

## Risk Management Strategy (2016-2019)

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This strategy provides a time-based process for the continuing development of risk management throughout the Trust. Improved risk management will result in better quality care for patients and a safer environment for service users, visitors and staff.

## VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Initial draft for comment	10.01.2016	This strategy has superseded the previous strategy originally approved in 2007 which addressed the Trusts overall approach to risk management.	Rebecca Haynes
1.0	18.02.16	Approved by RMC	Rebecca Haynes
1.1			
1.2			

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Date of Issue	8 January 2016
Reference	Draft

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## 1. Executive Summary

- 1.1. Northern Devon Healthcare NHS Trust is fully committed to the principles of risk management.
- 1.2. The objectives of the Trust with regards to risk management are to:
- Define clear lines of accountability throughout the organisation;
  - Provide a systematic approach to the identification, assessment and prioritisation of risks;
  - Provide an effective system for controlling, reducing or eliminating risks;
  - Provide a robust reporting and monitoring system for identified risks;
  - Ensure the organisation is aware of all identified risks and allocates the necessary resources in a prioritised way in order to manage its risks and to ensure it can meet its strategic objectives;
  - Ensure the Board is informed of significant risks to the Trust's strategic objectives, and is consulted on the plans for controlling them;
  - Ensure all staff in all directorates and departments are aware of their risk management responsibilities and that they understand the use and the process of risk identification, assessment, reporting and management;
  - Provide risk management training to staff identified as having a key role in risk management;
  - Create a risk-aware culture throughout the organisation; and
  - Remove the risk of injury, damage or loss to patients, visitors and staff or of harm to the organisation where possible. Where this is not possible, to ensure the risk is reduced as much as is reasonably practicable.
- 1.3. This Risk Management Strategy provides a time-based process for the continuing development of risk management throughout the Trust. Improved risk management will result in better quality care for patients and a safer environment for service users, visitors and staff.
- 1.4. The Trust's [Risk Management Policy](#) supports the implementation of this strategy.

## 2. Links to Trust strategic objectives

- 2.1. This strategy supports the delivery of the following Trust Strategic Objective:

✓	Highest Quality	✓	Flexible and multi-skilled workforce
✓	Sustainable Services	✓	Efficient & Effective
✓	Integrated Health & Social Care	✓	Provider of Choice

### 3. Introduction

- 3.1. This strategy provides a time-based process for the continuing development of risk management throughout the Trust. Improved risk management will result in better quality care for patients and a safer environment for service users, visitors and staff.

#### Status of this document

- 3.2. This strategy has superseded the previous strategy originally approved in 2007 which addressed the Trust's overall approach to risk management.

#### The scope of the strategy

- 3.3. The strategy covers the development of the Trust-wide Risk Management processes.

#### The overall aim of the strategy

- 3.4. The aim of the strategy is to update and develop the existing Risk Management process to ensure compliance with best practice guides.

#### The timescale of the strategy

- 3.5. The strategy identifies development over the next 3 years (2016-2019).

#### The development process

- 3.6. Overall accountability for risk management lies with the Chief Executive. This responsibility has been delegated to the Director of Strategy and Transformation who is the lead director for risk management and health and safety. Ensuring the aims of the strategy are met is being led by the Senior Governance Manager (Risks and Incidents).
- 3.7. The Risk Management Committee and the Corporate Governance Team led by the Director of Strategy and Transformation are also involved in supporting the developments outlined in the strategy.
- 3.8. The strategy has been consulted on with the following staff and groups:
- Risk Management Committee
  - Corporate Governance Team

## 4. Stakeholder analysis

### Risk Management Committee

- 4.1. The purpose of the Risk Management Committee is to manage and monitor all aspects of clinical and non-clinical risk within the Trust. Membership of the committee includes representatives from different directorates and two non-Executive directors as joint members. The meetings are held monthly apart from January and August. The minutes of the meetings are presented to the Quality Assurance Committee and the Audit and Assurance Committee to note the actions agreed by the Risk Management Committee.

### Quality Assurance Committee

- 4.2. The Quality Assurance Committee is a sub-committee of the Trust Board. The purpose of the committee is to provide leadership and assurance that the Northern Devon Healthcare NHS Trust clinical governance systems and processes are in place and are effective in providing safe high quality care. Membership comprises of non-Executive Directors, the Director of Nursing, Medical Director and specialist advisors including senior managers, professional leads and governance leads.

