RISK MANAGEMENT STRATEGY

Version 4

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Version 4

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IMPACT ASSESSMENT STATEMENT
Version 2 of this Strategy was impact assessed in 2005. The following statement was noted at the Governance Committee on 22 April 2005:
“The Risk Management Strategy does not discriminate against anyone who has to apply the strategy or any patient.”
The Equality Impact Assessment was reviewed in March 2009
2. EXECUTIVE SUMMARY

There are risks in everything the Trust does and each member of staff must learn how to identify risks in their work environment and their practice, and how to reduce the impact of such risks on patients, staff, visitors and themselves. The Trust Board has overall responsibility for ensuring that everything possible is being done throughout the Trust to reduce risks and to deliver safe and effective patient care. The Risk Management Strategy describes the Trust's framework for achieving this.

Corporate and individual accountability for managing risk is set out in this strategy as follows:

- The Trust Board’s role in reviewing the management of extreme risks
- The Audit Committee’s role in monitoring the effectiveness of the system for managing risks
- The Healthcare Governance Committee’s role in monitoring the content of the Corporate Risk Register
- The Trust Management Committee’s role in moderating the risk scores
- The Trust Chief Executive’s role as the person with overall responsibility for managing risk.
- The responsibilities of each executive director in relation to specific areas of risk in the Trust
- The requirement for clinical directors, senior nurses and senior managers to carry out risk assessments, ensure that divisional staff are trained and competent to do the jobs asked, and to maintain essential services in times of emergency.
- The responsibility for all staff to take reasonable care for their own safety and the safety of all others that may be affected by the Trust’s business.
- The scope and range of advice the Board and Trust staff can call upon.

A separate document – the Risk Management Policy – describes the process of risk identification and reduction which all staff are expected to follow.

3. INTRODUCTION

Buckinghamshire Hospitals NHS Trust is exposed to a wide range of potential risks, including:

- Clinical risks e.g. unavoidable and avoidable risks in treatment.
- Health and safety risks e.g. accidents involving patients, staff or visitors.
- Workforce and recruitment risks e.g. insufficient staff, or skill shortages.
- Financial and business risks e.g. not achieving the corporate objectives.
- Estate and environmental risks e.g. poor maintenance or faulty equipment
- Information Governance risks e.g. breaches of confidentiality.

Risk assessment is implicit in every activity in the Trust, and the Trust Board must manage its risks in such a way that people are not harmed and losses are minimised to the lowest acceptable levels.

Building the Assurance Framework: A Practical Guide for NHS Boards details the requirement for Trust Boards to be confident that the systems, policies and people they have in place are operating in a way that is:

- Effective
- Focused on key risks
- Driving the delivery of the Trust’s objectives and meeting the national healthcare standards.

To meet the requirements of the Statement of Internal Control (SIC) Trust Boards are required to have in place:

- Clear objectives, which provide the framework for all the Trust’s activity.
- Structured risk identification systems covering all possible risks to the Trust.
- Robust controls for the management of risk.
• Appropriate monitoring and review mechanisms that provide information (assurance) to the Board that the system of risk management across the Trust is effective.

The Trust’s Assurance Framework Policy describes the assurance process for the statement of internal control and the declaration of compliance.

4. OBJECTIVE AND SCOPE OF THE STRATEGY

The objective of the risk management strategy is to promote a consistent and integrated approach across all parts of the organisation embracing clinical, organisational and financial risks. It aims to do this through a robust governance structure, sound processes and systems of working, and an open and fair blame culture that is focused on patient and staff safety.

The strategy applies to every employee of the Trust and contractors or other third parties working within the Trust. Managers at all levels are expected to make risk management a fundamental part of their approach to clinical and corporate governance.

5. DEFINITION OF RISK AND RISK MANAGEMENT

A risk is the chance of something happening that will have an adverse impact on the achievement of the Trust’s objectives and the delivery of high quality patient care.

Risk Management is the proactive identification, classification and control of events and activities to which the Trust is exposed.

6. PRINCIPLES OF SUCCESSFUL RISK MANAGEMENT

• An open, objective and supportive culture encourages staff to report mistakes.
• An acknowledgement that there are risks in all areas of the Trust’s work.
• It is the role of the Trust Board, and in particular the Chief Executive, to lead and support risk management.
• It is the role of all managers at all levels to identify and reduce risks.
• Staff working in the Trust are best placed to recognise the risks and should be actively encouraged to be involved in reducing those risks.
• Good communication aids reduction of risk.
• There is always learning from mistakes.

