NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Risk Identification, Assessment, and Management Policy

This procedural document supersedes: CORP/RISK 30 v.3 – Risk Identification, Assessment and Management Policy

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Executive Sponsor	Chief Executive
Author/reviewer:	Fiona Dunn, Director Corporate Affairs
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	June 2022	Changes to reflect new risk committee structure and reformatted Board Assurance Framework following review of process. Addition of Risk appetite, risk tolerance and updated scoring matrices.	F Dunn
Version 3	15 November 2017	Changes to reflect new committee structure and reformatted Board Assurance Framework	M Kane
Version 2	September 2015	Minor changes to reflect the implementation of the online integrated risk management system (Datix).	M Dixon
Version 1	11 August 2014	This is a new procedural document and replaces CORP/RISK 18 v.2 – Risk Assessment Policy (Clinical and Non Clinical) and CORP/RISK 10 v.4 – Risk Management Strategy.	M Dixon

Contents

1   INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust') recognises that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances all, by their very nature, involve a degree of risk. The management of risk is therefore a key organisational responsibility and is the responsibility of all staff employed by the Trust. Failure to manage risk effectively can lead to harm, loss or damage in terms of both personal injury but also in terms of loss or damage to the Trust's reputation; financial loss; potential for complaints; litigation and adverse or unwanted publicity.

This policy covers all aspects of risk assessment and management within the Trust. The Trust has adopted an integrated approach to the overall management of risk irrespective of whether risks are clinical, organisational or financial. Risk management is embedded within the Trust's overall performance management framework and links with business planning and investment.

The Board of Directors has overall responsibility for corporate governance, including risk management. The Board has legal and statutory obligations to ensure that there are robust and effective risk management processes and structures in place.

The Trust uses an online integrated risk management system (DATIX) to record risk assessments and risk registers at all levels. The system enables risk register reports to be produced for review and audit purposes, and also enables risks to be escalated as appropriate, therefore supporting a culture of proactive risk management.

This policy is intended for use by all employees and contractors engaged on Trust work in respect of any aspect of that work. Although the management of key strategic risks is monitored by the Board, operational risks are managed on a day-to-day basis by employees throughout the Trust. The Trust's Board Assurance Framework and Corporate Risk Register provide a central record of the organisation's principal risks.

2   PURPOSE

2.1   The purpose of this policy is to ensure that risks to the following areas are identified, assessed, and managed; in addition to being prevented and controlled so far as is reasonably practicable:
   a.   the Trust's patients, visitors and members of the public
   b.   the Trust's strategic objectives
   c.   the Trust's employees,
   d.   the reputation, finances and business continuity of the Trust
   e.   the property, sites and equipment owned by the Trust

2.2   This policy highlights the legal requirements placed on the Trust by the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, to carry out risk assessment to identify the hazards and risk associated with the workplace and the work carried out by employees.

3   RISK MANAGEMENT

3.1   Risk Management is the responsibility of all staff and managers at all levels. All staff are expected to take an active lead in risk management. The policy applies to all Trust staff referred to in section 4.

A risk is the chance of something happening that will have an adverse impact on the achievement of the Trust's objectives and the delivery of high-quality care.

Risk Management is the proactive identification, classification and control of events and activities to which the Trust is exposed. See Appendix 3 for further definitions that relate to this Policy.

3.2   Principles of successful Risk Management

It is the role of the Trust Board to lead and support risk management across the organisation. The principles of successful risk management are:

a.   to embrace an open, objective and supportive culture.
b.   to acknowledge that there are risks in all areas of work.
c.   for all staff to be actively involved in recognising and reducing risk.
d.   to communicate risks across the Trust via escalation / de-escalation processes.
e.   to learn from mistakes.

3.3   Risk Appetite

The risk appetite is the amount of risk that the Trust is willing to seek or accept in the pursuit of its long-term objectives.

If the organisation's collective appetite for risk and the reasons for it is unknown, then leaders of the organisation will not know the levels of risk that are legitimate for them to take, or will not take important opportunities when they arise, which may stifle growth and development of the organisation, and patient / user outcomes may be affected.

In practice, an organisation's risk appetite should address several dimensions:

a. The nature of the risks to be assumed
b. The amount of risk to be taken on; and
c. The desired balance of risk versus reward.

Each year, the Trust Board determines its risk appetite statement covering the overarching areas of:

• Quality & clinical safety, Reputation, Finance/value for money, regulatory/compliance, People, Innovation

The Trust's Risk Appetite Statement is approved annually by the Board of Directors and is available from the Trust Board Office.

3.4   Risk Tolerance

Whilst risk appetite is about the pursuit of risk to achieve objectives, risk tolerance is about what an organisation can cope with and thresholds at which it is willing to 'accept' a specific risk. Risk appetite and tolerance both need to be considered in the context of risk capacity. This is the amount of risk the trust can bear. The trust's board may have a high-risk appetite but not have enough capacity to handle a risk's potential volatility or impact. Conversely, the risk capacity may be high, but the trust may decide based on strategy and objectives to adopt a lower risk appetite. An example of how this can be illustrated is shown below.

Risk capacity	The maximum amount of risk the trust can **support** within its available resources
Risk appetite	How much and what type of risk the trust is generally prepared to accept to achieve its strategic objectives
Risk tolerance	The maximum amount or type of risk the trust is prepared to tolerate above risk appetite (eg treat, tolerate or terminate the risk)

3.5   Risk Management Assurance

Assurance is provided through transparent, timely and objective risk reporting. High quality and accurate risk management information helps to ensure that senior management is fully aware of material risks to which the organisation is exposed. Appropriate control processes are demonstrated via the 3 lines of defence model below and are used within the BAF.

