



Risk Management Strategy 2024–2027

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Foreword

At Lancashire Teaching Hospitals NHS Foundation Trust we believe in establishing an organisational culture that ensures risk management is an integral part of corporate objectives, business plans and management systems.

As a large and complex organisation delivering a range of services, in a challenging operational and financial environment, we recognise that risks are an inherent part of the day-to-day life in the delivery of healthcare. However, the Board are fully committed to ensuring that risks are identified and managed, so that they are reduced to an acceptable level, or eliminated as far as reasonably practicable.

As a Board, we place particular emphasis on having robust and effective controls in place to mitigate clinical and non-clinical risks. We have an effective framework in place that supports the identification and mitigation of risks as they may present themselves over time, but that also enables us to be agile when emerging risks present themselves through the course of the Trusts' day-to-day activities. Assurance is provided to the Board through the Board Assurance Framework (BAF). The BAF provides a structure and process to enable us to identify those strategic and operational risks that may compromise the achievement of our high level strategic objectives.

In developing this strategy our teams have reviewed the Trust's Risk Management Policy alongside recommendations and learning from external reviews conducted by the Care Quality Commission (CQC), NHS England/Improvement (NHSE/I), the Good Governance Improvement (GGI) and Mersey Internal Audit Agency (MIAA).

Through this strategy and implementation plan, in conjunction with the Trust's Risk Management Policy, we will aim to ensure Risk Management processes are embedded at every level of the organisation. This is important to ensure there is a culture that supports active and consistent management of risks, where staff feel confident to speak up and raise concerns about issues that affect safety and quality outcomes, finance and performance, and staff and patient experience.

We believe that whilst compliance with legislative requirements is important, we see this as a minimum standard only. Through implementation of this strategy, we will strive for excellence and innovation in risk management to empower and enable our teams with the right education, framework and platform to resolve complex issues, and deliver 'Excellent Care with Compassion' for our patients.



Strategy overview

Our three year strategy (2024–2027) is designed to further improve and refine our approach to risk management across the organisation, with the aim of fostering a proactive and responsive culture in mitigating threats that may affect safety, quality, performance and finance to the detriment of patients and their families, staff, services and the sustainability and future viability of the organisation. In doing so, this strategy supports us in working towards the delivery of the Trust's Strategic and Corporate Objectives.

Developing the strategy

Previous iterations of the Risk Management Strategy have also incorporated elements of the Risk Management Policy and this strategy marks a shift in approach. The Risk Management Strategy sets out our organisational plans over the next 3 years and should be read in conjunction with our Risk Management Policy, which sets out our policy requirements and processes in detail.

In developing this strategy, we looked at previous external reviews related to governance and risk, at different levels of the organisation including by:

- The Care Quality Commission (CQC).
- NHS England/Improvement (NHSE/I).
- The Good Governance Improvement (GGI).
- Mersey Internal Audit Agency (MIAA).

We also looked at:

- Risk management approaches both in the NHS and in other sectors.
- The Health and Social Care Act 2012.
- CQC Guidance for Providers, encompassing the Essential Standards of Quality and Safety.
- NHS Foundation Trust Code of Governance.
- The NHS Oversight Framework.
- National Guidance from the National Quality Board on Quality Risk Response and Escalation in Integrated Care Systems.

We asked Executive Directors, Non-Executive Directors, Divisional and Departmental Leads and Governance Professionals to contribute to building the strategy and will continue to work in partnership with stakeholders to review progress and constantly look for ways to enhance and develop organisational Risk Management and Board Assurance processes.

We have developed this 3 year plan to build on the solid foundations in place and drive Risk Maturity forward within the organisation.

