BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/18/09/100**
SUBJECT:	**Risk Management Strategy Annual Report**
DATE OF MEETING:	September 2018
ACTION REQUIRED	**Review, Discuss and approve**
AUTHOR(S):	Ursula Martin, Director of Governance & Quality
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse
LINK TO STRATEGIC OBJECTIVES:	All
EXECUTIVE SUMMARY (KEY ISSUES):	This paper provides an update on the strategic objectives set out in the risk management strategy in order for the Trust to manage risk. There has been considerable amount of work put into the development of a new risk management process. This has included: • A revised Risk Management Strategy with clear objectives • A clear and understandable process has been put in place for all staff to assess, score, manage and escalate risks. • DATIX risk module has been purchased to record, manage and monitor all risk registers. This is currently being embedded throughout the Trust. • The monthly Risk Review Group was set up to review and scrutinise all risk registers on a 12 month rolling programme. The Group is chaired by the Chief Nurse. • Guidance documents have been produced on Risk Management Awareness and DATIX guides for risk • A programme of dates for Risk Management training has been set up for Senior Managers and Ward/Departmental Managers. • An integrated self-assessment tool has been developed which includes all Trust risks e.g. clinical risks, health and safety and this is aligned to the Care Quality Committee regulatory framework. The report gives assurance that the risk management system has been reviewed and there are escalation

	processes in place for risk management. The Trust can also evidence training for staff, and oversight and scrutiny of risk registers. There is a need for further development to strengthen this process and ensure it is fully embedded within the Trust. This will take place during the next 12 months.	
RECOMMENDATION:	Discuss and note the Report	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Committee
	Date of meeting	August 2018
	Summary of Outcome	Quality Committee was assured that progress was being made as per the initial risk management strategy review
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Risk Management Strategy Annual Report

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1. Introduction

The annual report describes the management of risk throughout the Trust over the last 12 months. Risk management is a critical component of the overall Governance agenda, with the safety of patients and staff being a core value.

This year has seen the implementation of new risk management process including the introduction of a new risk management system and a programme of training.

2. Background

When the CQC inspected the Trust in 2017, they raised concerns regarding risk management systems and how they were being systematically applied in the Trust. There were risks found on the risk register that had been on there for a number of years, some at a high risk grading, with no evidence of having been reviewed or actioned. There were many in consistencies in descriptors and the grading of risks and action plans hadn't been updated. Managers and staff fed back that they found the old system CIRIS problematic. They had no understanding of the system and consequently couldn't manage their risk appropriately.

The CQC raised concerns and determined that the Trust had fundamentally breached Regulation 18 regarding governance, with 'Must do' actions to address the risk management systems within the Trust.

3. Risk Management Strategy and Objectives

The Risk Management Strategy was reviewed with the aim to ensure the Trust had effective processes in place. The revised Strategy was approved by the Quality and Assurance Committee in May 2017.

For risk management to be successful, it was vital that a single approach was to be adopted for the management of risks throughout all levels of the Trust.

The new strategy provides a simply and clear framework for managers to follow.
The key changes were to:

- Develop a clear and understandable process for all staff to assess, score and escalate risk;
- Develop a easy to use IT system regarding Risk Management; system of choice will be Datix;
- Development of training and guidance to support and implement and embed the process throughout the Trust;
- Develop an integrated self-assessment tool which will include all Trust risks e.g. clinical risks, and health and safety, which will be aligned to the Care Quality Commission regulatory framework;
- Review our monitoring and governance systems relating to risk management within the Trust.

4. Development of the Risk Process

A new process was implemented throughout all levels within the Trust. This also included the introduction of DATIX risk module for the recording, monitoring and review of all risk registers.

Identification	**Identification of Risk** Using incidents, complaints, claims, patient feedback, safety inspections, external review, objectives or ad hoc assessments	**Board assesses risks to objectives** Risk identification to be aligned to annual/business planning process
Quantification	**Risks Grading** Using a matrix of 1 to 5 in likelihood & severity giving a maximum score of 25. Risks below 8 – managed locally by Ward/Department Level. Risks of 10 and above – managed at CBU Level. Risks of 15 or above will be escalated to the Risk Review Group and be considered for inclusion on the Strategic Risk Register	
Risk Registers	**Strategic Risk Register** • Those risks mapped against delivery of corporate objectives • Those operational risks either 15 and below deemed to be strategic • Those operational risks deemed to be strategic following cross sectional analysis of impact and likelihood	**Operational Risk Registers** • Risk Registers in place at Ward/Department level • Risk Registers in place at CBU level. • All risks 15 or above will be escalated & considered for inclusion on the Strategic Risk Register at the Risk Review Group

