

Risk Management Strategy

Author:	Associate Director of Corporate Governance/Board Secretary Associate Director of Quality
Version:	DRAFT
Approved by:	Board of Directors
Date:	
Review date:	

Contents

1. Statement of intent.....	3
2. Principles	3
3. Purpose	4
4. Approaches to identifying risk	4
5. Risk assessment, management and monitoring	5
6. Operational risk escalation framework	7
7. Strategic risk and assurance: the Board Assurance Framework	8
8. Risk taking, risk appetite and risk tolerance	9
9. Individual roles and responsibilities supporting the delivery of this strategy.....	10
10. Training	11
11. Monitoring and assurance	12
Appendix 1: Risk assessment form	13
Appendix 2: Risk Appetite Matrix	16

1. Statement of intent

This document describes the Trust's Risk Management Strategy. The Trust is committed to establishing an organisational philosophy that ensures risk management is aligned to strategic objectives, clinical strategy, business plans and operational management systems.

We recognise that the specific function of risk management is to identify and manage risks that threaten our ability to meet our strategic objectives. We are clear, therefore, that understanding and responding to risk, both clinical and non-clinical, is vital to provide a safe, effective and efficient healthcare environment whilst ensuring quality care and the safety of patients.

We will identify risk as either an opportunity or a threat, or a combination of both, and will assess the significance of a risk as a combination of probability and consequences of the occurrence.

All of our staff have a responsibility for identifying and minimising risk. This will be achieved within a progressive, honest and open, just culture where risks, mistakes and untoward incidents are identified quickly and acted upon in a positive way.

2. Principles

In order to effectively deliver this risk management strategy there will be:

- An articulated and demonstrated Board and Senior Management commitment to risk management.
- A clearly articulated organisational risk appetite described and approved on at least an annual basis by the Board of Directors.
- An effective Quality Governance Framework to ensure the strategy remains effective in the application of risk management.
- Employee participation, consultation and accountability in risk management processes.
- Effective systems to ensure that risks identified from major projects are incorporated into operational risk assessment and mitigation strategies.
- Application of this strategy across the organisation, including clinical and corporate departments.
- Effective mechanisms for incidents to be immediately reported categorised by their potential impact and consequences and investigated to determine system failures in an open and fair manner.
- System design with a focus on the reduction of the likelihood of human error occurring.
- Formal and effective mechanisms to measure the effectiveness of risk management strategies and infection control strategies, plans and processes against NHS standards and regulations.
- Preventative risk management processes applied to the management of facilities, amenities and equipment.
- Risk Management principles and processes applied to contract management especially when acquiring, expanding or outsourcing services.
- Safe systems of work and practice in place for the protection and safety of patients, visitors and staff.
- Plans for emergency preparedness, emergency response, business continuity and contingency.

3. Purpose

Our risk management strategy is designed to strengthen our ability to achieve our strategic objectives and business targets thus ensuring the continuation of the safe and effective delivery of our services. It will do this by supporting our strategic and operational decision making and planning, helping us to comply with legal and regulatory requirements, improving our governance and controls and ensuring a just culture where people feel encouraged to take responsibility for minimising any negative effects of risk on our services and support improvements to the safety of the services.

The risk management strategy will directly influence and support the:

- Development and maintenance of risk registers for all major projects, service improvement activities, and departments within the Trust demonstrating effective management of risk.
- Implementation of a risk escalation framework.
- Development and implementation of a Board Assurance Framework.
- Training for managers to enable them to identify, assess and manage risk as part of normal everyday management responsibilities.
- Effective use of the Trust's governance system and structures.
- Implementation of systems and processes to ensure that risk assessments are undertaken systematically in all clinical and corporate departments, and the effectiveness of controls is monitored.
- Development of actions plans at corporate and service level.
- Development and implementation of Trust policies to strengthen the systems of control.
- Use of information from risk assessments, incidents, complaints, audit, claims, implementation of external recommendations and other relevant external sources to improve safety and support organisational learning.
- Use of internal and external audit findings and assessments to provide assurance on the effectiveness of controls to minimise risk.
- Highest possible standards of risk management supporting external validation, for example the Care Quality Commission's standards of quality and safety.

4. Approaches to identifying risk

The Trust will take both proactive and reactive approaches to identifying and understanding risk.

