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Western Isles NHS Board

Risk Management Strategy



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1.0 INTRODUCTION

The systematic drive to improve the quality of NHS care began in the late 1990's, and at its core lay the concepts of Risk Management and Clinical Governance. This has led to the establishment of the fundamental principle that NHS organisations must have in place proper systems to assure and improve the quality of services they provide for the benefit of both patients and staff.

2.0 WHERE WE ARE NOW

Risk Management is central to the effective running of the organisation and good quality and Clinical Governance goes hand in hand with Risk Management. The emphasis on safety requires a big shift for Hospital and Primary Care Services. It requires a transformation in culture, operating systems and working practices. It also requires a recognition of the vulnerability of the systems of the organisation, as well as refocusing all activity to the needs and experience of the patient coupled with an approach based upon learning from error not blame and punishment.

The Scottish Executive's HDL (2002) 11 issued to all NHS Organisations described the framework for delivering Risk Management and Clinical Governance. The NHS Western Isles will comply with the HDL and with national guidance on Risk Management including the standards set by NHS/Quality Improvement Scotland and The Clinical Negligence and Other Risk Indemnity Scheme (CNORIS).

3.0 WHERE WE NEED TO BE

The NHS Western Isles' vision is for safer health services for both patients and staff, where all those who have an influence in delivering care, have safety at the fore front of their minds, where care becomes systematically better and safer for patients, and where decisions increasingly take into account the wider implications for safety.

4.0 THE DEFINITION

Risk Management equates to good management practice. A **risk** is the probability or likelihood that harm may occur, coupled with the consequences of that harm. **Managing risk** is the process of identifying, assessing and controlling the risk.

5.0 THE OBJECTIVES

- To reduce risks to patients, employees and others.
- To manage and control risk where acceptable, transfer risk where unacceptable or unavoidable.
- To develop a robust proactive approach to identification and understanding of risks inherent in the organisation.
- To establish arrangements, practice and procedures, which reduce any identified risk to a minimum at an acceptable cost.
- To identify resources required to identify, manage, control and evaluate risk.

- To maximise the resources available for patient services.
- To identify and control by elimination, or reduction to an acceptable level all risks which may adversely affect the Board's principle functions.
- To ensure costs diverted to manage risk are done in the most cost effective manner.
- To develop systems to enhance IR1 reporting with a view to a fully integrated reporting system for all types of incidents both clinical and non clinical.

6.0 HOW WE GET THERE

6.1 Chief Executive

The Chief Executive is ultimately the Accountable Officer for ensuring that risk is adequately managed and is responsible for dealing with any unacceptable risks brought to his/her attention. Because of the complexity of Risk Management, it is impossible for one individual to effectively oversee the full spectrum of risk across the Board. To assist the Chief Executive fulfil his/her responsibilities three broad areas of risk have been identified, each led by a nominated Executive Director.

- Clinical Risk - Divisional Medical Directors
- Safety, Health and the Environment - Organisation & Learning Development Director
- Business Risk - Director of Finance

The Risk Management Committee will oversee each area.

6.2 Risk Management Committee

The Risk Management Committee will fulfil the strategic role in the co-ordination of Risk Management within the Board. An appointed Executive Director will chair the Risk Management Committee with responsibility at Board level for ensuring the strategy is implemented and in place.

6.3 Terms of Reference

The Risk Management Committee is responsible for the overall supervision of Risk Management. It will implement the strategy for Risk Management throughout the Organisation. The Committee must also ensure that systems are operating effectively in identifying and controlling risks. It will ensure remedial action when required and where the level or nature of risks makes such action appropriate, it will directly instruct risk management action required. The Executive Team may vary the Terms of Reference for the Risk Management Committee provided any new Terms of Reference are in accordance with the relevant regulations and statutes.