Defining our approach to Risk Management

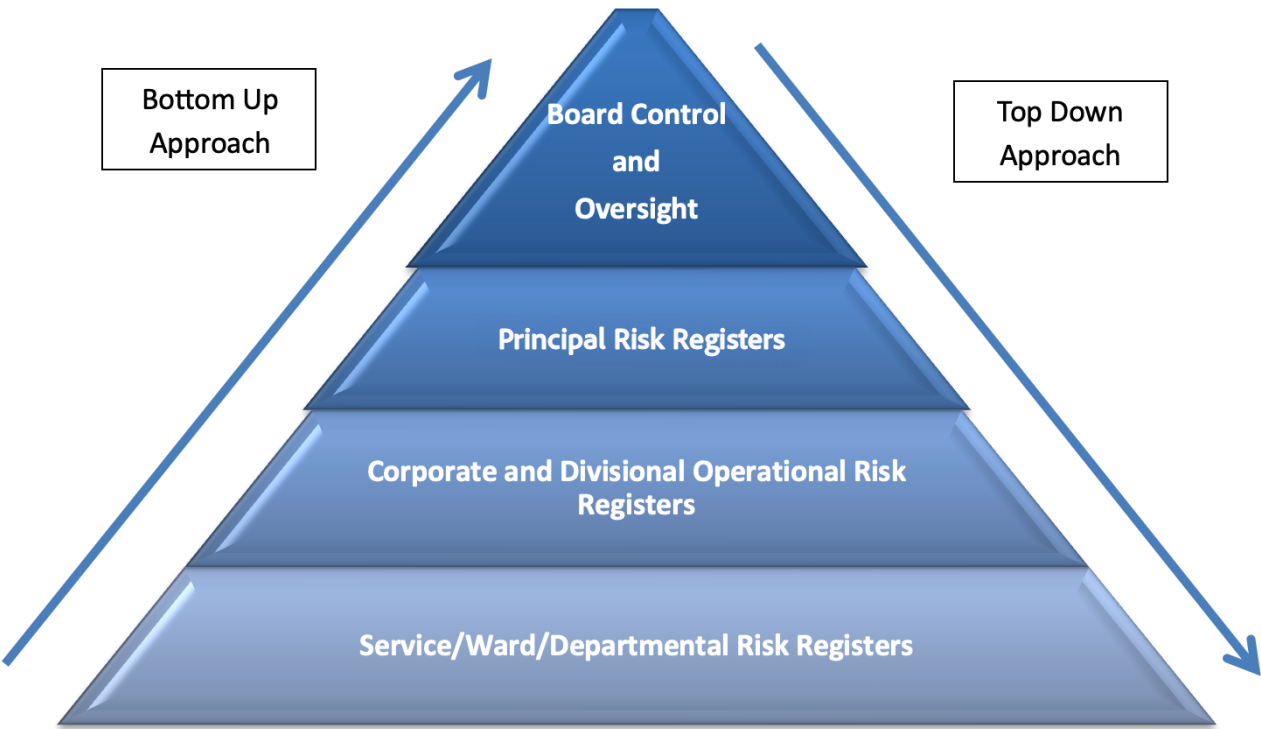
In undertaking Risk Management activity there are two key approaches that the Trust takes: the top down and the bottom-up approach.

Top Down (Identifying Principal Risks)	<p>The Trust manages its risks through Executive Management and Committee structures, which enables the identification, assessment and recording of Principal Risks.</p> <p>Principal Risks are risks which threaten the achievement of the Trust's Corporate and Strategic Objectives, and form part of the Board Assurance Framework (BAF).</p> <p>The management of Principal Risks also consider the implementation and monitoring of controls and mitigating actions. (Principal Risks may also be identified through the monitoring and reporting of Operational risks).</p>
Bottom Up (Identifying Operational Risks)	<p>The Trust undertakes operational Risk Management activity through staff working in adherence to the Trust's Risk Management Policy.</p> <p>Operational Risks may present themselves via incidents, complaints, claims, patient feedback, safety inspections, external reviews, ad hoc assessments etc., which may impact on the Trust's ability to meet its objectives and targets.</p>

Risk Management Activity – Top down and Bottom up approach



Principal Risks to the delivery of the Trust's Corporate Objectives



The Board Assurance Framework

The Board Assurance Framework (BAF) provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of the Trust's corporate and strategic objectives and is made up of two parts the Principal Risk Register and the Operational Risk Register.

- Principal Risks are risks to the delivery of the corporate objectives, which are considered most likely to materialise and those which are likely to have the greatest adverse impact on delivery. There is also therefore the potential to affect the ability to deliver the Trust's overall strategic objectives.
- Operational Risks are those that sit on the divisional and corporate risk registers and may affect and relate to the day to day running of the organisation. They mainly affect internal functioning and service delivery and are managed at the appropriate level within the organisation.

The BAF records organisation wide strategic risks that include risks identified in relation to the delivery of the Trust's Corporate Objectives. The BAF enables the Board to demonstrate how it has identified and met its assurance needs. Every Principal Risk on the BAF is assigned to an Executive Director who is responsible for reporting on progress to the Board of Directors via Committees of the Board. The BAF is presented to the Board of Directors meeting on a bi-monthly basis.

Risk Scoring

Risks are scored utilising a matrix which was derived from the National Patient Safety Agency Risk Matrix and compares likelihood and consequence.

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

The overall score determines the level of risk and monitoring within the Trust.



Risk Monitoring and Escalation

As a 'Clinically Led Organisation' we believe that operational risks are best managed by clinical staff and those that are closest to the risk and can affect it positively. However, we recognise that support and guidance can often be required, along with appropriate oversight from Departmental, Divisional and Corporate Management teams, and the Board of Directors.

