

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	25 April 2023
Title:	Risk Management Summary Report 22/23 & Risk Management Workplan Update
Agenda reference:	Board Paper 2023/24/06
Responsible Executive/Non-Executive:	Kirsty Brightwell, Medical Director / Michael Dickson, Chief Executive
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1 Purpose

This is presented to the NHS Board for:

- Awareness

This report relates to:

- NHS Board governance processes

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This summary report provides an overview of the Risk Management activity progressed in the time period April 2022 to March 2023, see Appendix 1. An update on the progress made against the risk management priorities and objectives for 2022/23 is provided via the out-turn risk management workplan which is included at Appendix 1B. A draft risk management workplan for 2023/24 is presented at Appendix 1C.

Progress with some areas of development has been delayed due to capacity issues in the team during the first 6 months of the year as a result of a vacancy in the Clinical Governance and Risk Team Leader position from June to November 2022, and the absence of another key team member. However, despite this good progress has been made overall and both of these issues are now resolved.

2.2 Background

A previous internal audit review on corporate governance made a recommendation that 'Risk reports should be presented to the Audit Committee periodically throughout the year to facilitate the effective review of NHS Shetland's governance, internal control and governance arrangements for risk management systems'.

In order to fulfil this recommendation it was agreed the audit committee would receive the annual risk management summary in March with a further risk update report being presented at the September meeting. This annual risk management summary is presented to the NHS Board in April each year.

2.3 Assessment

Key areas which have been progressed over the last 12 months are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2022 and in March 2023. These meetings are aligned to the Audit Committee meetings;
- RMG action notes are now received by the Audit Committee in line with internal audit recommendations;
- RMG Terms of Reference were reviewed and approved at the Audit Committee meeting in November 2022;
- At the November meeting, it was agreed that RMG will be chaired by the Chief Executive going forward to enhance the governance process by creating a clear distinction between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Risk Management;
- The new Risk Management Strategy was approved by the NHS Board in April 2022 and, was subsequently promoted across the organisation along with the new risk form;
- A quick reference guide to support managers in adding and managing a risk using the Datix system was issued to Heads of Departments and published on the Intranet;
- Following agreement by the NHS Board of the new set of strategic risks in April 2022 the Executive Directors have been reviewing and updating their risks accordingly to align with the new Risk format of If (cause).....then(event).....resulting in (consequence);
- At the RMG meeting in November 2022 the risks were reviewed in detail before being presented to the Audit Committee in November 2022 and subsequently to the NHS Board in December 2022;
- The Clinical Governance Committee (CGC) have received their risks at each of their meetings, with formal review of these being conducted twice yearly, September and March, in line with the other governance committees;
- The strategic risks relevant to the Staff Governance Committee (SGC) were presented at the meetings in May and October 2022 in line with the requirements to report twice yearly;
- The Finance and Performance Committee (FPC) was established in November and will receive their risks at each of the meetings. Formal review of these being conducted twice yearly in May and November, starting from their next meeting in May;

- To standardise the approach across all governance committees going forward, all the standing Committees will be provided with their risks for each meeting, with formal review continuing to be scheduled twice yearly;
- In addition to the activities noted in the Risk Management Workplan for 22/23, the Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, provision of targeted support to areas with the largest number of open reports and by following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. It is anticipated that this will help to reduce the number of inactive open reports on the system;
- Going forward the Clinical Governance and Risk Team will focus on supporting areas with the development of Lessons Learnt reports in order that where there are lessons to be learnt which are applicable to other areas/services either locally or nationally that these can be documented and shared in a timely way, thus helping to avoid any repeat occurrences;
- In January 2023 the Significant Adverse Event Reporting (SAER) process was subject to internal audit procedures. Verbal feedback at the time of the close out meeting indicates that the outcome of the audit was positive with no recommendations being made. Final report has now been received which confirmed this position;
- The system for Risk Management within the Community Health and Social Care Partnership has been reviewed and a single system for the recording of Directorate risks was introduced using the JCAD system, Local Authority risk management system. Following the first report from this system and subsequent discussion at the Audit Committee, the Audit Committee advised that they wished the Community Health and Social Care Directorate risks to continue to be held on the NHS Risk Management System, Datix. This has been fed back to the Director of Community Health and Social Care.
- The Risk Management Group have also reviewed and agreed the priorities reflected in the draft Risk Management Workplan for 2023/24.