6.4 Membership

Chief Executive
Director of Finance
Director of Public Health
Director of Nursing, Midwifery & AHPs
Medical Directors
Organisation & Learning Development Director
Chief Administrative Dental Officer
General Managers
Facilities Manager
Head of Information Management & Technology
Health & Safety Officer
Risk Manager
Quality Manager

In addition to the above membership the Committee will have the right to co-opt additional members on a temporary or permanent basis.

6.5 Remit

The Risk Management Committee will:

- Implement the Risk Management Strategy;
- Develop a work plan of systematic and programmed activity;
- Participate in the implementation of a fair and open culture;
- Provide Executive Team with regular reports and an annual review report;
- Ensure that systems are operating effectively;
- Ensure remedial action taken when required.

7.0 HEAD OF INTERNAL AUDIT AND RISK MONITORING

Internal Audit is the source of independent assurance to the Board. In addition to providing an objective view in relation to the effectiveness of control measures highlighted in Risk Registers, Internal Audit provide an independent opinion on the adequacy and effectiveness of the system of internal control together with recommendations for improvement. To safeguard this independence the Head of Internal Audit and Risk Monitoring will from time to time be invited to attend Risk Management Committee meetings but will not be a member of the Risk Management Committee.

8.0 FUNCTIONING OF RISK AT BOARD LEVEL

The terms of reference of the Risk Monitoring and Audit Committee have been amended and part of the remit of this committee will be to oversee and validate the Board's Strategic Risk Register and to ensure that an effective risk assessment and framework is in place. At each of its meetings the Board will discuss in detail one of the top ten strategic risks.

9.0 TRAINING AND DEVELOPMENT

The Board will provide training in Risk Management. This will start at induction and then through Risk Management awareness sessions and workshops. Refresher courses will also be available for staff. Support and information on all aspects of Risk Management will be made available to staff at all levels from Risk Management Committee and Risk Manager. Each individual's responsibility for the management of risk will be part of his or her regular performance appraisal. NHS Western Isles is determined to eliminate the blame culture and to promote a fair, open and learning culture.

10.0 COMMUNICATION

The implementation of the Strategy will be by electronic means, such as e-mail, Intranet and Internet. It will also be communicated by physical means such as, distribution of hard copy documents, face-to-face meetings and it will become a standing agenda item for all committees and groups.

11.0 TOOLS OF THE TRADE

For Staff to identify, assess and control risk they will require to use the following:

- Incident report forms;
- Complaints & claim information;
- Morbidity and mortality data;
- Clinical and non clinical audit information;
- Risk assessments;
- External reports, for example, from the Health & Safety Executive, Quality Improvement Scotland and Auditors.
- Guidance has been developed by the Risk Manager for use within the Divisions and Departments

Risk Assessments will be used to determine the extent of risk supported by information from the range of sources described above.

12.0 RISK REGISTERS

The Committee will prioritise the top ten Strategic Risks of the NHS Board at any one time. The Register will always be changing to reflect the dynamic nature of risks and how they are managed.

