

NHS Shetland

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| Meeting: | Shetland NHS Board |
| Meeting date: | 29 April 2025 |
| Agenda reference: | Board Paper 2025/26/04 |
| Title: | Risk Management Summary Out-turn Report 24/25 & Draft Risk Management Workplan 25/26 |
| Responsible Executive/Non-Executive: | Brian Chittick, Chief Executive |
| Report Author: | Edna Mary Watson, Chief Nurse (Corporate) |

1 Purpose

This is presented to the NHS Board for:

- Awareness

This report relates to:

- NHS Board governance processes

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This summary report provides an overview of the Risk Management activity progressed in the time period April 2024 to March 2025, see Appendix 1. An update on the progress made against the risk management priorities and objectives for 2024/25 is provided via the out-turn risk management workplan which is included at Appendix 1B. A draft risk management workplan for 2025/26 is presented at Appendix 1C.

Throughout 2024/ 2025 the Clinical Governance and Risk Team have had reduced capacity due to vacancies in the team and the challenge of recruiting to the Clinical Governance Facilitator posts. We are pleased to report that in December we were able to recruit one, 0.8 wte, Clinical Governance Facilitator as a replacement for our staff member

who was retiring and another fulltime staff member on a Fixed term contract until 31 March 2025.

We have also successfully completed a recruitment process for our new post of 0.6wte Clinical Governance Support Manager and this postholder has just commenced in post on 3 April 2025.

Since the beginning of March 2025 we also have a vacancy in the Datix and Systems Support Officer post with the postholder moving to take up a post in Digital services. This is a significant loss to the team as this was the postholder with the main focus on Risk Management and who had a computer systems background and therefore could make adjustments to the adverse event and risk system. A recruitment process is in progress but we are unlikely to have a replacement postholder in place until June/ early July.

Due to this vacancy and capacity challenges nationally for the roll out of InPhase, the new risk management / healthcare governance system, we will be working through 2025 to prepare for implementation of this locally to support a go live date as of April 2026 to ensure that the system is embedded prior to the end of our contract with RL Datix in July 2026.

Despite the challenges with reduced team capacity, good progress has been made overall on the delivery of the planned Risk Management Objectives and Priorities for 2024/25.

2.2 Background

A previous internal audit review on corporate governance made a recommendation that 'Risk reports should be presented to the Audit Committee periodically throughout the year to facilitate the effective review of NHS Shetland's governance, internal control and governance arrangements for risk management systems'.

In order to fulfil this recommendation it was agreed the Audit and Risk Committee would receive the annual risk management summary in March with a further risk update report being presented at the September meeting. The out-turn Risk Management report and draft workplan for the coming year is also presented annually to the NHS Board, at its meeting in April.

2.3 Assessment

Key areas which have been progressed over the last 12 months are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2024 and in March 2025. These meetings are aligned to the Audit and Risk Committee (A&RC) meetings;
- Challenges have been experienced with providing written RMG action notes to the A&R Committee due to a lack of admin support for RMG. In order to ensure that timely feedback is given to the A&R Committee a verbal update from the RMG has been provided in an attempt to comply with this action point, which was a previous internal audit recommendation. Having now made an appointment to a Clinical Governance Facilitator post, the Clinical Governance & Risk Team will now facilitate the production of a minute in a timely way;
- Having a formal feedback loop from the Governance Committees to the Clinical Governance and Risk Team remains challenging and in order to overcome this the Chief Nurse (Corporate) is endeavouring to attend all Governance Committees in order to ensure oversight and progress of key areas of business relevant to the quality, safety and risk agenda;

