

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	30 April 2024
Agenda reference:	Board Paper 2024/25/05
Title:	Risk Management Summary Out-turn Report 23/24 & Draft Risk Management Workplan 24/25
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Edna Mary Watson, Chief Nurse (Corporate)

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 2023 to March 2024, see Appendix 1. An update on the progress made against the risk management priorities and objectives for 2023/24 is provided via the out-turn risk management workplan which is included at Appendix 1B. A draft risk management workplan for 2024/25 is presented at Appendix 1C.

It should be noted that organisationally this has been a challenging year due to the combination of the ongoing recovery from the Pandemic and the need to operate on a business continuity basis for periods of time with agile governance in place.

Over the period July 2023 to end of March 2024, the Clinical Governance and Risk Team Leader has been Project Manager for the Allocate e-Rostering project and the Datix & Systems Officer has also been supporting roll out of this project across the organisation. In addition, over this time period there has been further reduced capacity within the overall Clinical Governance and Risk Team as a result of being unable to recruit to both an admin post and 2 Clinical Governance Facilitator posts, following retirement of one postholder and promotion of another. Attempts at recruitment to the vacant posts has proved unsuccessful to date.

Despite the significantly reduced team capacity, good progress has been made overall on the delivery of the planned Risk Management Objectives and Priorities for 2023/24.

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 (formerly renamed Audit and Risk Committee in 2023/24) would receive the annual risk management summary in March with a further risk update report being presented at the September meeting. The out-turn Risk Management report and draft workplan for the coming year is also presented annually to the NHS Board, at it's meeting in April.

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 2023 and in March 2024. These meetings are aligned to the Audit and Risk Committee (A&RC) meetings;
- RMG minutes are presented to the Audit and Risk Committee once approved, a verbal update is also provided to the A&RC of business from the most recent RMG meeting to ensure contemporaneous information sharing between the RMG and the A&RC;
- Establishing a formal feedback loop from the Governance Committees to the Clinical Governance and Risk Team has been considered as part of the wider review of support for NHS Board and Governance Committees being undertaken by Corporate Services Manager, under the leadership of the Chief Executive. It has been agreed that the Action note from the Standing Committee will be shared with the Clinical Governance and Risk Team to provide the formal feedback loop;
- RMG Terms of Reference were reviewed and approved at the A&RC meeting in November 2023;
- The RMG has been chaired by the Chief Executive since November 2022, a measure put in place 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;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, continues with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence);

All Strategic and Organisational Risks are now in the new risk format, a targeted approach to support managers to review Directorate and Departmental risks will be undertaken in 2024/25;

- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;
- At the RMG meeting in November 2023 all Strategic risks were reviewed in detail before being presented to the A&RC in November 2023 and subsequently to the NHS Board in December 2023;
- Following review of the presentation of the Strategic Risk Register in April 2023 to a more accessible format, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and Audit and Risk Committee – now receive and consider their risks at each of their meetings;
- In addition to the activities noted in the Risk Management Workplan for 23/24, 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. This approach has helped to reduce the number of inactive open reports on the system as well as close out the number of open outstanding Datix 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;
- The Significant Adverse Event Reporting (SAER) process was subject to internal audit procedures in January 2023. Verbal feedback at the time of the close out meeting indicated that the outcome of the audit was positive with no recommendations being made. Final report was received in May 2023 which confirmed this position, and this significant achievement was highlighted at the NHS Board meeting in June;
- The system for Risk Management within the Community Health and Social Care Partnership was reviewed and a single system for the recording of Directorate risks has been introduced using the JCAD system, Local Authority risk management system. Challenges have been experienced in gaining access for the Clinical Governance and Risk Team to this system which resulted in delayed access until January 2024. Work will now be undertaken to reconcile the NHS risks with the risks as now reflected on JCAD and to ensure that there is an appropriate route for the escalation and de-escalation of risks between the departmental, organisational and strategic risk registers held within the Datix system in the NHS and the Partnership Directorate level risks held on JCAD;
- There is to be an update to the JCAD system mid-April, Chief Nurse (Corporate) and the Clinical Governance and Risk Team will attend training on the new system along with Local Authority colleagues;
- The format of the Adverse Event report has been reviewed and updated with a new reporting structure, reflecting the national adverse event framework, adopted in August 2023;
- A review of the Strategic Risk Register and the areas of business covered by the Standing Committees, saw the realignment of a number of Strategic risks namely: SR10 Business Continuity Plans moved from Clinical Governance Committee (CGC) to Finance and Performance Committee (F&PC);