7. CORPORATE AND INDIVIDUAL ACCOUNTABILITY FOR MANAGING RISK

7.1. The Trust Board

The Trust Board is responsible for reviewing the effectiveness of its internal control systems through its assurance framework. The Board is required to seek assurance that it is doing its reasonable best to ensure the Trust meets its objectives and protects patients, staff, the public, and other stakeholders against risks of all kinds. The Board must sign a declaration of compliance with the national healthcare standards every year. The annual Statement of Internal Control (SIC) made by the Trust Chief Executive in the annual accounts must demonstrate that the Trust Board

• Has been informed through the Assurance Framework about all risks, not just financial ones.
• Has arrived at its conclusions on the totality of risk based on all the evidence presented to it.

7.1.1. The Trust Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring that governance and risk management systems are adequate within the Trust to cover all its activities. The Chief Executive is required to sign an annual Statement on Internal Control on behalf of the Board to provide stakeholders with an assurance that the Trust has met its governance responsibilities.
7.1.2. **Non Executive Board Members**  
The Chairman, the executive directors and non executive directors will attend the Trust Board and Trust Board seminars. Non Executive chairmanship/attendance on Trust Committees is as follows:

7.1.3. **Audit Committee (Non Executives only)**  
Chairled by a non-executive director  
Three non executive directors also attend

7.1.4. **Remuneration and Appointments Committee (Non Executives only)**  
Chairled by the Trust Board Chairman  
Three non executive directors also attend

7.1.5. **Healthcare Governance Committee (Non Executives only)**  
Chairled by a non executive director  
Three non executive directors also attend

7.1.6. **Charitable Funds Committee**  
Chairled by a non-executive director  
One non executive director also attends

7.1.7. **In addition to the above there is a non executive director lead for each of the following areas in the Trust:**

- Whistleblowing
- Standards for Better Health
- IM&T Strategy
- PFI
- Security
- Counter Fraud
- NHS Menu
- Wycombe Birth Centre Governance Group
- Research

7.2. **Executive Directors**

7.2.1. **Chief Operating Officer/Deputy Chief Executive**  
The Chief Operating Officer has overall responsibility for the effective and efficient delivery of all operational clinical and clinical support services. S/he has specific responsibility for risks in the following areas:

- Medicines Management
- Bed Management
- Radiological Protection
- Decontamination
- Licence Holder for the Human Tissue Act
- 24 hour access to emergency services
- Major incident coordination
- Information governance  
  *(Note: this list is not exhaustive).*

7.2.2. **The Medical Director**  
The Medical Director has joint lead responsibility for healthcare governance with the Chief Nurse and Director of Patient Care Standards. This includes lead responsibility for clinical performance of the medical workforce, clinical audit, medical innovation, research governance, Caldicott Guardian issues, and medical education.
7.2.3. **The Chief Nurse and Director of Patient Care Standards**
The Chief Nurse and Director of Patient Care Standards has joint lead responsibility for healthcare governance with the Medical Director. This includes lead responsibility for Patient Safety, Health & Safety, Risk Management, Claims & Litigation, Complaints and Child Protection. The Director also coordinates the annual health check.

7.2.4. **The Director of Human Resources and Organisation Development**
The HR Director is the lead director for strategic risks related to employment law, organisational and personal development, and training.

7.2.5. **The Director of Finance**
The Director of Finance is the lead director for financial risks and risks related to procurement. S/he is professionally accountable for financial practice and development and the coordination of the internal audit function which provides the Trust with independent assurance.

7.2.6. **The Director of Strategy and System Reform**
The Director of Strategy and System Reform is the lead director for risks to the marketing, equality legislation in respect of access to services, service modernisation and communications.

7.2.7. **The Director of Property Services**
The Director of Property Services has responsibility for providing a safe and secure environment for patients, staff and visitors including environmental controls, fire, security, food safety, hospital transport, and cleanliness. This Director is responsible for risks to the delivery of the capital programme.

7.2.8. **Company Secretary**
The Company Secretary is responsible for maintaining the Assurance Framework and the communication of risk through this tool. H/She is also responsible for ensuring that risks are communicated to the Board, and ensuring that the Board receives appropriate training in risk monitoring. The Company Secretary is responsible for the preparation each year of the Statement of Internal Control.