- RMG Terms of Reference were reviewed and approved at the A&R Committee meeting in November 2024;
- The RMG has been chaired by the Chief Executive since November 2022, a measure put in place to enhance the governance process by creating a clear distinction between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Risk Management;
- A new approach to the RMG meeting agenda is being trialled which includes space for Executive Directors to provide verbal updates on their Risks, as well as time to consider emerging risks as they arise;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, continues with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence);
- All Strategic and Organisational Risks are now in the new risk format, a targeted approach to supporting managers to review Directorate and Departmental risks will be undertaken in 2025/26;
- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;
- At the RMG meeting in November 2024 the risks were reviewed in detail before being presented to the A&R Committee in November 2024 and subsequently to the NHS Board in December 2024;
- Over the last year, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and A&R Committee have received their risks at each of their meetings, providing regular time for consideration as to whether the Committee feels assured that the risks are being well managed or for any new emerging risk to be raised;
- In addition, the Clinical Governance Committee has commenced a programme of undertaking a deep dive into a specific risk at each of their Committee meetings. Consideration of the risk can be pre-ceded by discussion at a development session that helps to inform the members on the subject matter and thus support the overall review of the risk;
- Throughout 24/25, the Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, providing targeted support to areas with the largest number of open reports and following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. This approach has helped to reduce the number of inactive open reports on the system as well as close out a significant number, 792 in financial year 2024/25, compared to 320 in 2023/24, of open outstanding adverse event reports on the system;
- In July 2024, the Clinical Governance and Risk Team introduced a “Mandatory” field on to the Lessons Learnt section of the Adverse Event report form. This has increased the number of lessons learnt submitted as part of the overall review of the adverse event. The Clinical Governance and Risk Team review these for consideration as to whether the lessons learnt are applicable to other areas/services either locally or nationally and ensure that these are documented and shared in a timely way, thus helping to avoid any repeat occurrences. Sharing of lessons learnt may be locally to specific departments or via the Guidance and Learning Bulletin or via the national Community of Practice adverse event site;
- The Risk Management process was subject to internal audit procedures this year. The Audit recognised 7 areas of good practice and made 4 recommendations which are in the process of being implemented;

- Challenges remain in gaining access for the Clinical Governance and Risk Team to the JCAD system, since the implementation of this system for Risk Management within the Community Health and Social Care Partnership. This issue has been referred to the system provider for resolution but, to date, without any success. One of the Internal Audit recommendations relates to setting a timeframe by which Clinical Governance staff can either be able to access and use the system, or for the health risks to be reinstated on the NHS system. Whilst discussions are ongoing, including with the Director of Community Health and Social Care, a decision on the way forward requires to be made prior to approval and implementation of the revised Risk Management Strategy, timescale early 2025/2026;
- The new “A national framework for reviewing and learning from adverse events in Scotland” has been published in March 2025. Work will now be undertaken in 2025/2026 to ensure our local framework is in line with the new national framework;
- Moving the review dates for risks to the end of the month, has helped to assist with more timely review of the risks;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current. Work is being progressed to support Managers to conduct a full review and update of their risks. This data cleanse will be important ahead of the move to InPhase implementation;
- Comprehensive reviews of risks SR01 National Standards, SR02 Finance and SR08 Workforce have been carried out over this last year;
- Two revised financial risks were presented to the RMG in November 2024 and have been subsequently approved and added to the Risk Register;
- 3 Strategic Risks have been closed over the course of this year (SR02, SR16 and SR19), having been replaced by revised risks;
- A workshop was held in January 2025 to consider the NHS Board’s Risk Appetite and subsequently the current Risk Appetite for each risk was added to the report template. A further workshop to revisit these and confirm their currency in the overall risk climate is yet to be scheduled;
- The Risk Management Group and A&R Committee have both reviewed and agreed the priorities reflected in the draft Risk Management Workplan for 2025/26. No amendments or additional items were proposed by the A&R Committee.

2.3.1 Quality/ Patient Care

Effective risk management is a key component of ensuring patient safety by contributing to improving the reliability and safety of everyday health care systems and processes.

RMG has the responsibility for retaining oversight of risk management across the organisation. The A&R Committee, as part of the governance structure for Risk Management, provides assurance to the NHS Board that the organisation’s internal controls with respect to the management of risk are working effectively. Positive comments have been received from the A&R Committee members as to the progress made over the last 12-18months with raising the profile and prominence of Risk Management across the organisation.

2.3.2 Workforce

Effective management of risk is key to ensuring staff work in a safe environment. The risk assessments recorded on Datix have universal application across NHS Shetland, other NHS Boards as well as including staff working within the Community Health and Social Care Partnership, and as a consequence, affect all groups.

2.3.3 Financial

There are no direct financial consequences of this paper. However, where improvements in practice, or to address gaps in controls, are required there may be associated financial costs. These are managed through the department/area either where the issue arose or by those responding to the issue eg health and safety, estates dept or would be escalated if it was a significant cost.

2.3.4 Risk Assessment/Management

The Executive Director reviews their strategic risks prior to each RMG and the full strategic risk register is presented at each RMG meeting. If new strategic risks are identified these are also included at RMG for review and agreement to be included on the risk register.