4   DUTIES AND GOVERNANCE FOR RISK MANAGEMENT

4.1   Chief Executive

The Chief Executive has overall accountability and responsibility for risk management within the Trust and for compliance with the relevant regulations and is responsible for making the Trust's Annual Governance Statement. Delegated responsibility for the implementation of this policy is as shown below.

4.2   Executive Medical Director

The Executive Medical Director has overall responsibility for risk management and ensuring Divisional Directors and managers are supported to fulfil out their responsibilities in line with this policy. This is facilitated by the Risk Management Board, Chaired by the Executive Medical Director.

4.3   Director of Corporate Affairs / Company Secretary

The Director of Corporate Affairs, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

4.4   Executive/Corporate Directors

The Executive and Corporate Directors are responsible for those risks which are relevant to their areas of responsibility. In particular, the Executive Medical Director and Chief Nurse, are responsible for risk that has a direct impact upon patient care, safety and quality of care, and the Director of Finance for financial risk. The allocation of risks to individual Directors is shown in both the Board Assurance Framework and Corporate Risk Register.

4.5   Board of Directors

The Board of Directors is responsible for ensuring that robust systems of internal control and management are in place, and for reviewing the effectiveness of internal controls through its assurance framework. This responsibility is supported through the governance committees of the Board of Directors (see 4.6).

To inform the Annual Governance Statement made by the Chief Executive in the annual accounts, the Board of Directors must be able to demonstrate that it has been informed, through the Board Assurance Framework, about all significant risks and that it has arrived at its conclusions on the totality of risk, based on the evidence presented to it.

4.6   Board Committees

The Audit and Risk (ARC), Finance and Performance (F&P), People (PEO) and Quality and Effectiveness (QEC) Committees are established as governance committees of the Board of Directors. The committees' primary role in respect of risk management is to seek assurance on behalf of the board that internal control and risk management systems are sufficiently robust to ensure delivery of organisational objectives. Where there are significant concerns or gaps in assurance or control, the committees escalate these to the Board.

Each committee owns relevant risks on the board assurance framework and corporate risk register. The committees review both documents at each of their meetings. The ARC also monitors the integrity of the financial statements of the Trust, while the QEC monitors clinical governance standards.

4.7   Trust Executive Group (TEG)
The Trust Executive Group is responsible for monitoring and reviewing the Corporate Risk Register (all the trusts risks rated ≥15) on a monthly basis and receiving risk escalations from the Risk Management Board where appropriate.

4.8   Risk Management Board (RMB)
The Risk Management Board meets monthly. It is made up of the Divisional Directors and other appropriate members of the Trust to ensure that assurance on risks can be received by providing challenge on overdue risk reviews and actions.

The RMB receives assurance from the Divisional Directors on all low and moderate and high risks in their divisions/corporate areas, that they are being actively managed and reviewed (Risk rated scores <12).

The RMB also considers all risks due for review since previous meeting and ensure that they are reviewed, and the risk information has been appropriately updated in the Trust's integrated risk management system.

The Risk Management Board reviews all the Trust's risks rated ≥12 monthly to ensure that they are scored appropriately and are ready and appropriate to be reviewed by TEG.

The Risk Management Board will consider if the risk scores are still correct for any risk they review and if it needs adjusting, they will adjust as appropriate, which may escalate or de-escalate a risk.

4.9   Risk Manager role
The Risk Manager role is to ensure the maintenance of a comprehensive risk register system and that the inclusion of prioritised risk issues are reported to the Risk Management Board.

The Risk Manager role is to ensure that standards and procedures relating to risk are embedded throughout the organisation and to oversee the delivery of a risk management training programme.

*4.*10   Senior Information Risk Owner (SIRO)
The Chief information Officer is the SIRO for the Trust and is the nominated lead to ensure the Trust's information risk is properly identified and managed and that appropriate assurance mechanisms exist.

4.11   Clinical Governance Quality Committee (CG*QC*) Risks

The Clinical Governance Quality Committee is responsible for the operational aspects of clinical risk, clinical governance, and patient safety risks.

4.12   The Health and Safety Committee Risks

The Health and Safety Committee is responsible for the operational aspects of Health and Safety risks. The process to follow in identifying/recording/managing/reporting Health and Safety Risks is the same as any other risk identified within the Trust and must be logged on Datix (Trust's online integrated risk management system).

4.13   Trust Business Resilience Group

The Trust Business Resilience Group is responsible for managing all risks related to Emergency Preparedness, Resilience and Response (EPRR). The process to follow in identifying/recording/managing/reporting EPRR Risks is the same as any other risk identified within the Trust.

4.14   Divisional Directors /Managers or Head/Managers of Corporate areas

Divisional or Corporate Directors and managers will ensure that they have a lead for:

- The management of a divisions risks using the Trust's online integrated risk management system.
- Ensuring attendance of staff at appropriate education and training sessions.
- Ensuring divisional risk management procedures are up to date.
- The implementation of risk management systems and processes, both clinical and non-clinical, in each ward or department and specialty concerned.
- Review of all the divisions risk in line with the appropriate review frequency. (Annually for low risks (, quarterly for moderate risks, monthly for high and extreme risks.)
- Providing appropriate reporting and assurance for all the divisions risks to the Risk Group.
- Raising risk awareness amongst all staff at operational level.
- Ensuring compliance with external assurance assessments and standards.
- Confirming **the DATIX Risk Owner** who then approves the risk within the DATIX system. **Risk Owners and Risk Handlers** actively manage the risk

4.15   Employees

Management of risk is a fundamental duty of all employees whatever their grade, role or status. Employees are required to follow Trust policies and procedures, which explain how this duty is to be undertaken.