SR17 IT Failure due to Cyber Attack moves from CGC to F&PC to reflect the governance structure of the digital/ ehealth subgroups;

SR18 Risk of CBRN Contamination is added to the CGC portfolio of assigned risks;

- The review dates for risks have been moved to the end of the month, to assist with timely review of the risks;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current. Work is being progressed to support Managers to conduct a full review and update of their risks;
- Comprehensive reviews of risks SR01 National Standards and SR08 Workforce have been carried out in this last quarter. RMG discussed the new Workforce risk at the meeting in March and some further amendments were proposed. The draft Risk has been re-circulated for final approval and will replace the previous Workforce risk on the Strategic Risk Register as soon as final approval has been gained;
- Work has been undertaken to progress the revision of SR02 Finance risk. Two revised financial risks were presented to the RMG in March and have been circulated to the EMT members for discussion and comment;
- Whilst no risks have been closed over the course of this year, discussions have identified risks which should undergo review with a view to closure. These relate mainly to risks associated with the COVID 19 Pandemic and action to revise and/or close them is now being progressed;
- A Horizon Scanning section has been added to the RMG agenda. In September discussions were held to review the local position in relation to use of 'Whats App' across NHS Shetland in response to the Information Commissioners Office (ICO) applying sanctions to another NHS Board area for inappropriate use of this messaging system. A local short life working group was established to address local usage and to provide guidance to the organisation. An update was provided to RMG in March 2024, with a full report and implementation of actions to be discussed at RMG in June 2024;
- The position with regards to use of Reinforced Autoclaved Aerated Concrete (RAAC) within the building infrastructure has also been discussed, noting that this was not considered to be an area of significant concern for NHS Shetland;
- An externally facilitated workshop was held recently for NHS Board members on Risk Appetite. It is anticipated that further work will be progressed in this area in 2024/25;
- The Risk Management Group have also reviewed and agreed the priorities reflected in the attached draft Risk Management Workplan for 2024/25.

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 and Risk 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, 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 Directors review 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.

The Staff Governance Committee, Clinical Governance Committee, Finance and Performance Committee and Audit and Risk Committee now receive and formally review their strategic risks at each meeting.

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 2023 to March 2024.

2.4 Recommendation

The summary report provides an overview of the Risk Management activity progressed in the time period April 2023 to March 2024, see Appendix 1. An update on the progress made against the risk management priorities and objectives for 2023/24 is provided via the out-turn risk management workplan which is included at Appendix 1B. A draft risk management workplan for 2024/25 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 2023/24
- Appendix 1C – Draft Risk Management Workplan 2024/25

Risk Management Summary Report 2023/24

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 (renamed Audit and Risk Committee in 2023/24), 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 and Risk Committee (A&RC).

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 supporting other organisational priorities and ongoing recruitment challenges has impacted on the planned delivery of the Risk Management Objectives and Priorities for 2023/24.

Risk Management Objectives, Priorities and Progress 2023/24

The risk management objectives were reviewed as part of the risk management strategy review in April 2022. The RMG and A&RC received an update on the objectives and priorities at the November 2023 meeting in line with the agreed strategy of twice yearly updates. This annual summary report provides the second update.

Implementation of the Risk Management Strategy

The Board approved the strategic risks in April 2023 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. Work has recently been commenced to review the NHS Board Risk Appetite and therefore it should be noted that these may be subject to change in 2024/25.

Other key activities undertaken in 2023/24 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 2023 and in March 2024. These meetings are aligned to the Audit and Risk Committee meetings(A&RC);
- RMG minutes are presented to the A&RC once approved, a verbal update is also provided to the A&RC of business from the most recent RMG meeting to ensure contemporaneous information sharing between the RMG and the A&RC;
- Establishing a formal feedback loop from the Governance Committees to the Clinical Governance and Risk Team has been considered as part of the wider review of support for NHS Board and Governance Committees undertaken by Corporate Services Manager, under the leadership of the Chief Executive. It has been agreed that the Action note from the Standing Committee will be shared with the Clinical Governance and Risk Team to provide the formal feedback loop;
- RMG Terms of Reference were reviewed and approved at the A&RC meeting in November 2023;
- The RMG has been chaired by the Chief Executive since November 2022, a measure put in place 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;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, continues with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence);
- All Strategic and Organisational Risks are now in the new risk format, a targeted approach to support managers to review Directorate and Departmental risks will be undertaken in 2024/25;
- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;
- At the RMG meeting in November 2023 the risks were reviewed in detail before being presented to the A&RC in November 2023 and subsequently to the NHS Board in December 2023;
- Following review of the presentation of the Strategic Risk Register in April 2023 to a more accessible format, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and Audit and Risk Committee – now receive and consider their risks at each of their meetings;