### Audit and Assurance Committee

- 4.3. The Audit and Assurance Committee is a sub-committee of the Trust Board. The committee role is to review the establishment and maintenance of an effective system of internal control and risk management. Membership comprises of three non-Executive Directors senior managers, and representatives from Internal Audit.

## 5. Strategy vision and values

- 5.1. The vision for Risk Management within Northern Devon Healthcare Trust is to increase the visibility of the risk management process and ensure that all staff understand that risk management is an integral part of their day-to-day responsibilities.
- 5.2. By 2019 we aim to have a Risk Management process that:
- Produces SMART and strong action plans to mitigate risks.
  - Uses best practice Types of risk control (Terminate, Transfer, Treat and Tolerate).
  - Ensures that the Corporate Risk Register is developed to reflect risks to the organisation and the achievement of the strategic objectives.
  - Is accessible to staff to produce reports, update risks and action progress in real time.
  - Has developed and defined a Risk Appetite for each Strategic Objective.

## Trust Values

- 5.3. Striving for Excellence is the main Trust value on which this strategy is based, as the present process is not demonstrating best practice guidance with regards to risk management process. Implementation of this strategy will also have an impact on the Trust values of Demonstrating Compassion and Respecting Diversity. The action plan associated with this strategy has been informed by these values.

## 6. The current position

### 6.1. Purpose and objectives

- The purpose of this strategy is to set out plans for developing risk management processes and systems over the next 3 years to ensure they meet current best practice guidance.
- The Risk Management Strategy, Risk Management Process and Corporate Risk Register were self-assessed using the Northern Devon Healthcare NHS Trust Clinical Risk Management Standards. All three areas passed at level one and two.
- An annual Risk Management Internal Audit review is conducted; the last one found that the Trust's risk management arrangements meet the requirements of national risk management standards, in respect of strategy, process, committees and risk registers.

### Policy context:

- 6.2. The Risk Management policy sets out the current risk management process which includes the identification of risks, risk assessments, risk evaluation and scoring, control measures, risk action plans and the corporate risk registers.

### Current dimensions

- 6.3. Risk Management is relevant to all staff, volunteers and temporary workers. There are presently in excess of 3400 risks on the corporate risk register approximately 8% are open and the remaining 92% are accepted/closed risks.

### 6.4. Services currently provided by the Risk Management team include:

- Supporting staff to identify, report and manage risks;
- Developing processes and procedures to deliver a robust risk reporting and management system;
- Reviewing identified risks and providing support to staff for the completion of risk assessments and supporting action plans;
- Ensuring risk action plans are performance monitored and updated on the DATIX system;

- Providing routine and ad-hoc reports to Trust staff as appropriate;
- Providing reports to external agencies, e.g. Internal Audit;
- Providing routine reports to the appropriate Committee e.g. Risk Management Committee, Audit and Assurance Committee;
- Developing training programmes to contribute to services and staff development; and
- Maintaining the Principal Risk Map and the Corporate Risk Register.

## Current performance

- 6.5. Key Performance Indicators of the risk management process are presented at each Risk Management Committee and on the Corporate Governance KPI report.

## Workforce analysis

- 6.6. The risk team consist of a full time Senior Governance Manager (Risk and Incidents) and a Governance Support Officer (Risks and Incidents) who has shared responsibilities with the Investigations and Incidents teams.

- 6.7. The Risk Team provide:

- Risk Management training is provided on induction for all staff.
- Practical risk assessor courses are held in the Northern and Eastern localities each year.
- Risk management is a session on the New Managers Course. There are four sessions held a year in the Northern and Eastern areas.
- One to one coaching of the risk management process is completed with new employees when required.

## Information analysis

- 6.8. The Corporate risk register is presently recorded on the Datix Rich Client. This programme is not on a web based version so is not assessable to all staff. The rich client version of datix is no longer being developed by the manufacturer as all developments and improvements are being made to their web based version.

- 6.9. Reports are produced on a monthly basis for the Risk Management Committee where discussions on the development and improvement of risk management processes are regularly held. New ideas are taken forward through task and finish groups.

## Process analysis

- 6.10. Risk management processes are described in the associated Risk Management Policy. The processes are audited on an annual basis by Internal Audit with results presented to the Audit & Assurance Committee. Internal Audit reviews list recommendations for improving the service. SMART action plans are developed to take these forward.