In particular, all employees must ensure that identified risks and incidents are reported and dealt with swiftly and effectively, reported in line with relevant Trust policies and divisional procedures to their immediate line manager and, if appropriate, their health & safety representative, in order that further action may be taken where necessary. Health and Safety is a core element of each employee's responsibility.

Employees are responsible for keeping their Risk Management Training up to date.

5   BOARD ASSURANCE FRAMEWORK AND RISK REGISTERS

5.1 Board Assurance Framework (BAF)

The Board Assurance Framework is a tool to enable the Board to assure itself that the principal risks to the achievement of its organisational objectives are being appropriately managed. It is interlinked with the corporate risk register and is structured around the Board's strategic objectives.

The framework summarises the controls in place to mitigate each risk, and highlights where there are gaps in these controls. It also provides a summary of positive assurances received by the Board and its sub-committees in relation to these controls, highlighting where there are gaps in assurance.

The Chief Executive is required to sign an Annual Governance Statement each year, and the board assurance framework informs the declarations to be made in this statement.

The framework shows a summary description of each risk and is reviewed monthly as a minimum. The assurance framework also shows the executive lead, the relevant committee, the direction of travel, controls in place, assurance received, gaps in assurance, action being taken to address gaps and target rating to ensure that the measures in place will address the gaps to ensure the strategic risk appetite has not been exceeded.

When considering how a risk will be managed to ensure that it is within the Trusts agreed risk appetite, it Is important to understand the role of the risks target score. The target score of a risk is the ultimate level of risk that needs to be achieved given the available means and resource. Once the target level of risk is achieved and the risk continues to exist, the Trust must then tolerate this risk. In situations where the controls to manage a risk are effective and the risk is being tolerated at its target score, the current and target risk scores may be the same.

The framework will be continually reviewed and updated to ensure that it continues to provide the Board with assurance and will be discussed, with discussions logged in the minutes at the appropriate committee it is presented.

The board committees review the Board Assurance Framework in addition to receiving the Corporate Risk Register for information, in order to avoid taking a fragmented approach to risks at this level.

The board committees each focus on the risks which pertain to their remit and terms of reference. They seek assurance on behalf of the Board that key controls are in place and

review risks through their annual work plans. The assurance framework is used to drive the agenda for the committees who will undertake occasional deep dives into the risks for which they are responsible.

The Board receives the board assurance framework and corporate risk register bimonthly.

At each meeting the Audit and Risk Committee (ARC) will review whether the assurance framework process and format remain fit for purpose and recommend changes to the Board where appropriate.

5.2 Corporate Risk Register (all risks scored ≥15 following TEG Escalation)

The Corporate Risk Register is a tool to enable Trust Executive Group (TEG) to review and manage the organisation's most important risks. It is interlinked with the Board Assurance Framework and is held on the Trust's online integrated risk management system.

Risks are added to the CRR if it is thought they may affect the delivery of the Corporate Objectives (from a strategic, clinical and business risk perspective).
The high level strategic risks identified in the CRR are underpinned and informed by risk registers overseen at the local operational level within Divisions.

The register will include:
- Source and consequence of the risk
- Executive/corporate director owner and lead committee
- The original, current and target risk rating
- Controls that are in place
- New and developing controls
- Owner of the new/developing controls and target date

Escalation of risks for consideration by Trust Executive Group shall be via the Chair of the Risk Management Board and the Director of Corporate Affairs.

The Risk Management Board shall review and approve the Corporate Risk Register on a monthly basis. Where changes to risks are made, this shall be reflected in the assurance framework where appropriate and reported to the Trust Executive Group and Board committees as appropriate.

 The Trust Executive Group will receive assurance regarding all risks rated ≥15 or more via the Risk Management Board.

Where changes to the corporate risk register are proposed which affect the content of the assurance framework (i.e. addition or deletion of risks), the proposed change shall be reported to the board committees as appropriate in addition to being presented to the Board of Directors for approval.

The board assurance framework and corporate risk register will be reported to each board sub -committee meeting and to the Board of Directors bimonthly meeting.

At least once a year, the Trust Executive Group will review whether the corporate risk register process and format remain fit for purpose and agree changes where appropriate.

5.3 Divisional and Directorate Risk Registers (all risks in a division scored <15)
Each Division and Directorate will be responsible for maintaining their own risks on the Trust's online integrated risk management system (DATIX). The registers will be populated as a result of risk assessments, incidents, complaints and claims. The Divisional and Directorate risk register will be a standing agenda item at all Divisional and Directorate Senior Management Team meetings.

