The Whittington Hospital

Risk management strategy

Revised January 2006
To be reviewed January 2007

1   What is Risk Management?

Risk management is the systematic identification, analysis and economic control of those risks, which pose a threat to patients, visitors, or staff within the hospital. Its overall strategic aim is to improve the care offered to our patients by minimising risks, although it is acknowledged that the elimination of all risks is not achievable. Good risk management awareness and practice at all levels is crucial for the success of any organisation. Risk is inherent in everything that an organisation does, whether it be: treating patients, determining service priorities, managing a project, purchasing new medical equipment, taking decisions about future strategies or even deciding not to take any action at all.

2   Purpose of this policy

This policy has been updated to take account of recent guidance and developments in the field of risk management in the NHS. It will specifically cover relationships within the organisation for different aspects of risk management and will set out the overall philosophy within the Hospital for the implementation of risk management.

3   Overall risk management philosophy

The primary aim of the Whittington Hospital is to provide high quality health care, which is sensitive to the needs of the community**.** As part of this objective, the Trust has a duty to minimise the potential risk of harm to patients, members of staff and the public.

The management of risk is a key organisational responsibility. All members of staff have an important role to play in identifying and minimising inherent risks. This will be achieved within a progressive, honest, open and non-punitive environment, where mistakes and untoward incidents are identified quickly and acted upon in a positive and constructive way. To assist in the process of openness, the hospital has a *Policy for staff raising health care concerns.*

Risk management provides a framework, which allows the Hospital to improve upon the good quality care, treatment and rehabilitation of patients being provided. It will achieve this through a pro-active process of risk identification and assessment, with the objective of improved prevention, control and containment of risk. All staff will be made aware of the importance of risk management through induction and mandatory refresher training.

4   Risk management structure

It is important that there are clear lines of responsibility and accountability for risk management within the Hospital. This will take the form of specific named posts within the organisation as well as committees.

The Hospital will take a holistic approach to managing risks within the organisation, so that clinical governance, organisational controls, health and safety risks and financial risks are integrated. The overall risk management structure to facilitate this is shown in Annex 1.

5 Responsibility of managers

The Chief Executive is the officer accountable for overall risk management within the Hospital and will:

- ensure that performance targets and the performance management framework for risk management across the organisation is in place

- provide overall risk management assurance to the Trust Board

The Director of Human Resources & Corporate Affairs has overall responsibility for ensuring the verification of organisation risk management controls and for reporting the assurance framework to the Trust Board and will:

- regularly update the Hospital Risk Management Strategy

- provide support to the Trust's Assurance Committee

- collate the assurance framework for the Trust Board

- work with other directors to integrate risk management across the hospital

The Director of Nursing & Clinical Development and the Medical Director have joint overall responsibility for ensuring the implementation of clinical governance/risk management within the Hospital and will:

- collate the Healthcare Commission's Annual Health check for the Trust Board

- ensure the processes and procedures to support clinical governance and health and safety, including incident reporting, are effectively operating across the hospital

- ensure the Trust has access to professional advise on clinical governance and health and safety issues

- ensure staffs' training needs are identified in relation to clinical and non clinical risk management and that adequate training is available

- ensure that there is a routine programme for induction of all new staff to clinical and non clinical risk management as well as refresher training for existing staff.

- provide regular performance reports to the Board in relation to clinical and non clinical risk management

- convene meetings eg the Clinical Governance Steering Group and Health and Safety Committee regularly, to ensure effective management and communications of issues

- work with other directors to integrate risk management across the hospital

- be responsible for the management of medical negligence claims and complaints about patient care.

The Director of Facilities has overall responsibility for ensuring the implementation of fire prevention and security aspects of non clinical risk management within the Hospital and will:

- implement adequate arrangements for security, and fire management across the hospital.

