TRUST WIDE STRATEGY

Risk Management Strategy

DOCUMENT REF: STWMRISK

(Version No: 6.0)

Strategy Owner	Julie Gray - Chief Nurse
Name and designation of author(s)	Julie Gray - Chief Nurse
Approved by	Trust Board
Date approved	26th April 2023
Review date	1st April 2024
Review type	Yearly
Target audience	All staff
Links to other strategies, policies, procedures	Risk Management Operational Policy
This document replaces…	Risk Management Strategy V5.2

Circulation/Dissemination:

Date added into Q-Pulse	30th November 2023
Date document posted on the intranet	30th November 2023

Version History:

Date	Version	Author name and designation	Summary of main changes
January 2010	2.0	Vicky Davies – Risk Management Facilitator	Updated with new systems in place. Included detailed monitoring section.
June 2012	3.0	Vicky Davies – Risk Management Facilitator	Minor changes
August 2012	4.0	Vicky Davies – Risk Management Facilitator	Minor changes
October 2013	4.1	Vicky Davies – Risk Management Facilitator	Added new Quality and Risk Management Standards
October 2014	4.2	Vicky Davies – Risk Management Facilitator	Updated changes to Patient Safety First Campaign and added Sign up to Safety Campaign
October 15	4.3	Vicky Davies – Risk Management Facilitator	Minor updates – updated TOR for Integrated Governance Committee
November 17	5.0	Vicky Davies – Risk Management Facilitator	Minor updates – change in committees, removal of out of date campaigns. Updated risk escalation process.
January 2020	5.1	Matt Downey – Risk Management Facilitator	Minor Updates – change of author, change of review date, change in committee name, change in responsibilities, addition of updated TOR for RMC
March 2022	5.2	Christopher Lube – Associate Director of Clinical Governance and Patient Safety	Update of roles and responsibilities, committees and risk register population process and escalation in line with introduction of DCIQ and revised committee structure.
March 2023	6.0	Julie Gray - Chief Nurse	Full review of the existing strategy.

Section 1: Risk Management Strategy

1. Introduction

The goal of risk management is to identify potential problems before they occur, understand how likely they are to happen and the consequences should they do so, and implementing the most effective way of controlling them. Risk management looks at both internal and external risks that could affect the delivery of services and achievement of an organisation's objectives.

An overriding consideration in everything we do is the safety of the care we deliver. According to the CQC report, *The State of Health Care and Adult Social Care in England 2014/15*, factors affecting the safety of services include failure to investigate incidents properly and learn from them so they do not happen again, and ineffective safety and risk management systems. The National Patient Safety Strategy (NPSS) published by NHS England in 2019 provides important central direction and coordination to implement a consistent approach across the NHS. The NPSS requires a number of changes to be made at Trust level and these are integral to how we will develop our risk management approach across our services.

When the management of risk goes well it often remains unnoticed. However, when it fails, the consequences can be significant and high profile. Effective risk management is fundamental to prevent such failures.

The current context for healthcare services is complex and changing rapidly due to a wide variety of external factors. This presents threats but also opportunities to do things differently to improve health outcomes for the populations we serve. It is important that everyone who works for us and with us understands what needs to be protected and controlled carefully, and what types of risk might be taken in order to innovate and improve our services. This is done through defining the Trust's risk appetite for different types of risks and decisions.

2. Purpose and scope

The Trust is required to have a Board approved document that sets out its approach to risk management. It is a requirement of regulators such as Care Quality Commission and NHSE and for external accreditations e.g. JACIE standards in Haematology and Transplantation.

This Risk Management Strategy and supporting risk management policy provides a structured approach to the management of all types of risk across all areas of the Trust, and sets out key areas of development to increase risk maturity over the next three years, 2023 to 2026. The overarching aim will be to ensure that the Trust has an effective risk management system where consideration of risk is embedded as a way of working throughout the Trust, including organisational policies, procedures, business planning, business case development, change management, performance management, and clinical and corporate governance.

Risk management is the responsibility of all staff within their sphere of work. The approach set out in this document applies to people working at the Trust but also to those employed by external parties. The Trust has adopted a methodology and a common system that is flexible enough to accommodate differences between the various professional functions involved in the delivery of its services, both clinical and non-clinical. These differences will be reflected in job descriptions, specific policies, standard operating procedures, and defined methods for carrying out detailed risk assessments and learning from clinical and non-clinical incidents. It is important that this strategy and policy is also understood in conjunction with the other key documents listed on the front sheet.