4.1 Proactive approaches to identifying risk

The Trust will take a number of steps to proactively identify risk by:

- Ensuring an effective Safety Alert System (see the Central Alert System (CAS) Policy).
- Ensuring a robust approach to clinical audit and the identification of risk (see the Clinical Audit Policy including National Confidential Enquiries).
- Ensuring efficient Emergency Planning and Business Continuity Planning (see the Emergency Preparedness, Resilience and Response Policy and the Incident Response Plan incorporating Mass Casualty Arrangements).
- Horizon scanning, identifying, evaluating and managing changes in the risk environment for instance through the review of:
 - Legislation

- Government White Papers
- Government consultations
- Socio-economic trends
- Trends in public attitude towards health
- International developments
- Department of Health and Social Care publications
- Local demographics
- Stakeholder views
- National targets/ standards

4.2 Reactive approaches to risk management

The Trust has a range of sources of information about areas of actual and emergent risk within the organisation. These include:

- Near-miss and Incident reporting process.
- Complaints and Patient Advice and Liaison Service (PALS) contacts.
- Claims management.
- Inquest management and learning from Prevention Of Future Deaths (Regulation 28).
- National Clinical Audits.
- Implementing recommendations from national inquiries, internal/external reviews/recommendations etc.
- The outcome of Health Safety Investigation Branch (HSIB) reports.
- Implementing legislative changes to those resulting from changes in national policy.
- Using information about services published by our regulators and commissioners.

5. Risk assessment, management and monitoring

The formal proactive method of identifying operational risks within the Trust is through the use of risk assessments. A template has been developed to support staff to undertake risk assessments (Appendix 1).

All types of risk identified are graded using a common grading matrix, which measures the risks in terms of both consequence and likelihood.

Table 1- Risk Evaluation							
Table 3 – Impact / Severity	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5
Risk = Table 2 - Likelihood x Table 3 - Impact			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Table 2 – Likelihood / Probability				

Table 2- A guide to determining likelihood

1	Rare	Less than 20%	Once every two years or more	Rare / Low
2	Unlikely	20% to 39%	Once a year	Unlikely / Low to Medium
3	Possible	40% to 59%	Once a Month	Possible / Medium
4	Likely	60% to 79%	Once a Week	Likely / Medium to High
5	Almost Certain	80% or more	Once a Day or more	Almost Certain / High

Table 3- A guide to determining impact

1	Negligible	No / Minor Injury / Minimal loss / No time off work	Low
2	Minor	Minor Injury / Some loss / 7 or Less days off / Some Damage	Low to Medium
3	Moderate	Injury / 7 or more days off / Damage / Loss / RIDDOR Incident	Medium
4	Major	Long term injury / irreversible injury / serious damage or loss / RIDDOR Incident	Medium to High
5	Catastrophic	One or more fatalities / irreversible injury / substantial damage or loss / RIDDOR Incident	High

Operational risks are managed and reviewed within specialties, CBUs, and corporate departments. The risk owner will be required to identify:

- **Risk title**
- **Assuring Academy or Board** (if the current score is 15 or over)
- **Description** (risks should be described as follows: **IF (cause)....THEN (event)....RESULTING IN (effect)....**) For example – **IF** we are unable to release clinical staff for mandatory training due to staffing levels, **THEN** staff will not receive compulsory training in relation to resuscitation or blood safety, **RESULTING IN** an increased safety risk to patients.
- **Existing control measures** (what is currently in place to control the hazard?)
- **Gaps in control measures** (why are the existing control measures inadequate?)
- **Further controls required** (what further action could you take to control the hazards/ potential cause of harm?)
- **Risk lead**
- **Lead Director** (if the current score is 15 or over)
- **Initial risk score** (the risk score at the time the risk assessment is undertaken)
- **Current risk score** (the risk score at the time of each review of the risk. It will be the same as the initial risk score at the time the risk is entered on to the risk register, but should change at each review provided mitigations have been acted upon)
- **Actions required** (actions to reduce the risk to an acceptable level, target date for implementation and action plan lead)
- **Residual risk score** (the risk score once all mitigation has been actioned and adequate control measures are in place)
- **Date of review**

6. Operational risk escalation framework

The Trust manages operational risks at Board, Academy, Executive, corporate department, CBU and specialty level. Risks are escalated and de-escalated through these different levels depending on the **current** risk score. The risk escalation framework is set out in Figure 1 below:

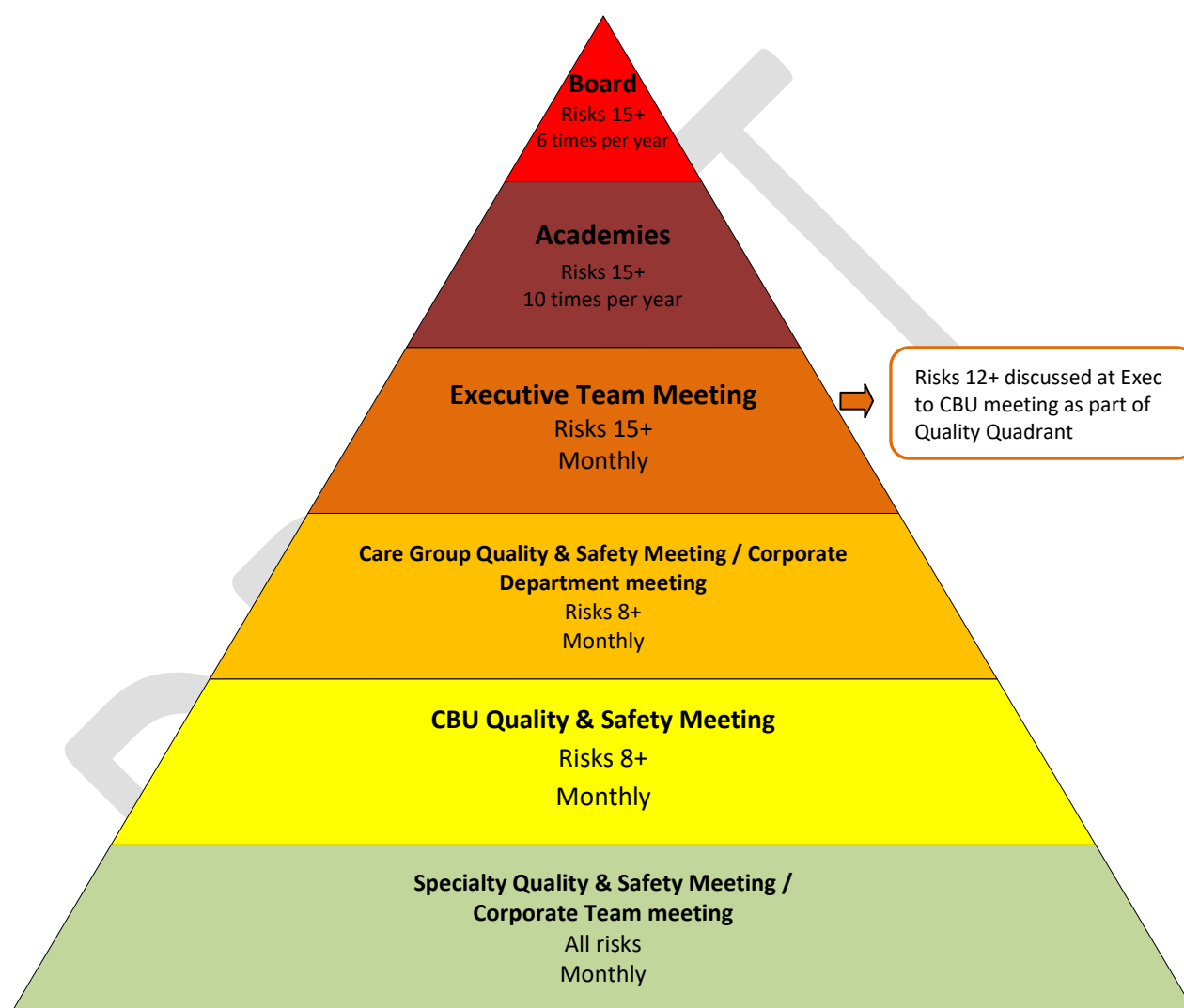


Figure 1. Operational risk escalation framework

Any risks with a current score of 15 or above are reported to the Trust Executive Team for discussion. If the Executive Team agree that the risk is scored at 15 or above, it is included on the High Level Risk Register.

The High Level Risk Register is a dynamic document which is constantly changing as actions are taken addressing high risk issues for the organisation. New risks are added as they are identified.