7.2.9. **Divisional Staff**
Divisional teams have specific responsibility for identifying significant clinical risks in the Trust and taking action to manage and reduce them to an acceptable level. Risks assessed as medium – extreme and the actions being taken to reduce them should be recorded on divisional risk registers.

7.3. **Other staff**

7.3.1. **Associate Director Healthcare Governance**
The Associate Director Healthcare Governance is responsible for the communication of risks through the risk registers to the Healthcare Governance Committee and Trust Board. H/She is also responsible for the monitoring of risk trends through chairing the Risk Monitoring Group.

7.3.2. **Trust Risk Advisers**
The Trust receives advice on a comprehensive range of risks from a number of advisers which include:

- The Director of Infection Prevention and Control, and the Control of Infection Team
- The Head of Workplace Health
- The Health and Safety Adviser
- The Fire Safety Advisers
- The Radiological Protection Adviser
- The Chief Pharmacist
- The Child Protection Designated Nurse and Designated Doctor
- The Human Tissue Act Designated Individuals
- The Trust Security Adviser – Local Security Management Specialist
- The Data Quality and Information Governance Manager

7.3.3. Standards for Better Health Leads
The Trust has designated leads for each of the Standards for Better Health (SfBH). It is the SfBH lead’s responsibility to coordinate the evidence for compliance with each standard and to identify to the appropriate Executive Director where this is not available. The Trust Management Committee (TMC) and Healthcare Governance Committee review the draft statement of compliance and ensures Board members are aware of non compliance and that there are appropriate action plans in place.

7.3.4. Trust Senior Managers
Trust senior managers must ensure that:

- Patient safety is given the highest priority.
- Staff are working within their level of competence.
- Staff are enabled to attend training appropriate to their role particularly mandatory training.
- Sufficient staff are available in the Division to carry out formal risk assessments and to determine adequate control measures within the working environment.
- Formal risk assessments are incorporated into a Departmental or Divisional Risk Register that informs the Trust Corporate Risk Register.
- Fire and other emergencies are appropriately dealt with.
- There are contingency plans in each division to maintain an acceptable level of service following any unplanned interruption of essential services.

7.3.5. All employees
It is essential that if a member of staff considers that a serious concern which they have raised through the line management route has not been resolved, they should report this to a more senior level of management.

All staff must:

- Co-operate fully with departmental and Trust guidelines, protocols and policies in the interests of health and safety and risk management.
- Report any incident, defect or other concern directly to their manager and complete an incident reporting form promptly.
- Follow prescribed working practices and all information and training provided.
- Attend training as identified by their manager or by the Trust (e.g. induction and new procedures, mandatory training: induction, fire safety, moving and handling and personal safety).
- Participate actively in the process of risk assessment.
- Comply with, and implement control plans that arise from assessments.
- Promptly report to their manager or local Risk Assessor, any changes that might affect assessments / working conditions.

8. GOVERNANCE STRUCTURE
The Trust’s governance structure which identifies all the Trust’s committees and their relationship to the Board is appended. (Appendix 1) The purpose of each Board Committee and the Risk Monitoring Group and Trust Management Committee in relation to this strategy is set out below:

8.1. Trust Board
The Trust Board is responsible for reviewing the effectiveness of its internal control systems – clinical and non-clinical. The Board is required to produce statements of assurance that it is doing its reasonable best to ensure the Trust meets its objectives and protects patients, staff, the public and
other stakeholders against risks of all kinds. The Board reviews the Assurance Framework and principal risks three times a year.

The Trust Board receives routine reports throughout the year which identify how risks are being managed. Examples include regular financial reports, complaints and incident reports, reports on performance, reviews of the corporate risk register, updates on national guidance and minutes of all the Board Committees.

The annual statement of internal control (May/June) summarises the Board’s review of its system of risk management.

8.2. Audit Committee
The purpose of the Audit Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across all the Trust’s activities and to ensure this system supports the achievement of the Trust’s objectives.

The Audit Committee seeks assurance from internal and external auditors, including external bodies that inspect the Trust.

The Audit Committee receives the minutes of the other Board Committees.

8.3. Healthcare Governance Committee
The purpose of the Healthcare Governance Committee is

- To be the focal point in the Trust for concerns and achievements in risk management
- To oversee the Risk Register and draw significant risks to the Board’s attention.

The Governance Committee reviews changes to the Corporate Risk Register bi-monthly and receives a comprehensive healthcare governance report quarterly which forms the basis of its formal report to the Board. The HGC reviews risks scored 12 or above. The Healthcare Governance Committee will provide an Annual Healthcare Governance Report to the Board.