- In addition to the activities noted in the Risk Management Workplan for 23/24, 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. This approach has helped to reduce the number of inactive open reports on the system as well as close out the number of open outstanding Datix 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;
- The Significant Adverse Event Reporting (SAER) process was subject to internal audit procedures in January 2023. Verbal feedback at the time of the close out meeting indicated that the outcome of the audit was positive with no recommendations being made. Final report was received in May 2023 which confirmed this position, and this significant achievement was highlighted at the NHS Board meeting in June;
- The system for Risk Management within the Community Health and Social Care Partnership was reviewed and a single system for the recording of Directorate risks has been introduced using the JCAD system, Local Authority risk management system. Challenges have been experienced in gaining access for the Clinical Governance and Risk Team to this system which resulted in delayed access until January 2024. Work will now be undertaken to reconcile the NHS risks with the risks as now reflected on JCAD and to ensure that there is an appropriate route for the escalation and de-escalation of risks between the departmental, organisational and strategic risk registers held within the Datix system in the NHS and the Partnership Directorate level risks held on JCAD;
- There is to be an update to the JCAD system mid-April, Chief Nurse (Corporate) and the Clinical Governance and Risk Team will attend training on the new system along with Local Authority colleagues;
- The format of the Adverse Event report has been reviewed and updated with a new reporting structure, reflecting the national adverse event framework, adopted in August 2023;
- A review of the Strategic Risk Register and the areas of business covered by the Standing Committees, saw the realignment of a number of Strategic risks namely: SR10 Business Continuity Plans moved from Clinical Governance Committee (CGC) to Finance and Performance Committee (F&PC); SR17 IT Failure due to Cyber Attack moves from CGC to F&PC to reflect the governance structure of the digital/ ehealth subgroups; SR18 Risk of CBRN Contamination is added to the CGC portfolio of assigned risks;
- The review dates for risks have been moved to the end of the month, to assist with timely review of the risks;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current. Work is being progressed to support Managers to conduct a full review and update of their risks;
- Comprehensive reviews of risks SR01 National Standards and SR08 Workforce have been carried out in this last quarter. RMG discussed the new Workforce risk at the meeting in March and some further amendments were proposed. The draft Risk has

been re-circulated for final approval. The draft revised SR08 will be included in the Strategic Risk Register report and will replace the previous Workforce risk on the Strategic Risk Register as soon as final approval has been gained;

- Work has been undertaken to progress the revision of SR02 Finance risk. Two revised financial risks were presented to the RMG in March and have been circulated to the EMT members for discussion and comment;
- Whilst no risks have been closed over the course of this year, discussions have identified risks which should undergo review with a view to closure. These relate mainly to risks associated with the COVID 19 Pandemic and action to revise and/or close them is now being progressed;
- A Horizon Scanning section has been added to the RMG agenda. In September discussions were held to review the local position in relation to use of 'Whats App' across NHS Shetland in response to the Information Commissioners Office (ICO) applying sanctions to another NHS Board area for inappropriate use of this messaging system. A local short life working group was established to address local usage and to provide guidance to the organisation. An update was provided to RMG in March 2024, with a full report and implementation of actions to be discussed at RMG in June 2024;
- The position with regards to use of Reinforced Autoclaved Aerated Concrete (RAAC) within the building infrastructure has also been discussed, noting that this was not considered to be an area of significant concern for NHS Shetland;
- An externally facilitated workshop was held recently for NHS Board members on Risk Appetite. It is anticipated that further work will be progressed in this area in 2024/25;
- The Risk Management Group have also reviewed and agreed the priorities reflected in the attached draft Risk Management Workplan for 2024/25.

Appendix 1B provides an out-turn report of progress made with the individual priorities over the course of April 2023 to March 2024.

