

Risk Management Policy & Procedure for Managing Risks

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November 2021	November 2024	V15

Purpose

The Risk Management Policy specifies the Trust's philosophy, approach and lines of accountability for the management of risk.

Who should read this document?

All staff

Key Messages

The risk management framework enables difficult decisions to be made in a managed and structured way so as to maximise the opportunities for success and minimise the threats.

Core accountabilities

Owner	Risk and Incident Manager
Review	Risk Committee
Ratification	Audit and Risk Committee and Chief Nurse
Dissemination (Raising Awareness)	Risk and Incident Team
Compliance	Risk Committee

Links to other policies and procedures

To be read in conjunction other Trust policies including:

- Incident Management Policy & Procedures
- Health & Safety Policy
- Raising Concerns Policy

Version History

11	February 2016	Review & update of policy.
12	May 2016	Final policy ratified by Director of Corporate Business.
13	September 2018	Minor amendments.
14	November 2019	Review & update of policy following introduction of new Risk Committee.
15	November 2021	Risk management training information added

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

Section	Description	Page
1	Introduction	4
2	Purpose	4
3	Duties	4
4	Risk Management Process	8
5	Overall Responsibility for the Document	13
6	Consultation and Ratification	13
7	Dissemination and Implementation	14
8	Monitoring Compliance and Effectiveness	14
9	References and Associated Documentation	15
Annex 1	Risk Management Framework	16
Annex 2	Risk Wheel	17
Annex 3	Risk Assessment Form	18
Annex 4	Risk Bow Tie Tool	21
Annex 5	Risk Escalation Procedure	22
Annex 6	<i>Dissemination Plan and Review Checklist</i>	23
Annex 7	<i>Equalities and Human Rights Impact Assessment</i>	24

1 Introduction

The Trust is committed to creating a culture of risk management with simple processes that will identify, analyse, evaluate and control identified risks with the overall aim of delivering high quality, safe and effective care and create a safe environment for patients, staff and the general public.

A risk is the effect of uncertainty on objectives. An effect is a deviation from the expected. It can be positive, negative or both, and can address, create or result in opportunities or threats.

Risk management is a process which aims to help organisations understand, evaluate and take action on all their risks with a view to increasing the probability of success and reducing the likelihood of failure in achieving its objectives.

This Risk Management Policy provides guidance on the process and procedures for risk management within the Trust.

2 Purpose

The purpose of this Policy is to:

- Evidence the importance of risk management within the Trust.
- Support staff to understand their roles and responsibilities by providing a consistent approach to risk management across the Trust.
- Ensure that correct systems and processes are in place to manage corporate and operational risks across the Trust.

3 Duties

The Trust acknowledge, in order to provide an effective, comprehensive and beneficial risk management process it is imperative links are recognised and opportunities between the risk and incident management processes including legal claims, complaints management, clinical audit, multidisciplinary clinical guideline development and staff training are clearly visible, effective and robust.

Trust Board and Sub Committees

The Board is required to meet a number of statutory obligations on financial management and use of resources, the quality of the healthcare delivery and on the health and safety of its operation. In doing this the Trust Board reviews the Board Assurance Framework (BAF) on a regular basis to ensure that all key risks and opportunities are identified and seek assurance that appropriate mitigating and enhancing actions are being taken.

Chief Executive

The Chief Executive holds overall responsibility for all areas of risk management and governance within the Trust but delegates that responsibility to the Chief Nurse.

Chief Nurse

The Chief Executive has delegated the responsibility for ensuring there is a comprehensive risk management system in place to the Chief Nurse. The Chief Nurse is responsible for providing assurance to the Trust Board that processes to manage risk are in place and operating as designed.

Board Assurance Framework

- Identifies the principal risks to achievement of the Trust's strategic objectives;
- Identifies the components of the system of internal control in place to manage the risks;
- Identifies the assurance sources which the Trust Board rely on relating to the effectiveness of such controls; and RAG rates the level of assurance available from these sources
- Records the actions taken to address identified gaps in control and assurance about the effectiveness of those controls
- Includes reference to related red corporate risks.

It is the responsibility of the Company Secretary, in conjunction with the Executive Directors, to ensure that the Board Assurance Framework is kept up to date and is used to influence the agenda for the Trust Board. The Board reviews the Board Assurance Framework in its entirety on a bi-monthly basis, with a particular focus on those principal risks reserved to the Board for review. The Board Committee also reviews and updates relevant sections of the BAF on a bi-monthly basis, checking that actions to address gaps in control and/or assurance are being progressed appropriately, that risks remain accurately represented and that the levels of assurance received by the Committee are considered for BAF impact, escalating issues as appropriate to the Board.

The Audit and Risk Assurance Committee is responsible for reviewing the effectiveness of the processes in place for the development and maintenance of the Trust Board Assurance Framework. Executive Directors are responsible for ensuring that there are appropriate links between the Board Assurance Framework and the Trust's Corporate Risk Register, supported by the Risk Committee. In particular, the Committee will consider the impacts for the BAF of all new corporate red risks not linking to an existing principal risk, making recommendations about new principal risks to the relevant Committee and/or commissioning deep dives of particular principal risks by Committees.

Senior Information Risk Owner (SIRO)

Is an Executive who takes ownership of the Trust's information risk policy and acts as advocate for information risk on the Trust Board. This role is undertaken by the Director of Finance.

