

<b>Meeting:</b>	Shetland NHS Board
<b>Date:</b>	Tuesday 27 <sup>th</sup> April 2021
<b>Report Title:</b>	Risk Management Summary Report 2020/21
<b>Reference Number:</b>	Board Paper 2021/22/06
<b>Author / Job Title:</b>	Emma Garside, Clinical Governance and Risk Lead

**Decisions / Action required:**

The Board is asked to note the risk management summary report 2020/21 which is for presentation at the Audit Committee and Chairs meeting in May 2021.

**High Level Summary:**

The summary report 2020/21 has been drafted for presentation to the Board as required in the risk management strategy. The report includes a section setting out the priorities going forward for 2021/22 and any risks to the delivery of the risk management framework.

**Corporate Priorities and Strategic Aims:**

The summary report is linked to the following NHS Shetland corporate objectives:

- 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 redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance
- To ensure sufficient organisational capacity and resilience

**Key Issues:**

The report describes:

- how risk management governance was adapted to embed the risk management framework during the pandemic
- progress made against the risk management objectives/priorities, KPIs and internal audit actions

<b>Implications :</b> <i>Identify any issues or aspects of the report that have implications under the following headings</i>		
<b>Service Users, Patients and Communities:</b>	It is important that there are robust and reliable processes in place to effectively manage risk, and that lessons learned are shared widely and used to support improvements in care and service delivery.	
<b>Human Resources and Organisational Development:</b>	The implementation of the strategy may require staff to be trained.	
<b>Equality, Diversity and Human Rights:</b>	The impact of the Risk Management Strategy and supporting documents (including this policy) has been assessed as positive in relation to equality and diversity.	
<b>Partnership Working</b>	N/A	
<b>Legal:</b>	Health and Safety at Work etc Act 1974.	
<b>Finance:</b>	The strategy includes clinical risks involving patients, families, staff and carers (including health and safety, accidents or incidents) and non-clinical risks (including information governance and finance).	
<b>Assets and Property:</b>	The strategy includes clinical risks involving patients, families, staff and carers (including health and safety, accidents or incidents) and non-clinical risks (including information governance and finance).	
<b>Environmental:</b>	The strategy includes clinical risks involving patients, families, staff and carers (including health and safety, accidents or incidents) and non-clinical risks (including information governance and finance).	
<b>Risk Management:</b>	Providing this summary report demonstrates implementation of the risk management arrangements as detailed in the risk management strategy.	
<b>Policy and Delegated Authority:</b>		
<b>Previously considered by:</b>	EMT via email	April 2021
<b>“Exempt / private” item</b>	N/A	

*The main report is to be attached together with a list of the appendices and references to any background documents or material e.g. include web links.*

## Risk Management Summary Report 2020/21

### Introduction

NHS Shetland Health Board is responsible for the management of risk. It delegates the detailed work to the Risk Management Group (RMG) which reports to the Board. In order that risks to which the Board, its staff and service users are exposed can be actively and systematically managed, the 3 year Risk Management Strategy has been developed to strengthen the Board's risk management capability.

This document describes progress against the risk priorities and a summary of how risk management governance was adapted to embed the risk management framework during the Pandemic. RMG and reporting of Corporate Risks were put on hold in 2020/21 to concentrate resources on the Pandemic response and while awaiting the outcome of the promised Scottish Government's Agile Governance paper. In the second half of 2020/21, the Executive Management Team (EMT) reviewed the corporate risks in line with the risk management priorities for 2020/21.

### Risk Management Objectives, Priorities and Progress 2020/21

The Audit Committee received an update in November 2020. Appendix A summarises the status of objectives and KPIs.