The Staff Governance Committee, Clinical Governance Committee, Finance and Performance Committee and A&R Committee now receive and formally review their strategic risks at each meeting.

Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix.

2.3.5 Equality and Diversity, including health inequalities

The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern, sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.

The Equality and Diversity Impact Assessment Tool has been completed for the Risk Management Strategy.

2.3.6 Other impacts

There are no other impacts to note.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

As this is an internal update report no external engagement has taken place.

2.3.8 Route to the Meeting

This report comprises a compilation of areas of work that have either been undertaken by the Clinical Governance and Risk Team or have been discussed at RMG meetings over the time period April 2024 to March 2025.

2.4 Recommendation

This summary report provides an overview of the Risk Management activity progressed in the time period April 2024 to March 2025, see Appendix 1.

An update on the progress made against the risk management priorities and objectives for 2024/25 is provided via the out-turn risk management workplan which is included at Appendix 1B.

A draft risk management workplan for 2025/26 is presented at Appendix 1C

This report is presented to the Audit Committee for:

- Awareness

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Risk Management Summary Report including
- Appendix 1A – Risk Appetite
- Appendix 1B – Out-turn Risk Management Workplan 2024/25
- Appendix 1C – Draft Risk Management Workplan 2025/26

Risk Management Summary Report 2024/25

Introduction

NHS Shetland Health Board is corporately responsible for the management of risk. To support the NHS Board a number of standing committees have been established who are responsible for various aspects of risk management, principally these are the Audit and Risk (A&R) Committee, Clinical Governance Committee (CGC), Finance and Performance Committee (F&PC) and Staff Governance Committee (SGC). All Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility. NHS Shetland manages risk through the Risk Management Group (RMG) which reports to the NHS Board via the A&R Committee.

In order that risks to which the Board, its staff and service users are exposed to can be actively and systematically managed, a Risk Management Strategy is in place to strengthen the Board's risk management capability. This Strategy is subject to regular review with a formal review undertaken on a 3 yearly basis.

This report provides an update on progress against the Board's risk priorities incorporating a summary of how risk management has been implemented over the last 12 months.

Risk Management Objectives, Priorities and Progress 2024/25

The risk management objectives were reviewed as part of the risk management strategy review in April 2022. The RMG and A&R Committee received an update on the objectives and priorities at the November 2024 meeting in line with the agreed strategy of twice yearly updates. This annual summary report provides the second update. The out-turn Risk Management report and draft workplan for the coming year is also presented annually to the NHS Board, at it's meeting in April.

Implementation of the Risk Management Strategy

The Board approved the strategic risks in April 2024 using the new format of prioritisation against the 4 T's. Work has been undertaken with the Executive Directors to review all old risks, reassign risks and actions as a result of the review of the corporate risks. The risks have also been realigned with the relevant committees.

As part of the review and update to the Risk Management Strategy a number of key changes were agreed and have been implemented, namely:-

- corporate risks renamed to strategic risks, and as strategic risks renumbered;
- agreed that risk title will be used in reports and for communicating the strategic risks within the organisation;
- use of the risk rating score in addition to the risk level;
- adopted new risk description format in line with the orange book to help ensure we have clear and consistent risk descriptions
 - If.... (the cause of the risk)
 - Then.... (the event/incident)
 - Resulting in.... (the consequence)

- added 'reason for change' and 'date risk reviewed' fields onto the risk form thus enabling strategic risk reports to readily highlight why and when changes have been made to the relevant groups, committees and Board risks;
- risk appetite will be used instead of the risk levels. The current definitions of risk appetite can be seen in Appendix 1A.

During 2024 / 2025 2 sessions have been held for NHS Board members in relation to Risk and Risk Appetite. Whilst the current Risk Appetite for each risk has been added to the High Level Risk Report it is acknowledged that further work is required to ensure that the Risk Appetite as specified remains current for the risks, and in the view of the Board members. Further work on this will be progressed in 2025/2026.

