

RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

CONTENTS

INTRODUCTION	2
AIMS	2
OBJECTIVES	3
PRINCIPLES OF RISK MANAGEMENT	3
RISK MANAGEMENT STRUCTURE	3
BOARD OF DIRECTORS	3
CORPORATE DIRECTORS GROUP	4
QUALITY, SAFETY AND PATIENT EXPERIENCE COMMITTEE	4
HEALTH AND SAFETY COMMITTEE	4
DIVISIONAL BOARDS	4
DEFINITIONS OF RISK	5
RISK MANAGEMENT OPERATIONAL POLICY	6
HOW RISK IS MANAGED LOCALLY	6
RISK MANAGEMENT PROCESS:	6
<i>Risk assessment</i>	6
<i>Risk Score & Level of Risk Register</i>	6
<i>Owner of Risk Register informed</i>	6
<i>Risk Register Structure</i>	6
LOCAL RISK REGISTER	6
DIVISIONAL RISK REGISTER	6
EXECUTIVE RISK REGISTER	7
1. <i>Reviewing Risk Registers</i>	7
BOARD (OR HIGH LEVEL RISK COMMITTEE) REVIEW OF THE EXECUTIVE RISK REGISTER	7
RISK REGISTER MINIMUM DATA SET	8
DUTIES OF THE KEY INDIVIDUAL(S) FOR RISK MANAGEMENT ACTIVITIES	8
CHIEF EXECUTIVE	8
DIRECTOR OF NURSING AND QUALITY	8
DIRECTOR OF OPERATIONS AND PLANNING	8
CHIEF FINANCE OFFICER	8
MEDICAL DIRECTOR	9
DEPUTY DIRECTOR OF NURSING AND QUALITY	9
DIVISIONAL DIRECTORS	9
DIVISIONAL MEDICAL DIRECTORS	9
HEAD OF NURSING/MIDWIFERY	9
HEAD OF RISK AND PATIENT SAFETY	9
HEAD OF ESTATES	9
HEAD OF SECURITY (LOCAL SECURITY MANAGER SPECIALIST)	9
CORPORATE HEALTH AND SAFETY ADVISOR	10
LEGAL SERVICES CO-ORDINATOR	10
HEAD OF COMPLAINTS AND PATIENT ADVICE & LIAISON SERVICES (PALS) MANAGER	10
WARD / DEPARTMENTAL MANAGERS	10

OBJECTIVES

The principal objective of the risk management strategy is to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise risks and loss of assets and reputation and that the reporting processes for risk are maintained.

The strategy will also seek to:

- ensure that the risk management processes are integral to the organisational working practices and culture
- encourage the reporting of incidents, within a fair blame culture ensuring that lessons are learned and preventative measures introduced
- ensure that, through the strengthening of risk management arrangements there are continual improvements to patient safety
- minimise claims for accident or injury against the Trust
- support systems which eliminate, transfer or reduce risks to as acceptable a level as possible
- secure the highest possible standards of risk management in terms of external validation, including the NHS Litigation Authority (NHSLA) Risk Management Standards and CQC Inspection Process

PRINCIPLES OF RISK MANAGEMENT

The following principles underpin the strategy:

that risk management will be embedded in the core processes and systems of the Trust, including guidelines and procedures, operational policies, the business planning cycle, business case development, performance management and corporate governance.

- risks will be actively managed and positive assurance sought
- the risk registers will be live, actively managed and reviewed documents
- that risk management is the responsibility of all staff within their own sphere of work
- that high risk areas and activities will attract greatest focus and attention
- that there will be learning from analysis of incidents, complaints and claims and explicit roll-out of identified improvements

the strategy will actively promote and underpin the acquisition of relevant accreditations, including the NHS Litigation Authority (NHSLA) Standards and the registration requirements of the Care Quality Commission (CQC). It will also support the CQC inspection process

RISK MANAGEMENT STRUCTURE

Board of Directors

The Board of Directors is responsible for reviewing the effectiveness of risk management throughout the Trust.

RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

The Board of Directors will review the Board Assurance Framework and Strategic Risks quarterly.

- Receives minutes from sub committees as a means of assurance and demonstration of effective management of clinical and non-clinical risk throughout the Trust.

Corporate Directors Group

The Corporate Directors Group (CDG) has delegated responsibility for reviewing the Executive Risk Register and Board Assurance Framework.

