



Risk Management Strategy

1.2

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1. INTRODUCTION

Risk Management is an integral part of Southern Hampshire Primary Care Alliance (SHPCA) management activity and is a fundamental pillar in embedding high quality, sustainable services for the people of Southern Hampshire. As an organisation delivering a range of services we accept that risks are inherent part of the everyday life of the organisation. Effective risk management processes are central to providing SHPCA Board with assurance on the framework for clinical quality and corporate governance.

SHPCA strive to provide an outstanding experience for every patient, delivering services to the local community. To ensure that the care provided at SHPCA is safe, effective, caring and responsive for patients, the Board must be supported by a strong governance structure.

SHPCA is committed to developing and implementing a risk management strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its critical success factors. It will be used alongside other key management tools, such as performance reports, dashboards, and financial reports, to give the Board a comprehensive picture of the organisational risk profile.

The management of risk underpins the achievement of the organisational objectives. SHPCA believes that effective risk management is imperative to not only provide a safe environment and improved quality of care for service users and staff, it is also significant in the financial and business planning process where a successful and competitive edge and public accountability in delivering health services is required. This illustrates that risk management is the responsibility of all staff.

The risk management process involves the identification, evaluation and treatment of risk as part of a continuous process aimed at helping the organisation and individuals reduce the incidence and impacts of risks that they face. Risk management is therefore a fundamental part of both the operational and strategic thinking of every part of the service delivery within the organisation. This includes clinical, non-clinical, corporate, business and financial risks.

The organisation is committed to working in partnership with staff to make risk management a core organisational process and to ensure that it becomes an integral part of the organisation philosophy and activities. The risk management strategy represents a developing and improving approach to risk management which will be achieved by building and sustaining an organisational culture, which encourages appropriate risk taking, effective performance management and accountability for organisational learning in order to continuously improve the quality of services.

The Board recognises that complete risk control and/or avoidance is impossible, but the risks can be minimised by making sound judgments from a range of fully identified options and having a common understanding on risk appetite.

The strategy is subject to annual review and approval by SHPCA Board

The risk management strategy underpins the organisation's performance and reputation and is fully endorsed by SHPCA Board.

2. PURPOSE OF THE RISK MANAGEMENT STRATEGY

The purpose of the Risk Management Strategy is to detail the organisation's framework within which the organisation leads, directs and controls the risks to its key functions in order to comply with Health and Safety legislation, compliance requirements, key regulatory requirements such as Care Quality Commission, and its strategic objectives. The risk management strategy underpins the organisation's performance and reputation and is fully endorsed by SHPCA Board.

3. RESPONSIBILITY FOR RISK MANAGEMENT

The success of the risk management programme is dependent on the defined and demonstrated support and leadership offered by the Board as a whole

However, the day-to-day management of risk is the responsibility of everyone in our organisation, and the identification and management of risks requires the active engagement and involvement of all staff. Our staff are best placed to understand the risks relevant to their areas of work and must be enabled to manage these risks, within a structured risk management framework.

4. PROMOTING A FAIR AND OPEN CULTURE

All members of staff have an important role to play in identifying, assessing and managing risk. To support staff the organisation provides a fair, open and consistent environment which does not seek to apportion blame. In turn, this will encourage a culture and willingness to be open and honest to report any situation where things have or could go wrong. Exceptional cases may arise where this is clear evidence of wilful or gross neglect contravening the organisation's policies and procedures and/or gross breaches of professional codes of conduct which will be managed and referred accordingly.

5. STRATEGIC GOALS

To ensure that Risk Management policies are implemented ensuring that:

- All risks, including business risks, service development risks, and project risks, are being identified through a comprehensive and informed Risk Register and risk assessment process.

- The open reporting of adverse events/incidents is encouraged and learning is shared throughout the organisation

4.2 To monitor the effectiveness of Risk Management Policies and procedures via the monitoring of agreed Key Performance Indicators.

4.3 To further develop the organisational safety culture and its effectiveness through implementation of local, regional and national patient safety interventions.

4.4 To ensure that the organisation can demonstrate compliance with the statutory Duty of Candour ensuring that it maintains a consistent open and honest culture, involving patients and families in investigations where appropriate.

4.5 To ensure that all individuals within the organisation are aware of their role, responsibilities and accountability with regard to Risk Management.

4.6 To ensure that the structure and process for managing risk across the organisation is reviewed and monitored annually.

