RISK MANAGEMENT PROCEDURE

<table>
<thead>
<tr>
<th>Policy No</th>
<th>RM 014</th>
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<tbody>
<tr>
<td>Date Ratified</td>
<td>January 2009</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>January 2013</td>
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Policy Statement/Key Objectives
Describes the process for identifying, assessing and monitoring all types of Risks

Accountable Director: Director of Nursing

Author: Head of Risk Management
<table>
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<tr>
<th>Subject</th>
<th>Risk Management Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable to</td>
<td>All Staff</td>
</tr>
<tr>
<td>Key Issues</td>
<td>Describes the process for identifying, assessing and monitoring risk of all types</td>
</tr>
<tr>
<td>Date Issued</td>
<td>January 2009</td>
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<td>Dates Policy reviewed</td>
<td>January 2009</td>
</tr>
<tr>
<td>Next review due date</td>
<td>January 2012</td>
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</tbody>
</table>
| Policy written by | Liz Hartley  
Head of Risk Management |
| Consultation | Health and Safety Committee  
Network Directors and EMT Governance |
| Policy reviewed by: | Senior Management Team |
| Lead responsible for policy | Director of Nursing |
| Monitoring arrangements | Review of risk assessment and Risk Register reports to Trust committees, via the annual Risk Management Report |
| Approved by | S.M.T. Policy and Governance |
| Authorised by | SMT Policy & Governance |
| Signature | Patrick Sullivan  
Director of Nursing |
| Related procedural documents | - Risk Management Strategy  
- Incident Reporting and Management Procedure including the Management of Serious Untoward incidents  
- Complaints Procedure  
- Health & Safety Procedure  
- Whistle Blowing Policy  
- Lone worker policy  
- Claims Handling Procedure  
- Manual handling policy  
- Procedure for the management and prevention of slips, trips and falls  
- Procedure for management of work related stress  
- Management of Violence and Aggression policy  
- Policy and procedure for the prevention and management of Slips Trips and Falls |
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1. **Introduction**

Whilst every member of staff employed by Lancashire Care Foundation NHS Trust (LCFT) is responsible for the identification and management of risk appropriate to their own role, the overarching accountability and responsibility for risk management lies with the Chief Executive and Trust Board.

Each year the Chief Executive is required to sign a Statement of Internal Control (SIC) as part of the statutory accounts and annual report. The SIC is the mechanism through which the Department of Health and all NHS organisations provide the public assurance that:

- The principal risks to the achievement of the organisation’s objectives are identified
- The nature and extent of the risks are evaluated
- Governance arrangements across the organisation are sound

To be able to sign off the SIC, the Chief Executive and Trust Board need to be confident that the systems, policies and people they have put in place are operating in a way that is driving the delivery of normal and local objectives by focusing on minimizing the risk. To do so the Trust Board and its sub-committees need to be able to demonstrate that they have been informed of all risks; strategic, financial, clinical and non-clinical, that face the Trust and that there are appropriate risk treatment plans in place to mitigate and reduce the risk. The risk management process will ultimately ensure that the Trust delivers high quality patient care, a safe environment for all service users, carers, staff and stakeholders, protects the reputation of the Trust, minimises loss and maximises opportunities.

The procedure does not cover clerical risk assessments of service user, for specific Health and Safety Risk assessments such as Display Screen Equipment assessment, Moving and Handling if assessment of new and expectations matters.

2. **Purpose**

The purpose of this procedure is to provide clear instructions on how to identify hazards and the process for managing these hazards, with regard to risk assessment. This will enable the Trust to actively develop priorities and follow a consistent approach to all risk assessments. It will support the implementation of the Trust's Risk Management (managing and monitoring) Strategy by:

- Providing a consistent approach to managing all risks that exist in the Trust and the actions necessary to reduce each risk
- Populating a Trust-wide Risk Register that is contributed to by all Networks and Corporate Services
- Outlining roles and responsibilities for the assessing and reporting of all risks

3. **Definitions**

**Controls:** The available systems and processes that help minimise risk.

**Consequences:** The impact or outcome of a risk, on a scale of 1 - 5.
Risk Management Procedure

Likelihood: The probability of a risk occurring or recurring, on a scale of 1 – 5

Hazard: Anything with the potential to cause harm to a person or the organisation.

Risk: Likelihood of exposure to the hazard and therefore the chance of injury, ill health, harm, or loss. It may include substances, equipment, clinical/work practices and proposed business plans.