The High Level Risk Register is fully reviewed every month at the Executive Team Meeting alongside a summary of the key changes and progress against mitigating actions. High Level Risks are assigned to one or more of the three academies or the Board (as appropriate), who will have oversight of the actions being taken to mitigate the risks. At each meeting (10 times per year) the Academies review, challenge and assess the High Level Risks within their remit. The purpose of these reviews is to provide assurance to the Board that all relevant risks are appropriately recognised and that all appropriate actions are being taken on appropriate timescales where risks are not appropriately controlled.

The Board reviews, challenges and assesses the full High Level Risk Register (risks graded as 15 and above) at each meeting (6 times per year). The Board also receives details of the discussions held at the Executive Team Meeting via the risk report, and at the Academies via the Chairs' reports.

Risks scoring 12 and above are reported as part of the CBU to Executive meetings, to provide the Executive team with an overview of risks which have the potential to become high level risks.

7. Strategic risk and assurance: the Board Assurance Framework

The purpose of the Board Assurance Framework (BAF) is to assure the Board that the Trust is mitigating the identified significant risks to the delivery of its strategic objectives (strategic risks) adequately and that there are no significant gaps in assurance. The BAF identifies the:

- Strategic objectives
- Risk appetite in relation to the objectives
- Risks to achieving those objectives (strategic risks)
- Initial risk score
- Current risk score
- Target risk score (consistent with risk appetite)
- Movement in risk score
- Controls and assurances
- Gaps in controls and assurances
- Actions to address gaps
- Lead director
- Related risks on risk register

The BAF provides a high level overview of the Trust's position against the risks to achieving the Trust's strategic objectives.

The Executive Directors initially identify the strategic risks, which are recorded on the BAF, for agreement by the Board. The Board may also identify further strategic risks as appropriate. The BAF is reviewed, challenged and assessed by the Executive Team and Board six times per year. The Academies also review, challenge and assess the strategic risks within their remit six times per year, to provide assurance to the Board that the strategic risks are being managed appropriately and that any gaps in controls or assurance are being addressed within appropriate timescales.

On an annual basis, the Board reviews the description of the risks contained within the BAF and considers whether any amendments, closures or new risks are required.

8. Risk taking, risk appetite and risk tolerance

8.1 Risk taking

Bradford Teaching Hospitals NHS Foundation Trust acknowledges that in delivering health improvements and in embracing positive advantages risks may need to be taken. The Trust recognises that it cannot create a risk free environment, but rather one in which risk is considered as an integral part of everything it does and is appropriately identified and controlled.

8.2 Risk appetite

Risk appetite is 'the amount and type of risk that an organisation is prepared to pursue, retain or take'¹ in pursuit of its strategic objectives. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

On an annual basis the Board of Directors will publish its risk appetite statement as a separate document. The risk appetite statement will be generated from a formal discussion and will focus on key categories of applied the delivery of the strategic objectives and the application of a risk appetite matrix (see Appendix 2).

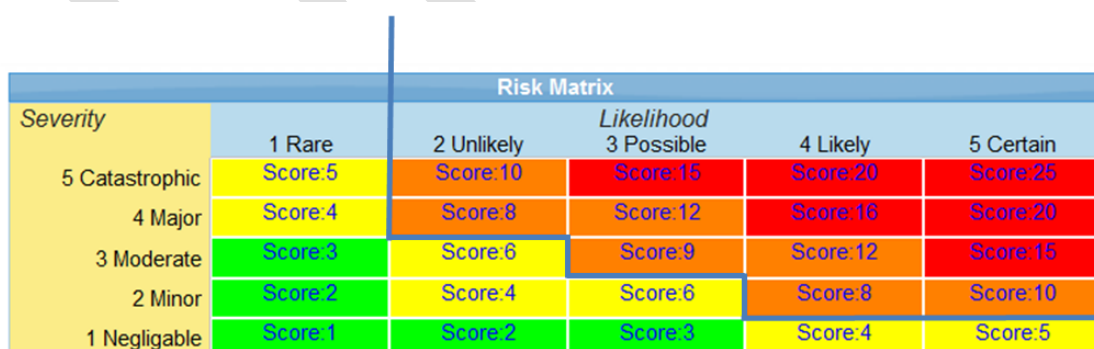
8.3 Risk tolerance

Risk tolerance is the acceptable level of variation relative to achievement of an individual objective. It is the amount of risk to which a programme or an activity is prepared to be exposed to or that its resources allow it to be exposed to, before actions become necessary.