Risk Committee

The Risk Committee is constituted as a Trust governance committee, reporting to the Audit and Risk Assurance Committee as a sub-committee of Trust Board and will act in accordance with Board approved risk and risk tolerance levels when reviewing risks.

The Risk Committee will ensure the identification, evaluation and monitoring of key risks that threaten achievement of the Trust's objectives is carried out. The Committee will

ensure those risks which are strategically significant and need to be brought to the attention of the Trust Board will be escalated to the Corporate Risk Register and included in the Board Assurance Framework (BAF).

The Committee is responsible for reviewing the effectiveness of the processes in place for the development and maintenance of the Board Assurance Framework. Executive Directors are responsible for ensuring that there are appropriate links between the Board Assurance Framework and the Trust's Corporate Risk Register supported by the Risk Committee.

The Risk Committee will not undertake Risk Management functions on behalf of Care Groups, Service Lines and Corporate Departments. The Committee's primary duties are to;

- Champion and promote highly-effective risk management practices, ensuring that the risk management process and culture is embedded throughout the Trust.
- Review Care Group/ Service Line and Corporate Departments compliance with the risk management framework providing the opportunity for escalation of risks where teams have exhausted all mitigation within their control and escalation to the Executive team for support is now required.
- Sub-Committee reporting: Reporting and feedback on core subject matter from clinical and professional committees including Finance and Investment, People & Culture, Audit Committee, Safety & Quality Committee, Health & Safety Committee and Quality Assurance Committee.
- Identify key issues/ risks for potential escalation to the Corporate Risk Register and Board Assurance Framework. The Risk Committee is responsible for authorising the approval of risks onto the Corporate Risk Register.
- Consider the impacts of the BAF of all new corporate Serious (Red) Risks not linking to an existing principal risk, making recommendations about new principal risks to the relevant Committee and/or commissioning deep dives of particular principal risks by Committees. Principle risks with a risk score below 12 will be de-escalated from the Corporate Risk Register, where they will remain flagged as a principal risk. This will ensure that if the Risk rises back up to a score of 12 or higher that the risk is escalated back onto the Corporate Risk Register/ BAF.
- Ensure that appropriate training and support is available to promote strong risk management practice.

Risk & Incident Team

The Risk & Incident Team will support the Risk Committee by providing assurance on the implementation of the Risk Management Policy and the management of the Corporate Risk Register.

- The Risk & Incident Team will provide risk management training and assistance to Care Groups, Service Lines and Corporate Departments to ensure compliance with this policy.
- The Risk & Incident Team will produce monthly Care Group and Corporate Department performance reports to gather assurance that risk management is embedded across the Trust.

Health & Safety Team

The Health & Safety Team are responsible for:

- Reviewing risk registers to ensure that key risks related to health and safety are effectively identified, and, where appropriate, escalated to the Health & Safety Committee.
- Provide expert advice to staff to inform the completion of health and safety related risk assessments and risk management.

Responsible Executive Directors for Corporate Departments

Named Executive Directors for Corporate Departments are responsible for the ownership and management of Serious (Red) Risks within their areas. Including;

- Reviewing and approving all escalated Serious (Red) Risks added to risk registers by their Service Lines.
- Ensuring significant risks which threaten achievement of the Trust's objectives are escalated to the Risk Committee via the Risk & Incident Team.
- Oversee compliance of all Moderate (Amber) Risks raised and owned by Service Lines.
- Ensuring all Moderate (Amber) Residual Risks are appropriately determined.
- Ensuring all risks have an appropriate action plan in place with identified leads and timescales for delivery in order to mitigate risk.
- Monitoring all actions to completion and where appropriate escalating actions that are unable to be completed to the Risk Committee.
- The ongoing maintenance of their Service Line risk registers, ensuring accurate and up-to-date data is held and open risks are subject to regular review and quality assurance.

Care Group Management / Corporate Support Service Teams

Care Group Associate Chief Nursing Officers (ACNOs)/ Associate Director of Clinical Professions (ADCP) working with Care Group Managers, Directors/ Heads of Service, Heads of Nursing/ the Head of Midwifery and Quality Managers are responsible for the ownership and management of Serious (Red) Risks.

Management Teams are responsible for:

- Assessing risks associated with identified hazards at Care Group level, determining ways to eliminate the hazard, or proportionate controls to manage the risk when the hazard cannot be eliminated.
- Reviewing and approving all escalated Serious (Red) Risks added to risk registers by Service Lines.
- Allocating a Care Group level risk owner for all accepted Serious (Red) Risks that remain under the Care Group's ownership.
- Ensuring significant risks which threaten achievement of the Trust's objectives are escalated to the Risk Committee via the Risk & Incident Team.
- Oversee compliance of all Moderate (Amber) Risks raised and owned by Service Lines.
- Ensuring all Moderate (Amber) Residual Risks are appropriately determined.
- Ensuring all risks have an appropriate action plan in place with identified leads and timescales for delivery in order to mitigate risk.
- Monitoring all actions to completion and where appropriate escalating actions that are unable to be completed to the Risk Committee.

- The ongoing maintenance of their risk register, ensuring accurate and up-to-date data is held for their Care Group; ensuring risk registers within the Care Group undergo regular review and quality assurance.

Quality Managers within Care Groups will;

- Support their Care Group and Service Lines with coordination of the reporting and management of risks within the Datix system.