4.7 To ensure compliance with Care Quality Commission registration requirements, and Health and Safety Standards.

6. COMPLIANCE AND ASSURANCE

The Assurance committee accountable to the SHPCA Board is the Combined Assurance Group; I

It is the responsibility of the Combined Assurance Group to report to SHPCA Board, any new risks identified and gaps in assurance/control, as well as positive assurance on an exception basis. If a significant risk to the organisation's service delivery or gap in control/assurance is identified then this should be reported immediately via Directors

If at any time performance reporting and risk management processes indicate that the organisation will not meet a current or future regulatory requirement/target then the Board must notify the Southern Hampshire CCGs (F&G and SE Hants)

7. THE ORGANISATION RISK REGISTER

There is a requirement to detail for every risk on the risk register the plan for the ongoing management of the risk i.e. accept, tolerate or mitigate the risk. Where a decision is made to accept or tolerate the risk it needs to be documented where the decision was made and agreed. Risks that require mitigation must have an action plan

8. RISK MANAGEMENT POLICY

6.1 This strategy should also be read in conjunction with the following Risk Management Policies which are all available on the **intranet**.

- Risk Management Toolkit
- Health & Safety Policy
- Managing Incidents (Adverse Events) Reporting Policy
- Serious Incidents Requiring Investigation Policy
- Duty of Candour and Being Open Policy

9. STRATEGIC OBJECTIVES 2019/2021

To monitor the effectiveness of the Risk Management processes and policies the following strategic objectives have been set and will be monitored via the Combined Assurance Group.

- Monitoring of incidents to highlight trends and areas requiring further investigation/action
- Provision of monthly incident report to CAG to support theming of all incidents and monitoring of high harm incidents.
- Support to services to enable them to monitor themes and trends in reporting within their service and take remedial action, evidence learning and support enable wider sharing.
- Working with services to evidence learning from incidents and feedback to team. Linking with complaints and Litigation team to look at broader themes and learning.
- Embedding risk management at all levels of the organisation – creating a safety culture
- Greater ownership of risks at a local level
 - Enhance the use of risk registers at service level.
 - Evidence that dynamic risk registers are held within all departments covering key risks
 - Ensuring a transparent system for aggregation and escalation between service risk registers with the Corporate Risk Register.
- Leading and supporting staff and promoting reporting
 - Ensure all staff are aware of their responsibility for reporting incidents.
 - Utilise both formal and informal opportunities with staff for teaching
 - Monitor reporting patterns to identify areas/groups of staff who may not be reporting and investigate whether reporting patterns are reflective of risk activity

- Ensuring there is appropriate provision of training
 - Review existing in-house training provision in relation to risk management to identify gaps in training provision.
 - Review current availability of training opportunities both internal and external
- Ensuring compliance with ‘Duty of Candour’ requirements
 - Ensure all staff are aware of their responsibilities through cascade of the Duty of Candour and Being Open Policy.
 - Monitoring of incidents to ensure that graded appropriately
 - Where Duty of Candour triggered liaise with clinicians to ensure they are aware of the correct notification and follow up procedures.
 - Monitoring of duty of Candour compliance at Board and local meetings

The following KPI’s are also in place:

1. Maintain full registration with the Care Quality Commission
2. Maintain a culture where staff feel risk management processes are fair and responsive, evidenced through the annual Staff Survey;
3. Compliance with contractual requirements associated with the reporting and management of Serious Incidents;
4. Evidence of shared learning from incidents through newsletters, feedback, Head of Governance, Quality & Safety Reports.

10. ACCOUNTABILITY AND RESPONSIBILITY ARRANGEMENTS

The Chief Operating officer

The Chief Operating Officer is the Accountable Officer and has overall responsibility for Risk Management.

The Chief Operating Officer is responsible for ensuring the organisation has a comprehensive and dynamic Organisation Risk Register and working with operational services to ensure that they understand their accountability and responsibilities for managing risks in their areas;

The Chief Operating officer has overall responsibility to ensure Risk Management Policies and procedures are maintained and updated.

Directors

The Directors have a collective responsibility as a Board to ensure that the Risk Management processes are providing them with adequate and appropriate information and assurances relating to risks against the organisation’s objectives.

The Directors are responsible for ensuring that they are adequately equipped with the knowledge and skills to fulfil this role.

Directors are accountable and responsible for ensuring that the organisation is implementing the Risk Management Strategy and related policies. They also have specific responsibility for managing the organisation's principal risks. For example:

- The Director of Finance for managing the organisation's principal risks relating to ensuring financial balance,
- Clinical Director for managing the principal risks relating to clinical quality, clinical workforce and infection control.
- Director with health and safety responsibility of the organisation's principal risks relating to this
- The Clinical Director is responsible for managing risks associated with the medical Workforce
- Chief Operating Officer for operational performance related risks.