Risk assessment: Process for assessing all risk that arises out of or in connection with any workplace activity including health care.

Risk grading: Each risk is graded as part of the assessment, using a 5 x 5 matrix, which provides a risk graded from low (green) to extreme (red). It is the product of likelihood x severity.

Risk acceptability: The risk grading will identify the appropriate level of management for the acceptability of the risk.

Residual risk: The remaining risk that exists following the implementation of a risk treatment plan or additional control measures to reduce the risk.

Risk treatment / action plan: A plan that is put in place to reduce/eliminate or manage an identified risk.

Risk register: A register of all assessed risks, which contains details of the risk, controls, risk grading, summary of action plan and current progress towards the reduction of the risks.

4.0 Duties
4.1 Chief Executive:
   - Overall responsibility for Corporate Governance, including Risk Management and, based on assurances provided, is required to sign the Statement of Internal Control (SIC) on behalf of the Trust

4.2 Executive Directors:
   - Identifying the risks associated with delivering the Trust’s strategic objectives and recording them on the Board Assurance Framework as outlined in the Risk Management Strategy
   - Developing, implementing and monitoring risk treatment plans for the management of strategic risks
   - Ensuring assurance is provided for all strategic risks on the assurance framework
   - Appraising / approving residual risk scores of 15 or above based upon the implementation of the risk treatment plans
   - Identifying adequate resources in terms of finance and personnel to effectively manage risk.
Referring to Trust Board any risks which cannot be managed and may cause the Trust significant exposure to the Trust

4.3 **Director of Nursing:**
- Providing assurance to the Trust Board and Audit Committee that a process for the management of risk is in place within the Trust

4.4 **Head of Risk Management:**
- Overall management of the Trust Risk Register
- Ensuring that the corporate risk register is a live document and is altered to reflect changes in risk profiles
- Providing monthly reports to EMT Governance of all risks graded 15 - 25
- Providing risk register reports to Trust committees as and when required
- Auditing and monitoring compliance with this procedure
- Providing assurance to EMT Governance of compliance with this procedure via the Risk Management annual report

4.5 **Network Directors:**
- Ensuring that risk assessments are undertaken and that adequate resources in respect of time, financing, personnel and support are available
- Ensuring risks are identified pro-actively and re-actively
- Approving all risks with a risk grading of 15, or above, relevant to their Network prior to inclusion on the risk register and notifying the Head of Risk Management of these risks
- Approving the risk treatment / action plan for risks graded 15 or above
- Ensuring arrangements are in place for reviewing the development and implementation of risk treatment plans pertaining to their Network
- Communicating identified risks to staff and other local stakeholders
- Ensuring the Network Risk Register is a living document and risks graded 15-25 are reviewed at every Network Governance Group
- In conjunction with Executive Directors approving residual risks graded 15 or above

4.6 **Assistant Network Directors/Operational / Service Managers:**
- Approving all risks and risk treatment plans with a risk grading of 8 -12 relevant to their Network prior to inclusion on the network risk register
- Ensuring risks are identified both pro-actively and re-actively
- Ensuring realistic review dates for the review of risks and ensuring risk assessment documentation is updated on Datix
- Ensuring that reasonably practicable measures are taken to reduce risk, recognising resources and financial restriction
- Ensuring all issues relating to risk assessment are communicated through line management systems
- Ensuring all risk treatment plans are kept up to date for risks graded 8 - 12

4.7 **Ward / Department Managers / Team Leaders / Modern Matrons:**
- Ensuring that risks within their area of responsibility are identified both re-actively and pro-actively
• Seeking advice from the Trust Specialist when required to assist with the Risk Management Process
• Approving risk and risk treatment plans with an initial risk rating of 1-6
• Ensuring all documentation/information relating to their identified risks is updated on Datix
• Ensuring that the risk register relevant to their workplace is communicated to new staff through local induction and is included as a standing agenda item at ward/department/team leaders meetings

4.8 Competent Health & Safety (H&S) Officers:
• Competent H&S officers who are nominated by their Union may assist the ward manager/department head to undertake an annual H&S Risk Assessment of the workplace

4.9 Risk Advisor:
• Assisting with the risk identification process and the development, implementation and monitoring of the risk treatment plans
• Ensuring the Network risk registers are a living document and are altered to reflect changes in the risk profiles
• Providing risk register reports to the Locality Risk Groups on a quarterly basis