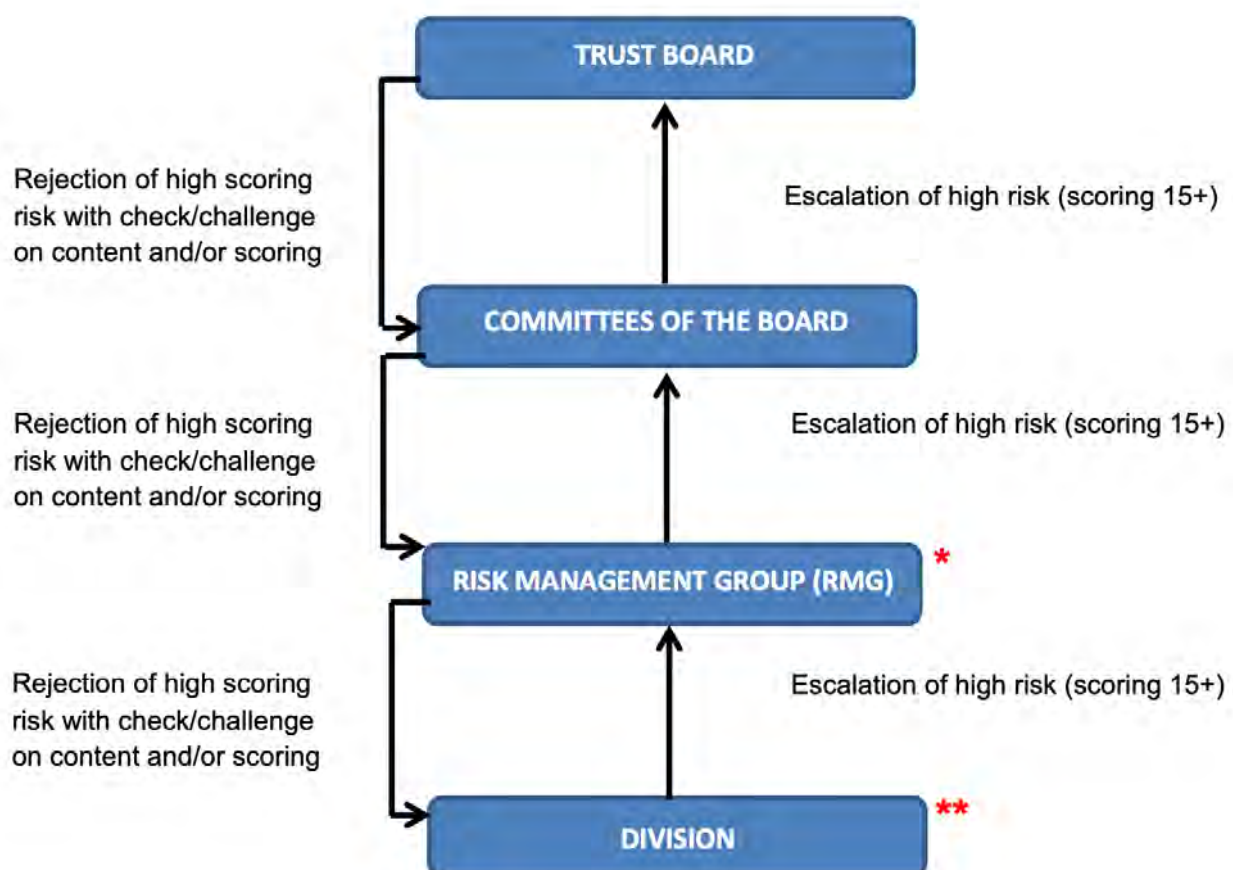
The frequency at which a Risk should be reviewed is determined by the risk score with higher scoring risks requiring more frequent review.

- Risks rated as 'High' (15–25) must be reviewed monthly
- Risks rated as 'Significant' (risk score 8–12) or 'Moderate' (score of 4–6) must be reviewed on at least a quarterly basis
- Risks rated as 'Low' (risk score 1–3) must be reviewed at least annually.

The monitoring and escalation processes will ensure that risks are not managed by staff without sufficient authority, experience and knowledge to mitigate the risk and that significant and serious risks are identified and escalated as quickly as possible.

The high risks to the organisation are overseen by Senior Leaders, Committees of the Board and Trust Board using the following escalation process:

Route of escalation for high risks



* In the absence of the Risk Management Group meeting, urgent risk escalations can be made via the Trust Management Board (TMB) meeting to Committees of the Board

** This could include escalation from Divisional Board, Divisional Safety and Quality Committee, Divisional Finance and Performance Committee or Divisional Workforce Committee

