Board of Directors' Meeting
12 October 2023

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Agenda item	131/23
Report Title	Risk Management Update Report
Executive Lead	Anna Milanec, Director of Governance
Report Author	James Webb, Head of Risk Management

	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√

	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√	All	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	√		
	For information			
	For consent			

Presented to:	
Executive summary:	This report provides an update on the developments of how risk is managed Trust-wide. The following points demonstrate the Trust's current risk management position (at 21/09/2023): • **There are 445 open risks** • **The total number of extreme risks (≥15) is now 115** • **Number of risks overdue for review now stands at 191** • **Number of overdue actions has reached 391.** There has been lots of positive activity to improve how risk management is approached in SaTH, including the rollout of risk management training and E-Learning, and a thorough review of the risk management policy, strategy, risk assessment form and the Risk Management Group terms of reference. These changes will be gradual as cultural change is required. Lastly, all risks up to and including the end of 2019 are to be closed and refreshed with a 2023 timestamp and new Datix ID.
Recommendations for the Board:	The Board is asked to **note** the report.
Appendices	N/A

1.0 INTRODUCTION

This monthly report presents the current risk management position.

The report also provides an update on the measures taken to improve how risk management is approached at SaTH Trust-wide.

2.0 Risk Management Position at 21/09/2023:

3.0 Trust Wide Risk Position by Approval Status	August 2023 Total	September 2023 Total	Difference Month on Month
1. Total Number of Risks on the Risk register (open/closed) not included rejected.	665	679	⇑
2. Total No. of **Newly Identified Risks**	54	58	⇑
3. Total No. of **New Risks awaiting Divisional/Directorate review and approval**	1	5	⇑
4. Total No. of **Active Risks**	405	382	⇓
5. Total No. of **Risks Recommended as Accepted**	10	22	⇑
6. Total No. of **Accepted and Closed Risks**	195	212	⇑

There are 445 open risks (using the Datix approval status search-Newly Identified/New Risks awaiting Divisional/Directorate review and approval/Active Risks (*points 2, 3 and 4 in the table above*)) on the DATIX Risk Register.

The total number of extreme risks (≥15) is now 115 (*using criteria within Open Risks-Newly Identified/New Risks awaiting Divisional/Directorate review and approval/Active Risks (points 2, 3 and 4 in the table above*)).

Currently the number of risks overdue for review now stands at 191 and the number of overdue actions has reached 391.

4.0 Update on Risk Management Activities

1. Since June 2023, James Webb (Head of Risk Management) and Holly Burrows (Risk Officer) have undertaken the following measures to improve risk management processes at SaTH:

   - The Risk Management Team have attended as many meetings as possible to introduce themselves to teams Trust-wide
   - The MIAA audit tracker has been reviewed and discussed with the MIAA team
   - The Risk Management Process – Tools and Techniques face-to-face and virtual training was piloted on 20 September 2023. Separate Risk Management 'E-learning' training with video content is being piloted by Lindasy Roberts and her team in conjunction with the Learning Management System (LMS) Team with view to 'Go Live' early October 2023
     - James Webb and Holly Burrows have enrolled on a BTEC in Teaching to help train SaTH staff in Risk Management
   - The Risk Management Team are now part of the 'Strive Towards Excellence Programme' (STEP) where Risk Management is covered as part of Day 3's syllabus
   - The Risk Management Committee will now be called the Risk Management Group (RMG)
     - The RMG's Terms of Reference have been reviewed and discussed at the 30/08/23 RMG
   - The monthly Risk Management report has been revised so that metrics and proposed key performance indicators (KPI's) could be discussed by the RMG – this happened on 30/08/23 and the report's structure and content will continue to be reviewed
     - This will help formulate an annual report in July 2024 when risk management activity can be tracked on a monthly, quarterly and ultimately annual basis
   - The Risk Management Policy (and Process document) have been merged and reviewed and discussed at the 30/08/23 RMG – this is due to be approved by ARAC on 04/10/23
   - The Risk Management Strategy has been reviewed and discussed at the 30/08/23 RMG – this is due to be approved by ARAC on 04/10/23
   - The Risk Assessment Tool has been reviewed and discussed at the 30/08/23 RMG – this is due to be approved by ARAC on 04/10/23
   - The Risk Management module on Datix has been regularly nuanced with help from Anna Dryzek
   - The Risk Management Toolkit has been reviewed
   - The Risk Management Business Continuity Planning Checklist has been reviewed
   - An anonymised customer satisfaction survey was sent Trust-wide in June 2023 to attain feedback on how staff feel about risk management. 262 responses were received. The report was reviewed and discussed at the 30/08/23 RMG and the findings have informed the work the Risk Management Team have done and will do
   - The Risk Management Team have attended various Hospital Transformation Programme (HTP) meetings so that the HTP workstream leads can be supported in their risk management activities
   - The Risk Management page on the Intranet has been updated
   - The Risk Management Team have rolled out a 'Walk Around' system at PRH so that the team has a presence on site

Next Steps:

➢ A gap analysis of SaTH's approach to risk management as it relates to ISO 31000: 2018 will be undertaken. Separately, a 'Risk Management Manual' will be created through adapting the ISO 31000 standard, where SaTH's compliance to all clauses within the standard will be listed

➢ An anonymised survey focusing on the RMG process (frequency, length and time etc.) will be undertaken in the near future

➢ The Patient Safety Team have been approached so that incidents, risk, clinical audit findings and PALs feedback can be linked. This is especially important in preparation for PSIRF

➢ The Freedom to Speak Up Team have been approached so that the 'Texas Safety Questionnaire' can be rolled out Trust-wide in November 2023. This is to determine how SaTH staff feel about teamwork climate, safety climate, job satisfaction, perceptions of management, working conditions, and stress recognition

➢ The Interim Director of Strategy and Partnerships has been approached so that risk management can be linked with Root Causes, Needs Assessments and Community-level Approaches. This is especially important in preparation for the CQC's new community-based framework. James Webb has a Master's Degree in Health Promotion, and a background in Public Health, where he used Joint Strategic Needs Assessments and performed risk assessments on various communities and neighbourhoods, including hard-to-reach groups.

2. In July 2023, the Risk Management team detected 110 open risks dated from 2009 – end of 2019 (pre-COVID – roughly 25% of the open risk register). We have been asked by the CEO Louise Barnett to review our old risks on the risk register. The Risk Management Policy is being updated, where it will cover how long risks should be kept on the risk register. We would like all risks up to and including end of 2019 to be closed and refreshed with a 2023 timestamp and new Datix ID with the objective of determining:

A. whether the risk lead still works in SaTH or still works in the department
B. whether the variables that originally affected the initial risk need to be updated
C. whether the risk (event) has happened or if the problem is *happening*
D. whether the risk involves more areas of SaTH than originally stated
E. whether there are any separate risks that have come out of the initial risk
F. whether the risk has an action plan
G. where there is an action plan, the action(s') lead still works in SaTH or still works in the department
H. where there is an action plan, the action(s) pledged have been implemented
I. where there is an action plan, the effectiveness of the implemented action(s)
J. where there is no action plan, who needs to devise an action plan
K. whether the risk can be closed.

So far four (4) risks have been given a 2023-time stamp in the way described directly above. N.B. This could affect the results of risk management activity in future reporting.

James Webb
Head of Risk Management
October 2023