2.3.1 Quality/ Patient Care

Effective risk management is a key component of ensuring patient safety by contributing to improving the reliability and safety of everyday health care systems and processes.

RMG has the responsibility for retaining oversight of risk management across the organisation. The Audit Committee, as part of the governance structure for Risk Management, provides assurance to the NHS Board that the organisation's internal controls with respect to the management of risk are working effectively.

2.3.2 Workforce

Effective management of risk is key to ensuring staff work in a safe environment. The risk assessments recorded on Datix have universal application across NHS Shetland, and other NHS Boards, as well as including staff working within the Community Health and Social Care Partnership, and as a consequence, affect all groups.

2.3.3 Financial

There are no direct financial consequences of this paper. However, where improvements in practice, or to address gaps in controls, are required there may be

associated financial costs. These are managed through the department/area either where the issue arose or by those responding to the issue eg health and safety, estates dept or would be escalated if it was a significant cost.

2.3.4 Risk Assessment/Management

The Executive Director reviews their strategic risks prior to each RMG and the full strategic risk register is presented at each RMG meeting. If new strategic risks are identified these are also included at RMG for review and agreement to be included on the risk register.

All Standing Committees of the NHS Board, Audit Committee, Staff Governance Committee, Clinical Governance Committee and the Finance and Performance Committee, will receive their risks for each meeting and will continue to formally review their strategic risks at least twice a year.

Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix.

2.3.5 Equality and Diversity, including health inequalities

The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern, sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.

The Equality and Diversity Impact Assessment Tool has been completed for the Risk Management Strategy.

2.3.6 Other impacts

There are no other impacts to note.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

As this is an internal update report no external engagement has taken place.

2.3.8 Route to the Meeting

This report comprises a compilation of areas of work that have either been undertaken by the Clinical Governance and Risk Team or have been discussed at RMG meetings over the time period April 2022 to March 2023.

2.4 Recommendation

This summary report provides an overview of the Risk Management activity progressed in the time period April 2022 to March 2023, see Appendix 1. An update on the progress

made against the risk management priorities and objectives for 2022/23 is provided via the out-turn risk management workplan which is included at Appendix 1B.
A draft risk management workplan for 2023/24 is presented at Appendix 1C

This report is presented to the NHS Board for:

- Awareness

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Risk Management Summary Report including
- Appendix 1A – Risk Appetite
- Appendix 1B – Out-turn Risk Management Workplan 2022/23
- Appendix 1C – Draft Risk Management Workplan 2023/24

Risk Management Summary Report 2022/23

Introduction

NHS Shetland Health Board is corporately responsible for the management of risk.

To support the NHS Board a number of standing committees have been established who are responsible for various aspects of risk management, principally these are the Audit Committee, Clinical Governance Committee (CGC), Finance and Performance Committee (F&PC) and Staff Governance Committee (SGC). All Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility.

NHS Shetland manages risk through the Risk Management Group (RMG) which reports to the NHS Board via the Audit Committee.

In order that risks to which the Board, its staff and service users are exposed to can be actively and systematically managed, a Risk Management Strategy is in place to strengthen the Board's risk management capability. This Strategy is subject to regular review with a formal review undertaken on a 3 yearly basis.

This report provides an update on progress against the Board's risk priorities incorporating a summary of how risk management has been implemented over the last 12 months.

It should be noted that organisationally the combination of the ongoing response to the Pandemic and reduced capacity within the Clinical Governance and Risk Team as a result of a longterm absence and a 6 month vacancy has had an impact on the planned delivery of the Risk Management Objectives and Priorities for 2022/23. Despite this, good progress has been made overall.

Risk Management Objectives, Priorities and Progress 2022/23

The risk management objectives were slightly reworded as part of the risk management strategy review in April 2022. The RMG and Audit Committee received an update on the objectives and priorities at the November 2022 meeting in line with the agreed strategy of twice yearly updates. This annual summary report also provides the second update.

Implementation of the Risk Management Strategy

The Board approved the strategic risks in April 2022 using the new format of prioritisation against the 4 T's. Work has been undertaken with the Executive Directors to review all old risks, reassign risks and actions as a result of the review of the corporate risks. The risks have also been realigned with the relevant committees.