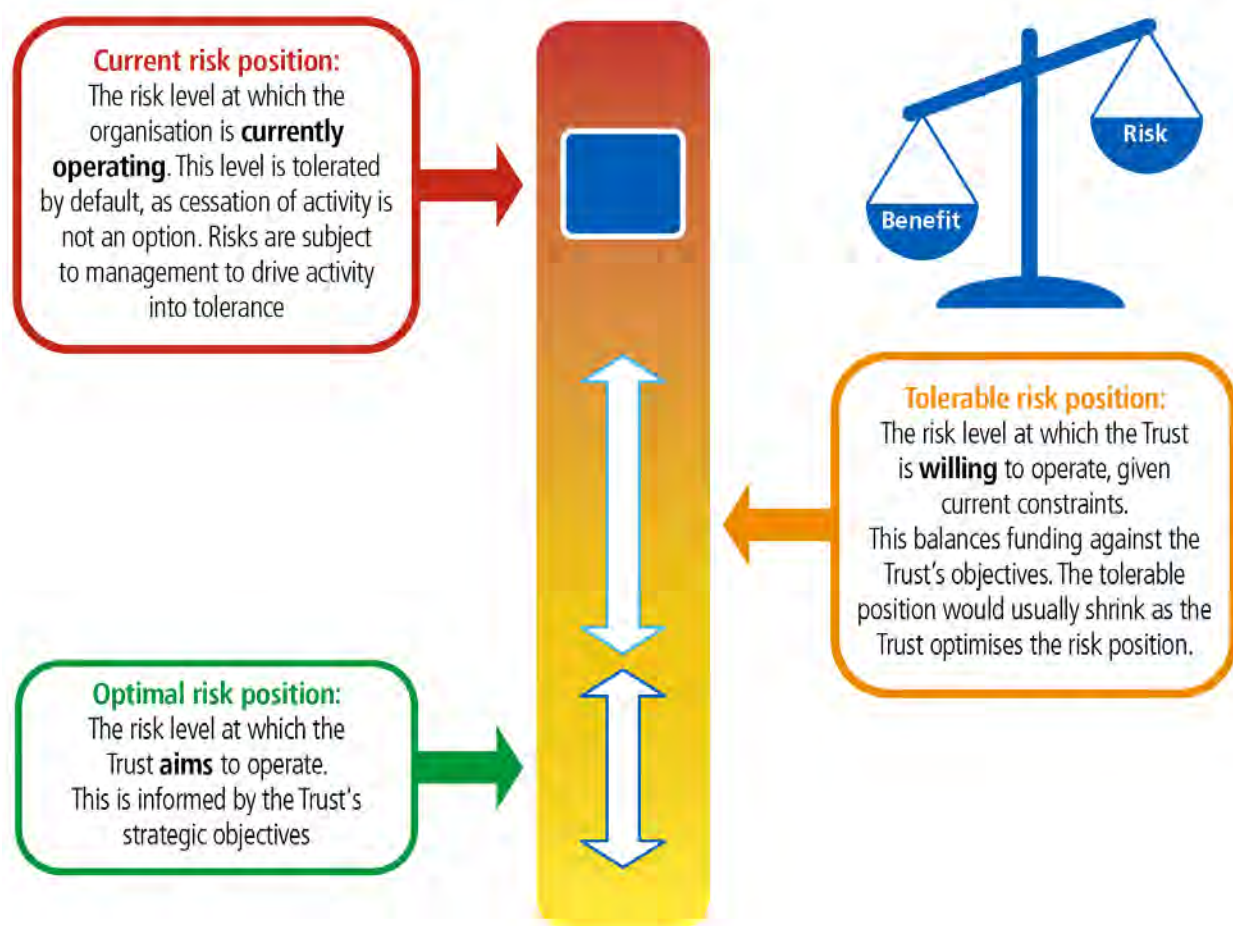
Risk Appetite

The UK Corporate Governance Code states that 'the Board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives'. This means that at least once a year, we should consider the types of risk we may wish to exploit and/or can tolerate in the pursuit of our objectives.

Risk Appetite is the decision about the level of risk that the Trust is prepared to accept, after balancing the potential opportunities and threats a situation presents. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

Risk Tolerance is the boundaries within which the Board is willing to allow the true day-to-day risk profile of the Trust to fluctuate while executing strategic objectives in accordance with the Trust's Risk Appetite.

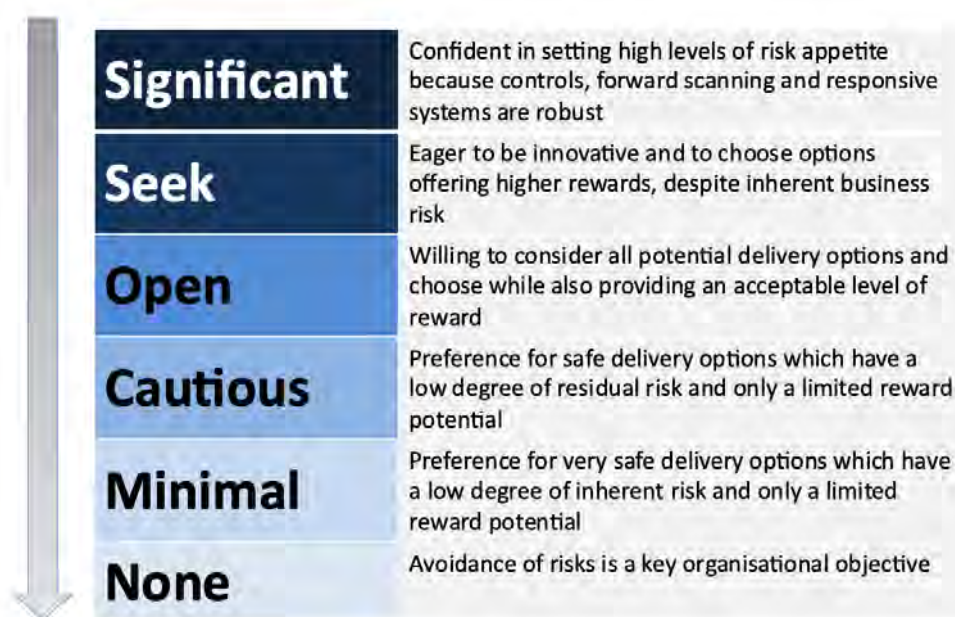
The infographic below provides a high-level overview of the journey of a risk from its current risk position to its optimal risk position, recognising some risks may be tolerated in line with the level of risk the Trust is willing to operate within.



Risk Appetite Scale

As part of considering our appetite to risk, we have used the following Scale to support the development of our Risk Appetite Statement which outlines our appetite and tolerance to risk when pursuing our Strategic and Corporate Objectives.

The Trust seeks to manage risks in accordance with our Risk Appetite Statement.