Other key activities undertaken in 2024/25 to support implementation of the Risk Management Strategy and strengthen risk management across the organisation are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2024 and in March 2025. These meetings are aligned to the A&R Committee meetings;
- Challenges have been experienced with providing written RMG action notes to the A&R Committee due to a lack of admin support for RMG. In order to ensure that timely feedback is given to the A&R Committee a verbal update from the RMG has been provided in an attempt to comply with this action point, which was a previous internal audit recommendation. Having now made an appointment to a Clinical Governance Facilitator post, the Clinical Governance & Risk Team will now aim to facilitate the production of a minute in a timely way;
- Having a formal feedback loop from the Governance Committees to the Clinical Governance and Risk Team remains challenging and in order to overcome this the Chief Nurse (Corporate) is endeavouring to attend all Governance Committees in order to ensure oversight and progress of key areas of business relevant to the quality, safety and risk agenda;
- RMG Terms of Reference were reviewed and approved at the A&R Committee meeting in November 2024;
- The RMG has been chaired by the Chief Executive since November 2022, a measure put in place to enhance the governance process by creating a clear distinction between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Risk Management;
- A new approach to the RMG meeting agenda is being trialed which includes space for Executive Directors to provide verbal updates on their Risks, as well as time to consider emerging risks as they arise;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, continues with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence);
- All Strategic and Organisational Risks are now in the new risk format, a targeted approach to supporting managers to review Directorate and Departmental risks will be undertaken in 2025/26;
- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;

- At the RMG meeting in November 2024 the risks were reviewed in detail before being presented to the A&R Committee in November 2024 and subsequently to the NHS Board in December 2024;
- Over the last year, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and Audit and Risk (A&R) Committee have received their risks at each of their meetings, providing regular time for consideration as to whether the Committee feels assured that the risks are being well managed or for any new emerging risk to be raised;
- In addition, the Clinical Governance Committee has commenced a programme of undertaking a deep dive into a specific risk at each of their Committee meetings. Consideration of the risk can be pre-ceded by discussion at a development session that helps to inform the members on the subject matter and thus support the overall review of the risk;
- Throughout 24/25, the Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, providing targeted support to areas with the largest number of open reports and following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. This approach has helped to reduce the number of inactive open reports on the system as well as close out a significant number, 792 in financial year 2024/25, compared to 320 in 2023/24, of open outstanding Datix on the system;
- In July 2024, the Clinical Governance and Risk Team introduced a “Mandatory” field on to the Lessons Learnt section of the Adverse Event report form. This has increased the number of lessons learnt submitted as part of the overall review of the adverse event. The Clinical Governance and Risk Team review these for consideration as to whether the lessons learnt are applicable to other areas/services either locally or nationally and ensure that these are documented and shared in a timely way, thus helping to avoid any repeat occurrences. Sharing of lessons learnt may be locally to specific departments or via the Guidance and Learning Bulletin or via the national Community of Practice adverse event site;
- The Risk Management process was subject to internal audit procedures this year. The Audit recognised 7 areas of good practice and made 4 recommendations which are in the process of being implemented;
- Challenges remain in gaining access for the Clinical Governance and Risk Team to the JCAD system, since the implementation of this system for Risk Management within the Community Health and Social Care Partnership. This issue has been referred to the system provider for resolution but, to date, without any success. One of the Internal Audit recommendations relates to setting a timeframe by which Clinical Governance staff can either be able to access and use the system, or for the health risks to be reinstated on the NHS system. Whilst discussions are ongoing, including with the Director of Community Health and Social Care, a decision on the way forward requires to be made prior to approval and implementation of the revised Risk Management Strategy, timescale early 2025/2026;
- The new “A national framework for reviewing and learning from adverse events in Scotland” has been published in March 2025. Work will now be undertaken in 2025/2026 to ensure our local framework is in line with the new national framework;
- Moving the review dates for risks to the end of the month, has helped to assist with more timely review of the risks;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current.

- Work is being progressed to support Managers to conduct a full review and update of their risks. This data cleanse will be important ahead of the move to InPhase implementation;
- Comprehensive reviews of risks SR01 National Standards, SR02 Finance and SR08 Workforce have been carried out over this last year;
- Two revised financial risks were presented to the RMG in November 2024 and have been subsequently approved and added to the Risk Register;
- 3 Strategic Risks have been closed over the course of this year (SR02, SR16 and SR19), having been replaced by revised risks;
- The Risk Management Group have also reviewed and agreed the priorities reflected in the draft Risk Management Workplan for 2025/26.

Appendix 1B provides an out-turn report of progress made with the individual priorities over the course of April 2024 to March 2025.

Risk Management Objectives and Priorities 2025/26

In line with the Risk Management Strategy, the Risk Management Objectives and Key Performance Indicators (KPIs) have been reviewed with the Chief Executive. The key objectives of the risk management strategy continue to be:-

- Create a safety culture by embedding risk management throughout the organisation;
- Provide organisational leadership of risk management;
- Provide the tools and training to support risk management in order to promote reporting;
- Ensure lessons are learned and changes in practice are implemented through the identification of risk.