Service Line Management / Corporate Support Service Teams

Service Line Managers working with Service Line Clinical Directors, Matrons and Clinical Governance Leads are responsible for the ownership and management of Low (Green) and Moderate (Amber) Risks.

Management Teams are responsible for:

- Assessing risks associated with identified hazards at Service Line level, determining ways to eliminate the hazard, or proportionate controls to manage the risk when the hazard cannot be eliminated.
- Promoting a culture of risk identification and mitigation to quickly reduce or remove risk.
- Escalating potential Serious (Red) Risks by way of documented risk assessments (approved at service line level) to the Care Group Management team/ Responsible Executive Director for review and final approval.
- Reviewing and approving risks added to Datix by their areas ensuring all identified risks have been appropriately assessed and recorded.
- Allocating a Service Line risk owner for all accepted Moderate (Amber) Risks that remain under a Service Line's ownership.
- Ensuring all risks have an appropriate action plan in place to mitigate risk with identified leads and timescales for delivery.
- Monitoring all actions to completion.
- Ensuring all Low (Green) Residual Risks are appropriately determined.
- The ongoing maintenance of their risk register, ensuring accurate and up-to-date data is held for their areas; ensuring risk registers undergo regular review and quality assurance.

Wards / Departments /Corporate Support Service Managers

Managers are responsible for the identification, recording, assessment and mitigation of risks within their areas. They are also responsible for escalating risks, where appropriate, to their relevant Senior Manager.

Where risks are identified with relevance to other Wards/ Departments and Corporate Support Service Lines, Managers must escalate directly to the appropriate line manager/ supervisor.

All Staff (including Clinical, Corporate Support Service, Contract and Agency staff)

All staff have a personal responsibility to familiarise themselves with this policy and immediately report to their line manager/supervisor any risks that they become aware of and to take all necessary agreed actions to reduce risk.

Staff should be able to raise concerns about issues that may compromise the quality of patient care via their normal line management structure. Where it is felt that this could be difficult these concerns can be raised via the Raising Concerns Policy.

Risk Owners

All risks will have an identified Risk Owner (self-appointed or by agreement with the relevant senior manager) who is responsible for ensuring that the risk is managed, including the ongoing monitoring of the risk, ensuring controls and further actions are in place to mitigate the risk and updating the current risk status.

It is the responsibility of the Risk Owner to escalate risks where appropriate and provide regular reporting on progress into the relevant Care Group or Service Line meetings.

Risk Action Owners

All risks have Action Owner(s), with whom the Risk Owner has agreed the action specifics including target complete dates. The action owner thus has delegated responsibility for ensuring the delivery of a task or activity that will help to mitigate the risk and to provide regular reporting on progress.

4 Risk Management Process

A summary of the Trust's risk management policy is illustrated in Annex 1.

Risk Management is about continuously asking the following questions:

Context – What is the objective or goal we wish to achieve?

Identify – What are the risks that are associated with that objective or goal?

Analyse – What is the impact and likelihood?

Evaluate – What is the capacity and tolerance of the organisation and which are those that need most attention?

Treat – What do we do to deal with, or how do we respond to the risk?

Risk Identification

Risk assessments can be undertaken through a specific planned process at Corporate, Care Group or Service Line level. It is, however, essential for us all to be alert to risks on an ongoing basis to ensure that we respond promptly to any emerging issues.

The risk wheel detailed in Annex 2 is a useful tool which can be used to identify different perspectives through which risk can arise in the organisation.

The types of risk which should be identified are as follows:

- Risks to providing patients services which do not meet national quality standards, as defined by the Care Quality Commission (CQC) as safe, effective, caring, responsive to people's needs and well-led.
- Risks to providing staff with a safe and rewarding work environment.
- Risks to the Trust achieving its broader operational and financial objectives and managing its reputation.

Should there be a situation where immediate action is required and the required action has been taken, then this does not need to be recorded on the risk register. All risks that cannot be addressed immediately should be recorded on Datix.

Risk Assessment

It is vital that all risks are assessed in an objective and consistent manner if they are to be managed, and to guide operational, project and programme planning and resource allocation.

Risks are firstly assessed on the probability (likelihood of the risk happening) and secondly on what would happen (impact) should the risk occur.

When assessing how likely it is that a risk will occur, take into account the current environment. Consider the adequacy and effectiveness of the controls already in place within the environment, which could address the causes of the risk and therefore the likelihood of the risk being realised; for example, systems, policies, training and current practice.

When assessing what the impact of the risk could be if it happened, consider what the impact of the risk would be in most circumstances within your environment and what is reasonably foreseeable.

The assessment is completed by scoring the likelihood and impact. Annex 1 sets out the Trust's risk matrix which are based on a scale of 1-5.

A copy of the Trust's Risk Assessment form can be found in Annex 3.

Risk Registers

Service Line, Care Group, Corporate Support Services risk registers are live records that support safety and sound risk management. They contain all unresolved risks known to services (both clinical and non-clinical). As a minimum, when reporting a risk to Datix, the risk must contain:

- Care Group & Service Line or Corporate Support Service identification.
- Risk Title.
- Risk Type.
- Risk Description.
- Controls currently in place.
- Issues not addressed by current controls – This will form the Risk's action plan.
- Current Risk Assessment.
- Target Risk Assessment.
- Risk Owner.