Risk Appetite Statement

The Trust will seek to manage risks in accordance with a Risk Appetite Statement. Each risk will be aligned to a Strategic Objective and the appetite should be considered in line with the Boards agreed Risk Appetite Statement relevant to the Strategic Objective. The Board of Directors reviews its Risk Appetite at least once every financial year and the current version of the Risk Appetite Statement can be found on the [Risk Management and Maturity Intranet page](#).

We will use this Risk Appetite Statement to support our strategic decisions and to monitor progress with the Principal Risks to the delivery of our Corporate and Strategic Objectives.

We also want our operational teams to feel confident in using the Board-approved Risk Appetite and Tolerance to give confidence when making decisions about how much risk to take (appetite) and how much risk we can operate with (tolerance).

This will be included in training for colleagues and a decision making support tool will created (and updated should there be any changes following Board review) to aid staff understanding.

Risk Tolerance

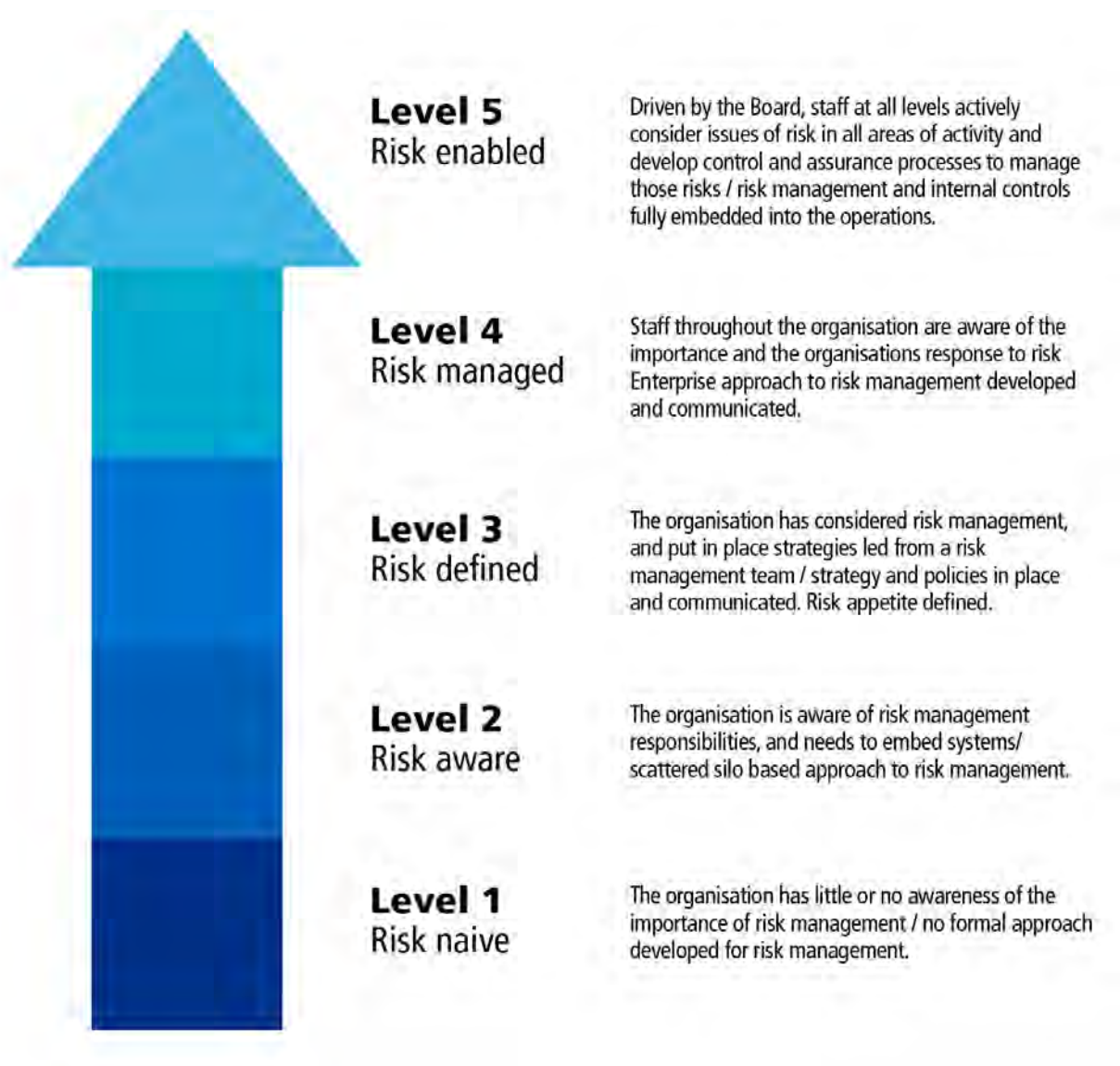
All identified risks will be required to have a target score which is the level of risk that may be tolerated in order to consider a risk reasonably controlled. Each risk will be aligned to a Strategic Objective and the target score should be considered in line with the Board's agreed Risk Tolerance relevant to the Strategic Objective. The Board of Directors reviews its Risk Tolerance at least once every financial year and the current version can be found on the [Risk Management and Maturity Intranet page](#).

