NHS
United Lincolnshire
Hospitals
NHS Trust

To:	**Trust Board**
From:	Kevin Turner, Deputy Chief Executive
Date:	4th July 2017

Title:	**Strategic Risk Management Report**

Responsible Director: Kevin Turner, Deputy Chief Executive

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Purpose of the Report:
The purpose of this report is to provide the Trust Board with an update on the:

- Progress for implementing the Improvement Plan for Risk Management.
- Monthly update of the Integrated Strategic Risk Register and the Board Assurance Framework.

The Report is provided to the Board for:

Decision		Discussion	✓
Assurance	✓	Information	✓

Summary/Key Points:
To provide the Trust Board with an:

- Update on the progress of improving risk management for the Trust.
- Update report on the current Integrated Strategic Risk Register and Board Assurance Framework.

Recommendations:

- That the Trust Board notes the progress of refreshing the risk management processes, accountability and assurance framework.
- That the Trust Board notes the position of the Integrated Strategic Risk Register and Board Assurance Framework.

Strategic Risk Register	**Performance KPIs year to date**
The Strategic Risk Register has been Integrated with the Board Assurance Framework, and is presented to each of the Committees to provide assurance that they have escalated issues.	The Strategic Risk Register will identify the key risks to delivering the Two Year Integrated Operational Plan and the 2021 Strategy for the Trust.

Resource Implications (e.g. Financial, HR)
The Strategic Risk Management Group is coordinating the delivery of a Risk Management Improvement Plan, which includes a critical path of delivery to ensure effective structures are in place to enable service areas demonstrate the leadership, management, accountability and reporting on

escalating and reporting on risks.

Assurance Implications
Risk management is the recognition and effective management of all threats and opportunities that may have an impact on ULHT's reputation, its ability to deliver its statutory responsibilities and the achievement of its vision, aims, objectives and values. This report forms part of the assurance framework for the Trust outlined in the Risk Management Strategy, Policy and supporting Procedures.

Patient and Public Involvement (PPI) Implications
The risk management process covers all Clinical and Executive Directors who will have risk registers that will feed up through the appropriate risk registers, Operational, Corporate Risk Register and the Strategic Risk Register. The risk management processes will be managed by the Deputy Chief Executive, with the Strategic Risk Management Group providing challenge on the recorded risks to provide assurance to the Committees and Trust Board on their management and mitigation. Risk management should minimise the potential for harm to service users/patients, staff and visitors to as low as is reasonably practicable, thereby providing a safe environment in which patients can be cared for, staff can work and the public can visit.

Equality Impact
There is work being undertaken to develop an Equality Analysis for the 2021 Strategy and supporting Programme, this will support the Strategic Risk Register. **Appendix A** provides an Equality Assessment for Risk Management.

Information exempt from Disclosure – Yes

Requirement for further review? Yes

1.   Purpose of the Report

1.1   This report outlines our approach to improving risk management through the development and delivery of the Risk Improvement Plan, which will provide assurance and transparency of the management of risks for the Trust.

1.2   The progress of the Improvement Plan will be reported to the CCGs as part of providing quarterly assurance on actions taken to effectively meet the requirements of the 2017/19 NHS Contract between ULHT and Lincolnshire CCGs.

1.3   This report also provides a monthly update to the Trust Board on the management of the current strategic risks which are aligned to the strategic objectives through the Integrated Strategic Risk Register and Board Assurance Framework.

2.   Recommendations

2.1   That the Trust Board notes the progress of refreshing the risk management processes, accountability and assurance framework.

2.2   That the Trust Board notes the position of the Integrated Strategic Risk Register and Board Assurance Framework.

3   Reasons for Recommendations

NHS Contract

3.1   There is a requirement to provide a quarterly assurance report to the CCGs on the delivery of the Service Development Improvement Plan requirements of the 2017-19 NHS Contract between ULHT and Lincolnshire CCGs under the following conditions:

- Service Condition - SC33: Incidents That Require Reporting (Schedule 6) Serious Incidents, Never Events and Adverse Incidents that occur within the Trust.

- Duty of Candour – (Contained within the National Quality Requirements).
- Risk Register - Reference number LQR 23 in the 2017 – 19 Quality Schedule.

Risk Management Improvement Programme

3.2 The Strategic Risk Management Group have been leading and monitoring the priority actions identified in the Risk Management Improvement Plan. These priorities will strengthen the current risk management processes through improving our risk governance, assurance and accountability.

Strategic Risk Register

3.3 The Trust has agreed an Integrated Strategic Risk Register and Board Assurance Framework which assists the Trust to manage uncertainties and maximise the likelihood that we achieve our vision through the delivery of the strategic objectives. The Strategic Risk Register is reported to each of the Trust's Committees to review their strategic risk/s and ensure that they have assurance that mitigation action is in place, together with escalating any risk issues to the Trust Board if assurance is not provided.