- Monitor the effectiveness of these arrangements across the hospital and provide regular performance reports to the Board

- ensure staffs' training needs are identified in relation to fire prevention and security and that adequate training is available

- ensure the effectiveness of the medical devices services across the trust

- ensure the Trust has access to professional advise on security and fire protection issues

- work with other directors to integrate risk management across the hospital

The Director of Finance has overall responsibility for ensuring the implementation of financial and business risk management with the Hospital and will:

- ensure the financial and business performance systems within the hospital are robust

- provide information and financial/business risk management assurance to the Board

- provide support to the Trust's Audit Committee

- ensure relevant policies and procedures are reviewed and updated

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- work with other directors to integrate risk management across the hospital

All managers and heads of departments have a responsibility throughout the hospital to stimulate the awareness and understanding of their staff in the identification and reporting of hazards, risks and adverse events, including near misses. All managers must ensure that they respond in a constructive way and that any adverse incidents, are reported immediately, through the agreed reporting systems.

It is vital that any member of staff who reports an adverse incident is given feedback on any action taken, with some clear indication as to how that particular risk situation has been reduced or eliminated.

The performance of these responsibilities will be identified within job descriptions and will be monitored through local performance mechanisms and overall by the Trust Board.

All staff have a responsibility to minimise risks to themselves and others by their actions. They must comply with safe systems of work, rules, procedures and instructions associated with their work and report any hazards, accidents, incidents etc. to their manager

6 Role of Committees

The Audit Committee is responsible for verifying the implementation of risk management across the whole organisation. This will be undertaken in conjunction with the audit function and does not preclude other forms of external verification if appropriate. The Audit Committee will provide assurance by reporting direct to the Trust Board on its findings and recommendations. It may utilise either the internal or external audit function to provide an independent assessment.

The Assurance Committee is responsible for the overall implementation of the risk management strategy at the Whittington Hospital, which covers all risk management and assurance aspects within the hospital, for example:

- Clinical governance

- Environment

- Organisational issues

The Assurance Committee will be responsible for monitoring the Trust's Healthcare Commission's Annual Health Check core standards on behalf of the Trust Board and ensuring that linkages across issues are made and that organisational learning is achieved.

The Assurance Committee will comprise directors with identified risk management roles and will be chaired by a non executive director.

There will be some cross membership of the Assurance Committee and the Audit Committee to ensure effective communication between the committees.

Clinical Governance Steering Group is responsible for the implementation of clinical governance as defined in *Clinical Governance: Quality in the new NHS*[1] across the Hospital; monitoring and reporting its progress to the Assurance Committee.

Clinical Risk Committee is responsible for identifying, maintaining an overview of and prioritising clinical risk, to input this into the Trust's overall risk management process and to support the integration of clinical risk into the clinical governance processes.

Health and Safety Committee will be responsible for the operational implementation of the Health and Safety Strategy and related policies, including fire safety and security issues. The Hospital Management Board will be responsible for the hospital's overall health and safety strategy.

Other Committees have a role in the implementation of the risk management across the hospital. This includes local Clinical Risk Management Groups, which review all clinical adverse accidents within Directorates. The overall role of the above committees is to:

- Monitor the effectiveness of the accountability framework which encompasses management structures and practices

- Ensure the core processes required to provide the desired outcomes are in place

- Ensure the necessary capability is available to deliver the effective operation of processes and internal controls

- Continuously monitor and review the system of internal controls and encourage learning

- Ensure adequate communication and consultation at all levels with the organisation and external stakeholders.

7   Resources
In addition to the resources and expertise held within the above committees, there are posts that have a specific risk management role across the hospital:

Risk manager is responsible for:

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[1] NHS Executive
Clinical Governance: Quality in the new NHS March 1999

- ensuring the provision of advice on clinical governance, health and safety and other areas of risk/litigation across the hospital

- monitoring the implementation of risk management policies and procedures in clinical and non clinical areas

- identifying areas of actual or potential risk including analysis and grading of incidents

- identifying training needs and ensuring the provision of relevant training for existing staff and induction of all new staff.

Health & safety Advisor is responsible for:

- providing professional advice on technical health and safety matters

- monitoring the implementation of risk management policies and procedures in relation to health and safety

- identifying training needs and ensuring the provision of relevant training for existing staff, managers and induction of all new staff.