As part of the review and update to the Risk Management Strategy a number of key changes were agreed and have been implemented, namely:-

- corporate risks renamed to strategic risks, and as strategic risks renumbered;
- agreed that risk title will be used in reports and for communicating the strategic risks within the organisation;
- use of the risk rating score in addition to the risk level;

- adopted new risk description format in line with the orange book to help ensure we have clear and consistent risk descriptions
 - If.... (the cause of the risk)
 - Then.... (the event/incident)
 - Resulting in.... (the consequence)
- added 'reason for change' and 'date risk reviewed' fields onto the risk form thus enabling strategic risk reports to readily highlight why and when changes have been made to the relevant groups, committees and Board risks;
- risk appetite will be used instead of the risk levels. The definitions of risk appetite can be seen in Appendix 1A.

Other key activities undertaken in 2022/23 to support implementation of the Risk Management Strategy and strengthen risk management across the organisation are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2022 and in March 2023. These meetings are aligned to the Audit Committee meetings;
- RMG action notes are now received by the Audit Committee in line with internal audit recommendations;
- RMG Terms of Reference were reviewed and approved at the Audit Committee meeting in November 2022;
- At the November meeting, it was agreed that RMG will be chaired by the Chief Executive going forward to enhance the governance process by creating a clear distinction between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Risk Management;
- Following approval of the new Risk Management Strategy by the NHS Board in April 2022, this was subsequently promoted across the organisation along with the new risk form;
- A quick reference guide to support managers in adding and managing a risk using the Datix system was issued to Heads of Departments and published on the Intranet;
- Following agreement by the NHS Board of the new set of strategic risks in April 2022 the Executive Directors have reviewed and updated their risks accordingly to align with the new Risk format of If (cause).....then(event).....resulting in (consequence);
- The Datix Support Officer and other members of the Clinical Governance and Risk Team continue to support staff with the identification, recording and management of risks across the organisation;
- At the RMG meeting in November 2022 the risks were reviewed in detail before being presented to the Audit Committee in November 2022 and subsequently to the NHS Board in December 2022;
- The Strategic Risk Register reports now includes new sections on procedures developed, proposals presented and horizon scanning to assist with the sharing of key information from RMG to the Audit Committee and subsequently to the NHS Board;
- The Clinical Governance Committee (CGC) received their risks at each of their meetings, with formal review of these being conducted twice yearly in September and March, in line with the other governance committees;
- The strategic risks relevant to the Staff Governance Committee (SGC) were presented at the meetings in May and October 2022 in line with the requirements to report twice yearly;
- The Finance and Performance Committee (FPC) was established in November 2022 and will receive their risks at each of the meetings. Formal review of these being conducted twice yearly in May and November, starting from their next meeting in May;

- To standardise the approach across all governance committees going forward, all the standing Committees will be provided with their risks for each meeting, with the requirement for formal review continuing to be scheduled twice yearly;
- The Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, provision of targeted support to areas with the largest number of open reports and by following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. It is anticipated that this will help to reduce the number of inactive open reports on the system;
- Going forward the Clinical Governance and Risk Team will focus on supporting areas with the development of Lessons Learnt reports in order that where there are lessons to be learnt which are applicable to other areas/services either locally or nationally that these can be documented and shared in a timely way, thus helping to avoid any repeat occurrences;
- In January 2023 the Significant Adverse Event Reporting (SAER) process was subject to internal audit procedures. Verbal feedback at the time of the close out meeting indicates that the outcome of the audit was positive with no recommendations being made. Final report is awaited;
- The system for Risk Management within the Community Health and Social Care Partnership has been reviewed and a single system for the recording of Directorate risks has been introduced using the JCAD system, Local Authority risk management system. Following the first report from this system and subsequent discussion at the Audit Committee, the Audit Committee advised that they wished the Community Health and Social Care Directorate risks to continue to be held on the NHS Risk Management System, Datix. This has been fed back to the Director of Community Health and Social Care;
- The Risk Management Group have also reviewed and agreed the priorities reflected in the Risk Management Workplan for 2023/24.

Appendix 1B provides an out-turn report of progress made with the individual priorities over the course of April 2022 to March 2023.

It should be noted that due to absences of key postholders within the Clinical Governance and Risk Team in 2022 there has been less progress made with some priorities than others and therefore in order to complete and consolidate some of these activities fully into practice they have been rolled forward into the workplan for 2023/24.