## 7. Strategy Objectives

- 7.1.** By 2019 we aim to have a risk management process that meets best practice guidance and which is accessible and visible across the organisation. This strategy is aimed at meeting compliance with external standards as outlined below:
- Northern Devon Healthcare NHS Trust self-assessed Clinical Risk Management Standards at Level 3.
  - Compliance with NHS England Fundamental standards
- 7.2.** Successful implementation of this strategy will deliver the following key performance results:
- 100% of relevant staff having access to risk management system to be able to monitor risks and actions and create reports.
  - The Trust identifying a risk appetite for each strategic objective which will be reflected in a revision update to the Risk Management Policy.
- 7.3.** Key performance indicators results should be improved by:
- Reduction in the number of Risk Exceptions as SMARTer actions are developed and realistic timeframes of risk action are identified.
- 7.4.** Achievement of these strategic objectives will contribute to the overall objectives of the Trust as expressed in its mission, vision and values through improved accessibility and understanding resulting in better care for patients and a safer environment for service users, visitors and staff.

## 8. Priorities for strategic change

- 8.1.** The main area where change is needed to enable us to achieve our strategic objectives is the purchase of a web-based risk management system to enable accessibility and visibility of the corporate risk register.
- 8.2.** Appendix A below details the actions to achieve each of the aims identified in section 5.

## 9. Financial issues

### Strategy financial implications

- 9.1.** The purchase of a web-based risk management system will have financial implications. An options appraisal will be carried out and a business case submitted to support the proposal.

## 10. Risk issues

### Management of risks associated with this strategy

- 10.1. Risks associated with this strategy will be managed and monitored through the established risk management processes.

### Key risks associated with this strategy

- 10.2. The key risks identified are outlined below:
- There is a risk that the level of risk will not be effectively reduced if SMART actions plans are not identified;
  - There is a risk that the Datix Rich Client product currently in use is withdrawn and/or no longer supported;
  - There is a risk that staff will not understand that risk management is an integral part of their day-to-day responsibilities.

## 11. Workforce issues

- 11.1. The impact of the strategic changes on the Risk Management workforce have been considered and the will have the following implications:
- When accessibility to the risk management system has been addressed through the implementation of a web-based system, staff will need additional training in how to access and use the risk management module;
  - This will be provided through a combination of on-line and face-to-face training delivered by the Risk and Incidents Team.

## 12. Governance issues

- 12.1. No governance issues have been identified in terms of corporate governance, internal controls, risk management or financial controls and reporting.

### Audit

- 12.2. Risk management processes are audited on an annual basis by Internal Audit and findings are reported through the Audit & Assurance Committee.

## 13. Evaluation, learning and review

- 13.1. Progress will be measured and the strategic objectives reviewed on an on-going basis and presented to the Risk Management Committee.
- 13.2. Implementation of the web-based risk management system will be evaluated through an internal audit review.

## 14. Communication plan

- 14.1. This strategy will be sent to each member of the Risk Management Committee and relevant staff from the Corporate Governance Team for consultation.
- 14.2. Once approved the strategy will be sent to the Audit and Assurance Committee and Quality Assurance Committee to note.
- 14.3. Progress against the strategy will be monitored through the Risk Management Committee.

## 15. References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- NDHCT Risk Management Standards
- Risk Management Policy
- Health and Safety at Work Act etc. 1974
- The Management of Health and Safety at Work Regulations 1999
- Health and Safety Executive (HSE). (2010). Leading Health and Safety at Work: Leadership Actions for Directors and Board Members. London: HSE. Available at: [www.hse.gov.uk](http://www.hse.gov.uk)
- National Patient Safety Agency. (2008) A risk matrix for risk managers. London: National Patient Safety Agency. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- National Patient Safety Agency. (2007). Healthcare Risk Assessment made Easy. London: NPSA. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

## 16. Associated documents

- [Risk Management policy](#)
- [Risk Management Training policy](#)

## APPENDIX A - YEAR 1 ACTION PLAN

**Aim 1 – Produce SMARTer and strong action plans to mitigate risks. Increase staff awareness of SMART action planning.**

**Links to core value of Strive for excellence and supports the strategic objective to deliver care of the highest quality**

[Specific, Measurable, Achievable, Realistic and Timed guidance](#) has been produced by the Senior Governance Manager (Risk and Incident) and approved through the updated Risk management Policy and a [SMART action plan video clip](#) has been produced by the Quality Improvement team. This guidance needs to be communicated to staff and sent to assist staff completing action plans for Significant Event Audits and Serious Incidents Requiring Investigation. People responsible for delivering the action: Investigation Team  
To be completed by: 1 April 2016

- The investigation and risk team and newly formed Serious Incident Review Group (SIRG) need to ensure actions plans are SMART as part of their review of the investigation reports and risk assessment, and return unSMART actions to the author of the report for improving.