Any risk identified ≥15 must be escalated for consideration by the Trust Executive Group via Risk Management Board on to the Corporate Risk Register.
All risks identified ≥15 within the Corporate Risk Register will require a supporting action plan to ensure that the risk is managed to an acceptable level.
The action plans must be monitored by the Lead Director within the Division or Directorate

6   ORGANISATIONAL RISK PRINCIPLES

The Board of Directors has agreed the following principles with regard to its role in relation to risk:
(i)   The Board will consider all aspects of risk in relation to the decisions it makes and the information it receives. This will include:
    a.   The risk of inaction
    b.   Reward, where applicable
    c.   How risks link to the Trust strategy, values and culture
    d.   The adequacy of risk management and controls
    e.   Structures and escalation processes
    f.   The overall risk profile and risk burden of the Trust, and its capacity to manage that risk
(ii)   The Board will assess risks both initially and on an ongoing basis, recognising that where risks are dynamic its risk tolerance and strategies must be dynamic to reflect this.
(iii)   The Board will work to ensure it has sufficient information regarding key risks by, among other things:
    a.   Seeking external advice where appropriate.
    b.   Seeking ongoing assurance from management regarding the control and management of risks.
(iv)   The Board will mitigate risk as far as it feels that it is sensible and appropriate to do so.
(v)   The Board will ensure that risk surveillance and triangulation are factored into its work and discussions on an ongoing basis.

7   RISK ASSESSMENT PRINCIPLES

Risk assessment is the process of identifying, describing, measuring and recording risks. Judgments are made about the harm that might arise from an activity and the probability that the harm will occur.

The main purpose of risk assessment is to determine whether planned or existing control measures are adequate or need to be improved. It also promotes an improved awareness of risk and a better appreciation of the necessity for control measures.

7.1   Risk Identification
The Trust operates two major systems to facilitate the identification of risk:
- Proactive risk identification, through identification of risks before they lead to harm. This includes interventional near miss reporting.
- Reactive risk identification, through the adverse incident reporting process; Datixweb.

In order to identify risk, teams should conduct a detailed review of the activity or area being reviewed, including any hazards perceived, and any incidents that have occurred. Once hazards and potential risks have been identified, they should be formally assessed.

Divisional risk assessment process should be followed (see sections 8 and 9) and the risk assessment given to divisional management who will assess and input the risk onto Datix.

7.2   Legal Requirements
The Management of Health and Safety at Work Regulations 1999 (MHSWR) require employers to assess the risks to the health and safety of the groups below which are created by their undertaking, in order to identify the measures that are required in order to comply with statutory provisions.

- employees whilst they are at work;
- non-employees
- new or expectant mothers
- young persons, taking into account the young persons' inexperience, immaturity and lack of awareness of risks;

Further specific risk assessments that are required to be completed in accordance with the MHSWR 1999 include:

- Lone Working
- Violence and aggression
- Stress
- Slips, Trips and Falls, including Working at Height
- Musculoskeletal Disorders

There are a number of other regulations which suggest a requirement for risk assessments,

including the Health and Safety (First-aid) Regulations 1981; the Environmental Protection Act 1990 and the Provision and Use of Work Equipment Regulations 1998. The relevant regulations should be referred in relation to any area of work undertaken as part of the business of the Trust, in order to determine where a risk assessment may be required.

The process to follow in identifying/recording/managing/reporting Health and Safety Risks is the same as any other risk identified within the Trust and must be logged on Datix (Trust's online integrated risk management system).

7.3   Risk Assessment Documentation

The findings of the risk assessment must be recorded using the Trust's online integrated risk management system (http://dbhdatixweb/datix/live/index.php). All staff who document risks using this system should receive appropriate training. All fields must be completed where appropriate and additional document to support mitigation of the risk attached within the system.

Documenting a risk using the Trust's online integrated risk management system requires the employee documenting the risk assessment to:

- describe the risk in full, covering the cause (situation giving rise to the risk), the event that may occur, and the effect of that event ie The risk should be described in the formulation "due to X, there is a risk that Y, and the impact of which is Z".
- assign a 'risk owner' (the senior manager who is responsible for the area which the risk assessment affects)
- identify the appropriate review frequency (monthly for all risks rated 8 or above)
- it is essential to describe any action already taken and control measures already in place
- determine the adequacy of existing control measures
- determine the likelihood of injury or harm arising, quantify the severity of the consequences of this harm, and assign a risk rating
- determine the target risk rating using the same principles
- identify potential additional control measures or actions, with timescales for implementation or details of process being followed.
- identify any specific legal duty or requirement which is relevant to the risk
- identify any reported incidents that relate to the risk
- provide sufficient information to enable the risk owner to monitor and manage the risk appropriately.

8   RISK ASSESSMENT PROCESS – ALL RISKS

The risk assessment process can be broken down into steps as follows:

(a)   Identify potential hazards or risks - Carry out a pre-assessment walkthrough or review of the activity to identify hazards or potential risks. Be systematic, list all credible/foreseeable hazards and consider all possibilities.

(b)   Plan the assessment - Assessments should be planned and prioritised for a specific area or activity and should cover likely risk issues including:

- work activities
- property and equipment
- known hazards
- accident and incident reports
- known 'near misses'
- risks to achievement of specified objectives or targets

(c)   Define the nature of the risk – Once identified, the risk should be defined. What might occur, or is occurring, and what adverse consequences might this cause?

(d)   Identify the people at risk - Identify all those who might be at risk including staff, contractors, patients, and the public.

(e)   Analyse exposure - Identify under what conditions, when and how exposure to the risks takes place.

(f)   Detail and evaluate the existing controls in place - Evaluate how the risk is being controlled, taking into consideration statutory compliance requirements and whether the controls are effective in practice.