- identifying areas of actual or potential risk including analysis and grading of incidents in relation to health, and safety

Moving and Handling Advisor is responsible for:

- Overseeing the implementation of the Moving & Handling Policy across the hospital

- Ensuring that current legislation and national standards of practice are in place

- identifying training needs and ensuring the provision of relevant training for existing staff and induction of all new staff.

- Providing professional advice and identifying areas of actual or potential risk

Many other posts will have a significant role to play in minimising and assessing risks, for example infection control, medical physics and staff occupational health services.

Expenditure may be required to minimise risks. This will need to be considered against other demands with due weight given to the risks identified. Consideration will be given to the probability of risks occurring balanced against the possible cost/seriousness of the risks presented. Managers should take due care to address risks where practicable and/or ensure other relevant managers/bodies are informed when necessary. See

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Annex 2 for details in relation to specific responsibilities for notification of serious risks. Managers will give priority in instances where incidents have or are likely to cause accidental death or serious injury of patients, visitors or staff or have caused major property damage. Allocation of resources by managers will be in accordance with the hospital's Standing Financial Instructions. Risks identified as a priority within the Hospital Risk Register will be included within the Hospital's business planning of overall resources.**8 Assessment of risks**

It is important that clinical and non-clinical risk are graded through a similar process to enable the organisation to identify significant risk so that they can be addressed. This enables informed decisions to be made in respect of resources, whether it be money or time/effort or expertise.

An annual clinical risk assessment will be carried out in each clinical speciality and will:

- Review all significant risk areas in that speciality

- Identify significant risks, assessing their likely impact and probability

- Devise an action plan for each speciality which sets out to address five identified risk in order of priority

All risks will be assessed through an impact versus probability matrix to enable them to be graded in a like manner. In order to help inform this process guide definitions are provided for grading overall risks (Annex 3). However this is not a precise science and therefore risk assessors should use this only as an indication, together with other information/knowledge/expertise available to them.

This grading system will also be extended to determine the investigation level by linking the score for severity with an appropriate investigation level.

The risk should then be assessed in terms of its probability. (i e what is the likelihood of x happening, either on its own or as a consequence of something else e.g. a power failure). The probability descriptors are:

1   negligible
2   unlikely
3   likely
4   highly likely
5   certain

The overall risk assessment would therefore be:

RISK SCORING MATRIX

Prob. Impact	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

The degree of significance placed on the risk will clearly be related to its grading. Risks which are assessed as scoring 10 or above will be recognised and thus require actions, wherever possible/practicable, to be taken.

The Risk Manager will maintain the Hospital Risk Register.

The Trust Board will annually review the overall hospital risk register, including the use of the Healthcare Commission's Annual Health Check core standards and will agree the priorities for action. This will inform the allocation of resources. This assessment will be undertaken in line with guidance set out in *Governance in the new NHS* together with *Clinical Governance: Quality in the new NHS* and other relevant guidance.

9 Risk prioritisation – recommended management action

The list below provides guidelines on the most appropriate action to be taken to manage incidents and prevent a reoccurrence.

Significant risk (20-25).   Must be referred to the relevant director and immediately investigated. The Risk Manager will be informed of all significant clinical risks. If the risk is not immediately reducible then it will be added to the Trust Risk Register.

High risk (15-16). The director must be involved in determining the level of investigation required and the subsequent action plan to eliminate/reduce/control risk. Control mechanisms must be regularly reviewed.

Moderate risk (10-12). Management action must be specified by the head of department and the control mechanisms regularly reviewed.

Low risk (9 and below). If action is possible to eliminate the risk of occurrence then this should be taken. A low risk of recurrence may remain and be acceptable.

10   Training and education

The implementation of risk management must be underpinned by sound working practices and training and education for staff, patients and visitors when appropriate.

11 Performance management

The Trust Board will review at least annually, core performance indicators for assessing the management of risk. These will include:

- Clinical governance
- Health and safety
- Controls assurance
- Accidents and incidents
- Fire incidents
- Security incidents

The achievement of risk management will also be included in relevant staffs' individual appraisal reviews.