Audit Committee • Annual Governance statement – reviewing systems of internal control • Internal audits of issues linked to strategic risks & monitoring of these action plans	**Quality and Assurance Committee** • Delegated Committee responsible for overseeing risk on behalf of the Board • Monthly review of strategic risk register • Assurance regarding review of divisional risks via Divisional Quality Dashboard reports	**Finance & Sustainability Committee** • Oversees financial risk on behalf of the Trust and report on any additional risk/controls/assurances which will be recorded on the appropriate risk register
Strategic People Committee • Oversees all workforce risks on behalf of the Trust and report on any additional risk/controls/assurances which will be recorded on the appropriate risk register	**Clinical Operations Board** • Monthly review of strategic operational risks • Identification of operational risks and escalation of risk to be recorded on the appropriate risk register	**Risk Review Group** • Monthly report to Quality Committee highlighting exceptions, recommendations for new strategic risks, review of existing strategic risks and an assurance review of a divisional risk register • Rolling review of Divisional Risk Register at the Risk Review Group – at least six monthly review for each CBU
CBU Meetings • Review and discuss all risks at a score of 10 or above • Review and discuss all their services risks from Wards, Departments on a monthly basis. • Any changes must be recorded on the risk register and communicated to all relevant staff		**Ward and Departmental Meetings** • Discuss all the Department's active risks • Risks scored less than 8 managed locally All changes agreed must be recorded on the risk register and communicated to all staff

5. Strategic Risk Register/ Board Assurance Framework

The Strategic Risk Register has been developed and is currently managed on the DATIX system. These are risks mapped against the delivery of corporate objectives and operational risks that are deemed to be strategic.

The risk register is reviewed monthly by the Risk Review Group. The group also reviews any new risks of 15 and above discuss if they should be included on the Strategic Risk Register.

The risk register is also reviewed by the Quality and Assurance Committee, and other strategic committees, prior to reporting to the Board of Directors. The Audit Committee oversees the internal control and has commenced undertaking deep dives of strategic risks.

6. CBU / Corporate Services Risk Registers

Individual meetings have been set up throughout 2017/18 with all CBU Leads, Director of Governance and the Head of Safety and Risk. This is to review the risk registers and transfer to the new Datix system, and ensure all risks are in date, grading is appropriate, controls are in place and gaps in assurances are identified and to ensure each risk has an up to date action plan in place.

At the time of writing this report, below gives the position:

Clinical Business Unit/Corporate Department	Status of risk register on Datix
Airway, Breathing and Circulation	Risk Register completed- ongoing monitoring systems in place.
Urgent and Emergency Care	Risk Register completed- ongoing monitoring systems in place.
Digestive Diseases	11 risk actions outstanding. Work is ongoing and currently being monitored
MSK	Risk Register completed- ongoing monitoring systems in place.
Outpatients and Diagnostics	Risk Register completed- ongoing monitoring systems in place.
Specialist Medicine	4 risk actions outstanding. Work is ongoing and currently being monitored.
Women and Child Health	Risk Register completed- ongoing monitoring systems in place.
Surgery	Risk Register completed- ongoing monitoring systems in place.

Clinical Business Unit/Corporate Department	Status of risk register on Datix
Estates and Facilities	Risk Register completed- ongoing monitoring systems in place.
Human Resources	Risk Register completed- ongoing monitoring systems in place.
Corporate Nursing	Risk Register completed- ongoing monitoring systems in place.
Governance Department	Risk Register completed- ongoing monitoring systems in place.
IT	Risk Register completed- ongoing monitoring systems in place.
Transformation	Risk Register completed- ongoing monitoring systems in place.
Communications	Meeting set up for 27th August 18.
Finance	Meeting set up for 28th August 18.
Pharmacy	2 risk actions outstanding. Work is ongoing and currently being monitored.

7. Ward/Departmental Risk Registers

A programme of training dates has been arranged from August 18 to October 18 to provide Ward/Departmental Managers with the knowledge and understanding to record risks and for them to complete risk registers. The training includes:

- Overview of Risk Management
- Integrated Self-Assessment Tool
- DATIX Risk Module

8. Integrated Self-Assessment Tool

The Integrated Assessment Tool consists of a number of standards each supported by a set of performance criteria and policies and guidance. The standards and criteria have been taken from key legal requirements relating to health, safety and from the CQC fundamental standards. Each standard and performance criteria is designed to be clear, measurable and achievable.

Each Service assesses its level of compliance against each criterion using a simple system identifying, Compliant, Partial Compliant and Non-Compliant. Services are required to outline a brief rationale behind their score, ensuring that they can provide evidence and assurance of their assessment.
Once the Assessment Tool has been completed, Services will be able to identify from their compliance scores the areas where they need to make improvements.

This will then form the basis for completion of risk assessments and risk registers onto DATIX.

The purpose of this tool is to ensure appropriate targets are met by services, and any support required to achieve this is identified.

8.1 Pilot of the Self-Assessment Tool

At the beginning of October, the self-assessment risk management framework was piloted within 13 services within the Trust.

Services who took part in the pilot	
Ward A3	Ward A5
Ward B1	Ward A6
Ward B18	Ward C20
A&E	Urgent Care Centre
Urgent Care Centre	Estates Department
PIU	Pharmacy

Each area was given two weeks to complete the self-assessment and provide any feedback. The assessment for Estates was amended to be more specific to the Department in line with current guidance and legislation.

8.2. Overview of Compliance Ratings

The table below give an overview on compliance ratings within each Department.