The Trust has set its tolerance threshold for acceptable risk at moderate; i.e. a **current** risk score of 1-6. This threshold is set in expectation of what risks are likely to be actually realised and the resources needed to realistically control them (See Figure 2 below).

Risks scoring 1-6 are monitored and evaluated on an on-going basis to confirm or reassess that rating. All risks above this threshold are actively managed and mitigating actions taken to bring the risks back to within tolerance.

All risks graded at 15 or above are routinely considered by the Executive Team and reported to Board Academies and the Board of Directors.



Risk Matrix					
Severity	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
5 Catastrophic	Score:5	Score:10	Score:15	Score:20	Score:25
4 Major	Score:4	Score:8	Score:12	Score:16	Score:20
3 Moderate	Score:3	Score:6	Score:9	Score:12	Score:15
2 Minor	Score:2	Score:4	Score:6	Score:8	Score:10
1 Negligible	Score:1	Score:2	Score:3	Score:4	Score:5

Figure 2. The 'line of risk tolerance'

¹ ISO 31000

9. Individual roles and responsibilities supporting the delivery of this strategy

9.1 Board of Directors

- Commitment, through approval of the Risk Management Strategy, to maintaining a sound system of internal control.
- Assessment and approval of any necessary risk management developments.
- Identification and allocation of any resources required to implement risk management initiatives.
- Seek assurance from the Executive Team and Academies that all risks on the High Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.
(NB Where risks relating to a particular strategic objective are not aligned to an Academy, the Board will seek assurance directly from the Executive Team.)

9.2 Academies

- Review, challenge and assess the identification and management of risks within their remit on the High Level Risk Register and the BAF, to provide assurance to the Board that all relevant risks are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.

9.3 Audit Committee

- Review, challenge and assess the adequacy and effectiveness of the Trust's risk management systems and processes, including this Risk Management Strategy, and provide assurance to the Board in that respect.

9.4 Executive Team Meeting

- Review of risks on the High Level Risk Register, to ensure that risks are appropriately described, scored, and mitigated. Accept new risks onto the High Level Risk Register and approve the de-escalation of risks, where appropriate.
- Review of risks scoring 12 and above at Executive to CBU meetings.
- Review the BAF to ensure that risks are appropriately described, scored, and mitigated, and that gaps in controls and/or assurances are being appropriately addressed.

9.5 Chief Executive

- Overall responsibility for ensuring that the Trust has in place the required systems and processes that support risk management across the organisation and that these systems and processes are approved and monitored by the Board of Directors.

9.6 Executive Directors

- Each Executive Director will ensure that all risks on the High Level Risk Register and BAF for which they are identified as executive lead, are appropriately described, scored, mitigated, monitored and reviewed.

9.7 Associate Director of Corporate Governance

- Is responsible for organising the Board of Director's work plan making provision for the discussion of all new risks entered on to the High Level Risk Register and for ensuring that the BAF is maintained and reported to the Executive Team, Academies and Board.

9.8 Associate Director of Quality

- Is responsible for ensuring that incident and risk management reporting processes are embedded within the organisation and that CBUs and corporate department risk registers are subject to regular review and updated to reflect key risks.

9.9 CBU Triumvirate Leadership Teams/Directors of Corporate Departments will ensure through their line management structures that:

- There is active implementation of the Risk Management process within their teams.
- Annual clinical and/or non clinical risk assessments are undertaken and local level risk registers are maintained.
- Specific policies and procedures are implemented.
- Ensure attendance of staff at appropriate risk management training sessions.
- Raise risk awareness on risk management issues as required.
- Seek advice on risk management issues as required.
- Notify their Quality and Patient Safety Facilitator of identified risks.

9.10 Quality & Patient Safety Facilitators

- Provide support to CBU Triumvirate Leadership teams to ensure that risks are identified, recorded, managed and monitored appropriately.

9.11 All staff are responsible for

- Having a general awareness of risk at all times.
- Notifying line managers of any identified risks.
- Complying with the Trust's incident reporting procedure.
- Attending risk management training.

10. Training

Contributing to risk management is the responsibility of all members of staff, and the Trust recognises the importance of providing risk education and awareness training for all grades of clinical and non-clinical staff.

Risk management training is part of the mandatory training for all clinical staff.

The following training and education will be provided to support the implementation of the governance and risk management strategy.