Risk Maturity

As part of our Risk Management Policy, we use a bespoke risk maturity matrix, building on a respected Institute of Internal Audit model. This tool is recognised by our Internal Auditors Mersey Internal Audit Agency (MIAA) and considers the following factors as part of the review to provide an assessment of the embeddedness and effectiveness of the risk management processes being applied.

- Leadership, management & culture.
- Roles & Responsibilities.
- Processes.
- Monitoring & feedback.

The overall conclusions can broadly be made against the following risk maturity definitions:



As part of this Strategy, our ambition is to achieve Level 5 of Risk Maturity in the next three years and we will conduct annual assessments to monitor our progress.

The Strategy

The strategy has been divided into three sections:

- (i) **Insight:** Improve our understanding of Risk Management at the Trust by drawing intelligence from multiple sources, internally and externally.
- (ii) **Involvement:** Supporting, training, and involving key staff groups will enhance their understanding and maturity in Risk Management and we will use this as a vehicle to improve how we manage risk within the organisation.
- (iii) **Improvement:** The Trust will support continuous and sustainable improvement, with everyone learning to improve Risk Management within the organisation, to reduce risk to patients, staff and stakeholders.

Through this strategy we recognise the opportunity to shape a forward-thinking culture that supports the Trust to enhance its key controls and mitigate strategic and operational risks for our patients, staff and other stakeholders.

Our ambition is to become an organisation that achieves the highest level of Risk Maturity (Level 5 – Risk Enabled).

This is important to ensure there is a culture that supports active and consistent management of risks, where staff feel confident to speak up and raise concerns about issues that affect safety and quality outcomes, finance and performance, and staff and patient experience.

Key enablers and stakeholders are identified within the strategy, specifically creating the infrastructure for improving Risk Management, which will enhance the arrangements to assure the Board through the Board Assurance Framework (BAF).

The successful delivery of this strategy is underpinned by culture, leadership, engagement and education programmes of work.

Measurement

The improvement measures are identified within the insight section of the strategy and these will be monitored through the review of data and information at the Risk Management Group. These include:

Improved Risk Management training

Introduction of Risk Management Workshops

Reduction in long-standing risks

Reduction in operational high risks

Reduction in confidential risks

Improvements in Risk Maturity ratings

Our Strategy 2030

Our vision

- Working together to improve the health and wealth of the population we serve



Our purpose

- To provide the best specialist and local health and care services



Strategic priorities

- Advanced Diagnostics
- Anchor Institution
- New Models of Care & Population Health
- Pioneering Specialist Services
- Stronger links with Academic Partners



Lancashire & South Cumbria
New Hospitals
Programme

Our values



Caring & Compassionate



Building Team Spirit



Recognising Individuality



Seeking to Involve



Taking Personal Responsibility

Strategic framework

- Patients
- People
- Partnership
- Productivity
- Performance



Enabling strategies

Always Safety First • Digital • Estates & Facilities • Finance • Workforce

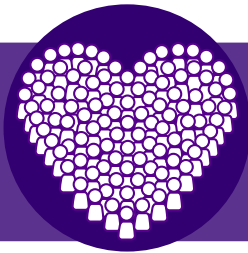


Our Values

Our aim is to always provide excellent care with compassion from all of our sites including:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- The Specialist Mobility and Rehabilitation Centre (SMRC)
- Our community and satellite sites.

We are a values driven organisation. Our values were designed by our staff and patients, and are embedded in the way we work on a day to day basis:



Compassionate

A culture where we treat patients and colleagues with compassion, understanding and with kindness.



Respectful

A culture where all roles or backgrounds are valued and equal, ideas are welcomed, we feel respected and supported.



Empowered

A culture where we are empowered and enabled to act to the full remit of our roles, we understand what we can do and feel able to act without permission.



Collaborative

A culture where we recognise we are part of a bigger team, willing to work across boundaries to support others to achieve their aims.



Performance Focussed

A culture which is performance focussed, we strive to be the best. We are happy to be held and hold others to account in a positive, supportive manner, we are reflective and do not seek to blame.

Alignment to Trust Objectives

The objectives in this plan are derived from the Trust's strategic and corporate objectives. Currently all risks on the active Risk Register at the Trust are aligned to a Trust Strategic Objective, known as the '5 Ps' to ensure there is a structure and process in place to identify those strategic and operational risks that may compromise the achievement of the Trust's high level strategic and corporate objectives.

The Trust's Strategic Objectives, referred to as the '5 Ps' are:

The 5 Ps

- **P**atients – deliver excellent care
- **P**eople – be a great place to work
- **P**artnership – be fit for the future
- **P**roductivity – deliver value for money
- **P**erformance – deliver timely, effective care



These will be delivered through the Trust's Strategy, which is underpinned by Corporate Objectives.

Each year the Trust will set annual Corporate Objectives which focus on delivering the strategy, whilst remaining agile to changes in policy and the operating environment.

How will we work differently?

Through this strategy the role of leaders will be defined across our organisation. This section of the strategy contains an outline of how this will be achieved and how our teams will work together to build our Insight, Involve and learn from best practice, and Improve our risk profile and maturity. Through development of the new Risk Management Group, we intend to capture and share learning and become a centre of excellence for our risk and assurance processes.

Our clinical and corporate teams will work together to implement this strategy.