A number of key principles set the expectations for staff and managers in relation to risk management:

- The approach will be reflected consistently in divisional and corporate risk management arrangements;

- Risks will be actively managed and assurance sought about the effectiveness of actions taken;

- The risk register will be a live set of records, providing up to date and accurate information about risks identified and how they are managed;

- Responsibility for the management of identified risks is clearly allocated to the person best placed to do so;

- High-risk areas and activities will attract greatest focus and attention;

- There will be learning from analysis of incidents, complaints and claims, and explicit roll-out of identified improvements.

3. Risk management policy statement and risk appetite

The Clatterbridge Cancer Centre recognises that the management of risk needs to be embedded in how the organisation is directed and controlled to achieve its objectives, keep patients, staff and visitors safe, comply with the legal and regulatory framework, and protect the organisation's assets and reputation.

Risk management is integral to good governance, considered decision-making, and continuous improvement across all areas of the Trust and at all levels. Well designed and consistently applied risk management arrangements will assist the organisation anticipate and adapt to changes in its operating environment, while delivering safe, effective and efficient services.

Definitions for levels of risk appetite levels set out in the table below have been adopted from the 2020 Good Governance Institute's Risk Appetite for NHS Organisations Matrix.

Risk Appetite Level	Definition
NONE	Avoidance of risk and uncertainty is a key organisational objective
MINIMAL	As little as reasonably possible (ALARP). Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.
CAUTIOUS	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
OPEN	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
SEEK	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk.

SIGNIFICANT	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

The Trust Board commits to encouraging a positive risk culture, where the successful management of risk is recognised, and where people feel confident to raise concerns and will be appropriately supported when things go wrong.

Risk Management Appetite Statement

The Clatterbridge Cancer Centre NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of Strategic Priorities and ambitions in addition to its relationships with service users, staff, public, regulators and strategic partners. As such, The Clatterbridge Cancer Centre NHS Foundation Trust will not accept risks that materially provide a negative impact on patient safety.

In contrast, The Clatterbridge Cancer Centre NHS Foundation Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has a greater appetite to pursue partnerships, commercial gain and clinical innovation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment; this includes the development of our Subsidiary Companies. In addition, in pursuit of its Strategic Priorities, The Clatterbridge Cancer Centre NHS Foundation Trust is willing to accept, in some limited circumstances, risks that may result in some limited financial loss or exposure.

The table below illustrates an example of the Trust Risk Appetite Statement.

Category	Risk Appetite Level
Quality & Safety (Be Outstanding)	CCC has a **NO** appetite for risk that compromises patient safety *or* CCC has a **MINIMAL** appetite for risk that may compromise patient safety
Patient Experience (Be Outstanding)	CCC has a **MINIMAL** appetite for risk that affect the experience of our service users
Compliance and Regulatory (Be Outstanding)	CCC has a **MINIMAL** risk appetite for compliance and regulatory risks that may compromise the Trust's compliance with its statutory duties and regulatory requirements.
Clinical Innovation (Be Research Leaders & Be Innovative & Be	CCC has an **OPEN** risk appetite to innovation that does not compromise the quality of care.

Digital)	
Financial and Value for Money (Be Outstanding)	CCC has a **MINIMAL** risk appetite to financial risk in relation to statutory compliance. CCC has a **CAUTIOUS** risk appetite for risk that supports investments that help to grow the organisation.
Workforce (Be a Great Place to Work)	CCC has a **MINIMAL** risk appetite to risks that impact on our workforce as there are limited circumstances whereby we would accept risks that would impact on the achievement of being a great place to work. Nor would be accept risks that may compromise the safety of any staff member.
Reputation (Be Outstanding)	CCC has a **MINIMAL** risk appetite for actions and decisions that are taken which may be in the interest of ensuring quality and sustainability of care may also affect the reputation of the Trust
Partnerships (Be Collaborative)	CCC has an **OPEN** risk appetite for partnerships which may support and benefit the communities we serve.

4. Evaluation of existing risk management arrangements

The Trust was last inspected by the CQC in December 2019 and was rated good overall, but requiring improvement for the well-led domain, partly due to findings relating to the oversight and management of risks.

