

ITEM: 11/164

Meeting:Trust BoardDate:14th December 2011

Title: Whittington Health Risk Management Strategy

Executive			
Summary:	Summary		
	 Summary: The attached Risk Management Strategy document outlines Whittington Health's organisation wide approach to risk management. Specifically: Whittington Health committee structure, detailing all those committees and sub-committees/groups which have responsibility for risk Roles and responsibilities of all staff with regards to risk management The process for identification, assessment and management authority The process for managing, and Board review of, the organisation wide risk register and its related architecture The process for monitoring the risk management strategy and ensuring it is effective 		
	Definition: Risk management is the identification, assessment and management of risks so as to minimise their potential consequences and likelihood of occurrence.		
	The Board must recognise that the development of a risk management culture does not occur overnight and therefore the implementation of this strategy will occur on an onward development cycle.		
	Key components of the strategy will be implemented in a relatively short space of time and work is already underway to underpin this, however the wider culture development will be developmental and as such will be measured an monitored over a longer term trajectory.		
	Risk mitigation:		
	The initial focus of the organisation is to ensure that a robust process is in place for the management of risk at a Divisional/Directorate and Corporate level, the approval of this strategy further support this.		
	NHS Litigation Authority (NHSLA):		
	This is a core document for the Governance domain for the NHS Litigation Authority and is therefore submitted to the December 2011 Board to support our evidence and compliance for our February 2012 assessment. Developments: This strategy will be reviewed on an annual cycle, on the next iteration this will be subject to a wider consultation as part of the review cycle, to ensure that a wider group of stakeholders are		
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engaged in this process, due to time constraints due the impending NHSLA assessment this was not possible to complete a full stakeholder consultation on this occasion.

Action: The Board is asked to review and approve the risk management strategy

ReportDavid Williams, Assistant Director of GovernanceFrom:

Sponsor: Bronagh Scott, Director of Nursing and Patient Experience

Financial Validation	Name of finance officer	
Lead: Director of Finance		

Compliance with statute, directions, policy, guidance	Reference: NHSLA/Health and Safety
Lead: All directors	

Compliance with Care Quality Commission Regulations / Outcomes	Reference: This Risk Management Strategy has application to the Essential
Lead: Director of Nursing & Clinical Development	Standards of Quality and Safety for the Care Quality Commission (CQC)

Compliance with Auditors' Local Evaluation standards (ALE)	Reference: N/A
Lead: Director of Finance	

Compliance with Monitor Quality Governance Framework		Reference: 1A, 3A, 3B (see chart below)	
Lead: Director of Nu	ursing & Clinical		
Development	C C		
Strategy	Capabilities and	Processes and	Measurement
	culture	structure	
1A Does quality drive the trust's strategy?1B Is the board sufficiently	2A Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality	3A Are there clear roles and accountabilities in relation to quality governance?	4A Is appropriate quality information being analysed and challenged?
aware of potential risks to quality?	agenda? 2B Does the board promote a quality-focused culture	3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality	4B Is the board assured of the robustness of the quality information?
	throughout the trust?	performance?	4C Is quality information used effectively?
		3C Does the board actively engage patients, staff and other key stakeholders on quality?	



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