

Board of Directors Meeting

Report

Subject: Risk Management Policy
Date: 16 October 2014
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Lead Director: Susan Bowler, Executive Director of Nursing and Quality

Executive Summary

The attached policy is circulated to Board of Directors for final ratification. It has already been approved at Clinical Quality and Governance Committee and Trust Management Board. It has been widely consulted (see below).

Risk Management is the process where the Trust proactively manages future uncertainty, facilitating the evaluation and control of risk. This document sets out Sherwood Forest Hospital NHS Foundation Trust's policy to manage risks arising from all types of activities.

This policy covers all areas of risk and opportunities within the Trust, including those associated with treating and caring for patients, employing staff, innovation, reputation, maintenance of premises and managing finances.

The document also sets out the Trust's procedure for risk assessment to comply with the general duties of the Health and Safety at Work Act and more specific duties in various Acts and Regulations, including the Management of Health and Safety at Work Regulations.

The outputs from the Trust's Risk Management Policy and supporting processes will inform the trust's Board Assurance Framework and Annual Planning Processes.

There will be a supplementary user guide which will be given out at training and this will cover the principles of how to assess a risk, how to score, how controls and actions work and how to manage risks on Datix.

Recommendation For Ratification

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	
Links to the BAF and Corporate Risk Register	Links to Risks 1.1, 1.3, 2.2, 2.3, 2.4, and 3.1 on the Board Assurance Framework
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	N/A – failure to implement will result in a failure to comply with external targets and expectations

Links to NHS Constitution	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	<p>The policy has been extensively consulted and this includes:</p> <ul style="list-style-type: none"> a) Trust Management Board, 22/09/2014 and approved 27 October 2014 b) Clinical Quality and Governance Board Sub-Committee, 10/09/14 & approved 16/10/14 c) Quality Committee via e-mail consultation d) Divisional Clinical Governance Meetings for Emergency Care and Medicine, Planned Care and Surgery, Diagnostics and Rehabilitation and Newark in August 2014 e) A significant number of individual key stakeholders were consulted on
Monitoring and Review	<p>An annual report on risk management in the Trust, based on all available relevant information, shall be produced in the first quarter following the end of the financial year. To ensure compliance with this policy the report, together with performance against the Key Performance Indicators (KPIs), shall be reviewed annually by the TMB and used to inform the development of action plans to remedy deficiencies and to inform future strategies. Existing audit / review mechanisms shall be used wherever possible to avoid duplication. Systems shall be in place to monitor and report performance against KPIs with findings reported to the AC, TMB and other Trust committees as required. KPIs and audit requirements are described in the policy. When KPI's are not being met, the Risk Manager will produce an action plan which will be monitored via the Trust Management Board at least quarterly.</p>
Is a QIA required/been completed? If yes provide brief details	No