Corporate Risk Register

3.4 There has been work to cleanse the current Corporate Risk Register as part of the priority improvements, this is reported through to the each of the Trust's Committees to update and provide assurance that the Corporate Risk Register is being managed, monitored and reporting on the progress of mitigation actions.

Summary of Key Points

Risk Management Improvement Plan

4.1 The Strategic Risk Management Group oversees the delivery of the Risk Improvement Plan actions against ten themes, with these being monitored each month as a result of the Risk Review conducted in 2016. **Table 1** below outlines the progress:

Table 1: Risk Improvement Plan Progress May 2017

Improvement Theme	Progress
Leadership and Governance	The Strategic Risk Management Group oversees the Risk Improvement Plan, with a cross referencing exercise with key improvements from the NHS I Governance Review, and also ensuring meeting the 2017/19 Contract requirements.
Policy and Strategy	The Risk Strategy and Policy have been extended to cover the Trust whilst a new Strategy and Policy are being drafted, this will lead to separate policies for Risk and Incident Management.
Reporting Structures	There has been work with all Risk Handlers to review their governance arrangements for managing risks as part of the validation process.
Risk Registers	The Corporate Risk Register has been fully validated, there is ongoing work with Risk Handlers to ensure that they regularly review and update Datix with evidence, together with cross referencing with the Capital Programme and the Adverse Incidents.
Systems and processes	The Datix Project Group have been co-ordinating the upgrade and setting out the business case and specification for tender of the risk and incident system and supporting modules. This Project Group has been widened to

	involve Clinical representatives and the introduction of a Task and Finish Group.
Risk Assessment	The assessment framework has been updated to align to the revised Risk Strategy, which will require building into the new risk system.
Roles and Responsibilities	As part of the risk validation there has been work to confirm the roles and responsibilities of risks with Risk Handlers.
External Stakeholder Risks	There is ongoing work to improve the reporting of risks with key stakeholders, with ensuring the ongoing improvements are reported to demonstrate improving risk management.
Training and Communication	The risk validation process has provided Risk Handlers with one to one support, going forward there will be refreshed training which will be accessible on the Intranet.
Monitoring and Review	The next phase of validation is to ensure that all the risks on the Operational Risk Register are cleansed, and this work will be undertaken through guiding Risk Handlers on the requirements to refresh and validate their risks.

4.2   As part of the risk improvements there is an Incident Management Improvement Plan, together with a Duty of Candour Improvement Plan which are being managed and monitored with reports on progress going through to the Quality Safety Improvement Board.

Integrated Strategic Risk Register

4.3   Risk management is a tool that allows us to manage uncertainties and maximise the likelihood that we achieve our vision and objectives. Risk management should not be seen as a separate activity, but should be a dynamic management tool which is embedded in every-day management activities and aligned with the strategic and business planning processes.

4.4   Currently each strategic risk is assigned to an Executive Lead who has responsibility for the management of controls and the implementation of new controls where necessary. These have been updated by the Executive Leads to reflect the current controls in place.

4.5   The Integrated Strategic Risk Register and Board Assurance Framework is presented to the relevant Trust Committees, which will:

- Provide a detailed review of each strategic risk, seeking assurance on the effectiveness of mitigation plans, controls and commentary.
- FSID are planning to structure their agenda around each of their strategic risks, to seek evidence of plans in place to reduce the risk to target risk levels.

4.6   From May, each of the Trust's Committees will have an upward report to show escalation and overall assurance of their risks.

Benefits being Realised

4.7   The Continuous progress is being made against the delivery of the Risk Improvement Plan. There has been specialist support and advice provided to Risk Handlers This exercise has involved the validation of each risk with each Risk Handler to determine whether each risk is still open and valid, that they are all clearly defined and scored, that mitigation evidence is fully captured, together with identifying and capturing clear evidence and audit trails of actions. The aim is to provide the support for Risk Handlers to ensure that risk management forms part of their business as usual processes of management and local governance. There will be ongoing work to

capture new and emerging risks and demonstrate proactive risk management through horizon scanning.

Lessons Learned

4.8   The improvement planning is identifying key themes of improvement for:

- Improved patient safety through improved risk management and incident management.
- Clearer lines of accountability for Clinical Directorates and Corporate Directorates, aligned to quality assurance and review processes.
- Improved compliance in-line with statutory requirements, standards, policy and procedures.
- Clearer outline of roles and responsibilities.
- Supporting rolling programme of training and awareness of risk management.
- Promotion of the benefits of risk management and feedback to operational areas for the improvements to the Trust for recording, monitoring and management of risks to improve safety.
- Improved information and feedback will improve the culture of safety.