Area	Compliant Questions	Partial Compliant Questions	Non - Compliant Questions	Not Applicable Questions	Un-answered Questions	Action Plan Provided	% Compliant Questions	% Partial Compliant Questions	% Non-Compliant Questions	% Not Applicable Questions	% Un-answered Questions
Estates	110	33	11	11	2	Yes	66%	20%	7%	7%	1%
Pharmacy	59	9	0	33	1	Yes	58%	9%	0	32%	1%
Antenatal	89	2	0	10	1	Yes	87%	2%	0	10%	1%
Ward A3	88	5	2	5	2	Yes	86%	5%	2%	5%	2%
Ward A5	89	9	0	2	2	Yes	87%	9%	0	2%	2%
Ward A6	85	11	0	4	2	Yes	83%	11%	0	4%	2%
Ward B1	92	1	0	4	5	No	90%	1%	0	4%	5%
Ward B18	95	1	1	4	1	No	93%	1%	1%	4%	1%
Ward C20	94	0	0	5	3	No	92%	0	0	5%	3%
Ward C22	80	17	0	5	0	Yes	78%	17%	0	5%	0
A&E	89	9	1	2	1	Yes	87%	9%	1%	2%	1%
UCC	79	11	0	9	3	Yes	77%	11%	0	9%	3%
PIU	92	1	1	5	3	Yes	90%	1%	1%	5%	3%

8.3. Areas of Partial Compliance

The table below gives an overview of standards that were not fully met.

Standard 1 – Health and Safety	**Standard 2 – Person Centred Care**
Stress Risk Assessments DSE Working at Height Manual Handling	Mental Capacity Training Patient Feedback Review of Assessments Designing Care and Treatment
Standard 3 – Dignity and Respect	**Standard 4 – Need for Consent**
All departments self-assessed as compliant.	All departments self-assessed as compliant.
Standard 5 – Safe Care and Treatment	**Standard 6 – Safeguarding**
Training Managing Risks	Risk Assessments Mental Capacity Act Training Safeguarding Training Incidents and Complaints
Standard 7 – Nutrition & Hydration	**Standard 8 – Premises and Equipment**
All departments self-assessed as compliant.	All departments self-assessed as compliant.
Standard 9 – Complaints	**Standard 10 – Good Governance**
Monitoring of complaints	All departments self-assessed as compliant.
Standard 11 – Staffing	**Standard 12 – Fit and Proper Persons Employed**
PDR	Recruitment
Standard 13 – Duty of Candour	
Training	.

9. Recording of Risks

The DATIX risk module was designed and built in January 2018. This is now in use to record, manage and review risk registers. This is a simplified system which staff are finding easy to use.

Managers are given direction on how to describe risks using the following wording:

Failure to….. Caused by….. Resulted in…….

This ensures risk descriptors are consistent.

10. Risk Training

A review of risk training has been undertaken and a training needs analysis was completed for staff at all levels.

	Training Requirements			
All staff will receive a local induction on commencement to the area in which they work. The manager is required to communicate all risk assessments in relation to the area of work or advise staff where they can find them.	3 yearly up date	A rolling 12 month programme	2 yearly update	One off training with a rolling programme of dates if required
EXECUTIVES AND NON EXECUTIVES				
Senior Risk Management Training Class Room Based Training – Mandatory			✓	
DATIX Risk Register Training – Mandatory				✓
DEPUTY DIRECTORS & ASSOCIATE DIRECTORS & CLINICAL DIRECTORS				
Senior Risk Management Training Class Room Based Training – Mandatory			✓	
DATIX Risk Register Training – Mandatory				✓
CBU MANAGERS & HEADS OF SERVICE				
Senior Risk Management Class Room Based Training - Mandatory			✓	
DATIX Risk Register Training – Mandatory				✓
LEAD NURSE & MATRON & WARD/DEPARTMENT MANAGERS				
Risk Management Training Class Room Based Training – Mandatory			✓	
DATIX Risk Register Training – Mandatory				✓
Integrated Risk Self-Assessment Tool – Mandatory				✓
ALL STAFF				
DATIX Risk Assessment Training				✓

11. Conclusion

There has been considerable amount of work put into the development of a new risk management process. This has included:

- A revised Risk Management Strategy with clear objectives
- A clear and understandable process has been put in place for all staff to assess, score, manage and escalate risks.
- DATIX risk module has been purchased to record, manage and monitor all risk registers. This is currently being embedded throughout the Trust.
- The monthly Risk Review Group was set up to review and scrutinise all risk registers on a 12 month rolling programme. The Group is chaired by the Chief Nurse.
- Guidance documents have been produced on Risk Management Awareness and DATIX guides for risk
- A programme of dates for Risk Management training has been set up for Senior Managers and Ward/Departmental Managers.
- An integrated self-assessment tool has been developed which includes all Trust risks e.g. clinical risks, health and safety and this is aligned to the Care Quality Committee regulatory framework.

The report gives assurance that the risk management system has been reviewed and there are escalation processes in place for risk management. The Trust can also evidence training for staff, and oversight and scrutiny of risk registers.

There is a need for further development to strengthen this process and ensure it is fully embedded within the Trust. This will take place during the next 12 months.