Appendix 1C outlines updated and new risk management objectives for 2025/26 including KPIs which form the basis of the risk management workplan for 2025/26. The following priorities have been agreed to strengthen the risk management arrangements:

- Provide ongoing training, development and support for implementation of the Risk Management strategy;
- Embedding active use of risk registers across directorates and departments;
- Monitor use of Risk management strategy and associated documents to ensure it is embedded in practice;
- Implementation of national standardised data sets to promote accurate reporting and support learning, as these become available.

The main risk to delivery of these objectives and priorities is the impact of reduced capacity either across the organisation or within the Clinical Governance and Risk Team.

The RMG and A&R Committee will review progress against these priorities via the risk management workplan through twice yearly updates, with exception reporting inbetween to highlight any additional risks to delivery.

Appendix 1A– Risk Appetite

| Risk Appetite | Risk Levels (currently in use) |
|----------------------|---|
| None | Avoid (avoidance of risk and uncertainty is a key organisational objective) |
| Low | Minimal (as little as reasonably possible - preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward) |
| Moderate | Cautious (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward) |
| High | Open (willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of reward) |
| Very High | Mature (confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust) |
| | Seek (eager to be innovative and to choose options offering potentially bigger rewards despite greater inherent risk) |

Out-turn report on Risk Management Workplan 2024/2025

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. The workplan for 2024/2025 is attached, **updates are provided in red for ease of reference.**

| Updated Risk Management Objective | Corporate Objective |
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| Create a safety culture by embedding risk management throughout the organisation | <ul style="list-style-type: none"> • To continue to improve and protect the health of the people of Shetland • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience |
| Provide organisational leadership of risk management | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland |
| Provide the tools and training to support risk management in order to promote reporting | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience |
| Ensure lessons are learned and changes in practice are implemented through the identification of risk | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland |

| Risk Management Objectives/Priorities | | Timescale | Responsible Officers | KPI |
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| 1.Create a safety culture by embedding risk management throughout the organisation | | | | |
| Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice | <p>Strategic risks to be presented to NHS Board in April 2024 for review, update and inclusion of any new risks.</p> <p>Deliver formal training sessions to support implementation of Risk Management Strategy in practice.</p> <p>Carry out ‘temperature check’ audit to establish if the New Risk Management Strategy has been embedded in practice.</p> <p>Support managers to convert Directorate and Departmental risks to new format and promote active review of risks to ensure risk register is current at all times.</p> | <p>End April 2024 Completed – Risks presented at meeting on 30/4/2024</p> <p>End July 2024 Risk Management Training sessions offered monthly from August 2024</p> <p>End September 2024 Quarterly audit of number of risks in new format undertaken, showing slow but steady progress July 62% Sept 65%, Nov 70% March 72%.</p> <p>However this varies across the levels with 100% of Strategic and</p> | <p>Clinical Governance & Risk Team Leader & Datix Support Officer</p> | <p>2024/25 Develop audit to include a range of quantitative and qualitative measures across the full scope of the strategy to check for compliance with new strategy requirements Audit yet to be scoped</p> |

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| | <p>RMG meetings aligned with Audit Committee meetings and RMG action note presented at each meeting to address internal audit action.</p> <p>RMG Terms of Reference to be updated annually for approval by Audit Committee</p> <p>Review the 'Clinical Risk and Advisory Team' process within the overall management of Significant Adverse Event Review process</p> | <p>Organisational risks in the new format, and 94% of the Directorate risks but only 64% of the Departmental ones are in the new format. This is where the focus will be in terms of supporting data cleanse in prep for move to InPhase.</p> <p>Status presented at each RMG</p> <p>June, Sept, Nov & March aligned & action notes presented</p> <p>End Nov 2024. Completed 26 November 2024</p> <p>End July 2024 Review paused until new national</p> | <p>Chief Nurse (Corporate)</p> | |
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| | | <p>“Learning from Adverse Events through Reporting and Review” framework available. Published 7 March so action deferred into 2025/2026</p> | | |
| 2. Provide organisational leadership of risk management | | | | |
| <p>Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified</p> | <p>Provide support to all Heads of Departments to update risks on to new format, which includes ‘reason for change’ field to increase Board and Committees knowledge as to why a risk has changed.</p> <p>Revised description format in place to ensure alignment with The Orange Book.</p> <p>Additional field also added to the Strategic Risk Register to record feedback from governance groups/committees thus enhancing governance of risks across organisation.</p> | <p>Ongoing throughout 2024/25. Highlighted in formal training Ongoing</p> <p>Audit of progress against targets to be undertaken in April 2024 Quarterly audit in place, results as above, slightly short of 75% target in new format by December 2024 and by year end, although issue noted to be in the Departmental risks</p> | <p>Datix Support Officer</p> | <p>Establish current baseline position</p> <p>Aim for 75% of all risks on new format by December 2024</p> <p>100% by March 2025</p> |