12   Annual Controls Assurance statement

The Trust Board will be expected to provide a Statement of internal controls assurance statement within its Annual Report, in line with Department of Health requirements, to demonstrate assurance of services provided.

13   Other relevant policies

This strategy should also be read in conjunction with the following procedures/policies/strategies which impinge upon risk management. This list is not intended to be all inclusive:

- Anti-fraud policy
- Adverse incident reporting policy
- Clinical governance strategy
- Complaints policy

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- Health & safety strategy
- Claims management policy
- Policy for staff raising healthcare concerns
- Procurement procedures
- Serious untoward incident policy
- Standing Financial Instructions
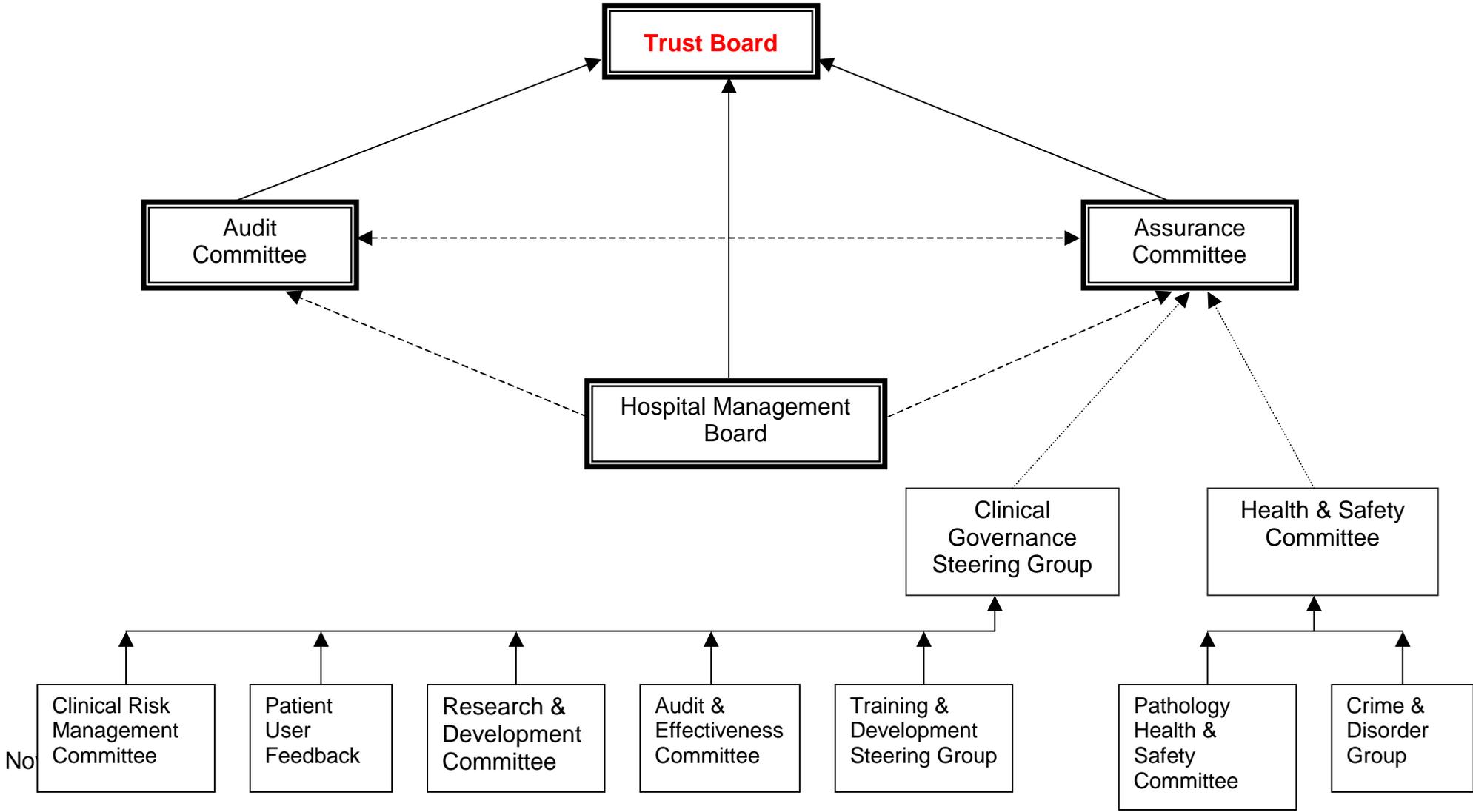- Standing Orders