Head of Governance Quality & Safety

The Head of Governance, Quality & Safety is responsible for:

Maintaining and updating appropriate Risk Management Policies and procedures related to their areas of responsibility;

- Ensuring information is provided on incident data to the Combined Assurance Group Committee, and Organisation Board;
- Presenting risk/quality reports at the CCG Clinical Quality Review Meeting (CQRM) in line with contract requirements;
- Collaborating with external stakeholders' key to Risk Management e.g. Commissioners, CQC, and other Organisations.
- Ensuring that there is an appropriate and named point of contact for patients and families during the Serious Incident review process.

Combined Assurance Group

The Combined Assurance Group reports to the Board and encompasses the following remit areas:

Health & Safety – oversight of Health and Safety in accordance with the SHPCA Health & Safety Policy and statutory legislation and requirements.

Operational Quality & Safety – oversight of clinical service risk management. Members have authority to ensure appropriate risk management processes are implemented within their service of authority.

Members of the CAG are aware of their own areas of risk responsibility and they work proactively to achieve the organisations Key Performance Indicators for Risk Management. To achieve this the CAG members:

- Understand and implement the Risk Management Strategy and related policies.
- Ensure that appropriate and effective risk management processes are in place within their delegated areas.
- Ensure service activity is compliant with national risk management standards and safe practices, alerts etc.
- Develop specific objectives within their service plans which reflect their own risk profile and the management of risk.
- Risk assesses all business plans/service developments including changes to service delivery.
- Ensure that risk assessments, both clinical and non-clinical, are undertaken throughout their areas of responsibility. The risks identified will be prioritised and action plans formulated. These action plans will be monitored through QOG meetings.
- Maintain the SHPCA risk register (clinical, non-clinical and financial). Formally reporting high and extreme risks via appropriate meetings.
- Report all incidents, including near misses, in accordance with the Adverse Events Reporting Policy and identify action taken to reduce or eliminate further incidents.
- Undertake investigation into all serious incidents, in accordance with the Adverse Event Reporting policy providing evidence of local resolution and learning.
- Disseminate learning and recommendations made as a result of incident investigations, clinical reviews, and serious incident inquiries within their areas of responsibility, ensuring recommendation outcomes are fed back to the Chief Operating Officer.
- Monitor and report on the implementation and progress of any recommendations made which fall within their area of responsibility
- Ensure that all staff are made aware of risks within their working environment and their personal responsibilities within the risk management framework.
- Identify own training needs to fulfil the function of managing risk as a senior manager.

Operational Managers

Operational Managers are accountable and have authority for the following:

- Ensuring that appropriate and effective risk management processes are in place within their designated area(s) and scope of responsibility as per this Strategy and related Risk Management Policies.
- Adverse Events are reported, reviewed and investigated thoroughly and in a timely way.

- Staff receive feedback about incidents reported, remedial actions put in place, are encouraged to engage in the resolution of problems and sharing learning wider.
- Ensuring that the grading of incidents are appropriate and regulated actions taken where Duty of Candour is triggered
- Disseminating learning and implementing recommendations made as a result of incident investigations, clinical reviews, and serious incident inquiries within their area of responsibility.
- Monitor and report on the implementation and progress of any recommendations made which fall directly within their area of responsibility
- Maintaining a dynamic service risk register
- Ensuring that where high or extreme risks are identified these are brought to the attention of the COO for inclusion onto the organisational risk register.
- Ensuring that all staff are made aware of these risks within their work environment and are aware of their individual responsibilities for raising concerns.
- Ensuring that all staff have appropriate information, instruction, and training to enable them to work safely.

All Staff

All Staff are required to:

- Be conversant with the Risk Management Strategy and have a working knowledge of all related risk policies.
- Comply with Organisation policies, procedures and guidelines to protect the health, safety, and welfare of any individuals affected by Organisation activity
- Acknowledge that risk management is integral to their working practice within the Organisation.
- Report all incidents and near misses in accordance with the Adverse Events Reporting Policy and take action to reduce or eliminate further incidents.
- Report any risk issues to their line manager
- Participate in the investigation of any adverse events as requested.
- Attend / complete mandatory training appropriate to role.

11. MONITORING AND REVIEW

This strategy shall be reviewed annually by SHPCA Board.

The Chief Operating Officer shall monitor that the process for managing risk locally is being complied with as per this Strategy and the Risk Management policies this shall be reported at the Alliance Board on a Quarterly basis.