8.4. Risk Monitoring Group
The purpose of the Risk Monitoring Group is:

- To ensure that robust systems are in place to manage risk across the Trust and within divisional teams in line with ‘Organisation with a Memory’, legislation and other risk management guidance issued within the NHS.
- To provide an interactive forum for the divisional risk leads to review, share experiences and learn from clinical risks, incidents and near misses, complaints, PALS and litigation
- To report to the Healthcare Governance Committee any clinical risk issues and the actions being taken to address them.

7.5 Remuneration and Appointments Committee
The purpose of the Remuneration Committee is to ensure that senior managers are fairly remunerated for their individual contribution to the organisation, with consideration to affordability and public accountability.

8.5. Trust Management Committee
The Trust Management Committee is the operational management group that ensures that all management processes and systems are in place and are fit for purpose. All executive directors and Divisional chairs are members of this committee. The Board receives TMC minutes.
9. RISK MANAGEMENT PROCESS

9.1. Buckinghamshire Hospitals NHS Trust has a structured approach to risk management (see flowchart) This process is described in detail in the Risk Management Policy and involves:-

- A pro-active approach to the identification and management of principal risks that may threaten the achievement of strategic and divisional objectives.
- A reactive approach to the identification and management of risks that may threaten the achievement of the Trust’s risk management systems and processes.
- Progress reports to the Board.

Identification of risk through risk assessment in Divisions, Property Services or Information Management and Technology

Identification of risk through gaps in control on the Assurance Framework

Recording of risk and controls on the Divisional Risk Registers

Corporate Risk Register populated with risks from Divisional Risk Register scored 15 or above, and risks from Assurance Framework scored 9 or above.

Divisional Risks controlled and managed by Divisional Boards. Risks identified from Assurance Framework controlled and managed by Trust Management Committee

Risks monitored by:
- Divisional Boards
- Risk Monitoring Group
- Trust Management Committee
- Healthcare Governance Committee
- Audit Committee
- Trust Board

Resolved divisional risks archived by Divisional Boards.
9.2. Corporate Risk Register
The Trust’s Corporate Risk Register is at the centre of the risk management process and is a ‘living document’. It changes continually to reflect the dynamic nature of risk and the Trust’s management of it.

Each division has its own risk register which captures in one place how divisional risks are being managed. The Divisional Boards are accountable for the assessment, communication and management of risks within their area of responsibility. Extreme (risk score of 15 or above) divisional risks will also be recorded on the Trust’s Corporate Risk Register which is reviewed regularly by the Healthcare Governance Committee on behalf of the Board.

In addition there is a Property Services Risk Register and an Information Management and Technology risk register managed by the Executive Director responsible for these areas of risk. Extreme risks (scored 15 or above) from these registers will appear on the Corporate Risk Register.

Any other risks within the portfolio of individual Executive Directors will be communicated through the Divisional Risk Registers where appropriate, and the Assurance Framework.

9.3. Assurance Framework
The Assurance Framework is a tool to provide assurance to the Board with regard to achievement of the Trust Objectives. Where there is a gap in control on the Assurance Framework, this is identified as a risk and is then included on the Corporate Risk Register. Risks from the Assurance Framework scored at 9 or above are included on the Corporate Risk Register.

10. RISK MANAGEMENT TRAINING AND INFORMATION
Training and information are key elements in the development of a positive risk management culture. They provide staff with the necessary awareness, knowledge and skills to work safely and to minimise risks at all levels. The Trust’s Education Training and Development Strategy sets out a framework that enables all staff to access education, training and development so that they achieve the level of competence required to deliver service needs and provide safe and high quality patient care.

The Risk Management Strategy will be made available to staff via the intranet, and risk management training will be available to all divisions through the programmes in the quarterly training bulletin.

General awareness-raising for staff will also be undertaken through staff briefings, induction programmes and various newsletters.

11. STAKEHOLDER INVOLVEMENT
It is good practice to involve stakeholders, as appropriate, in all areas of the Trust’s activity, including the Risk Management Strategy and any significant risks. The Trust must ensure that it has and maintains a range of communication and consultation mechanisms with relevant stakeholders, both internal and external.

It is the role of the Trust Board to ensure that the Trust is working in partnership with the following stakeholders. This will be strengthened as the Trust proceeds with its application for Foundation NHS Trust status.