10.1 Board of Directors

The commitment and engagement of the Board of Directors within the organisation is paramount in creating a foundation for the implementation of this strategy and embedding the key principles throughout the Trust. To support this priority, updates and awareness training programmes will be provided at least annually from both internal and external experts. For executive and non-executive directors, this will form part of the on-going Board development programme.

10.2 All Staff

Risk management awareness and the incident reporting procedure is a structured part of the Trust's induction programme for new staff. This is also included in the induction programme for all medical staff. In addition there will be:

- Regular risk management updates for staff which can be linked to specific clinical risk or health and safety training programmes, including raising awareness of policies, i.e. Health and Safety Policy, Infection Control and Incident Reporting Procedure.
- Training for Line Managers in the implementation of the Strategy and to support the devolvement of the Risk Management process. This will include risk assessment and grading, and safety event investigation and the discharge of our professional and legal obligations in relation to the Duty of Candour.

11. Monitoring and assurance

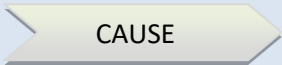


Compliance with the Risk Management Strategy will be monitored through a bi-annual report to the Audit Committee.

The report will be prepared jointly by the Associate Directors of Quality and Corporate Governance, it will monitor as a minimum:

- The key individuals for risk management are discharging their responsibilities in line with the Strategy through attendance at key risk management meetings and there is evidence of activity through the minutes of those meetings.
- The Executive Team, Academies, and Board have discharged their responsibilities in line with the relevant Terms of Reference.
- How all risks are assessed using a standard template and Trust-wide grading matrix.
- How risk is managed locally through a review of compliance with the Trust-wide risk management process.

Where deficiencies are identified, an action will be developed and monitored through the Executive Team.

Appendix 1: Risk assessment

Risk title:				
Summarise from the description below:				
Risk description:				Risk location:
Include any relevant background information to provide context of why the risk is being assessed:	<i>IF.....we are unable to release clinical staff for mandatory training due to staffing levels</i>	<i>THEN.....staff will not receive compulsory training in relation to resuscitation or blood safety</i>	<i>RESULTING IN.....an increased safety risk to patients</i>	
Assessment:				
Identify the hazards - Think about what may cause harm (these are called hazards).	Assess the potential for harm - Who might be harmed and how?	Existing control measures - Indicate what is currently in place to control the hazard.	Gaps in control measures - Why are the existing control measures inadequate?	Further controls required - What further action could you take to control the hazards/potential cause of harm?
<i>Example:</i> <i>We are unable to release clinical staff for mandatory training due to staffing levels</i>	<i>Patients may be put at risk of harm if staff are not up to date with mandatory training resulting in avoidable harm</i>	<i>Managers informed on a weekly basis of non-compliant staff to prioritise their release to complete the training</i>	<i>Staff may not be able to be released at the time of the scheduled training sessions</i>	<i>Devise alternative ways to deliver the training; for example, by video or in the ward/department by clinical leads</i>

Identify the hazards	Assess the potential for harm	Existing control measures	Gaps in control measures	Further controls required
1.				
2.				
3.				
4.				
Insert more lines as required...				

Current/Initial Risk Score

(Current/initial risk score assessed at the time the risk assessment is undertaken)

Consequence		Likelihood		Total score	Consequence	Likelihood					
	X		=				1	2	3	4	5
Rationale – include narrative							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

Actions Required: add more lines as required

Action – develop actions to address the further controls required.	Responsible Lead – who needs to carry out the action	Expected date for completion
1.		
2.		

3.		
Insert more lines as required...		

Residual Risk Score (This is the risk score once all mitigation has been actioned and adequate control measures are in place)

Consequence		Likelihood		Total score	Consequence	Likelihood					
	X		=				1	2	3	4	5
Rationale – include narrative							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

Risk Assessment Owners

Risk Assessment Lead: For example, Ward manager/Matron/CBU lead/Speciality Lead.	
Risk Assessment created by:	
Date:	

Appendix 2: Risk Appetite Matrix

RISK APPETITE LEVEL ▶		0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
		Avoidance of risk is a key organisational objective.	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
RISK TYPES ▼							
FINANCIAL How will we use our resources? ▶		We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator? ▶		We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services? ▶		We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL How will we be perceived by the public and our partners? ▶		We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by the public and our partners? ▶		We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.