(g)   Quantify the risk – Determine the likelihood and consequences of the risk being realised using the Risk Matrix shown at **Appendix 2.**
- Use these scores to allocate a risk rating. (The formula to calculate the risk score. Risk Score = Consequence Score x Likelihood Score. But DATIX will complete automatically)

(h)   Identify further controls - Identify further control measures or actions required to reduce the risk and prioritise these. (See the use of **5T's in the Appendix 2** for understanding risk control) and ensure fully documented within the DATIX system

(i)   Develop action plan - An action plan must be drawn up to implement any further control measures required. This should identify who is responsible for actions, and timescales for completion. This plan should be monitored at the identified appropriate level, dependent on the risk rating. Where actions require escalation in order to gain approval, this should be undertaken. This action plan must be in DATIX.

(j)   Quantify the target residual risk - The target residual risk is the lowest level which the department anticipates being able to reduce the risk to, following completion of the action plan. The target residual risk should be quantified, and a timescale set for achieving this reduction.
NB: In some cases, the target residual risk may be the same as the current risk rating. In these cases, no action is required, although existing control measures must be maintained.

(k) Record the findings - The significant findings of the assessment together with any actions identified should be recorded using the Trust's online integrated risk management system (DATIX). The risk assessment is passed on to divisional management to review, approve and record the risk into Datix.

(l) Agree the Divisional/Corporate Risk owner is agreed. The Risk owner then approves risk within the DATIX system. Risk Owners and Risk Handlers actively manages the risk.

(m) Inform staff - Staff should be informed of:
• Any risks to their health and safety identified by the assessment
• Control measures in place
• Any emergency measures identified & planned action to be taken

9   REVIEW, APPROVAL AND MONITORING OF RISKS

(a) The responsibility for the risk assessment lies with the Manager who is responsible for the area which the risk assessment affects (e.g. on a ward, the ward manager/sister) and should be logged as the risk owner or handler depending on the severity of the risk within the DATIX system.

(b) Following completion of the online risk assessment, the head of department/senior manager will approve the assessment on the Trust's online integrated risk management system, to confirm agreement with both the risk assessment and action plan at the Departmental/Divisional SMT.

(c) The Head of department/Senior manager will ensure an action plan has been developed where appropriate and appoint a lead person for each action point together with a completion date. Once finalised, the risk assessment and action plan will be notified to all persons who could be affected by the outcome of the risk assessment.

(d) A programme of quarterly review must be established for risks rated 8 to 12 and monthly for ≥15 rated, to ensure that all agreed actions are carried out within timescales. The Risk Owner approves risk on Datix and Risk Owner and Risk Manager actively manage risk on DATIX.
All risk assessments rated lower than 8 should be reviewed on an annual basis as a minimum, or if there has been a change

(e) Risks rated ≥15 should be escalated for inclusion in the Corporate Risk Register in addition to the process outlined above (section 5.2). Risks on the Corporate Risk Register are reviewed monthly by the Risk Management Board.

(f) In addition to the above, risk assessments should be reviewed if they meet the criteria

outlined below:
- If new equipment is introduced
- If new substances or premises are used
- If new clinical techniques are introduced which impact on staff rosters or patient handling duties
- If other processes or operational parameters change significantly
- Following an accident
- If there is reason to suspect that the assessment is no longer valid
- If there has been a significant change in matters to which the assessment relates

10   TRAINING/ SUPPORT

The effective implementation of this policy will facilitate the delivery of a quality service, alongside employee training and support to provide an improved awareness of the measures needed to prevent, control and contain risk.

An assessment of the risk management training needs of all staff will be documented within the Trust's Training needs analysis which will be reviewed on an annual basis and action plans developed. This assessment will be linked to incidents, claims, complaints, risk assessments, external assurance and performance indicators. The Risk Manager role has responsibility to ensure this training process is in place and will liaise with Trusts Health and Safety Advisor in delivering the H&S Risk assessment process.

The Trust's training prospectus will include details of all risk management courses. Local risk management training needs identified by individual areas will be discussed with the Risk Manager.

The Training Department will maintain records of actual and expected completion of statutory and essential to role training, including corporate induction, and will address and rectify inadequate attendance. Divisions and Directorates will address and rectify inadequate attendance at local mandatory training courses.

The Trust will:
- Ensure all employees and stakeholders have access to a copy of this policy and risk awareness training and an understanding of the role of risk management in the organisation
- Provide new employees with risk awareness training and an understanding of the role of risk management in the organisation
- Provide general risk awareness training, Risk assessment training, Risk register training and management of risk for all senior managers
- Provide risk management awareness training to Board members, (both Executive, Corporate and Non-executive Directors) Divisional/Directorate Management teams on a minimum biennial basis.

Those carrying out assessments should be competent to do so and should have attended the Trust's internal training. The assessor should have an understanding of the workplace, an ability to make sound judgements, and knowledge of the best practicable means to reduce those risks identified. Competency does not require a particular level of qualification but may be defined as a combination of knowledge, skills, experience and personal qualities, including the ability to recognise the extent and limitation of one's own competence.

The Health and Safety Advisor, Trust Risk Manager role are available to provide support and advice to employees experiencing difficulties in assessing risk.

11   MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Risk escalation in the Trust has been supported by initial internal audit reviews to date and the risk management system will continue to be reviewed by the internal auditors.