Risk Management Objectives and Priorities 2024/25

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 2024/25 including KPIs which form the basis of the risk management workplan for 2024/25. The following priorities have been agreed to strengthen the risk management arrangements:

- Provide ongoing training, development and support for implementation of the Risk Management strategy;
- Embedding active use of risk registers across directorates and departments;

- Monitor use of Risk management strategy and associated documents to ensure it is embedded in practice;
- Implementation of 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 A&RC 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 2023/2024

The table below outlines the Risk Management objectives and the mapping of these against the corporate objectives. The workplan for 2023/24 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 2023 using updated report format to include actions and a different prioritisation.</p> <p>b) 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 Risks presented to NHS Board 25/4/23</p> <p>Completed</p> <p>Ongoing Strategic & organisational risks are all in new format. Work in progress on updating Directorate & dept level risks to new format.</p> <p>Risk review dates aligned to the end of the month from</p>	<p>Clinical Governance & Risk Team Leader</p>	<p>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>

	<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>July 2023 to aid timely review.</p> <p>Completed - verbal updates provided</p> <p>Completed - approved Nov 2023.</p>		
2. Provide organisational leadership of risk management				
a. Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified	<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>Completed New Form is established in practice Support available from CG & Risk Team as required</p> <p>Audit of progress against targets to be undertaken in April 2024</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>
b. Embedding risk registers across directorates and departments	<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>Ongoing End July 2023</p> <p>Audit to be undertaken as</p>	Datix Support Officer & Clinical Governance	<p>Number of directorate and departmental risk registers</p>

	This will be a focus in 2024/2025	noted above in April 2024. ELearning Module to support Managers currently in development	& Risk Team Leader	developed and in active use
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 All Strategic & Organisational risks in new format</p> <p>Ongoing Establish Formal training programme in 24/25 - ?as part of Managers bundles</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 (measure not applicable now as timescale passed and training done to date on 'as required' basis)</p>
b. Develop & implement risk register reports and	Strategic risk register reports/dashboards in place for each Executive Director	Complete	Datix Support Officer	Number risk register reports/dash

<p>dashboards for groups/managers/teams</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>Ongoing Significant technical challenges faced with JCAD system - delayed access to system, access only achieved January 2024. Further discussion needs to take place with DCHSC and RMG as to how to ensure continuity of the NHS risks across the JCAD system and Escalation/De-escalation structures to be developed</p> <p>Work will continue into 24/25</p>		<p>boards developed Number of risk register reports/dashboards actively in use</p>
<p>c. Implement national standardised data sets to promote reporting and support learning</p>	<p>Datix Support Officer & Clinical Governance & Risk Team Leader part of national working group re standardising data.</p> <p>The following national datasets implemented:-</p> <ul style="list-style-type: none"> • Falls • Tissue Viability – Pressure Ulcers 	<p>Ongoing National project and steering groups commenced. Delayed nationally – work continues to progress</p>	<p>Datix Support Officer & Clinical Governance & Risk Team Leader</p>	<p>Number of national data sets added to Datix system</p>

		datasets with anticipated go live for these 2 data sets as of 1 April 2024		
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 Targeted area of work being undertaken into AE data breeches to inform IG training – due to report April 2024 Further Work undertaken into inpatient falls data from Q3 where increase in falls noted.</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>

		Chief Nurse (Corporate) and CGR Team supporting development of learning summaries from all adverse events where appropriate Numbers of Lessons learnt developed & shared reported in quarterly AE reports.		
b. Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within & across departments/ organisation	Local work undertaken on pressure ulcer questions on Adverse Event form 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)	Complete PU questions added to form, implementation date 1 April 2024 Education & Awareness ongoing Targeted session for Medical records/ Reception scheduled for April 2024(re-scheduled due to snow in January)	Datix Support Officer & Clinical Governance Team	Audit of changes on Datix/ updated dashboard reports made by request

Risk Management Workplan 2024/2025

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. The draft workplan for 2024/2025 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
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>Strategic risks to be presented to NHS Board in April 2024 for review, update and inclusion of any new risks.</p> <p>Deliver formal training sessions to support implementation of Risk Management Strategy in practice.</p> <p>Carry out ‘temperature check’ audit to establish if the New Risk Management Strategy has been embedded in practice.</p> <p>Support managers to convert Directorate and Departmental risks to new format and promote active review of risks to ensure risk register is current at all times.</p> <p>RMG meetings aligned with Audit & Risk Committee (A&RC) meetings and RMG action note presented at each meeting to address internal audit action.</p> <p>RMG Terms of Reference to be updated annually for approval by A&RC</p> <p>Review the ‘Clinical Risk and Advisory Team’ process within the overall management of Significant Adverse Event Review process</p>	<p>End April 2024</p> <p>End July 2024</p> <p>End September 2024</p> <p>Ongoing</p> <p>Ongoing</p> <p>End Nov 2024.</p> <p>End July 2024</p>	<p>Clinical Governance & Risk Lead & Datix Support Officer</p> <p>Chief Nurse (Corporate)</p>	<p>2024/25</p> <p>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</p>