The risk needs to be described clearly to ensure that there is a common understanding by stakeholders of the risk. The recommended format for risk descriptions is to identify the cause, the event and the effect. The Risk Bow Tie tool found in Annex 4 can be used to better understand the risk and structure risk statements. When wording the risk it is helpful to think about it in three parts and write it using the following phrasing: *'There is a risk that.....this is caused by..... and would lead to an impact/effect on.....'*

Risk scoring

Having identified a risk, the likelihood of the event occurring and the impact of the potential event should be assessed having regard to the impact descriptors in the Risk Matrix found in Annex 1. Having assessed the impact and likelihood, Datix will calculate the risk grading. All risks reported to Datix will have 3 risk scores, as set out below;

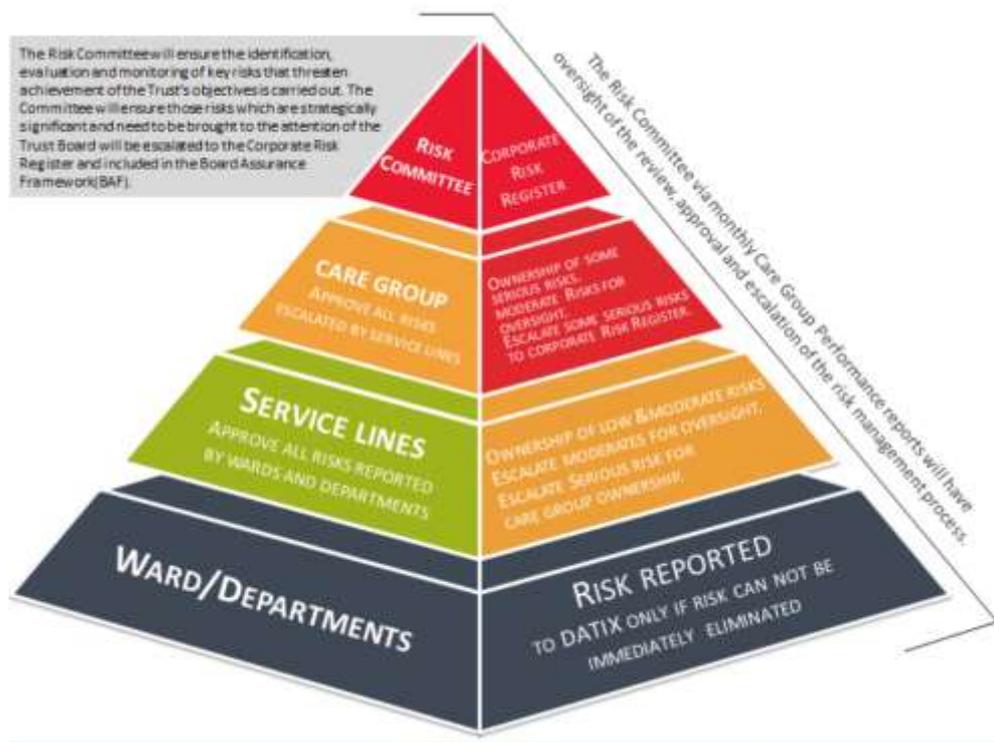
Original Risk Grading	Is the level of risk score when the risk is first noticed and reported to Datix before the effect of any risk mitigation. <i>Whilst reviewing a risk, the original risk grading can be found by selecting 'audit trail' from the menu bar on the left hand side of the Datix screen.</i>
Current Risk Grading	Is the score at the time of the last review. Frequency of ongoing monitoring and reviews is dependent on the seriousness of the risk. The suggested minimum review timescales are set out on page 10 of this policy.
Target Risk Grading	Is the estimated exposure arising from a specific risk after implementing the proposed controls and actions contained in the action plan.

Review, approval and escalation process

All risks added to Datix must be reviewed and approved by the appropriate management teams in line with the escalation processes below.

Escalation will be based on the grading of the risk as illustrated in the below diagrams:

For Service Lines and Care Groups



For Corporate Departments



A further risk escalation procedure can be found in Annexe 2.

It is important to note that the escalation of a risk does not negate the responsibility of the individual, specialty or department to pursue and follow-up identified risks. All groups are responsible for following-up their respective risks and for providing feedback on Datix. The Risk Committee will oversee the operation of the framework and, where appropriate, provide feedback on specific risks.

Action planning

Following completion of the risk assessment, consideration must be given to whether the risk requires further management actions that minimise the likelihood and/or impact of a threat. A risk should be recorded to Datix for each risk that cannot be resolved immediately and an action plan to eliminate, minimise or accept the risk is required. The actions must be recorded on Datix together with a target risk grading following completion of the action plan.

The Risk Owner must assign an appropriate Risk Action Owner(s) who understands the required action and is capable of delivering the required outcome. The Risk Owner and Risk Action Owner(s) will agree the detail of the mitigating action and the due date(s). The Risk Action Owner will update on progress via the risk register and the Risk Owner must:

- Review the progress of all mitigating actions.
- Ensure completed actions are recorded as an existing control.

- Record the review by entering review date and amend current risk grading appropriately.

It is not always possible to identify and then fully implement actions that eliminate or minimise a risk. Where this is the case, it is essential the significance of the remaining risk is understood and the Trust confirms it is prepared to accept that level of risk (as set out below). This is known as the residual risk. Residual risks must be kept recorded on the risk register and will be subject to ongoing monitoring.