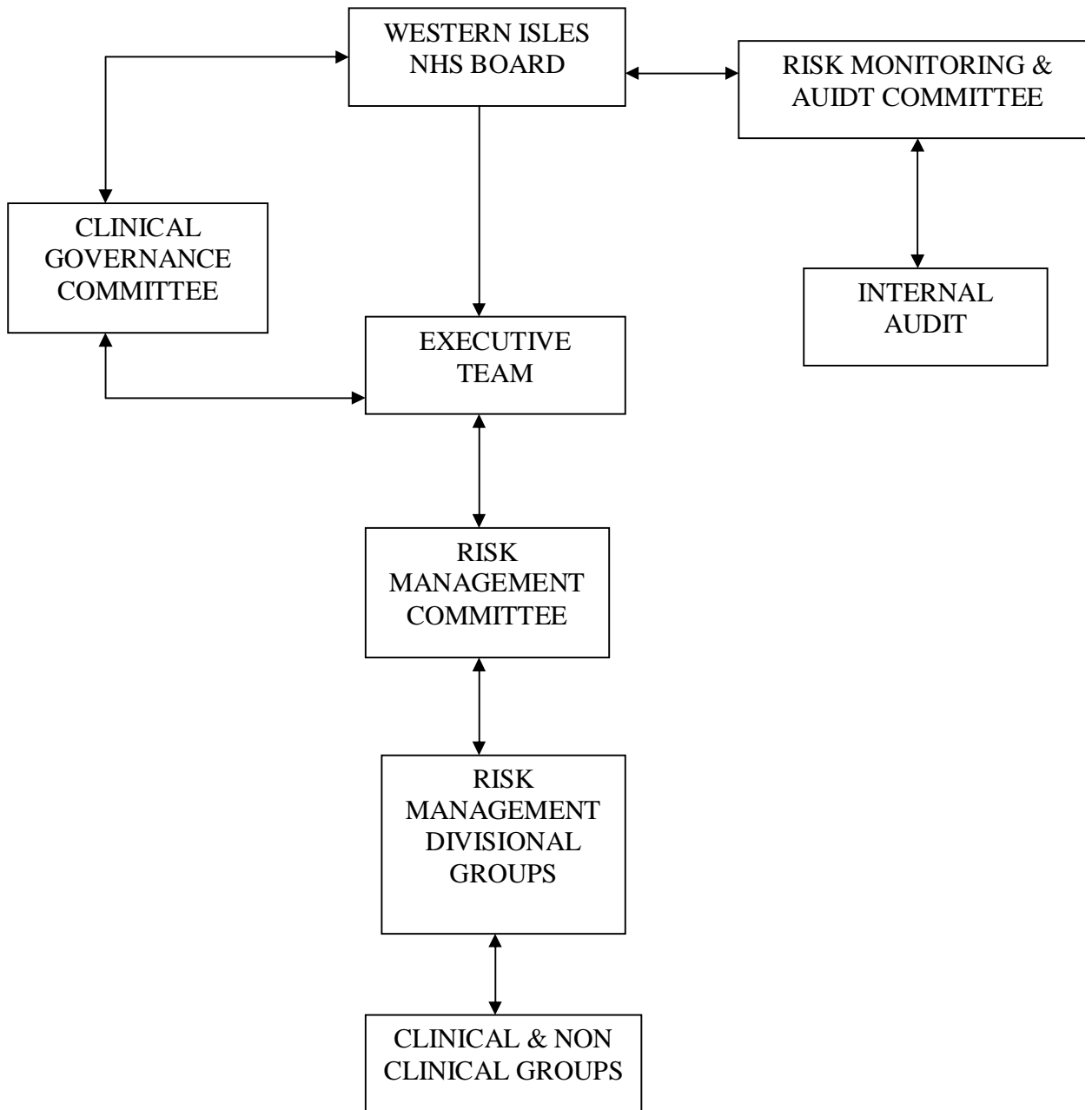
Risk Registers will be maintained within each of the Divisions and Departments throughout the Organisation.

13.0 REVIEW

An annual report will be produced for the Board, to demonstrate the effectiveness and suitability of the Risk Management systems in place to satisfy the organisations risk management strategy and policy as part of the review of the Board's Corporate Governance arrangements.

FRAMEWORK

The framework required to implement the Risk Management Strategy.



REFERENCES AND BILIOGRAPHY

The Discipline of Risk Management. Australian Institute of Risk Management 2000

Combined Code of Practice on Good Corporate Governance (Turnbull, 1999)

HDL (2000) 2 Clinical and Non Clinical risk Indemnity Scheme

MEL (2000) 29, Clinical Governance

MEL (2000) 18, CNORIS

MEL (1999) 75, Guidance on Clinical Governance

MEL (1999) 14, Corporate Governance in the NHS

Risk Management Standards AS/NZS 4360:1999

Risk Management in the NHS 1994 Department of Health

Tayside Primary Care NHS Trust Risk Management Strategy Nov 2000

Tayside University Hospital NHS Risk Management Strategy Jan 2001

Tayside Health Board Risk Management Strategy, March 2001

Shetland Risk Management Strategy, December 2004