Risk Management Objectives and Priorities 2023/24

In line with the Risk Management Strategy, the Risk Management Objectives and Key Performance Indicators (KPIs) have been reviewed with the Chief Executive. The key objectives of the risk management strategy continue to be:-

- Create a safety culture by embedding risk management throughout the organisation;
- Provide organisational leadership of risk management;
- Provide the tools and training to support risk management in order to promote reporting;
- Ensure lessons are learned and changes in practice are implemented through the identification of risk.

Appendix 1C outlines updated and new risk management objectives for 2023/24 including KPIs which form the basis of the risk management workplan for 2023/24. The following priorities have been agreed to strengthen the risk management arrangements:

- Provide training, development and support for implementation of the new strategy;
- Embedding use of risk registers across directorates and departments;
- Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice;
- Implement national standardised data sets to promote accurate reporting and support learning as these become available.

The main risk to delivery of these objectives and priorities is the impact of reduced capacity either across the organisation or within the Clinical Governance and Risk Team.

The RMG and Audit Committee will review progress against these priorities via the risk management workplan through twice yearly updates, with exception reporting inbetween to highlight any additional risks to delivery.

Appendix 1A– Risk Appetite

Risk Appetite	Risk Levels (currently in use)
None	Avoid (avoidance of risk and uncertainty is a key organisational objective)
Low	Minimal (as little as reasonably possible - preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward)
Moderate	Cautious (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward)
High	Open (willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of reward)
Very High	Mature (confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust)
	Seek (eager to be innovative and to choose options offering potentially bigger rewards despite greater inherent risk)

Out-turn report on Risk Management Workplan 2022/2023

The table below outlines the Risk Management objectives and the mapping of these against the corporate objectives. The workplan for 2022/23 is attached complete with an update on progress made over the course of the year.

Updated Risk Management Objective	Corporate Objective
Create a safety culture by embedding risk management throughout the organisation	<ul style="list-style-type: none"> • To continue to improve and protect the health of the people of Shetland • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience
Provide organisational leadership of risk management	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland
Provide the tools and training to support risk management in order to promote reporting	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience
Ensure lessons are learned and changes in practice are implemented through the identification of risk	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland

Risk Management Objectives/Priorities	Updates in Red	Timescale	Responsible Officers	KPI
1. Create a safety culture by embedding risk management throughout the organisation				
Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice	<p>a) New set of strategic risks presented and accepted by NHS Board in April 2022 using updated report format to include actions and a different prioritisation.</p> <p>b) New Risk Management Strategy approved by NHS Board in April. Strategy published on Board website and sent to all Heads of Departments. Quick reference guide developed to support Managers in adding and managing risks on Datix. Escalation and De-escalation process agreed by RMG and shared across service.</p> <p>c) Work commenced to support managers convert risks to new format, formal training session in development and in meantime individual/group support available from the Datix Support Officer as required.</p>	<p>Completed</p> <p>Completed</p> <p>Ongoing Work has commenced on transferring risk to new format. Review of risks continues including assigning risk review dates to the end of the month to aid timely reviewing. End July 2023</p>	Clinical Governance & Risk Lead	Develop audit to include range of quantitative and qualitative measures across full scope of the strategy – audit of departments for compliance with new strategy requirements

	<p>d) RMG meetings aligned with Audit Committee meetings and RMG action note presented at each meeting to address internal audit action.</p> <p>e) RMG Terms of Reference updated for approval at Audit Committee.</p>	<p>Completed</p> <p>Completed - approved Nov 2022.</p>		
2. Provide organisational leadership of risk management				
<p>a. Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified</p>	<p>New Form agreed and in use in practice. Strategic risks have been converted to this format. Support being offered to Executive Managers and Heads of Departments to enable updating of risks on to new format, which includes 'reason for change' field to aid Board and Committees as to why a risk has changed and description format to ensure alignment with The Orange Book.</p> <p>Additional field added to the Strategic Risk Register to record feedback from governance groups/committees thus enhancing governance of risks across organisation.</p>	<p>Ongoing</p> <p>New Form is established & 1:1 support will continue to end July 2023</p>	Datix Support Officer	<p>Target usage of new risk form:</p> <p>75% of risks on new format in Year 1</p> <p>90% in Year 2</p> <p>100% in Year 3</p>
<p>b. Embedding risk registers across directorates and departments</p>	<p>Due to reduced capacity in the team over the last 6 months it has not been possible to actively drive the embedding of risk registers at all levels across the organisation.</p> <p>This will be a focus over the remainder of this year.</p>	<p>Ongoing</p> <p>End July 2023</p>	Datix Support Officer & Clinical Governance & Risk Team Leader	<p>Number of directorate and departmental risk registers developed and in active use</p>