What is being monitored?	Who will carry out the monitoring?	How often	How reviewed / Where reported to?
Correct completion of risk assessments.	Risk lead for ward/department	Monthly	Audit via Divisional/Corporate SMT meetings/Clinical Governance meetings
Completion of action plan with each risk assessment where further action is necessary.	Risk lead for ward/department	Monthly	Audit via Divisional/Corporate SMT meetings/Clinical Governance meetings
Ward/department level risk register monitored monthly by ward/ department manager.	Risk lead for ward/department	Annually	Audit and or minutes / Divisional /Corporate SMT meetings/Clinical Governance meetings
Division / Directorate level risk register monitored monthly at appropriate forum.	Risk Manager Role	Annually	Meeting minutes / Risk Management Board
Corporate Risk Register monitored monthly by the Trust Executive Group	Risk Manager Role	Annually	Meeting minutes / Trust Board Office

12   EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.
An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.   (See Appendix 4).
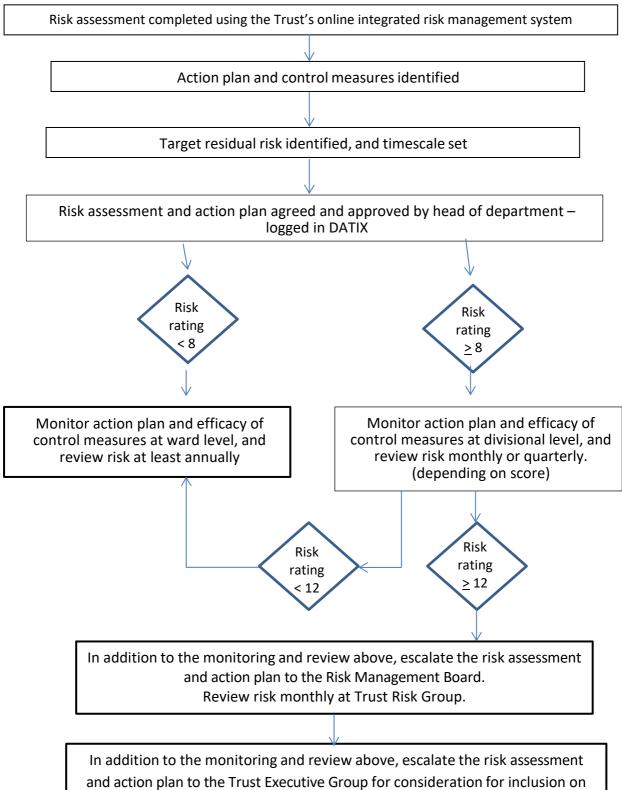
13   ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Claims Handling Policy - CORP/RISK 5
- Serious Incidents (SI) Policy - CORP/RISK 15
- Maternity Service Risk Management Strategy - CORP/RISK 16
- Incident Management Policy – CORP/RISK 33
- Complaints, Concerns, Comments and Compliments: Resolution and Learning - CORP/COMM 4
- Fair Treatment for All Policy – CORP/EMP 4
- Equality Analysis Policy – CORP/EMP 27
- Freedom to Speak Up Policy 'Speak up to make a difference' CORP/EMP 14
- Health and Safety Policy - CORP/HSFS 1
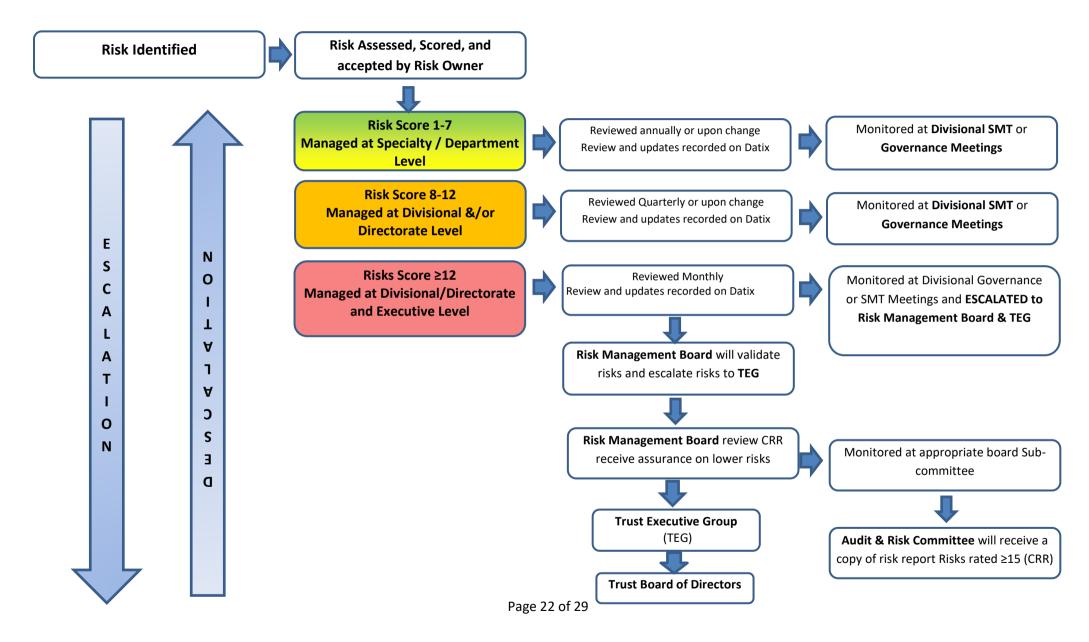- Security Policy - CORP/HSFS 15