<b>Table 1: Risk Management Objectives, Priorities and Progress 2020/21</b>		
<b>1.</b>	<b>Embed risk management at all levels of the organisation – creating a safety culture</b>	
a.	<b>Review and update of the risk management strategy and associated documents</b>	<b>In Progress</b>
	Progress delayed due to the Pandemic and personnel changes. Risk Management Strategy reviewed and is being updated in line with the internal audit requirements. Associated documents including guidance on risk assessment: being updated. The updated strategy to be shared with key groups and stakeholders before presentation to the Board.	
b.	<b>Review of the corporate risks</b>	<b>Complete</b>
	EMT reviewed the wording, themes and appropriate level, for all existing corporate risks, draft recovery risks and new corporate risks. Some corporate risks were reassigned to directorate level. Several risks closed. New set of corporate risks agreed. Finalised risks will be presented to the Board in April 2021.	
c.	<b>Working towards more aligned risk management systems for health and social care</b>	<b>In Progress</b>
	Council colleagues are appraising options to produce a business case following a demonstration on the Datix system. Health & Social Care Partnership (HSCP) directorate risks are being amalgamated to avoid duplication and streamline management. Key risks will be clarified to review at performance management group and/or JGG.	
<b>2.</b>	<b>Lead and support staff and promote reporting</b>	
a.	<b>Ensuring compliance with the national notification system for Category 1 Significant Adverse Event Reviews</b>	<b>Complete</b>
	The process has been embedded.	

	All notifications were sent to Health Improvement Scotland (HIS) in accordance with the timescales set for 2020/21.	
<b>3.</b>	<b>Provide the tools and training to support risk management</b>	
a.	<b>Delivery of training on risk management</b>	<b>On Hold</b>
	Development of training programme on hold until risk strategy and associated documents reviewed and updated (ie this will carry forward into 2021/22). The following were completed: <ul style="list-style-type: none"> <li>• Awareness sessions for staff on adverse events and risk management were delivered during 2020/21 and the management bundle on investigation skills was presented online</li> <li>• TURAS learn module developed and launched following NHS Shetland moving to this platform in April 2020 to address gap identified in a corporate risk re the absence of induction on clinical governance and risk for locums. It is also being completed by the wider staff groups</li> </ul>	
b.	<b>Undertake review of Datix functionality with view to enhance reporting of risk, whistleblowing, analysis of reporting trends and culture</b>	<b>Complete</b>
	Improvements include: <ul style="list-style-type: none"> <li>• Draft form for whistleblowing to meet the requirements for the national standards plus Data Protection Impact Assessment (DPIA) being completed for information to be held on Datix</li> <li>• Notifications list and reporting in Datix for Information Governance, Vaccination and COVID Lateral Flow testing Devices (LFDs) to ensure specialists are notified of new relevant adverse events</li> <li>• Dashboards been set up, reviewed and updated for groups and teams including falls, tissue viability, medical governance, infection prevention and control, ambulance liaison group</li> <li>• A falls matrix was adopted from NHS Dumfries and Galloway to support consistent categorisation of the severity of falls. The matrix was added to the intranet with a link to the reporters form in Datix. All falls from April 2020 were reviewed with the Chief Nurse using the matrix</li> </ul>	
c.	<b>Review and update risk assessment forms on Datix through involvement of staff in their design</b>	<b>Complete</b>
	Redesign of the form based on feedback from staff and outputs identified in the mapping of the risk assessment process. The draft form will now be tested with staff to modify as required before roll out. The form includes an evaluation question to gain ongoing feedback and continuous improvement.	
<b>4.</b>	<b>Ensure lessons are learned and changes in practice are implemented</b>	
a.	<b>Analyse and review any themes relating to adverse events and risks to highlight trends and areas requiring further investigation/action</b>	<b>In Progress</b>
	Review of a sample of lessons learnt from adverse events with the Medical Director: <ul style="list-style-type: none"> <li>• Relevant managers were contacted and asked to report on progress of any improvements, if the learning could be shared and any comments on the adverse event process etc.</li> <li>• The responses received were collated and lessons learned and preventative actions shared within the departments and services affected</li> </ul> A monthly learning bulletin has been produced and shared bringing information into one location via a web page including learning from national sources: SPSO, adverse events network which includes from other Boards; national guidance eg SIGN, NICE and local learning from adverse events and other sources such as complaints, quality improvement. A review and update of the Lessons Learnt template has been undertaken to enable the learning outcomes from a range of sources to be captured more easily.	

