West Hertfordshire Hospitals **NHS**

NHS Trust

Report From:	Director of Nursing, Midwifery, Quality & Risk
To:	Trust Board ~ 2nd December 2004
Subject:	Risk Management
Action:	To Note Contents

Risk Management Progress Report

1. The Trust Board discussed the progress of Risk Management arrangements at its meeting on the 1st July 2004. This report provides the Board with a further up-date on progress.

2. Minutes of the Risk Management Committee held on 29th July 2004 are attached at *Annex 1*.

3. The Trust Risk Management Action Plan has been reviewed and updated and is attached in *Annex 2*. Work in progress is currently on target.

4. The Trust continues to implement the Datix site wide licence. To date over 6000 incidents have been inputted of which nearly half have since been closed. There are nearly 200 risks on the Risk Register. As predicted, incident and risk register entries have increased by over 100% since April this year. This can be attributed to the fact that identification of all types of incidents from the new Single Incident Reporting Form are now being added to Datix. Additionally, increased awareness through mandatory training and induction and embedding of risk management activity in the larger clinical Divisions will also have had an impact. A process to ensure validity of entries on to the Risk Register is now in place along with mandatory fields on Datix aimed to ensure comprehensive data entry.

5. Processes are now in place to ensure that organisational risks identified from the Risk Register are escalated up to the Trust Board via the Risk Sub-committees and the Risk Management Committee. The Risk Management Committee reviews the Trusts Top Ten Risks quarterly and receives exception reports from the Sub-committees where appropriate. It has been agreed by the Risk Management Committee that it will now also review the Trusts Strategic Risks as detailed on the recently reviewed Assurance Framework and report to the Board, where necessary.

6. The Single Incident Reporting Form is now fully implemented. Discussion is currently taking place with the Trust's local PCTs to improve reporting arrangements where incidents straddle Trusts. A Joint Adverse Event Protocol (copy available from the Trust's Risk Department) between Hertfordshire Partnership Trust and West Hertfordshire Hospitals NHS Trust was ratified at the Risk Management Committee on 11th November 2004.

7.   An action plan produced in response to the Risk Pooling Scheme for Trusts (RPST) assessment following attainment of Level 1 in February, has been revised to incorporate actions needed for compliance against Level 2. The Trust will be assessed against Level 2 in February 2006.

8.   Clinical Negligence Scheme for Trusts (CNST) Level 2 assessment will take place in February 2006.   Compliance against the standards will be monitored at both the recently established CNST Level 2 Forum and the Divisional Risk Leads Group respectively.

9.   Maternity CNST Level 1 was achieved on 18th November 2004, with a resultant reduction in premium to the NHSLA of circa £297,000 per annum.   Level 2 assessment will take place in February 2006.

10.   The Controls Assurance (CA) Standards were abolished on 4th August 2004.   These are now being replaced by Standards for Better Health.   However, a Department of Health (DoH) Assessment Template is unlikely to be in place until April 2005.   Consequently, in order to demonstrate good governance, the Trust has committed to continue to monitor against the old CA Standards until further advice from the DoH is received.   The Controls Assurance Forum has however changed its name to the Standards for Better Health Forum and continues to monitor progress and facilitate peer support.

      The Core Controls Assurance Scores are currently assessed as the following:

      Risk   -   96%
      Governance   -   97%
      Finance   -   100%

11.   The Trust Board endorsed a revised Assurance Framework on 14th October 2004. This will continue to be developed during the remainder of the financial year before submission to the Strategic Health Authority in March 2005.   Work is about to commence on the 2004/5 Statement of Internal Control.

12.   The management of Safety Alert Broadcasting System (SABS) alerts is currently being reviewed with the launch of a new cascade system.   This is intended to reduce the number of initial SABS Alert recipients to a more manageable level as well as reduce the risk of duplication of alerts and enables a more simplified monitoring of responses by the Risk Management Department to the DoH.

13.   The Risk Manager, Risk Coordinator, Risk Leads and other nominated key individuals have now attended Root Cause Analysis training workshops hosted by the National Patient Safety Agency (NPSA).

14.   The Risk Management Department has conducted a benchmarking exercise against the CHI Framework for Risk Management.   The resultant action plan (available on request from the Trust's Risk Department) was presented and ratified at the Risk Management Committee on 11thNovember 2004.   The Divisions have also conducted a similar benchmarking exercise from an operational perspective.   They are reporting progress against their action plans through the Divisional Risk Leads Group and their Quarterly and Annual Reports.

15.   The Risk Management Department has conducted a benchmarking exercise against the National Patient Safety Agency's (NPSA) Seven Steps to Patient Safety.   The short resultant action plan has been incorporated into the Trust Risk Management Action Plan.

16.   All Divisions have now produced their own individual Risk Management Policies and Strategies.   These policies and strategies reflect the Trust Risk Management Policy

and Strategy and provide more detail around their own Divisional risk management activity and aims. These Policies were ratified by the Risk Management Committee on 11th November 2004 and will shortly be available on the Trust Website and intranet site.

17. The Trust's Energy Policy (available on request from the Trust's Risk Department) which was recently endorsed by the Environmental Risk Sub-committee, was ratified by the Trust Risk Committee on 11th November 2004.

18. The Trust's draft Complaints Policy and Procedure was endorsed at the Trust Risk Committee on 1st April 2004 and the Trust Board is requested to note and ratify accordingly *(Annex 3)*.

19. The Trust has piloted within the Acute Medical Division the Generic Risk Assessment templates that will form part of a Trust Wide Risk Review being facilitated by National Britannia. After post-pilot changes have been made to the templates, they will be rolled out to the remaining divisions for their completion. Risks identified by the Trust Wide Risk Review will be added to the Trust Risk Register.

20. The Trust has agreed to implement, subject to guidelines being developed by the Risk Department, the NPSA's Incident Decision Tree. Based on an algorithm, this is an electronic programme, which guides one through a series of structured questions about an individual's actions, motives and behaviour at the time of an incident. Aimed at HR and Risk Leads, the programme is designed to be as self-supporting and intuitive as possible. It provides a number of suggestions for next steps and contains guidance notes to aid the user in this decision-making process. The tool does not provide firm answers or decisions, instead it flags up a range of possible solutions or further actions to explore. A detailed investigation or Root Cause Analysis will still determine the outcome of a particular incident.

21. The Trust has one outstanding H&S Improvement Notice relating to manual handling training, which will run out at the end of this month. This notice which relates to the Trusts programme of training Manual Handling Advisers is renewed by the HSE on a quarterly basis to ensure continual compliance with the schedule of training. The aim is for every department to have a manual handling advisor in place.

    The Trust was recently unsuccessful in appointing a new H&S adviser. The post has been re-advertised and the next set of interviews is scheduled for the 21st December 2005.

22. Following the amalgamation of the Quality & Risk Departments and a formal selection process, Nicola Moore has been appointed into the post of Head of Quality & Risk and Lynn Hill has been appointed into the Quality & Risk Manager post. Restructuring has taken place to facilitate alignment of the individual departments objectives in line with the Trust's strategic objectives thus adopting a more joined up approach and more effective use of existing resources.

23. The next Risk Management Committee is scheduled to meet on 17th February 2005 and will report to the Board on 28th April 2005.

The Trust Board is asked to note the above.

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December 2004