Risk Grading	Residual Risk Acceptance by:
Low (Green) Risks	Service Line Management Team
Moderate (Amber) Risks	Care Group Management Team
Serious (Red) Residual Risks	Risk Committee

Monitoring and closure

Risks must be monitored at the appropriate level in accordance with the review, approval and escalation process. The implementation of the action plan and the level of risk must be kept under review. Frequency of ongoing monitoring and review will depend upon the seriousness of risk. As a minimum this must be:

Risk Grading	Review Timescales
Residual (Accepted) Risks	Annually
Low (Green) Risks (1-6)	6 Monthly
Moderate (Amber) Risks (8-12)	Quarterly
Serious (Red) Risks (15-25)	Monthly

Residual risks must be kept recorded on the risk register and will be subject to ongoing monitoring. Where implementation of action plans is not producing the anticipated results, the risk should be re-assessed and a revised action plan agreed as necessary.

Risk mitigation must not be confused with a risk that has been reduced to a reasonable/tolerable level with the elimination of a hazard. When a risk is mitigated to target it will still require regular reviews. However once all possible actions have been completed and the risk is eliminated, the risk within Datix should be closed.

Management of Trust-wide Risks

Ownership of a risk lies with the person who has primary organisational responsibility for the risk domain. A risk cannot be transferred to a Trust wide risk because other Service Lines outside of the speciality team have not acted or completed their required actions.

Where a risk is under the control of a speciality team but crosses trust-wide Service Lines, the risk should reside in the Service Line in which the speciality team is located on Datix. Risks may be 'owned' by speciality teams but might have actions assigned to a number of other Service Lines.

Where the risk is Trust-wide, agreement should be sought from the Risk Committee for the risk to be added to the Trust-wide risk register and assigned to an Executive Director as the appropriate Risk Owner and an appropriate responsible oversight Committee.

It is important to note that the escalation of a risk does not negate the responsibility of the individual or speciality to pursue risk mitigation and follow up respective risks within Datix as the assigned Risk Owner.

Management of Corporate Risk Register

The Corporate Risk Register is an integral part of the system of internal control and defines risks that cross a number of Care Groups or Service Lines or Corporate Support Services which may impact on the Trust's ability to deliver its objectives. The Corporate Risk Register enables Trust Board to be assured of the management of these risks and the Risk & Incident Team will oversee these risks on behalf of the Trust.

Care Groups and Trust Board Sub-Committee Chairs are responsible for ensuring significant risks which threaten achievement of the Trust's objectives are escalated to the Risk Committee for approval for inclusion on the Corporate Risk Register and included in the Board Assurance Framework (BAF).

Principle risks with a risk score below 12 will be de-escalated from the Corporate Risk Register, where they will remain flagged as a principal risk. This will ensure that if the Risk rises back up to a score of 12 or higher that the risk is escalated back onto the Corporate Risk Register/ BAF.

5 Overall Responsibility for the Document

The Risk & Incident Manager accountable to the Risk Committee is responsible for developing, implementing and reviewing this policy.

6 Consultation and Ratification

The consultation and dissemination plan is shown in Annex 6.

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as three years from the date it was last ratified, or earlier if development within, or external to, the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed and approved by the Risk Committee and ratified by the Audit and Risk Assurance Committee.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated owner. These must be ratified by the Chief Nurse and should be reported retrospectively to the Risk Committee.

Significant reviews and revisions to the documents will include a consultation with named groups or individuals across the Trust. For non-significant amendments, informal consultation will be restricted to members of the Risk Committee

7 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director or Corporate Business and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring Compliance and Effectiveness

The Trust recognises the importance of reviewing and monitoring compliance with this framework. The following table summarises the review and monitoring arrangements.

Who	Description	Frequency
Risk Committee	<p>The Risk Committee will generate assurance that risk management is embedded across the Trust via monthly reporting.</p> <p>The fundamental expectations of Care Groups and Service Lines for delivering effective risk management include;</p> <ul style="list-style-type: none"> • Risk Owners are assigned to all reported risks on Datix. • Risks are being appropriately escalated for ownership in accordance to their severity. • All reported risks have action plans with assigned Action Owners. • All actions are completed within target date. • Risks and risk registers are being appropriately reviewed in accordance to their severity. • Where implementation of the action plan is not producing the anticipated results, the risk should be re-assessed and a revised action plan agreed as necessary. • Risks are closed on Datix, once all possible actions have been completed and the risk is eliminated. • Generic learning from closed risks is shared Trust-wide. • Residual Risks have been appropriately determined. 	Monthly
Internal Audit	<p>Internal audit will conduct an annual independent audit of compliance with this framework. The results of this review will be reported to the Audit Committee. The Director of Corporate Business will respond to any recommendations for improvement. Where appropriate, these will be followed-up by the Audit Committee.</p>	Annual

A formal review, update and ratification of the Risk Management Policy will occur no less than every three years.

Training needs analysis

Risk Management training will be provided to ensure that the Trust maintains appropriately skilled and risk-aware senior managers and staff. Staff who should complete this training includes;

- All members of Care Group and Service Line / Corporate Department Management teams
- All Ward Managers and Departmental Leads, in order to carry out their responsibility for managing their departmental risk register
- Any other identified staff member who has been nominated to support the risk assessment process within their department

The training needs assessment and delivery framework will be monitored and kept updated by the Risk & Incident Team.

The Risk & Incident Team will oversee the provision of Risk Management Training to staff which may include more specific training in areas such as Health & Safety risk assessments and Datix.

