	4th October 2018

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The Risk Management Annual Report focuses on the progress that has been made against national standards and requirements including CQC regulations, NHS England Patient Safety Alerts and reporting to the National Reporting and Learning System. Key items to note: x Continued improvements to the Board Assurance Framework (BAF) and risk register processes x The Trust continues to benchmark positively on rate of incidents reported as well as staff

SALISBURY NHS FOUNDATION TRUST

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1.1. The Trust recognises that Risk Management must be fully embedded in order for the organisation to function safely and effectively. Robust Risk Management processes must be in place for the Board to be assured on performance and standards. To achieve this aim the Trust Board needs to be confident that the systems, policies and staff it has put in place are operating in a way that is effective, focused on key risks, and driving the delivery of the corporate objectives. To demonstrate this there is a Risk Management Strategy in place, which was agreed by the Trust Board in December 2017. The Risk Management Annual Report is the mechanism for measuring the progress that has been made towards achieving the strategic goals and objectives within the Risk Management Strategy.

Good risk management has the potential to impact on performance improvement, leading to:

- Improvement in service delivery
- More efficient and effective use of resources
- Improved safety of patients, visitors and staff
- Promotion of innovation within a risk management framework
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3.2.3 The Audit Committee monitors the Assurance Framework process overall. It is the responsibility of the Assurance Committees (sub committees of Trust Board) to review the BAF and Corporate Risk Register to ensure breadth and depth of information and for assurance that actions are being taken to control and mitigate the risks cited. The assurance committees subsequently report to the Trust Board any new risks identified, and/or gaps in assurance/control. If a significant risk to the Trust's service delivery or gap in control/assurance is identified then this is reported immediately via the Executive.

The Board Assurance Framework and Risk management processes have been subject to review by Internal Audit during 2017/18 .This included a full documentary evidence review. The -15.40 2.25 mb6(y)9( )]t1(l)4(f)-p in23.0111 >i na0 -25.2610.013 T22 2

per 1000 bed days reported. The median for Acute (non specialist) organisations is 40.02 incidents per 1000 bed days.

Due to the decrease in incidents being reported there will naturally be a decrease in the reporting rate of various staff groups however there has been an increase in the number of Medical staff, Allied health and bank/agency and locums reporting incidents which is positive.

The 2017 Staff Survey indicated one question where Salisbury NHS Foundation Trust compared less favourably against other trusts. This was on the percentage of staff reporting errors, near misses or incidents witnessed in the last month (88% vs national average of 90%). However the Trust compares favourably when benchmarked against others in the same national staff survey on fairness and effectiveness of procedures for reporting errors, near misses and incidents, and staff confidence and security in reporting unsafe clinical practice. This is therefore quite complex to understand and should form part of the listening events within the staff engagement programme.

78% of reported incidents resulted in no harm to patients compared with 72% the previous year. The number of near misses has increased by 53% from the previous

than using resources to write numerous RCA's. This has been received positively and has allowed for the embedding of SWARMs and the share and learn sessions.
If learning identified through a SWARM review, following a fall, is already known then recommendations and actions will be put in place with strict target dates being set to implement the learning and provide evidence this has been done. The CCG are still to be informed of the incident and that it does not meet the STEIS requirement. However, where new learning has been identified through the SWARM a full Serious Incident Investigation is undertaken and follows the existing process. Updates were still provided for all falls resulting in fracture or major harm via the quarterly falls report. a

- Standard operating policy and the WHO surgical checklist revised. This included

Ongoing developments have taken place in 2017/18 to meet the requirements of quality in line with commissioner contracts and the Quality Account. This work will continue in 2018/19.

3.4 . H \ 3 H U I R U P D Q F H , Q G L F D W R U V *To monitor the effectiveness of Risk Management Policies and procedures via the monitoring of agreed Key Performance Indicators*

3.4.1 Reporting across the Trust remains fairly consistent with the numbers of incidents graded major and catastrophic remaining low (0.5%) which is positive. All departments and staff groups in the Trust report incidents although some more frequently than others. There is continued work to identify low reporting areas and understand the reason for this, putting in support and education measures where require[BDC -8.9-11( )]T8F2

no harm falls), aggregated themes from the quarters, sign up to safety, falls work stream, and the new falls trust wide action plan. Key findings from these aggregated reports have demonstrated:

- A number of the patients are frail and elderly;
- Many have a history of falls including this being their reason for

3.7.1 The Risk Team continues to work with the Chief Executive's Office and Directorate management Committees in order to demonstrate compliance with the Care Quality Commission's regulations and provide additional information where requested from the CQC.

3.7.2 The Head of Risk Management works in close collaboration with the Head of Clinical Effectiveness, Head of Customer Care, Head of Litigation and Information Governance Manager, to ensure an integrated approach to clinical governance, safety, austyd9P <</f Li0Tvyn dTvyn A7 CQC.y002-270 Tc 0 Tw .728 0759 Tc54 Tc 0 Tw 4.(152 0 T