	Regular meetings established with Scottish Ambulance Service leads, the Medical Director and the Clinical Governance and Risk Team to discuss adverse events. The Chief Nurse and Senior Charge Nurses (SCN) reviewed an organisational learning summary from another Board on slips, trips and falls and have taken the learning and applied it locally.	
b.	<b>Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within and across departments/organisation</b>	<b>In Progress</b>
	New templates section added to Datix to enable key templates to be added and the data to be extracted into a Word document. “Lessons Learned” template added to the adverse event report form. This has been used by the community nursing service with positive feedback. Improvements to the form have enabled easier reporting from debriefs to identify any themes. Themes are reported in the quality report to the Board.	

### Progress of the Risk Management Strategy

In March 2020, normal governance of risk halted in response to the COVID-19 pandemic. New risks were drafted and circulated to support staff and managers responding to new ways of working. In Occupational Health flow of process and risk assessments documents were produced, focused risk assessments for volunteers and redeployed staff, and for staff homeworking. A “Return to Premises” Health and Safety Toolkit was developed in partnership with Shetland Islands Council (SIC). A flow of process on RIDDOR reporting and advice for staff with Covid-19 in line with the Health and Safety Executive (HSE) guidance was also developed. To enable these new risks and events to be captured, updates were made to the adverse event and risk reporting forms in Datix. A dashboard report was produced for EMT to visualise the Covid-19 related adverse events and risks that were being reported.

As we moved into the recovery planning phase, the focus was on identification and mitigation of risks associated with the recovery plans. The Governance meeting agreed these risks should be included on Datix. This was supported by:

1. Updating of a risk reporting form to identify recovery risks
2. Setting up a Recovery Risks dashboard report
3. Encouraging services to identify recovery risks to add to Datix
4. Reviewing risks alongside the plans by the interim Director of Health and Social Care Partnership (HSCP)
5. A number of corporate recovery risks were drafted
6. The recovery risks were mapped to the functional areas that had been included in the recovery plans and this was also added onto the risk reporting form on Datix

A presentation was given at the JGG meeting in September 2020 which outlined the recovery risk process. A deep dive review of the Brexit risk was held at JGG November 2020. The interim Director of Health and Social Care presented Brexit risks received from a number of groups including the Performance Management group, Community Health and Social Care (CH&SC) operational meeting and the SIC risk board. During the discussion it was established that all relevant forums had Brexit on their agendas and it was linked into the winter readiness assessment and winter planning accordingly. In terms of mitigation, the Interim Director of HSCP determined there appeared to be no real risk of a rapid shutdown but there were unidentified

consequences or risks to be realised over time. There is a Brexit corporate risk which has been reviewed.

The internal audit on risk management undertaken in December 2019 suggested improvement of a number of areas to strengthen the control framework. A number of the actions have been completed or are nearing completion:-

- The review and update of the Risk Management Strategy and associated documents reflects the requirements set out in the Scottish public finance manual (as recommended by internal audit)
- Clear links to the Board's strategic objectives with the risk management objectives have been made and included in the risk management workplan
- Ownership of actions has also been added to the risk management workplan in line with the internal audit recommendation
- The Medical Director is meeting with the Chair of the Audit Committee in April 2021 to agree the risk management reporting and risk register updates to be included in the Audit Committee agenda as a standing item from 2021/22

A review of the Learning from Adverse Events through Reporting and Review Procedure has been undertaken in line with the review date. There were minor changes made to the procedure which was approved by the JGG in February 2021.