2. Provide organisational leadership of risk management				
<p>Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified</p>	<p>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>	<p>Ongoing throughout 2024/25</p> <p>Audit of progress against targets to be undertaken in April 2024</p> <p>All risks in new format by March 2025</p> <p>Formal feedback loop from Committees to Clinical Gov & Risk Team to be established by April 24.</p>	<p>Datix Support Officer</p>	<p>Establish current baseline position</p> <p>Aim for 75% of all risks on new format by December 2024</p> <p>100% by March 2025</p>
<p>Embedding risk registers across directorates and departments</p>	<p>Conduct audit of number of departmental and directorate risk registers developed and in active use.</p> <p>Report outcome to RMG</p>	<p>End September 2024</p>	<p>Datix Support Officer & Clinical Governance & Risk Team Leader</p>	<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				
Delivery of training on risk management	<p>Establish a formal Risk Management training programme with a rolling programme of delivery to ensure all individuals new to a management post (Band 7 & Band 8) receive training in Risk Management</p> <p>Datix system access for Managers established once training session attended</p> <p>Continue to provide adhoc support as required</p>	End July 24	Datix Support Officer & Clinical Governance & Risk Team Leader	<p>Training programme developed and numbers of staff trained</p> <p>80% of Managers within first 6 months post implementation of training programme</p>
Develop & implement risk register reports and dashboards for groups/managers/teams	<p>Strategic risk register reports/dashboards are in place and accessible for each Executive Director</p> <p>Development of further risk register reports/dashboards in line with the strategy will be considered on request</p> <p>Review how to ensure continuity of the NHS risks across the JCAD system and develop Escalation/De-escalation structures</p>	<p>Exec Director dashboards in place</p> <p>Ongoing</p> <p>By July 2024</p>	Datix Support Officer	<p>Number risk register reports/dashboards developed</p> <p>Number of risk register reports/dashboards actively in use</p>
Implement national standardised data sets to promote reporting and support learning	Datix Support Officer & Clinical Governance & Risk Team Leader to participate in national working groups re standardising data.	National project and steering groups in place	Datix Support Officer & Clinical Governance	Number of national data sets added to Datix system

	Implement new datasets as they are released	Ongoing Next 4 topics to be reviewed: medication, radiological imaging, infection prevention & control, safeguarding (children & adults).	& Risk Team Leader	
4.Ensure lessons are learned and changes in practice are implemented through the identification of risk				
Analyse & review any themes relating to adverse events & risks to highlight trends & areas requiring further investigation/action	Report on formal analysis of themes arising through adverse events submitted April 2023 – March 2024. Develop action plan based on findings Recognised limited local learning summaries are being developed. Area of development for 24/25. Support needed to ensure departments can produce an appropriate learning summary. Process already in place to support sharing of learning.	End of June 2024 Area for focus throughout 24/25	Clinical Governance & Risk Lead Datix Support Officer	Local learning from reviews is shared widely Increase number of local learning summaries shared by 10% from baseline (23/24) – with update on progress provided through Quarterly Adverse Event Reports

4.Ensure lessons are learned and changes in practice are implemented through the identification of risk (continued)				
Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within & across departments/ organisation	Clinical Governance Team raising the profile of expectation to report all untoward/ adverse events including near misses on Datix. Will be discussed and promoted via a variety of opportunities eg Clinical Pathways group, Team meetings, Corporate Newsletter, website etc	Ongoing	Chief Nurse (Corporate) & Clinical Governance Team	
	Inphase recognised as preferred option for Datix System replacement Organisational demonstration to be hosted Business case to be developed Participate in Digital Delivery Plan session with aim of adding this to the Plan for either 2024/25 or 2025/26 (subject to funding)	Business case developed by August 2024	Exec Lead Clinical Gov / EMT	