

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 OCTOBER 2018

Title:	APPROVAL OF POLICIES
Responsible Director:	David Burbridge
Contact:	Berit Reglar, Deputy Foundation Secretary, Ext 14324

Purpose:	<p>The following policies have been reviewed by all relevant stakeholders and the Policy Review Group and are submitted for approval:</p> <ul style="list-style-type: none"> • Risk Management Policy • Policy for Maintaining High Professional Standards in the Modern NHS (Incorporating the Disciplinary Policy for Medical and Dental Staff)
Confidentiality Level & Reason:	None
Annual Plan Ref:	None
Key Issues Summary:	<p>The Policy on Controlled Documents demands that all policies are reviewed, as a minimum, every three years. The policy below has therefore been reviewed in accordance with this.</p> <p>Risk Management Policy: The key aim of the policy is to detail the framework and standards required for the management of risk across the Trust.</p> <p>Policy for Maintaining High Professional Standards in the Modern NHS (Incorporating the Disciplinary Policy for Medical and Dental Staff): The main purpose of this policy is to set out the Trust's framework for handling concerns about doctors' and dentists' conduct and capability.</p>
Recommendations:	<p>The Board is asked to consider, and if thought fit, approve the following:</p> <ol style="list-style-type: none"> 1. Risk Management Policy 2. Policy for Maintaining High Professional Standards in the Modern NHS (Incorporating the Disciplinary Policy for Medical and Dental Staff)
Signed: David Burbridge	Date: 25 October 2018

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APPROVAL OF RISK MANAGEMENT POLICY and POLICY FOR MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1. Risk Management Policy

- 1.1. The Risk Management Policy has undertaken a full stakeholder consultation review (inclusive of QEHB and HGS Divisions) as part of the three-yearly mandated review of Controlled Documents.
- 1.2. This policy sets out the high-level framework for identifying, assessing, managing and reviewing risks that may threaten the delivery, or provide greater opportunities in the achievement of key priorities, objectives and values.
- 1.3. The purpose of this policy and its associated procedures is to make clear the standards and accountabilities for the management of risk within the Trust.
- 1.4. The policy sets out three types of risk that the Trust expects to be identified and managed; they are related to objectives at a Strategic, Project and Operational level. Operational risks will be classified as:
 - Quality
 - People and resources
 - Information and communication technology (ICT)
 - Finance and efficiency
 - Regulation and compliance
 - Reputation
 - Health and Safety
- 1.5. Risks will be given an Initial/Current/Target score. The Target score will be based on the Risk Appetite which will be determined by the Board).
- 1.6. An escalation route with set criteria (24 months/risk score of 15 and above) has been formalised.

1.7. The efficacy of the policy will be monitored through:

1.7.1. The identification of risk

1.7.2. The assessment of risk

1.7.3. The management of risk

1.7.4. The review of risk

1.7.5. The risk escalation process

1.7.6. A review of the risk management process.

2. Policy for Maintaining High Professional Standards in the Modern NHS (Incorporating the Disciplinary Policy for Medical and Dental Staff)

2.1. This updated and aligned policy sets out the high-level framework for the management of concerns related to all doctors' and dentists' conduct and capability.

2.2. The purpose of this policy and its associated procedures is to ensure that all doctors and dentists achieve and maintain the standards of conduct and performance required within the Trust, and that all concerns are address in a consistent and equitable manner.

2.3. In the duties section, requirement of notification of the appropriate Clinical Service Lead, Divisional Director and Executive Medical Director in cases of incidents regarding patient harm is now expressly mentioned; the Safeguarding, Governance and Operational Human Resources Teams are also clearly required to complete an Incident Reporting Form if this has not been done.

2.4. The monitoring of implementation of this policy has been amended to clarify that compliance by staff is reported on by caseworkers on both an ongoing and annual basis; the overall compliance will also be monitored on an annual basis.

3. Recommendation

The Board of Directors are asked to consider, and if thought fit, approve the following policies:

3.1. Risk Management Policy

3.2. Policy for Maintaining High Professional Standards in the Modern NHS (Incorporating the Disciplinary Policy for Medical and Dental Staff)

David Burbridge

Director of Corporate Affairs

25 October 2018