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| | | with only 1 Directorate risk not in new format (excludes risks on JCAD as different format) | | |
| Embedding risk registers across directorates and departments | <p>Conduct audit of number of departmental and directorate risk registers developed and in active use.</p> <p>Report outcome to RMG</p> | <p>End September 2024</p> <p>Directorate and Departmental Risk status reported to each RMG.</p> <p>On-going work to remind managers to update their risks. Support offered.</p> | Datix Support Officer & Clinical Governance & Risk Team Leader | Number of directorate and departmental risk registers developed and in active use |
| 3. Provide the tools and training to support risk management in order to promote reporting | | | | |
| Delivery of training on risk management | <p>Establish a formal Risk Management training programme with a rolling programme of delivery to ensure all individuals new to a management post (Band 7 & Band 8) receive training in Risk Management</p> <p>Datix system access for Managers established once training session attended</p> <p>Continue to provide adhoc support as required</p> | <p>End July 24</p> <p>Training Programme in place since August 2024.</p> <p>Formal monthly programme started in August 2024.</p> | Datix Support Officer & Clinical Governance & Risk Team Leader | <p>Training programme developed and numbers of staff trained</p> <p>80% of Managers within first 6 months post</p> |

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| | | <p>Adverse Event Training - 3 courses scheduled - 2 cancelled through no nominations. 1 session with 2 attendees. 3 attendees scheduled for November session, no January session, 3 attendees scheduled for February session, March session cancelled due to vacancy.</p> <p>Risk Training – January – 2 attendees, February – 2 attendees. No session scheduled in March due to staff vacancy. System Access for Managers established once training session undertaken.</p> | | implementation of training programme |
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| | | No exceptions to this since August, except where postholder transferred into NHS Shetland following working in managerial role and familiar with use of Datix in another NHS Scotland Board Adhoc support available as required | | |
| Develop & implement risk register reports and dashboards for groups/managers/teams | <p>Strategic risk register reports/dashboards are in place and accessible for each Executive Director</p> <p>Development of further risk register reports/dashboards in line with the strategy will be considered on request</p> <p>Review how to ensure continuity of the NHS risks across the JCAD system and develop Escalation/De-escalation structures</p> | <p>Ongoing – Dashboards ‘Risk Theme’ and ‘RMG’</p> <p>Ongoing In last 6 months amendments made to ‘My Open Risks’ dashboard</p> <p>By July 2024 Ongoing challenges with access to JCAD for CG&R Team. Escalated to IT and SIC Risk</p> | Datix Support Officer | <p>Number risk register reports/dashboards developed</p> <p>Number of risk register reports/dashboards actively in use</p> |

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| | | Lead/Director CH&SC Sept/Oct 2024 – no resolution to date Internal Audit recommendation to review position with access to health service CHSCP Risks. | | |
| Implement national standardised data sets to promote reporting and support learning | Datix Support Officer & Clinical Governance & Risk Team Leader to participate in national working groups re standardising data. Implement new datasets as they are released | National project and steering groups in place CG staff participating in national working groups on data sets developed for: <ul style="list-style-type: none"> • Generic coding eg injuries • Infection Control • Maternity and Neonatal • Medication • Safeguarding • Suicide and Self Harm • Tissue Viability • Violence and Aggression | Datix Support Officer & Clinical Governance & Risk Team Leader | Number of national data sets added to Datix system – None yet agreed nationally |