14   REFERENCES

- Control of Asbestos Regulations 2012
- Control of Lead at Work Regulations 2002
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Data Protection Act 1998
- Health and Safety at Work Act 1974
- Health and Safety (Display Screen Equipment) Regulations 1992
- Ionising Radiation Regulations 1999
- Management of Health and Safety at Work Regulations 1999 (SI No 3242).
- Management of health and safety at work - Approved Code of practice and Guidance (L21 - HSE)
- Manual Handling Operations Regulations 1992
- Noise at Work Regulations 2005
  Personal Protective Equipment at Work Regulations 1992

APPENDIX1 FLOWCHART FOR MONITORING & REVIEW OF RISKS ASSESSMENTS

Risk assessment completed using the Trust's online integrated risk management system

Action plan and control measures identified

Target residual risk identified, and timescale set

Risk assessment and action plan agreed and approved by head of department – logged in DATIX

Risk rating < 8

Risk rating ≥ 8

Monitor action plan and efficacy of control measures at ward level, and review risk at least annually

Monitor action plan and efficacy of control measures at divisional level, and review risk monthly or quarterly. (depending on score)

Risk rating < 12

Risk rating ≥ 12

In addition to the monitoring and review above, escalate the risk assessment and action plan to the Risk Management Board.
Review risk monthly at Trust Risk Group.

In addition to the monitoring and review above, escalate the risk assessment and action plan to the Trust Executive Group for consideration for inclusion on the Corporate Risk Register. Review risk monthly at Trust Executive Group

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Risk Identified  ➡  Risk Assessed, Scored, and
                     accepted by Risk Owner
```

ESCALATION (upward arrow)

DESCALATION (upward arrow)

```
Risk Score 1-7                    Reviewed annually or upon change     Monitored at Divisional SMT or
Managed at Specialty / Department  Review and updates recorded on Datix  Governance Meetings
Level

Risk Score 8-12                   Reviewed Quarterly or upon change    Monitored at Divisional SMT or
Managed at Divisional &/or         Review and updates recorded on Datix  Governance Meetings
Directorate Level