The Health & Safety Team are responsible for providing specialist risk assessment training to staff where necessary.

The Performance Team will provide ad hoc training as required to any staff requiring assistance with the use of the Datix system.

9 References and Associated Documentation

None.

1. WHAT IS RISK MANAGEMENT?

Risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed. A risk is the threat that an event or action will adversely affect the ability to achieve our objectives.

2. WHY IS IT SO IMPORTANT?

Failure to effectively identify and address issues at an early stage can lead to unnecessary adverse events affecting patient safety, staff welfare or the Trust's performance. Prevention is better than cure!

3. WHO IS RESPONSIBLE FOR IT?

Everyone! It is essential that we all remain alert to issues which may have a negative impact on patients, staff or the Trust. We must also take personal responsibility for reporting such issues and acting upon them.

4. HOW DO I IDENTIFY & MANAGE RISKS?

IDENTIFY

How should I identify risks?

Risk assessments can be done through a specific **planned** process at Corporate, Care Group or Service Line level. It is, however, essential for us all to be alert to risks on an **ongoing** basis to ensure that we respond promptly to any emerging issues.

What types of risk should I identify?

- Risks to providing **patients** with safe, effective or personal care.
- Risks to providing **staff** with a safe and rewarding work environment.
- Risks to **the Trust** achieving its broader operational and financial objectives.

What specific issues should I consider?

- Have you **observed** any practice or behaviour which creates a risk for patients, staff or the Trust?
- Do you have **information** which indicates that there may be risks for patients, staff or the Trust?
- Are you aware of any **incidents** where appropriate action hasn't been taken to prevent a recurrence?
- Have you received any **feedback** or complaints from patients or staff which haven't been adequately addressed?

ASSESS / RECORD

All risks that cannot be addressed immediately should be recorded on Datix. Having identified a risk, the **impact** and the **likelihood** of the potential event needs to be assessed having regard to the descriptors set out in the following table.

		Impact				
		Insignificant	Minor	Moderate	Severe	Catastrophic
		Patients Minimal impact on patients.	Patients Minor injury or harm to patient(s) requiring minimal to clinical intervention.	Patients Moderate injury or harm to patient(s) requiring clinical intervention.	Patients Serious or permanent harm to patient(s).	Patients Avoidable death of patient(s).
		Staff Minimal impact on staff.	Staff Temporary staffing issues resulting in increased pressure on staff and challenges in maintaining service quality.	Staff Short-term staffing issues resulting in low staff morale or restrictions to service quality.	Staff Medium-term staffing issues resulting in very low morale or significant reduction in service quality.	Staff Long-term staffing issues resulting in poor morale, staff welfare issues or fundamental reduction in service quality.
		Trust Day-to-day operational challenges.	Trust Temporary restriction to service delivery with limited impact on stakeholder confidence.	Trust Short-term failure to deliver key objectives with temporary term adverse local publicity.	Trust Medium-term failure to deliver key objectives with ongoing adverse publicity or negative impact on stakeholder confidence.	Trust Continued failure to deliver key objectives with long-term adverse publicity or fundamental loss of stakeholder confidence.
Likelihood	Almost Never This probably will never happen/recur.	1	2	3	4	5
	Unlikely Do not expect it to happen/recur, but it may do so.	2	4	6	8	10
	Likely Might happen or recur occasionally.	3	6	9	12	15
	Highly Likely Will probably happen/recur, but is not a persisting issue or circumstance.	4	8	12	16	20
	Almost Certain Very likely to happen/recur, possibly frequently.	5	10	15	20	25

MITIGATE / ESCALATE

When is action required?

An action plan is required to mitigate all risks that cannot be resolved immediately. The actions must be recorded on Datix.

How do I escalate high risks?

Escalation will be based on the grading of the risk as illustrated in the diagram below.



It is important to note that the escalation of a risk does not negate the responsibility of the individual or governance group to pursue and follow-up identified risks.

How are risks reviewed and followed-up?

Care Groups and Service Lines are responsible for reviewing their risks on a regular basis. The Trust Management Executive will review serious risks as part of its regular performance review programme with Care Groups.

UHPNT Risk Wheel

Different perspectives through which risk could arise in the organisation.

Use the risk wheel as a checklist to ensure that risk identification is comprehensive.



(HEALTH AND SAFETY) RISK ASSESSMENT (AND SAFE SYSTEM OF WORK / SOP)

For help in completing this form please contact the Health & Safety Team on plh-tr.Health-SafetyTeam@nhs.net

To be used for the Assessment of risks in line with the Risk Management Policy, DATIX User Guides, Health & Safety Policy and Trust wide Policies and Procedures. All manual handling risks should be referred to manual handling key worker or Manual Handling team

Care Group		Risk Assessor	
Service Line		Approving Manager	
Location		Specialist Advisor	
Location exact			
Date of Assessment			

Refer to Risk Management Policy for further guidance

(1) Description or location The description of the task or activity being assessed	
(2) Hazard(s) Identified A hazard is anything that may cause harm	
(3) Identified Risk Decide who might be harmed and how	
(4) Control Measures The precautions are control measures put into place to remove a hazard or control the remaining risk(s) from a hazard. Record your findings and implement them (at the time of the assessment)	
(5) What issues are not addressed by these controls? Actions required reducing risk to an acceptable level. <i>(Review your risk assessment and update if necessary)</i>	

Refer to attached Matrix for further guidance [tick relevant box(es)]