Insight: Teams will work together to improve our understanding of Risk Management at Lancashire Teaching Hospitals by drawing intelligence from multiple sources internally and externally. Risk data and information will be scrutinised in different ways through the Risk Management Group. This will ensure a shared understanding of our key strategic and operational risks, and provide a platform to resolve complex cross-divisional/cross-Trust/cross-boundary issues, to support organisational and system-based controls and solutions.

Involvement: Our strategy has been designed to involve staff through workshops and provide them with the right education to improve their skills, understanding and confidence to tackle risks. The draft strategy was circulated widely amongst divisional and corporate teams to ensure the final product identifies what matters most. The strategy will remain responsive as each year progresses with the ability to add to and take away as priorities change.

Improvement: The Board of Directors have committed to adopting a robust improvement methodology across our organisation. The strategy will be underpinned by this and our teams will work together to deliver effective and sustainable change in our highest risk areas. Learning from improvements in our risks will be shared widely with staff.



Delivering the Plan

The Risk Management Group, with representation from Executive Directors, Corporate and Divisional Leadership Teams and Multi-disciplinary Governance Professionals, will oversee the implementation of this Strategy, the group will focus on the three major areas of work: insight, involvement and improvement.

The group will aim to create a flattened hierarchy to identify improvement priorities ('insights'), further improving the involvement of our staff and stakeholders in designing the improvements required ('involvement') and overseeing the improvements in the organisational risk maturity ('improvement').

The deliverables outlined in this strategy will be delivered through the Risk Management Group, who will use the intelligence created to inform future strategic priorities.

Progress will be monitored through the Risk Management Group and an annual report will be produced.

The Risk Maturity Assessments will be a key vehicle to test the deliverables of the strategy and an overview will be reported to the Risk Management Group

The strategy is applicable to all areas of the organisation and we will support teams to mature their risk arrangements.

The strategy will be considered as a fundamental part of the organisation and will evolve each year, considering broader learning elicited through other strategies across the organisation.

Our clinical and corporate teams will work together to implement this strategy.

The 3 Year Risk Management Implementation Plan

1. INSIGHT	AIM	
Improve our understanding of Risk Management at Lancashire Teaching Hospitals by drawing intelligence from multiple sources internally and externally. Adopt and promote key risk management principles by:		
<ul style="list-style-type: none">• implementing a risk management group to enable a deeper understanding of the organisational risks, and to support cross-divisional, cross-Trust and cross-boundary learning and improvements.• gaining an understanding on how risk management software can improve organisational governance and risk management.• supporting the development of patient safety priorities through learning from incidents, complaints, claims, patient feedback, safety inspections, external reviews and events and other ad hoc assessments etc, which may impact on the Trust's ability to meet its objectives and targets.• carrying out deep dives into organisational risks.		
Year 1	Year 2	Year 3
Driving improvement Implementation of a Risk Management Group to oversee and monitor risk management across the Trust.	Driving improvement Use intelligence from the Risk Management Group to inform improvement priorities.	Driving improvement Review and refine approach.
Governance Embedding and fully utilising Risk Management KPIs through the Governance Dashboard on the BI portal, with the aim of sustained compliance (≥80%) with KPIs across the Trust.	Governance Divisional and Trustwide focus on Risk Management KPIs through the Governance Dashboard on the BI portal with the aim of sustained compliance (≥90%) with KPIs across the Trust.	Governance Speciality focus on Risk Management KPIs through the Governance Dashboard on the BI portal with the aim of sustained compliance (≥95%) with KPIs across the Trust.
Deep Dives Completion of thematic reviews on 10% (circa 50) of active risks to support the understanding and development of organisational and system-based controls and solutions.	Deep Dives Based on learning from Year 1, complete thematic reviews on a further 10% (circa 50) of active risks to support further refinement and development of organisational and system-based controls and solutions.	Deep Dives Based on learning from Year 1 and 2, complete thematic reviews on a further 10% (circa 50) of active risks to support further refinement and development of organisational and system-based controls and solutions.
Key controls Annual Review of Key Controls & Assurances through Committees of the Board to ensure appropriate internal/ external scrutiny	Key controls Annual Review of Key Controls & Assurances through Committees of the Board to ensure appropriate internal/ external scrutiny	Key controls Annual Review of Key Controls & Assurances through Committees of the Board to ensure appropriate internal/ external scrutiny
Risk-based Priorities Review of all operational High Risks to support a systems-based approach to the development of the Trust's Patient Safety Priorities in line with the National Patient Safety Strategy.	Risk-based Priorities Annual Review of all operational High Risks to support a systems-based approach to the identification of organisational priorities and programmes of work, aligned to the Strategic and Corporate Objectives.	Risk-based Priorities Annual Review of all operational High Risks to support a systems-based approach to the identification of organisational priorities and programmes of work, aligned to the Strategic and Corporate Objectives.
Understanding National Risks Annual Review of National Risk register issued by the Government to ensure that Local risks align to National Risks, as appropriate.	Understanding National Risks Annual Review of National Risk register issued by the Government to ensure that Local risks align to National Risks, as appropriate.	Understanding National Risks Annual Review of National Risk register issued by the Government to ensure that Local risks align to National Risks, as appropriate.
Technology Review of Risk Management Software available on the market to ensure the Trust is utilising the best possible software package to support and enhance risk management and risk maturity across the Trust.	Technology Annual Software review to ensure format and structure of system supports the Trust's Risk Management and Risk Maturity processes.	Technology Annual Software review to ensure format and structure of system supports the Trust's Risk Management and Risk Maturity processes.