- Patients and the general public
- Members of staff and the Joint Management and Staff Committee
- The LINKS
- Buckinghamshire Health Overview and Scrutiny Committee
- Safeguarding Children Board
- Safeguarding Vulnerable Adults Board
• Voluntary Organisations and public interest groups
• Local Councillors, MPs and the Secretary of State
• Neighbouring healthcare organisations
• South Central Strategic Health Authority
• Local and national media

(this list is not exhaustive)

12. PERFORMANCE FRAMEWORK AND MONITORING

12.1. Risk Management Strategy
The Healthcare Governance Committee has responsibility for overseeing the implementation of this strategy and taking all actions associated with risk management. The Committee will ensure that progress is monitored regularly and that reports are submitted to the Trust Board.

12.2. Indicators
The Trust will assess its success with managing risk by using the following standards as benchmarks:

- Achieving compliance with healthcare standards and continued improvement as demonstrated in the annual health check.
- Meeting the Trust performance objectives
- Meeting financial targets
- Meeting Auditors’ Local Evaluation (ALE) Level 2
- Achieving a minimum of NHSLA Risk Assessment Standards Level 1 and continued progress towards the higher standards.

The Board may identify further benchmarks.

12.3. Audit
Internal Audit and the Audit Committee have responsibility for monitoring the risk management system and providing appropriate verification to the Chief Executive and Trust Board. The Trust is required to develop an Annual Statement on Internal Control that confirms that action has been taken to manage risk, and to publish this statement in its annual report.

12.4. The Care Quality Commission
The Care Quality Commission has responsibility for monitoring the quality of patient care throughout the NHS and does this through its annual assessment of compliance with national standards.

12.5. NHS Litigation Authority
The NHS Litigation Authority offers an assessment or risks to patient safety whereby by Trusts can reduce their insurance premiums by achieving different levels of assessment. This Trust is part of this scheme.

12.6. Health and Safety Committee
The Health and Safety Committee has responsibility for the implementation of the Health and Safety Policy. The Committee reports to the Trust Monitoring Committee after each meeting.

Managers are responsible for taking all actions associated with health and safety.
13. APPROVAL AND REVIEW OF THE RISK MANAGEMENT STRATEGY

The Risk Management Strategy has been developed in the light of currently available information, guidance and legislation that may be subject to review.

The Healthcare Governance Committee will review the strategy annually and any significant changes will be submitted to the Trust Board for endorsement and ratification.

The Chief Nurse and Director of Patient Care Standards will ensure that the strategy is communicated to Trust staff.

References


Linked Policy: Risk Management Policy

Appendix 1 Governance Structures
Top Level Governance Structures

TRUST BOARD
Monthly

ASSURANCE

HEALTHCARE GOVERNANCE Bi-Monthly
Non executive chair and membership

AUDIT Bi-monthly
Non executive chair and membership

STATUTORY

REMUNERATION and APPOINTMENTS As and when necessary

CHARITABLE FUNDS Quarterly

OPERATIONAL

TRUST MANAGEMENT COMMITTEE Fortnightly

Appendix 1
Trust Board

Healthcare Governance Committee

Audit Committee

Divisional Boards for Clinical Support Services, Medicine, Surgery, NSIC and Women and Children (healthcare governance information by exception)

Risk Monitoring Group

Infection Control Committee

Drug and Therapeutics Committee

Footnote: this depicts risk and assurance process, not operational management
Assurance Process through meeting structure

**TRUST BOARD***

**HEALTHCARE GOVERNANCE COMMITTEE**  
(Responsible for monitoring Corporate Risk Register)

**AUDIT COMMITTEE**  
(Responsible for monitoring Assurance Framework)

**TRUST MANAGEMENT COMMITTEE**  
(Responsible for moderating CRR and reviewing Assurance Framework)

**CORPORATE RISK REGISTER**  
(Risk information identified by Divisional Boards and Corporate Services)

**ASSURANCE FRAMEWORK**  
(Assurance provided by Divisional Boards and Corporate Services through compliance with core standards and performance monitoring)

Division of Medicine  
Division of Surgery  
Division of Clinical Support Services  
Division of Women and Children  
Division of NSIC  
Corporate Services

Divisional Board Assurance
Divisional Boards
(responsible for monitoring healthcare governance)

Risk Monitoring Group
(Healthcare governance issues by exception)

Trust Management Committee
(for moderation of risk register)

Clinical Governance Groups from each Service Delivery Unit

Relevant specialist groups (e.g. resuscitation committee)