People responsible for delivering the action: Investigation Team, Risk Team and SIRG  
To be completed by: 1 April 2016

Implementation of the action should result in a reduction in the number of Risk Exceptions as SMARTer actions are developed and realistic timeframes of risk action are identified. This will be monitored through Key Performance indicator CG Risk .06- Number of exceptions reported.

**Aim 2 – The Trust should use best practice types of risk control. (Terminate, Transfer, Treat and Tolerate)**

**Links to core values of Listening and Supporting others and supports the strategic objective to deliver care of the highest quality**

- The risk assessment template will be updated to reflect the new control titles. The present controls can be batch updated to the new titles on the datix system.

Present risk control	New Risk Control	Definition
Risk Avoidance	Risk Terminate	Eliminate the risk completely by utilising alternatives or by discontinuing an activity.
Risk Transfer	Risk Transfer	Pass the risk to a third party or involving another party to share the risk.

Risk Reduction	Risk Treat	By developing SMART actions plans to reduce the risk.
Risk Acceptance	Risk Tolerate	Accepting the residual risk after action has been taken to reduce the original risk, subject to monitoring.
Contingency and disaster planning	Contingency and disaster planning	Developing plans to manage these risks should they occur.

People responsible for delivering the action: Datix and Incident Manager and Senior Governance Manager (Risk and Incidents)

To be completed by: 1 July 2016

Completion of this action will be demonstrated by the Trust following best practice for Risk management.

**Aim 3 – Ensures that the Corporate Risk Register is developed to reflect risks to the organisation and the achievement of the strategic objectives.**

**Links to core values of Listening and supporting others and strive for excellence and supports the strategic objective to deliver care of the highest quality.**

A task and finish group to be established to review the current sources of risks added to the corporate risk register and whether the current process supports the Trust definition of risk as “something that might or might happen that may cause harm to the individual or to the organisation” and the Trust definition of risk management as “the identification, analysis and control of all threats to the achievement of the organisations strategic objectives and operational activities.

People responsible for delivering the action: Task and Finish Group who are members of the Risk Management Committee or deputies.

To be completed by: 1 January 2017

Any changes identified by the Task and Finish group will be presented for approval at the Clinical Services Executive Committee.

## APPENDIX B - YEAR 1 / 2 ACTION PLANS

**Aim 4 – To have a risk management process that is accessible to staff to produce reports, update risks and action progress in real time.**

**Links to core values of Strive for excellence and supports the strategic objective to ensure access to a sustainable range of services.**

- Source a web based risk management system which will ensure that relevant staff have access to the Corporate Risk Register to produce reports and data searches. Ideally a new system would allow staff to directly add risks to the corporate risk register, update the progress of actions plans in real time, produce dashboards of risk data, link risks with related incidents, claims and complaints to share the information, produce reports for individual requirements and for relevant committees.
- Complete a business case for a new system, have the funding agreed, implement the system and train the relevant staff.

People responsible to completing the business case: Risk Team

People responsible for agreeing the funding: Clinical Services Executive Committee.

People responsible for implementing a new system: Risk Team, Datix and Incident Team and support provided by external Risk Management Systems Company.

To be completed by: 1 January 2018

Completion of the action plan can be demonstrated by the percentage of staff who have access to an on line risk management system. The present system is only accessed by members of the Corporate Governance team.

**Aim 5 – To identify an overall risk appetite for the trust and a risk appetite for each strategic objective.**

**Links to core values of Strive for excellence and supports the strategic objective to ensure access to a sustainable range of services.**

- For the Trustboard to identify a risk appetite for each strategic objective and overall Trust risk appetite. The risk appetite will then be included in the Risk management policy and published on the Trust internet system. The definitions of risk appetite are shown below.