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| | | All in final stages of approval. Other areas of HIS work being prioritised currently, will continue to participate once programme of work resumes | | |
| 4.Ensure lessons are learned and changes in practice are implemented through the identification of risk | | | | |
| Analyse & review any themes relating to adverse events & risks to highlight trends & areas requiring further investigation/action | <p>Report on formal analysis of themes arising through adverse events submitted April 2024 – March 2025. Develop action plan based on findings</p> <p>Recognised limited local learning summaries are being developed. Area of development for 24/25. Support needed to ensure departments can produce an appropriate learning summary. Process already in place to support sharing of learning.</p> | <p>End of June 2024 Top 5 reported in Adverse Event reports. Further analysis conducted if a trend is identified</p> <p>Area for focus throughout 24/25 Adverse Event form now has lessons learnt section as mandatory field (from August 2024) and thus managers need to complete lessons learnt as part of process of reviewing incident.</p> | <p>Clinical Governance & Risk Team Leader</p> <p>Datix Support Officer</p> | <p>Local learning from reviews is shared widely</p> <p>Increase number of local learning summaries shared by 10% from baseline (23/24) – with update on progress provided through Quarterly Adverse Event Reports</p> |

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| | | <p>Lessons learnt Q1 24/25 86 Q2 24/25 113 Q3 24/25 121 Q4 24/25 83</p> | | |
| <p>Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within & across departments/organisation</p> | <p>Clinical Governance Team raising the profile of expectation to report all untoward/ adverse events including near misses on Datix. Will be discussed and promoted via a variety of opportunities eg Clinical Pathways group, Team meetings, Corporate Newsletter, website etc</p> | <p>Ongoing Regular Corporate Newsletter feature re reporting of Adverse Events, promotion via attendance at Team meetings, contact with services, training sessions on adverse event management Increase in adverse event reporting noted</p> | <p>Chief Nurse (Corporate) & Clinical Governance Team</p> | |
| | <p>Inphase recognised as preferred option for Datix System replacement Organisational demonstration to be hosted Business case to be developed Participate in Digital Delivery Plan session with aim of adding this to the Plan for either 2024/25 or 2025/26 (subject to funding)</p> | <p>Initial demonstration scheduled for Sept 2024 did not proceed. Rescheduled for RMG on 13 November.</p> | <p>Exec Lead Clinical Gov / EMT</p> | |

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| | | <p>Heads of Service for IG, IT and Complaints invited as system has ability to enhance organisational assurance process across areas in addition to adverse events management. Need to replace system has been logged with Digital group, aim to replace system at time of end of current contract with RL datix ie August 2025. Now deferred to April 2026 due to InPhase and local capacity to progress project.</p> <p>Business case developed by August 2024 Business case being finalised, following</p> | | |
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| | | demonstration and understanding re organisational desire to have a comprehensive assurance system in place. Date for discussion at EMT being scheduled. | | |
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Draft Risk Management Workplan 2025/2026

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. The draft workplan for 2025/2026 is attached.

| Updated Risk Management Objective | Corporate Objective |
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| Create a safety culture by embedding risk management throughout the organisation | <ul style="list-style-type: none"> • To continue to improve and protect the health of the people of Shetland • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience |
| Provide organisational leadership of risk management | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland |
| Provide the tools and training to support risk management in order to promote reporting | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To ensure sufficient organisational capacity and resilience |
| Ensure lessons are learned and changes in practice are implemented through the identification of risk | <ul style="list-style-type: none"> • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient • To continue to improve and protect the health of the people of Shetland |

| Risk Management Objectives/Priorities | | Timescale | Responsible Officers | KPI |
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| 1.Create a safety culture by embedding risk management throughout the organisation | | | | |
| Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice | <p>Strategic risks to be presented to NHS Board in April 2025 for review, update and inclusion of any new risks.</p> <p>Revise Risk Management Strategy and following completion of governance process support implementation in practice.</p> <p>Support managers to review all risks across Strategic, Organisational, Directorate and Departmental risk registers to ensure all risks in new format and refreshed ahead of move to InPhase.</p> <p>RMG meetings aligned with Audit Committee meetings and RMG action note presented at each meeting to address internal audit action.</p> <p>RMG Terms of Reference to be updated annually for approval by Audit Committee</p> | <p>End April 2025</p> <p>End September 2025 (ongoing)</p> <p>End December 2025</p> <p>Ongoing</p> <p>End of November 2025</p> | <p>Chief Nurse (Corporate)/ Clinical Governance & Risk Team Leader & Risk Management Support Officer</p> | <p>2025/26</p> <p>Develop audit to include a range of quantitative and qualitative measures across the full scope of the strategy to check for compliance with new strategy requirements</p> <p>Audit yet to be scoped</p> |

