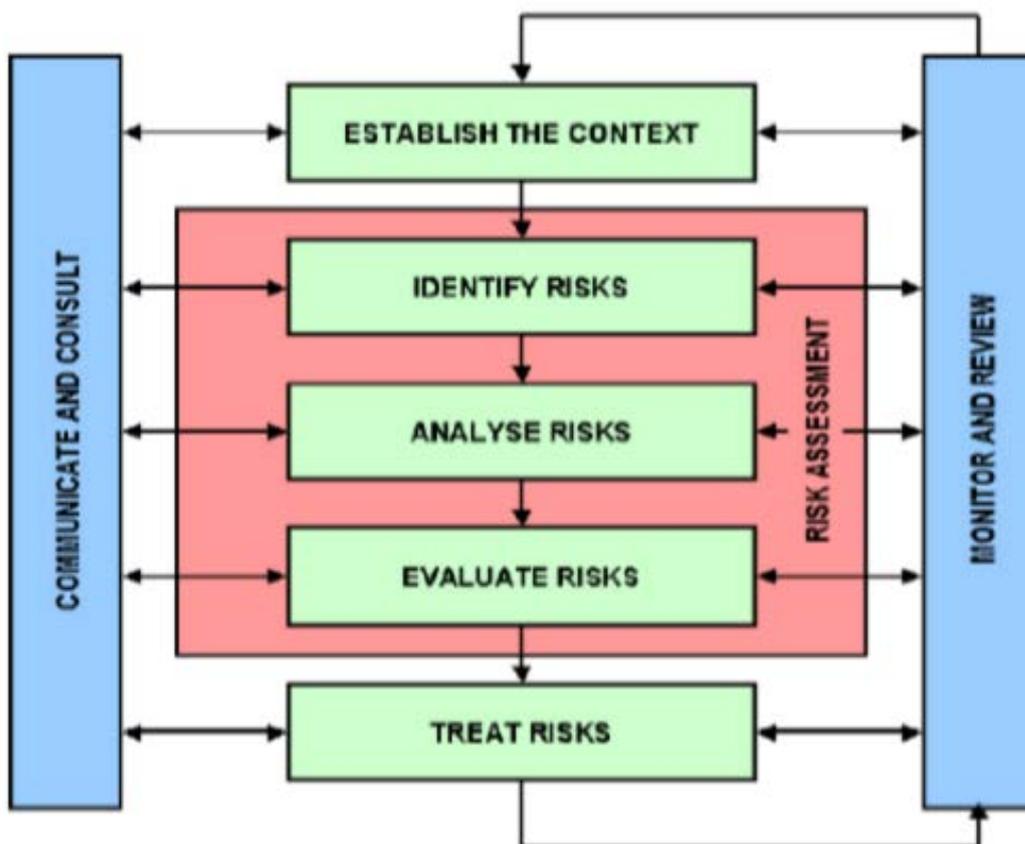
The Trust will:

- Ensure corporate ownership and accountability throughout the organisation of risk management and the need to mitigate risk along with the mechanisms for reporting and sharing learning
- Promote and support the development and implementation of risk management and clinical risk management
- Provide training and ongoing support to staff to ensure that all risks are reported and that all staff are aware of the mechanisms to report incidents and near misses
- Ensure all staff receive training on health and safety and risk assessment

## Appendix 1: Risk Escalation and De-escalation framework



Appendix 2: AS/NZS 4360:2004 - Australian / New Zealand standard for risk management



### Appendix 3: risk assessment matrix

The overall risk rating reflects both the likelihood that harm or loss will occur and the severity of its outcome: (i.e. risk = likelihood x consequence)

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

The overall residual risk rating			
<b>Low risk (1-3)</b> Quick measures implemented immediately, and further action planned for when resources permit	<b>Moderate risk (4-6)</b> Actions implemented as soon as possible but not later than a year	<b>High risk (8-12)</b> Actions implemented as soon as possible and no later than 6 months	<b>Extreme risk (15+)</b> Requires urgent action. Trust Board is made aware and implements corrective action

### Appendix 4: Operational Management of Risk



## Appendix 5 Responsibilities and Accountabilities

### **Chief Executive Officer**

The chief executive as 'accountable officer' has overall accountability and responsibility for risk management within the Trust, ensuring the implementation of an effective risk management system. Operationally, the Chief Executive has delegated responsibility for implementation of risk management as outlined below.

### **Director of Nursing/Professions and Care Standards**

The Director of Nursing is delegated by the Chief Executive with responsibility for the delivery of this strategy and the Trust's risk management system.

The Director of Nursing is the Director responsible for managing risks associated with the delivery of safeguarding children and adults.

The Director of Nursing has joint responsibility with the Medical Director for quality

### **Medical Director**

The Medical Director has responsibility for clinical governance and clinical risk management, including incident management, and has joint responsibility with the Director of Nursing for quality.

### **Chief Operating Officer**

The Chief Operating Officer (COO) has responsibility for ensuring that effective operational arrangements are in place throughout the Trust and across all sites, this includes performance management and the management of operational risks including risks associated with the implementation and operation of the Mental Health Act.

### **Director of Finance, Contracting and Facilities**

The Director of Finance has responsibility for financial governance and associated financial risk. The Director of Finance is the Director responsible for ensuring that effective systems are in place for the maintenance of suitable clinical equipment and medical devices.

### **Director of Corporate Affairs**

The Director of Corporate Affairs has responsibility for the BAF, ensuring that the information is reported appropriately. The Director of Corporate Affairs is also responsible for risks associated with Patient Experience and Engagement.

**All other Non-Executive Directors, Directors, Deputy Directors, General Managers, Assistant General Managers and Heads of Service** have a specific responsibility for the identification and prudent control of risks within their sphere of responsibility. They shall intervene robustly to ensure teams within their sphere of

control follow the risk management process. They have a collective responsibility to provide leadership on the management of risk and to exploit risk in order to create safer services, to protect the reputation of the Trust and to ensure an open and honest culture is developed where mistakes, errors, lapses and incidents are identified quickly and dealt with in a positive and constructive way.

Non-Executive Directors provide an independent judgement in relation to the working of the Trusts risk management programme.

### **Risk Manager**

The Risk Manager is responsible for supporting the implementation of the Trust risk management strategy. They are responsible for the facilitation of the corporate risk register. In addition, they are responsible for providing support and training to all staff on matters associated with risk assessment, risk grading (and subsequent escalation or de-escalation) and the compilation of risk registers. The Risk and Safety manager, with the support of the Risk Management department, will support services in the application of all risk management, processes, and the implementation of the Risk Management Strategy, and the Risk Management policy and procedure.

### **All employees**

Risk management is the responsibility of all staff. All Trust employees have a duty to be 'safety aware' and co-operate in the identification and minimisation of risks. In addition, all staff are expected to know and understand the risk management systems within the Trust, to follow the Trust's policies, guidelines and procedures, use correct documentation and ensure that their training in risk management is up to date.