For each risk complete following information

Risk No. 1

Adequacy of Controls in Place	Tick
Controlled (Risk is controlled as much as reasonably practicable)	
Partially Controlled (There are controls in place but more needs to be done)	
Uncontrolled (There are no controls in place to prevent this risk from being realized)	

Likelihood Score for each identified risk	Score	Tick
Almost Never - highly unlikely, but may occur in exceptional circumstances. It could happen but probably never will	1	
Unlikely - Not expected but there's a slight possibility it may occur at some time.	2	
Likely - The event might occur at some time as there is a history of casual occurrence at the Trust or within the NHS	3	
Highly Likely – There is a strong possibility the event will occur as there is a history of frequent occurrence at the Trust or within the NHS	4	
Almost Certain – The event is expected to occur in most circumstances as there is a history of regular occurrence at the Trust or within the NHS	5	

Impact Score	Score	Risk to Patients	Risk to Staff	Risk to Business	Risk of Harm
Catastrophic, Death	5				
Severe, Permanent harm	4				
Moderate harm	3				
Minor harm	2				
Insignificant minimal Harm	1				

Risk score = Likelihood x Impact (highest recorded impact)	tbc
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Risk No. 2 (delete if not required)

Adequacy of Controls in Place	Tick
Controlled (Risk is controlled as much as reasonably practicable)	
Partially Controlled (There are controls in place but more needs to be done)	
Uncontrolled (There are no controls in place to prevent this risk from being realized)	

Likelihood Score for each identified risk	Score	Tick
Almost Never - highly unlikely, but may occur in exceptional circumstances. It could happen but probably never will	1	
Unlikely - Not expected but there's a slight possibility it may occur at some time.	2	
Likely - The event might occur at some time as there is a history of casual occurrence at the Trust or within the NHS	3	
Highly Likely – There is a strong possibility the event will occur as there is a history of frequent occurrence at the Trust or within the NHS	4	
Almost Certain – The event is expected to occur in most circumstances as there is a history of regular occurrence at the Trust or within the NHS	5	

Impact Score	Score	Risk to Patients	Risk to Staff	Risk to Business	Risk of Harm
Catastrophic, Death	5				
Severe, Permanent harm	4				
Moderate harm	3				
Minor harm	2				
Insignificant minimal Harm	1				

Risk score = Likelihood x Impact (highest recorded impact)	tbc
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Add additional risks as required (add as necessary)

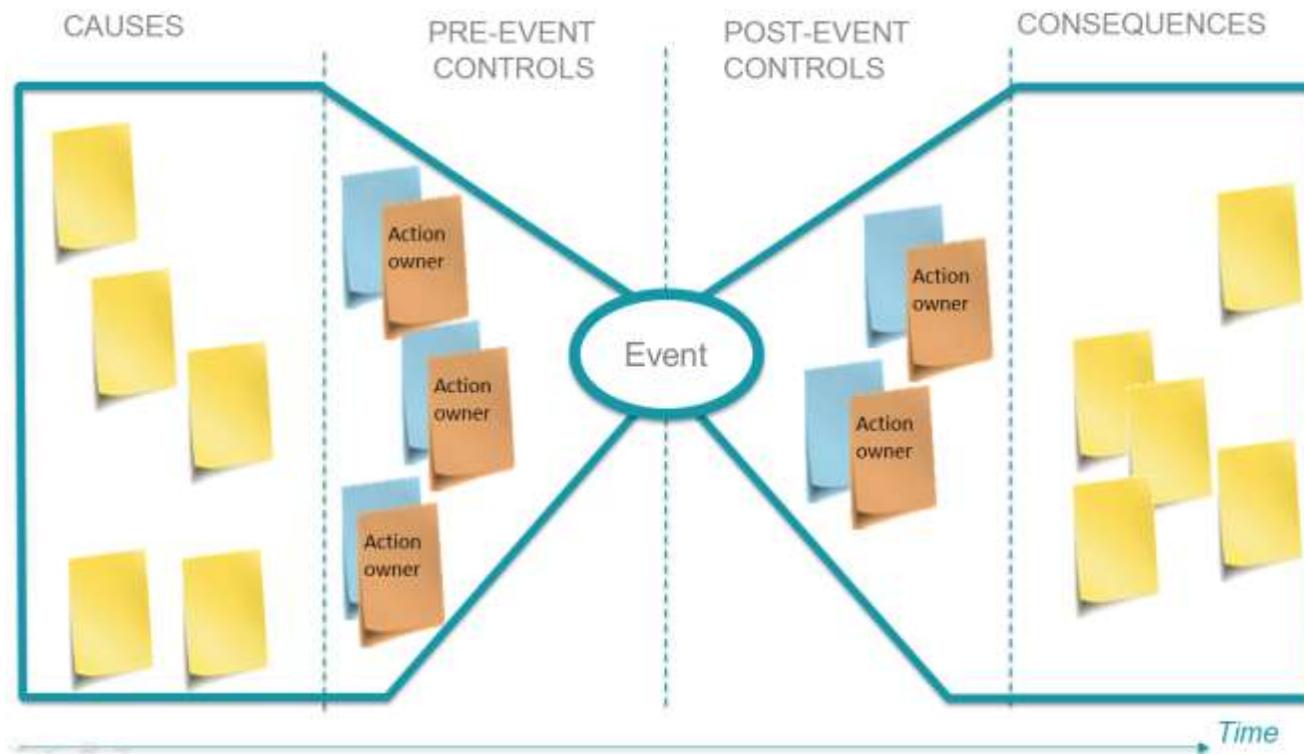
For all above risks that cannot be addressed immediately by Care Group/Service Line these should be recorded on DATIX (see Risk Management Policy)