Avoid	No appetite. Not prepared to take any risks.
Averse	Prepared to accept only the lowest levels of risk, with the preference being for ultra-safe delivery options, whilst recognising that these will have little

	or no potential for reward/return.
Cautious	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
Moderate	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
Open	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when these are elevated levels of associated risk.
Hungry	Eager to seek original/creative/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

People responsible to completing the action: Trustboard

To be completed by: 1 January 2019

Completion of this action can be demonstrated by the appropriate Risk Appetites being included in the Risk Management Policy.

**APPENDIX C - EQUALITY IMPACT ASSESSMENT SCREENING FORM**

Equality Impact Assessment Screening Form			
<b>Title</b>	Risk Management Strategy		
<b>Author</b>	Rebecca Haynes, Senior Governance Manager (Risk and Incidents)		
<b>Directorate</b>	Strategy and Transformation		
<b>Team/ Dept.</b>	Risk Team Corporate Governance		
<b>Document Class</b>	<b>Document Status</b>	<b>Issue Date</b>	<b>Review Date</b>
Strategy	Draft	January 2016	January 2021
<b>1</b>	<b>What are the aims of the document?</b> This strategy provides a time based process for the continuing development of risk management throughout the Trust.		
<b>2</b>	<b>What are the objectives of the document?</b> Improved risk management will result in better quality care for patients and a safer environment for service users, visitors and staff.		
<b>3</b>	<b>How will the document be implemented?</b> The strategy will be implemented through the Risk Management Committee and work plan of the Senior Governance manager (Risk and Incident)		
<b>4</b>	<b>How will the effectiveness of the document be monitored?</b> <ul style="list-style-type: none"> <li>• 100% of relevant staff having access to risk management system to be able to monitor risks and actions and create reports.</li> <li>• The Trust identifying a risk appetite for each strategic objective which will be reflected in a revision update to the Risk Management Policy.</li> </ul> <p>1. Key performance indicators results should be improved by:</p> <ul style="list-style-type: none"> <li>• Reduction in the number of Risk Exceptions as SMARTer actions are developed and realistic timeframes of risk action are identified.</li> </ul>		
<b>5</b>	<b>Who is the target audience of the document?</b>  All staff		

<b>6</b>	<b>Is consultation required with stakeholders, e.g. Trust committees and equality groups?</b>	Yes		
<b>7</b>	<b>Which stakeholders have been consulted with?</b>	<ul style="list-style-type: none"> <li>• Risk Management Committee</li> <li>• Relevant staff from the Corporate Governance Team</li> </ul>		
<b>8</b>	<b>Equality Impact Assessment</b>	<p>Please complete the following table using a cross, i.e. <b>X</b>. Please refer to the document “A Practical Guide to Equality Impact Assessment”, Appendix 3, on the Trust’s Intranet site (Bob) for areas of possible impact.</p> <ul style="list-style-type: none"> <li>• Where you think that the policy could have a <b>positive</b> impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, put a cross in the ‘Positive impact’ box.</li> <li>• Where you think that the policy could have a <b>negative</b> impact on any of the equality group(s) i.e. it could disadvantage them, put a cross in the ‘Negative impact’ box.</li> <li>• Where you think that the policy has <b>no impact</b> on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, put a cross in the ‘No impact’ box.</li> </ul>		
Equality Group	Positive Impact	Negative Impact	No Impact	Comments
Age			X	
Disability			X	
Gender			X	
Gender reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non degrading treatment)			X	
Marriage and civil partnership			X	
Pregnancy, maternity and breastfeeding			X	
Race / Ethnic Origins			X	
Religion or Belief			X	

<b>Sexual Orientation</b>			<b>X</b>	
	<p>If you have identified a negative discriminatory impact of this procedural document, ensure you detail the action taken to avoid/reduce this impact in the Comments column. If you have identified a <b>high</b> negative impact, you will need to do a Full Equality Impact Assessment, please refer to the document “A Practical Guide to Equality Impact Assessments”, Appendix 3, on the Trust’s Intranet site (Bob).</p> <p>For advice in respect of answering the above questions, please contact the Equality and Diversity Lead.</p>			
<b>9</b>	<p><b>If there is no evidence that the document promotes equality, equal opportunities or improved relations, could it be adapted so that it does? If so, how?</b></p>			