Risks Score ≥12                   Reviewed Monthly                     Monitored at Divisional Governance
Managed at Divisional/Directorate  Review and updates recorded on Datix  or SMT Meetings and ESCALATED to
and Executive Level                                                     Risk Management Board & TEG
```

Risk Management Board will validate risks and escalate risks to **TEG**

Risk Management Board review CRR receive assurance on lower risks ➡ Monitored at appropriate board Sub-committee

Trust Executive Group (TEG)

Audit & Risk Committee will receive a copy of risk report Risks rated ≥15 (CRR)

Trust Board of Directors

APPENDIX 2 – RISK MATRIX (CONSEQENCE VS LIKELIHOOD)

Table 1 - Consequence Score

Choose the most appropriate domain for the identified risk from the left-hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column. Consider how severe the impact, or consequence, or the risk would be if it did materialise.

The Formula for calculating the risk score: Risk Score = Consequence Score x Likelihood Score

	Consequence score (severity levels) and examples of descriptors				
	1 -Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for <3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity /disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality / complaints / audit	Peripheral element of treatment or service suboptimal. Informal complaint/ inquiry.	Overall treatment or service suboptimal. Formal complaint - local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints /independent review. Low performance rating. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry. Gross failure to meet national standards.
Human resources / organisational development /staffing	Short-term low staffing level that temporarily	Low staffing level that reduces the	Late delivery of key objective/ service	Uncertain delivery of key objective /service due to	Non-delivery of key objective /service

/competence	reduces service quality (< 1 day).	service quality.	due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.
Statutory duty/ inspections	No or minimal impact or breach of guidance / statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendation / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Adverse publicity/ reputation	Rumours. Potential for public concern.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence.
Business objectives / projects	Insignificant cost increase / schedule slippage.	<5% over project budget. Schedule slippage.	5–10% over project budget. Schedule slippage.	10–25% over project budget. Schedule slippage. Key objectives not met.	>25% over project budget. Schedule slippage. Key objectives not met.
Finance including claims	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10k.	Loss of 0.25–0.5% of budget. Claim(s) between £10k and £100k.	Uncertain delivery of key objective /Loss of 0.5–1% of budget Claim(s) between £100k and £1m Purchasers failing to pay on time	Non-delivery of key objective / Loss of >1% of budget. Failure to meet specification /slippage. Loss of contract / payment by results. Claim(s) >£1m.
Service / business interruption	Loss /interruption of >1 hour.	Loss /interruption of >8 hours.	Loss /interruption of >1 day.	Loss /interruption of >1 week.	Permanent loss of service or facility.

Environmental impact	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.

Table 2 - Likelihood Score

What is the likelihood of the consequence described in the above Consequence Table, actually happening? The frequency-based score is appropriate in most circumstances and should be used whenever it is possible to identify a frequency. In the case of projects then the probability or chance of recurrence-based score should be used.

	Description of Likelihood Scale Based on time/broad description & probability				
Likelihood Score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Time Framed	Not expected to occur **for years**	**Expected to occur at least annually**	**Expected to occur at least monthly**	**Expected to occur at Least Weekly**	**Expected to occur at least daily**
Broad Descriptor	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	This will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability for projects & Business	1-5%	6-30%	31-70%	71-90%	>90%

(Left column label, vertical: **Frequency – How often might it /does it happen**)

Calculate the consequence and likelihood rating using the scales below:

Likelihood Score

Consequence Score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

First, cross reference the likelihood and impact scores on the matrix above.

For example, if you have a „*moderate*" consequence and „*almost certain'* likelihood then the overall risk rating would be:

Consequence x Likelihood = Overall risk rating
3 x 5 = 15
Moderate x Almost certain = Extreme Risk

The likelihood and consequence of a risk occurring is always a question of judgement, past records, relevant experience, expert judgements, and any relevant publication can be used to inform a judgement.

In grading risk the scores obtained from the risk matrix are assigned grades as follows:

1-3	Low Risk	Normal risks which can be managed by routine procedures
4-6	Moderate Risk	Risks requiring assessment and action planning allocated to Divisions & Directorates
8-12	High Risk	Risks requiring urgent Divisional & /or RM Board review linked with Action Plan
15-25	Extreme Risk	Risks requiring immediate action by Director & Risk Management Board for TEG consideration with Action Plan

Key Controls:
Not all risks can be dealt with in the same way. The '5 T's provide an easy list of options available to consider how to manage risk:

- **Tolerate** – the likelihood and consequence of a particular risk happening is accepted
- **Treat** – work is carried out to reduce the likelihood or consequence of the risk (this is the most common action)
- **Transfer** – shifting the responsibility or burden for loss to another party, e.g. the risk is insured against or subcontracted to another party
- **Terminate** – an informed decision not to become involved in a risk situation, e.g. terminate the activity
- **Take the opportunity** - actively taking advantage, regarding the uncertainty as an opportunity to benefit

In most cases the chosen option will be to treat the risk. When considering the action to take remember to consider the cost associated with managing the risk, as this may have a bearing on the decision. The key questions in this instance are:

- Action taken to manage risk may have an associated cost. Make sure the cost is proportionate to the risk it is controlling.
- When agreeing responses or actions to control risk, remember to consider whether the actions themselves introduce new risks or affect other people in ways which they need to be informed about.

Contingency Plans – if a risk has already occurred and cannot be prevented or if a risk is rated red or orange (extreme or high) then contingency plans should be in place should the risk materialise. Contingency plans should be recorded underneath the key controls on the risk register. Good risk management is about being risk aware and able to handle the risk, not risk averse.

APPENDIX 3 – GLOSSARY OF COMMON TERMS USED IN RISK MANAGEMENT

Action Plan	A plan outlining additional strategies/activities or mitigating actions the Trust needs to develop and implement should the risk level be unacceptable after controls are applied. An action plan should be specific to the risk and SMART (Specific, Measurable, Attainable, Relevant and Time bound) to evidence how the risk score can be reduced.
Assurance	Evidence that risks are being effectively managed.
Consequence (Impact)	The result of a particular threat or opportunity should it actually occur.
Control(s)	Existing strategies and processes currently in place such as systems, policies, procedures, standard business processes and practices to manage the likelihood or consequence of a risky practice.
Corporate Risk Register	A record of the risks identified through internal process that will impact on the Trust's business objects or major programmes and so are scored 15+.
Current Risk	Risk likelihood, consequence and total score with the current controls in place to manage the risk.
Gaps in Controls or assurances	Where an additional system or process is needed, or evidence of effective management of the risk is lacking and needs to be put into place.
Hazard	A potential source of risk/threat. Eg Damage or harm.
Incident / Issue	An event that has happened, was not planned, requires a management action, and be reported as appropriate and where required in line with the Incident Reporting Policy and Procedure.
Initial Risk (Inherent Risk)	The risk score where there are no controls in place to manage the risk.
Likelihood	A measure of the probability or chance that the threat or opportunity will happen including a consideration of the frequency with which it may arise.
Mitigating Actions	Actions taken to reduce the likelihood or Consequence of the risk. Mitigating actions should be specific to the risk and SMART (Specific, Measurable, Attainable, Relevant and Time bound) to be able to measure the impact of the action and evidence how the risk score can be reduced.
Operational Risks	These risks are by-products of the day-to-day running of the Trust and include a broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks should be managed by the department or directorate which is responsible for delivering services.
Opportunity	An uncertain event that would have a favourable impact on objectives or benefits if it occurred.

Risk	An uncertain event or set of events that have not occurred, but should it occur, will have an effect on the achievement of business, project or programme objectives. A risk can be a threat or an opportunity.
Risk Appetite	The phrase used to describe where Trust considers itself to be on the spectrum ranging from willingness to take or accept risk through to an unwillingness or aversion to taking some risks.
Risk Assessment	The process used to evaluate the risk and to determine whether controls are adequate or more should be done to mitigate the risk within the organisations risk appetite.
Risk Management	This is about the Trust's culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse events. The risk management process covers all processes involved in identifying, assessing and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
Risk Registers	These are repositories for electronically recording and dynamically managing risks that have been appropriately assessed. Risk Registers are available at different organisational levels across the Trust.
Strategic risks	These risks are those that represent a threat to achieving the Trust's strategic objectives or to its continued existence. They also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder. Strategic risks must be reported to the Board of the Directors and should be managed at executive level, directly or by close supervision.
Target Risk	The risk score the Trust aims to get achieve with sufficient and effective controls in place.
Threat	An uncertain event that could have a negative impact on the delivery of objectives or benefits, should it occur.

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Risk Identification, Assessment & Management Policy	Chief Executive	Fiona Dunn	Existing Policy	July 2022

1) Who is responsible for this policy? Name of Care Group/Directorate: Fiona Dunn – Chief Executive

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To provide a framework for risk management

3) Are there any associated objectives? Legislation, targets national expectation, standards No

4) What factors contribute or detract from achieving intended outcomes? Compliance with the policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] N/A

6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	

Date for next review: **July 2024**

Checked by: **F Dunn Date: July 2022**