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| | <p>Develop new local Framework in response to “A national framework for reporting and learning from adverse events” published March 2025.</p> <p>Review the ‘Clinical Risk and Advisory Team’ process within the overall management of Significant Adverse Event Review process</p> | <p>End of September 2025</p> <p>End of December 2025</p> | <p>Chief Nurse (Corporate)</p> | |
| 2. Provide organisational leadership of risk management | | | | |
| <p>Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified</p> | <p>Provide support to all Heads of Departments to update risks on to new format, which includes ‘reason for change’ field to increase Board and Committees knowledge as to why a risk has changed.</p> <p>Revised description format in place to ensure alignment with The Orange Book.</p> <p>Additional field also added to the Strategic Risk Register to record feedback from governance groups/committees thus enhancing governance of risks across organisation.</p> | <p>Ongoing throughout 2025/26.</p> <p>Audit of progress against targets to be undertaken in Sept 2025</p> | <p>Risk Management Support Officer</p> | <p>Establish current baseline position</p> <p>Aim for 75% of all risks on new format by April 2025</p> <p>100% by Sept 2025</p> |

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| Embedding risk registers across directorates and departments | <p>Conduct audit of number of departmental and directorate risk registers developed and in active use.</p> <p>Report outcome to RMG</p> | <p>End September 2025</p> | <p>Risk Management Support Officer & Clinical Governance & Risk Team Leader</p> | <p>Number of directorate and departmental risk registers developed and in active use</p> |
| <p>3. Provide the tools and training to support risk management in order to promote reporting</p> | | | | |
| Delivery of training on risk management | <p>Revised formal training sessions delivered to support implementation of Risk Management Strategy in practice.</p> <p>A rolling programme of delivery will be in place to ensure all individuals new to a management post (Band 7 & Band 8) receive training in Risk Management</p> <p>Datix system access for Managers established once training session attended</p> <p>Continue to provide adhoc support as required</p> | <p>End April 2025</p> | <p>Chief Nurse Corporate & Clinical Governance & Risk Team Leader</p> | <p>Training programme developed and numbers of staff trained</p> <p>80% of Managers within first 6 months post implementation of training programme</p> |

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| Develop & implement risk register reports and dashboards for groups/managers/teams | Review CG&R Team access to JCAD system Review how to ensure continuity of the NHS risks across the JCAD system and develop Escalation/De-escalation structures (as necessary) Formal decision on use of JCAD to be made in line with timeframe for Implementation of new Risk Management Strategy | End of July 2025 By End September 2025 | Exec Leads / Chief Nurse (Corporate) Chief Exec/ DCHSC/ Exec Leads | |
| Implement national standardised data sets to promote reporting and support learning | Clinical Governance & Risk Team Leader to participate in national working groups re standardising data. Implement new datasets as they are released Data sets developed for: <ul style="list-style-type: none"> • Generic coding eg injuries • Infection Control • Maternity and Neonatal • Medication • Safeguarding • Suicide and Self Harm • Tissue Viability • Violence and Aggression All in final stages of approval. Other areas of HIS work being prioritised currently, will continue to participate once programme of work resumes | National project and steering groups in place CG staff participating in national working groups | Clinical Governance & Risk Team Leader | Number of national data sets added to Datix system – None yet agreed nationally |
| 4.Ensure lessons are learned and changes in practice are implemented through the identification of risk | | | | |
| Analyse & review any themes relating to adverse events & risks to highlight trends & | Report on formal analysis of themes arising through quarterly adverse events reports | Quarterly - ongoing | Clinical Governance & Risk Team Leader | |

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| areas requiring further investigation/action | Support departments to produce appropriate lessons learnt/learning summaries. Process already in place to support sharing of learning. | Ongoing | Chief Nurse (Corporate) & Clinical Governance Team | |
| Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within & across departments/organisation | <p>Clinical Governance Team continue to raise the profile of reporting all untoward/ adverse events including near misses on Datix, to support organisational learning. Will be discussed and promoted via a variety of opportunities eg Clinical Pathways group, Team meetings, Corporate Newsletter, website etc</p> <p>Inphase Business case to be presented to EMT</p> <p>Work to progress implementation to commence in 2025 with aim of “go live date” being April 2026</p> | <p>Ongoing</p> <p>By end of May 2025</p> | <p>Chief Nurse (Corporate) & Clinical Governance Team</p> <p>Exec Lead / Chief Nurse (Corporate)/ Clinical Gov / EMT</p> | |