3. Provide the tools and training to support risk management in order to promote reporting				
a. Delivery of training on risk management	<p>a) New risk management form in use. All new risks (at all levels across the organisation) being written in new format.</p> <p>b) Formal Risk Management training programme in development. In the meantime adhoc support available from Datix Systems Officer and other members of Clinical Governance and Risk Team</p> <p>Risk Management training session delivered for Practice Managers in Primary Care, early indication that this is having positive impact on reporting of adverse events.</p>	<p>Ongoing End July 23</p> <p>Ongoing Formal training programme being developed – End July 2023</p> <p>Risk overview presentation provided to Board in development session 17 January 2023.</p>	Datix Support Officer & Clinical Governance & Risk Team Leader	<p>Training programme developed and numbers of staff trained</p> <p>50% of Managers within first 6 months post implementation</p>
b. Develop & implement risk register reports and dashboards for groups/managers/teams	<p>Strategic risk register reports/dashboards in place for each Executive Director</p> <p>Dashboard for performance management group in development, now suspended due to proposal to change CHSCP Directorate Risk Management to JCAD system</p> <p>Review position on development of further risk register reports/dashboards in line with strategy</p>	<p>Complete</p> <p>JCAD reporting process being established, discussion and update planned for next RMG meeting March 2023</p>	Datix Support Officer	<p>Number risk register reports/dashboards developed</p> <p>Number of risk register reports/dashboards actively in use</p>
c. Implement national standardised data sets to promote	Datix Support Officer & Clinical Governance & Risk Team Leader part of national working group re standardising data.	Ongoing National project and steering	Datix Support Officer & Clinical Governance	Number of national data sets added to Datix system

reporting and support learning	The following national datasets implemented:- <ul style="list-style-type: none"> Falls Tissue Viability – Pressure Ulcers 	groups commenced.	& Risk Team Leader	
4. Ensure lessons are learned and changes in practice are implemented through the identification of risk				
a. Analyse & review any themes relating to adverse events & risks to highlight trends & areas requiring further investigation/action	<p>Articles published monthly in Corporate Newsletter to address issues arising through adverse events.</p> <p>August – Promotion of new Risk Management Strategy Topic – Confidentiality</p> <p>September – Adverse events and reporting on Datix</p> <p>October – Adverse events – guidance on severity levels</p> <p>Formal analysis of themes arising through adverse events submitted April – December 2022 will be conducted in January 2023</p> <p>Recognised limited local learning summaries are being developed. Support needed to ensure departments can produce an appropriate learning summary. Process already in place to support sharing of learning.</p>	<p>Completed</p> <p>In progress</p> <p>Education provided at SCN meeting – Datix reporting and importance of lessons learnt – January 2023.</p>	<p>Clinical Governance & Risk Lead</p> <p>Datix Support Officer</p>	<p>Local learning from reviews is shared widely</p> <p>Increase number of local learning summaries shared by 10% from baseline – update to be provided through Adverse Event Quarterly reports going forward</p>
b. Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix	Local work undertaken on pressure ulcer questions on Adverse Event form	Work will commence following outcome from National Steering group.	Datix Support Officer & Clinical Governance Team	Audit of changes on Datix/ updated dashboard

within & across departments/organisation	Team raising the profile of expectation to use datix and encourage people to do this – raised via Corporate Bulletin (see above) and training sessions (SCN meeting and Board development session)	Education & Awareness ongoing		reports made by request
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Risk Management Workplan 2023/2024

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. The draft workplan for 2023/2024 is attached.