2. INVOLVEMENT	AIM	
Supporting, training, and involving key staff groups will enhance their understanding and maturity in Risk Management and we will use this as a vehicle to improve how we manage risk within the organisation. Plans include: <ul style="list-style-type: none">• a refreshed organisational approach to Risk Management training• targeted training for specialist groups• risk management workshops with divisional leads, departmental leads and the Board to listen, learn and evolve Risk Management in the organisation.		
Year 1	Year 2	Year 3
Risk Management Education and Training Refresh the requirements for Risk Management Training with an organisational Training Needs Analysis.	Risk Management Education and Training Implementation of an E-Learning Risk Management Training package, with data reported through the Trust's educational data reporting in line with the Training Needs Analysis.	Risk Management Education and Training Achieve sustained ≥90% compliance with E-learning Risk Management Training Package.
Targeted training for specialists Enhanced Deep Dive training for Multi-Disciplinary Governance Professionals to enable cascade of Deep Dive reviews across Trust.	Targeted training for specialists Evaluate the additional training for Multi-Disciplinary Governance Professionals from Year 1 and develop new/enhanced training for year 2.	Targeted training for specialists Evaluate the additional training for Multi-Disciplinary Governance Professionals from the first two years and develop new/enhanced training for year 3.
Learning and Evolving Together Roll out of Risk Management Workshops for Divisional and Departmental Leads to listen, learn and improve on how we tackle risk, together.	Learning and Evolving Together Refine and improve Risk Management Workshops building on year 1 learning.	Learning and Evolving Together Evaluate Risk Management Workshops learning and determine any further staff groups that would benefit from Risk Management Workshops.
Board Development Annual Board Workshop to review the Risk Appetite and Tolerances.	Board Development Annual Board Workshop to review the Risk Appetite and Tolerances.	Board Development Annual Board Workshop to review the Risk Appetite and Tolerances.

3. IMPROVEMENT	AIM	
The Trust will support continuous and sustainable improvement, with everyone learning to improve Risk Management within the organisation, to reduce risk to patients, staff and stakeholders.		
Improvement' work aims to develop and support Risk Management improvement programmes that prioritise the most important issues with risk mitigation, utilising effective improvement methods where this is possible		
Year 1	Year 2	Year 3
Risk-based Decisions Creation of a Decision Support Tool to support decision making in line with the Trust Risk Tolerance and Risk Appetite statement.	Risk-based Decisions Review learning from year 1 and revise as necessary. Further embed the use of the Decision Support Tool to ensure Risk Appetite and Risk Tolerance is used to support decision making.	Risk-based Decisions Review learning from year 1 and 2, and revise as necessary. Further embed the use of the Decision Support Tool to ensure Risk Appetite and Risk Tolerance is used to support decision making.
Improved Triangulation Evolving the Risk Register to ensure that financial cost and impact is documented on each risk.	Improved Triangulation Evolving the Risk register to enhance learning from Risk Management and to enable easier triangulation with learning from other Governance processes (.i.e Incident Management, Patient Experience & Patient Advice and Liaison Service (PALS) etc).	Improved Triangulation Review the learning from year 1 and 2, and further refine as indicated.
Improved Reporting Evolving and developing more intuitive and informative Risk Management reports to Divisional Improvement Forums, Risk Management Group and Committees of the Board.	Improved Reporting Annual review of risk report content and format to ensure the most intuitive and informative reports in place.	Improved Reporting Annual review of risk report content and format to ensure the most intuitive and informative reports in place.
Restricted Circulation Risks Evolve and embed the restricted circulation risk process to ensure tracking of confidential cultural risks.	Restricted Circulation Risks Aim to reduce the total restricted circulation risks at the end of year 1 by 10% (amount TBC at end of year 1).	Restricted Circulation Risks Aim to reduce the total restricted circulation risks at the end of year 2 by a further 10% (amount TBC at end of year 2).
Long-standing Risks Reduce long standing risks (risks active for 5 years or more) by 15% (reduce by 13).	Long-standing Risks Reduce long standing risks (risks active for 5 years or more) by a further 15% (reduce by 11).	Long-standing Risks Reduce long standing risks (risks active for 5 years or more) by a further 15% (reduce by 10).
Operational High Risks Reduce operational high risks (scoring ≥15) by 15% (reduce by 15).	Operational High Risks Reduce operational high risks (scoring ≥15) by a further 15% (reduce by 13).	Operational High Risks Reduce operational high risks (scoring ≥15) by a further 15% (reduce by 11).
Defining key programmes of work Implementation of an annual Divisional and Trust-wide Risk Maturity Assessment with documented tracking of each year's outcomes, presented to the Risk Management Group.	Defining key programmes of work All Specialities and Divisions to achieve level 4 rating (Risk Managed) of Risk Maturity.	Defining key programmes of work All Specialities and Divisions to achieve level 5 rating (Risk Enabled) of Risk Maturity.