The CDG:

- Meets to review the Executive Risk Register and Board Assurance Framework prior to being presented to Board
- Reviews newly included risks entered on the Executive Risk Register.
- In reviewing organisational risks, make decisions on escalating or de-escalating risk scores

Quality, Safety and Patient Experience Committee

The Board of Directors discharges its' responsibility via the Quality, Safety and Patient Experience Committee to oversee the on-going development, implementation and monitoring of all matters relating to Quality, Safety and Patient Experience within the Trust.

- Receives feedback from the Divisions regarding Quality, Safety and Patient Experience issues and potential risks

Health and Safety Committee

The Board of Directors discharges its responsibility to the Health and Safety Committee to oversee the ongoing development, implementation and monitoring of all matters relating to Health and Safety within the Trust.

Divisional Boards

Receives and reviews action plans and escalated risks from the sub groups and specialties throughout the Division:

- Reviews the Divisional Risk Register and ensures appropriate development of treatment plans for remedial action
- Reviews the action plans from sub groups and specialties throughout the Divisions to ensure progress and closure
- Reviews any escalated risk and decides on acceptance, remedial action or escalation to the Executive Risk Register.
- Reviews minutes from sub groups and specialties throughout the Divisions which give assurance of effective risk management.
- Receives Health & Safety issues, incidents, national guidance and other relevant governance/risk issues through the monthly governance report

Appendix A provides an overview of the high level risk committees and the reporting arrangement to the Board of Directors.

Appendix B demonstrates the process for ensuring that senior management within the Trust undergo training in risk management awareness.

RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

Definitions of risk

- **Risk** is the chance that something will happen that will have an impact on the Trust's aims and objectives. It is measured in terms of likelihood (probability or frequency of the risk occurring) and severity (impact or magnitude of the effect of the risk occurring).
- **Risk management** is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.
- **Clinical risks are** risks, which have the ability to affect patient care and may cause harm to the patient. This covers anything related to the diagnosis, treatment and outcome of each patient. Psychological harm or distress is also included. The following are some examples of clinical risks.
- **Non-clinical risks** are risks, which have the ability to affect people other than patients such as staff, visitors and contractors. This includes fire, security, environmental and health and safety issues.
- **Financial risk** - those risks which have the ability to affect the financial well-being of the Department, Division or Trust.
- **Strategic risks** are those risks, which have the ability to affect the development, implementation and control of agreed strategies.

RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

Medical Director

The Medical Director supports the implementation of the risk management strategy and has the responsibility for all medical staff.

Deputy Director of Nursing and Quality

Deputy Director of Nursing and Quality, on behalf of the Director of Nursing and Quality will support the implementation of the risk management strategy and is responsible for raising awareness/profile of risk management.

Divisional Directors

Responsible for implementing risk management within their Divisions. They are responsible for the development and ongoing maintenance of Divisional Risk Registers which in turn will inform the overall Executive Risk Register and the Board Assurance Framework.

Divisional Medical Directors

The Divisional Medical Directors have delegated responsibility for the implementation of risk management strategy have the responsibility for all medical staff. They are responsible for engaging all medical staff in the risk management process and are responsible for ensuring that medical staff receive the necessary level of risk management training.

Head of Nursing/Midwifery

- Responsible to ensure that there is effective risk management processes are in place within departments for the identification, management or escalation of risks.
- Responsible for ensuring that their staff receive the necessary level of risk management awareness/training in order to ensure that they are competent to identify, assess and manage risk within their working environment.
- Responsible for ensuring that there are adequate systems in place for the maintenance, monitoring and follow up of attendance records

Head of Risk and Patient Safety

The Head of Risk & Patient Safety has the delegated responsibility for maintaining the Executive Risk Register.

The Head of Risk & Patient Safety also advises the organisation on patient safety and risk issues, enabling the organisation to achieve key governance and risk objectives.

Head of Estates

The Head of Estates has delegated responsibility for the management of the estates. The Head of Estates has corporate responsibility for Fire and Health and Safety providing advice help and support on requirements to comply with civil and statutory Health Safety and Fire obligations, use of best practice to further improve standards and a pro-active approach to ensure continuous improvement.

Head of Security (Local Security Manager Specialist)

The Head of security has direction from the NHS Counter Fraud and Security Management Service [CFSMS].