Risk Management Objectives	Corporate Objective
Create a safety culture by embedding risk management throughout the organisation	<ul style="list-style-type: none"> • To continue to improve and protect the health of the people of Shetland • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience
Provide organisational leadership of risk management	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland
Provide the tools and training to support risk management in order to promote reporting	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience
Ensure lessons are learned and changes in practice are implemented through the identification of risk	<ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland

Risk Management Objectives/Priorities		Timescale	Responsible Officers	KPI
5. Create a safety culture by embedding risk management throughout the organisation				
Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice	Strategic risks to be presented to NHS Board in April 2023 for review, update and inclusion of any new risks.	End April 2023	Clinical Governance & Risk Lead & Datix Support Officer	2024/25 Develop audit to include a range of quantitative and qualitative measures across the full scope of the strategy to check for compliance with new strategy requirements
	Deliver formal training sessions to support implementation of Risk Management Strategy in practice.	End July 2023		
	Carry out 'temperature check' audit to establish if the New Risk Management Strategy has been embedded in practice.	End September 2023		
	Continue to support managers to convert risks to new format and promote active review of risks to ensure risk register is current at all times.	Ongoing		
	RMG meetings aligned with Audit Committee meetings and RMG action note presented at each meeting to address internal audit action.	Ongoing		
	RMG Terms of Reference to be updated annually for approval by Audit Committee	End Nov 2023.		
	Review the 'Clinical Risk and Advisory Team' process within the overall management of Significant Adverse Event Review process	End July 2023	Chief Nurse (Corporate)	

6. Provide organisational leadership of risk management				
c. Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified	<p>New Form in use. Provide support to all Heads of Departments to update risks on to new format, which includes 'reason for change' field to increase Board and Committees knowledge as to why a risk has changed. Revised description format in place to ensure alignment with The Orange Book.</p> <p>Additional field also added to the Strategic Risk Register to record feedback from governance groups/committees thus enhancing governance of risks across organisation.</p>	New Form is established & 1:1 support will continue to End July 2023	Datix Support Officer	<p>Establish current baseline position</p> <p>Aim for 75% of risks on new format by December 2023</p> <p>100% by March 2024</p>
d. Embedding risk registers across directorates and departments	<p>Conduct audit of number of departmental and directorate risk registers developed and in active use.</p> <p>Report outcome to RMG</p>	End July 2023	Datix Support Officer & Clinical Governance & Risk Team Leader	Number of directorate and departmental risk registers developed and in active use
7. Provide the tools and training to support risk management in order to promote reporting				
d. Delivery of training on risk management	<p>Ensure that a formal Risk Management training programme is in place with a rolling programme of delivery</p> <p>Continue to provide adhoc support as required</p>	End July 23	Datix Support Officer & Clinical Governance & Risk Team Leader	Training programme developed and numbers of staff trained

				30% of Managers within first 6 months post implementation of training programme
a) Develop & implement risk register reports and dashboards for groups/managers/teams	<p>Strategic risk register reports/dashboards are in place for each Executive Director</p> <p>Conduct audit of usage of current risk register reports/dashboards</p> <p>Development of further risk register reports/dashboards in line with the strategy will be considered on request</p>	By end September 2023	Datix Support Officer	<p>Number risk register reports/dashboards developed</p> <p>Number of risk register reports/dashboards actively in use</p>
b) Implement national standardised data sets to promote reporting and support learning	<p>Datix Support Officer & Clinical Governance & Risk Team Leader to participate in national working groups re standardising data.</p> <p>Implement new datasets as they are released</p>	<p>National project and steering groups in place</p> <p>Ongoing</p>	Datix Support Officer & Clinical Governance & Risk Team Leader	Number of national data sets added to Datix system

8. Ensure lessons are learned and changes in practice are implemented through the identification of risk				
c. Analyse & review any themes relating to adverse events & risks to highlight trends & areas requiring further investigation/action	<p>Report on formal analysis of themes arising through adverse events submitted April – December 2022. Develop action plan based on findings</p> <p>Recognised limited local learning summaries are being developed. Support needed to ensure departments can produce an appropriate learning summary. Process already in place to support sharing of learning.</p>	<p>End of April 2023</p> <p>Area for focus throughout 23/24</p>	<p>Clinical Governance & Risk Lead</p> <p>Datix Support Officer</p>	<p>Local learning from reviews is shared widely</p> <p>Increase number of local learning summaries shared by 10% from baseline – with update on progress provided through Quarterly Adverse Event Reports</p>
d. Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within & across departments/organisation	<p>Clinical Governance Team raising the profile of expectation to report all untoward events including near misses on Datix. Will be discussed and promoted via a variety of opportunities eg Team meetings, Corporate Newsletter, website etc</p> <p>Consider future Datix system replacement options based on output from national review group</p>	<p>Ongoing</p> <p>Indicative date for report end of June 2023</p>	<p>Datix Support Officer & Clinical Governance Team</p> <p>Exec Lead Clinical Gov / EMT</p>	