14 Communications

It is an essential part of a Risk Management Strategy that staff are aware of its contents. Managers and Heads of departments are responsible for ensuring their staff understand and appreciate its importance and be encouraged to report adverse incidents/potential incidents and to review their own work practises. Each named officer in this strategy will be issued with a copy of this policy.

15 Review

This strategy will be reviewed annually by the Trust Board and revised as appropriate.

November 2005

The Whittington Hospital NHS Trust
RISK MANAGEMENT STRUCTURE

Trust Board

Audit Committee

Assurance Committee

Hospital Management Board

Clinical Governance Steering Group

Health & Safety Committee

Clinical Risk Management Committee

Patient User Feedback

Research & Development Committee

Audit & Effectiveness Committee

Training & Development Steering Group

Pathology Health & Safety Committee

Crime & Disorder Group

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Serious incident/accident reporting responsibilities of key individuals

Notification	Key individual
Serious untoward incident	Anyone to line manager/site manager, who in turn informs the senior manager (see policy for details)
RIDDOR	Health and safety advisor
National patient safety agency	Risk manager
NHS Litigation authority	Risk manager
Medicine & healthcare products regulatory agency	Head of medical physics
Safety of medicine	Head pharmacist
Health Protection Agency	Director of infection prevention and control
NHS Estates	Director of facilities

Risk management grading matrix

	Impact				
Category	*1*	*2*	*3*	*4*	*5*
Clinical incident	Very minor	Minor injury, cancellation, documentation error, drug error with no clinical effects	Additional treatment, extended stay, longer recovery, consent error, drug error with some clinical effects	Significant error or unexpected significant deterioration in patients condition. SUI, incorrect procedure undertaken, drug error with significant effects	Results in death
Injuries to patients, staff or visitors	Near miss – no identifiable injury	Minor (e.g. cuts bruises, abrasions first aid treatment	Moderate injury – A&E attendance, days off work, extended hospital stay	Major injury (fractures, hospitalisation, extended time off,	Results in death
Equipment failure	Very minor	Minor failure or misuse	Moderate failure or misuse	Major failure/ misuse leading to serious inappropriate treatment or risk	Very significant risk to people, services or property
Security incidents	Minor swearing, verbal abuse, threat or risk to person's well being	Significant verbal abuse or threatening behaviour to staff or other patients/ visitors	Physical assault requiring no treatment or serious violent behaviour requiring active intervention	Serious physical assault requiring treatment and/or time off work	Serious & imminent threat to life e.g. edged weapon threat
litigation	<£10k	<£100k	<£250k	<£500k	>£500k

Financial risk	Loss or theft <£100	Loss or theft <£10k	Loss or theft <£100k	Loss or theft <£250k	Loss or theft >£500k
Service interruption	<1 day routine service	1-7 days routine service	<1 critical service or >7days routine service	1-7 days critical service	>7 days critical service
Fire	No injuries, and/ or damage, and/or temporary disruption during evacuation etc	Minor injuries, and/or minimal damage, and/or short term (<1 day) local service disruption	Moderate injuries, and/or some structural damage, and/or local service disruption	Significant injuries, and/or major structural damage, and/or multi service disruption	Major fire deaths and/or severe structural damage, and/or large scale closure
Media attention	Routine local press enquiries	National and local media attention of a known event	National and local media attention of a untoward incident	National and local media coverage of a major untoward incident	Significant national press/tv coverage threatening to overwhelm the Trust resources