At the start of 2022, Good Governance Institute (GGI) concluded a developmental well-led review that was commissioned by the Trust Board. It is good practice to carry out such developmental reviews periodically outside of the formal inspection regime, and the Board recognised that the Trust had gone through a significant amount of change since the CQC's assessment. GGI highlighted many areas of good practice but also suggested a few areas where risk management could be improved, including risk register usage, clarity and usage of the Board Assurance Framework, and the user-friendliness of the risk management strategy and policy.

Also early in 2022, the MIAA carried out a review of the Trust's risk management arrangements, providing substantial assurance that systems were well designed and consistently implement.

An important aspect of evaluating the Trust's risk management arrangements has been to gather feedback from practitioners. In February 2023, we invited feedback from members of the Risk and Quality Governance Committee and other key staff who support risk management processes in the Trust. The information and suggestions provided through this exercise have been incorporated into the development of this strategy. They indicated an ambition to increase risk maturity and consistency of approach across operational areas, and to promote risk management as a positive activity that makes a difference. This valuable feedback has helped identify a number of priority objectives that are set out below.

5. Risk management objectives 2023 to 2026

Overarching aim: to increase the Trust's risk maturity and promote a positive risk management culture so that consideration of risk is integrated in all decision-making and we can evidence that risks are actively managed.

Objective 1 - **Process and tools**: We will develop a comprehensive risk management process, ensuring people have appropriate tools and guidance		
Aim	Action	Year
Clearer, more user-friendly guidance	Refreshed policy, procedural guidance and templates	1
Fit for purpose risk information system	Optimise functionality and configuration of Datix	1
Consideration of risk integrated into business planning, decision-making, and forecasting performance	Review of processes (narrow it down to business planning, business case process, and report template for decision papers)	2
Evidence-based risk assessments and risk	Refocus scrutiny on the rationale underpinning risks assessments and action	2

response planning	planning	
Risk register analysis to identify themes and interdependencies	Resource and functionality	3
Objective 2 - **Knowledge and skills**: We will enhance the knowledge and skills of staff to feel competent and confident about risk management		
Consistency of understanding of risk management principles and process	Review and relaunch the risk management training offer, tailored as required for different staff levels	1
Analytical skills for risk identification and risk assessment, e.g. RCA	Dedicated training for key staff	1
Improve confidence using Datix	Continued roll-out and identification of local experts	2
Objective 3 - **Governance**: We will ensure that oversight of risk management focuses on ensuring risks are actively and effectively managed		
Accountability	Clarify responsibilities of risk owners through policy guidance and ensure right people are held accountable for the management of risks	1
Risk reporting	Review the format and content of risk register reports and improve reporting functionality	1
Divisional governance	Develop a consistent approach across divisions based on good practice	2
Compliance	Develop the capacity and capability in the quality governance team to support compliance with risk management processes	2

Objective 4 - **Communication**: We will communicate positively and clearly about risk management focusing on shared learning, common understanding of priorities, and the outcomes of managing risks well		
Lessons learned	Review the mechanisms for dissemination of learning from incidents to ensure the right messages reach the right people	1
Reframe risk management as a positive (Safety II)	Review existing communication channels and content to highlight successes and focus on positive outcomes from risk management	2
Risk appetite	Develop risk appetite cascade to operational levels to ensure common understanding	3
Objective 5 - **Patient Safety**: Continue to implement the National Patient Safety Strategy to embed a risk-based approach to provision of care		
Patient Safety Incident Response Framework (PSIRF)	Develop a Patient Safety Syllabus training needs assessment & roll out training to priority groups	1
Patient Safety Incident Response Framework (PSIRF)	Increase visibility of the weekly Executive Review Group meetings by providing an open seat to all levels of staff	2
Patient Safety Incident Response Framework (PSIRF)	Implement the use of a human factors investigation tool to identify systems based causal factors and risks that arise from all incident investigations	3
Safety culture	Identify if staff feel psychologically safe to raise concerns by undertaking a staff survey	1

1. Strategy Implementation and monitoring

The Risk Management Strategy will be implemented through the Risk Management Policy. Achievement of the objectives described in section 5 will be monitored by an annual review paper presented to the Board of Directors. The Board will review the

Risk Management Strategy making any changes required to reflect national and regulatory standards, best practice, together with learning and improvement opportunities identified internal or external via reviews the of risk management systems.