Added to Risk register	Y / N	Date	tbc	Datix Risk ID	tbc
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RISK ASSESSMENT GUIDANCE STEPS

<p>1 Description or location</p> <p>The description of the task or activity being assessed</p>	<ul style="list-style-type: none"> • Task or activity being Risk Assessed
<p>2 Hazard(s) Identified</p> <p>A hazard is anything that may cause harm</p>	<ul style="list-style-type: none"> • Consider Task/Procedure (what could cause harm) • Ask competent colleagues for their view • Walk around your workplace look for significant hazards • Look at datix incident records if necessary • Think long term (manual handling, PPE etc) as well as immediate • List identified hazards in Risk assessment
<p>3 Identified Risk</p> <p>Decide who might be harmed and how</p>	<ul style="list-style-type: none"> • Staff, patients, visitors and others • Do this for each identified hazard • Consider for example: patients, visitors, people working in area, clinical staff, cleaning staff, porters, persons with particular requirements e.g. new & young people, people with disabilities
<p>4 Control Measures</p> <p>The precautions are control measures put into place to remove a hazard or control the remaining risk(s) from a hazard. Record your findings and implement them (at the time of the assessment)</p>	<p>Having spotted the hazards, you then have to decide what to do about them.</p> <p>The law requires you to do everything 'reasonably practicable' to protect people from harm</p> <p>You can work this out for yourself, but the easiest way is to compare what you are doing with good practice</p> <p>Consider what you are already doing, what controls do you have in place? Is there more you can do:</p> <ul style="list-style-type: none"> • Can you remove the hazard altogether? • If not, how can you control the risks so that harm is unlikely? <p>Apply controls in the following order:</p> <ul style="list-style-type: none"> • Eliminate the hazard. Stop the procedure • Substitute i.e. change use of chemical, or process • Physical separation of person from hazard • Use competent trained staff and provide information, instruction and training to undertake task safely • Record giving of information/instruction/training • Written standard operating procedure – or permits to work • Appropriate warning signs • Appropriate personal protective equipment
<p>5 What issues are not addressed by these controls?</p> <p>Actions required reducing risk to an acceptable level. <i>(Review your risk assessment and update if necessary)</i></p>	<ul style="list-style-type: none"> • Record on the Risk Assessment • Keep it simple! <p>e.g. Hazard - tripping over rubbish</p> <p>Control measures - bins provided, staff instructed, weekly checks</p> <ul style="list-style-type: none"> • Make sure staff have seen the risk assessments • Prioritise – tackle the most important things first <p>Set a date for the next review, but don't forget that the environment might change in the meantime.</p> <p>For example:</p> <ul style="list-style-type: none"> • Further Actions Required to Reduce Risk to an Acceptable Level • When you introduce new equipment, new staff, new substances or procedures <p>When an incident occurs, staff member's idea or technological development might indicate a better control</p>

A risk bow-tie can be simple or complex. Used to better understand a risk (causes, consequences and controls).



1. Add Event in the centre box – State the risk and context for the risk
2. List causes in the left-hand section
3. List consequences in the right-hand section
4. Then think about the control measures – Proactive (Pre-event) and Reactive (Post-event) controls.
5. Then draw the links between the proactive controls and causes
6. Draw the links between the reactive controls and consequences
7. Look for ‘orphans’ – causes or consequences with no controls & ‘killers’ – a control that has many causes
8. Decide which of the controls are in place (those are controls) and those that are not in place (those are actions)
9. Decide your level of confidence in the controls – Giving assurance to Risk Owner that the risk is manageable
10. Allocate an action owner to the actions and put in place an action plan. Highlighting the simple elegant solutions (killer controls/ actions).

Please see supporting Escalation Procedures for Corporate Departments and Service Lines & Care Groups.

Dissemination Plan			
Document Title	Risk Management Policy		
Date Finalised	October 2021		
Previous Documents			
Action to retrieve old copies	To be managed by the Information Governance Team.		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Daily Email	Information Governance Team
Care Group & Service Line Management Teams	Following ratification from the Risk Committee	Via email	Risk & Incident Manager

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Date	October 2021
Title	Risk Management Policy
What are the aims, objectives & projected outcomes?	The Risk Management Policy specifies the Trust's philosophy, approach and lines of accountability for the management of risk.
Scope of the assessment	
The document has been circulated with the accompanying Equality Impact Assessment to all Executive Directors, Directors and Heads of Department. The document has been compiled in line with CQC and NHSLA requirements.	
Collecting data	
Race	The document has no impact in this area.
Religion	The document has no impact in this area.
Disability	The document has no impact in this area.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	The document has no impact in this area.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders				
Internal involvement and consultation	This policy has been compiled by the Risk & Incident Manager. The policy has been circulated for consultation to members of the Risk Committee.			
External involvement and consultation	This policy has been developed with reference to the practices of other NHS Trusts and the 2012/13 NHSLA Risk Management Standards for NHS Trusts.			
Impact Assessment				
Overall assessment and analysis of the evidence	This assessment has shown that there is no anticipated impact on race or disability groups.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
None	-	-	-	-