### **Risk Management Objectives and Priorities 2021/22**

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

- Embed risk management at all levels of the organisation – creating a safety culture
- Lead and support staff and promote reporting
- Provide the tools and training to support risk management
- Ensure lessons are learned and changes in practice are implemented

Appendix B includes updated and new risk management objectives for 2021/22 including KPIs which form the basis of the risk management workplan for 2021/22. The following priorities have been agreed to strengthen the risk management arrangements:

- Embed the Risk Management Strategy and associated documents into practice
- Ensure knowledge and understanding of risk management is developed to create a consistent approach to assessing, recording and monitoring risks across Board services
- Roll out the new risk assessment form following testing by staff and using feedback to make improvements
- Develop Risk Register and dashboard reports for groups/managers/teams

The main risk to delivery of these objectives and priorities is the impact of the pandemic and reduced capacity across the organisation. The RMG will review progress against these priorities via the risk management workplan six monthly updates, with exception reporting in-between and therefore will highlight any additional risks to delivery.

## Appendix A - Risk Management Objectives and KPIs for 2020/21

To monitor the effectiveness of the Risk Management processes and policies the strategic objectives are set and reviewed annually by the Medical Director and via this report to ensure that they remain valid and up-to-date. They formed the basis of the annual Risk Management Work Plan 2020/21, which was drawn up by the Clinical Governance and Risk Team. Progress against the objectives and KPIs are as follows:-

Risk Management Objectives 2020/21	Status	KPI (Performance)
<b>1. Embedding risk management at all levels of the organisation – creating a safety culture</b>		
Review and update of the risk management strategy and associated documents	In progress	Reviewed and updated risk management strategy (N/A)
Review of the corporate risks	Complete	Reviewed and updated corporate risks on Datix (Achieved)
Working towards more aligned risk management systems for health and social care	Continue during 2021/22	Joint risk report for health and social care (N/A)
<b>2. Lead and support staff and promote reporting</b>		
Ensuring compliance with the national notification system for Category 1 Significant Adverse Event Reviews	Complete - business as usual	Reporting to national notification system in timescales set (100%)
<b>3. Provide the tools and training to support risk management</b>		
Delivery of training on risk management	Continue during 2021/22	Training programme developed and numbers of staff trained (N/A)
Undertake review of Datix functionality with view to enhance reporting of risk, whistleblowing, analysis of reporting trends and culture	Business as usual	Audit of changes made to the Datix form (100%)
Review and update risk assessment forms on Datix through involvement of staff in their design	Complete	Staff involved in design of risk assessment forms (Achieved)
<b>4. Ensure lessons are learned and changes in practice are implemented</b>		
Analyse and review any themes relating to adverse events and risks to highlight trends and areas requiring further investigation/action	Continue during 2021/22	Monthly bulletin includes local and national learning and is widely disseminated (Achieved)
Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within and across departments/organisation	Continue during 2021/22	Templates created on Datix and shared (Achieved)

## Appendix B - Risk Management Objectives and KPIs for 2021/22

Risk Management Objectives 2021/22	KPI
<b>1. Embedding risk management at all levels of the organisation – creating a safety culture</b>	
Embed the risk management strategy and associated documents into practice	Sample audit to identify if risks are escalated in line with strategy
Ensure knowledge and understanding of risk management is developed to create a consistent approach to assessing, recording and monitoring risks across Board services	Audit of risk review dates to ensure timely review
Working towards more aligned risk management systems for health and social care	Joint risk report for health and social care
<b>2. Lead and support staff and promote reporting</b>	
Roll out new risk assessment form following testing by staff and using feedback to make improvements	Feedback included on new risk form and scores reviewed
<b>3. Provide the tools and training to support risk management</b>	
Delivery of training on risk management	Training programme developed and numbers of staff trained
Develop and implement risk register reports and dashboards for groups/managers/teams	Number risk register reports/ dashboards developed
<b>4. Ensure lessons are learned and changes in practice are implemented</b>	
Analyse and review any themes relating to adverse events and risks to highlight trends and areas requiring further investigation/action	Local learning from reviews is shared widely
Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within and across departments/organisation	Audit of changes on Datix/updated dashboard reports
Implementation of the national guidance when a child or young person dies	Lessons learned are shared and actions monitored at JGG