4.10 Employees:
• Identifying hazards which may cause harm to another individual or to the organisation
• Assisting line managers to complete a risk assessment
• Supporting their line manager to reduce risk within their workplace
• Being aware of all risks identified within their workplace

4.11 Trust Board:
• Ensuring that there is a clear and appropriate management structure that enables risks to be identified and decisions to be taken at an appropriate level
• Understanding the risks to achieving its objectives and actively re-assessing and monitoring
• Monitoring its key risks via the Trust Board Assurance Framework on a quarterly basis
• Receiving assurance via monthly Governance Reports from the Director of Nursing of all new risks graded 15 – 25 and the progress towards the implementation of the associated risk team plan
• Receiving information of all risks with a residual risk of 15 – 25
• Receiving and discussing the corporate risk register on a six monthly basis

4.12 EMT Governance
Has delegated responsibility for risk management and is responsible for:
• Receiving a monthly report from the Head of Risk Management of all risks graded 15 or above
• Agreeing the risk description, amending or approving the risk rated score
• Deciding if any operational risks graded 15 – 25 should be escalated to the Board Assurance Framework
• Receiving reports via Network Governance Groups that their risk registers are reviewed and progress against risk treatment plans is monitored
• Receiving assurance via the Risk Management annual report of compliance with this procedure
• Monitoring the action plan for outstanding issues which addresses non-compliance with this procedure
• Discussing and agreeing the prioritisation of allocation of resources according to the greatest risk reduction occurring from the least cost
• Providing the Trust Board with details of all risks graded 15 or above and assurance that the risks are being managed
• Agreeing and documenting reasoning for approval of residual risk rating 15 or above

4.13 Network Governance Groups
• Receiving and monitoring all risk graded 15 -25 on a monthly basis
• Receiving and reviewing a quarterly report from the Locality Risk Groups of all risks relevant to their Network
• Providing assurance to EMT Governance that risks are being managed
• Informing EMT Governance of any risks with a residual risk rating of 15 - 25, which cannot be reduced any further

4.14 Locality Risk Groups
• Reviewing and monitoring all risks graded 8 – 12 on a quarterly basis
• Reviewing all new risks to the Network at each monthly meeting
• Agreeing and approving risk treatment plans for risks graded 8 -12
• Approving residual risks with a residual rating of 8 -12
• Reviewing the whole network risk register at least every six months
• Providing assurance to the Network Governance Groups via a quarterly report of issues relating to the risk register

4.15 Corporate Committees e.g. H & S, Infection Control, Resuscitation, Drugs & Therapeutic, IMT Strategy Group Project Estates have a responsibility for:
• Reviewing and monitoring all risks identified as Trust wide risks on a quarterly basis
• Providing assurance to EMT Governance that risks are being monitored and reviewed
• Informing EMT Governance of any risk with a residual risk grading of 15- 25 which cannot be further reduced
• Identifying risks related to their speciality, developing, and monitoring, risk treatment

5.0 Process for Assessing Risk

5.1 Purpose and benefits
A risk assessment is nothing more than a careful examination of what, in the work place, could cause harm to people or the organisation if carried out so that you can weigh up whether or not enough precautions have been taken or whether more must
be done to ensure that no one gets hurt, becomes ill or the business of the Trust is effected.

The purpose of risk assessment is to provide a systematic and methodical tool for identifying all types of risks associated with non compliance with legislation, clinical risks, strategic, and financial duties, removing them where possible or otherwise adopting all the control measures and precautions that are reasonable and practicable in the circumstances.

5.2 There are 5 simple steps to the risk assessment process

Figure 1 identifies the 5 steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Identify the hazards (what can go wrong?)</td>
</tr>
<tr>
<td>Step 2</td>
<td>Decide who might be harmed and how. (What can go wrong? Who is exposed to the hazard?)</td>
</tr>
<tr>
<td>Step 3</td>
<td>Evaluate the risks, (how bad? how often?) and decide on the precautions (is there a need for further action?)</td>
</tr>
<tr>
<td>Step 4</td>
<td>Record your findings, proposed action and identify who will lead on what action. Record the date of implementation. Communication of risk to all relevant staff</td>
</tr>
<tr>
<td>Step 5</td>
<td>Review your assessment and update if necessary.</td>
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</table>

(adapted from National Patient Safety Agency – 2007)

**Step 1 - identify the hazard (what can go wrong?)**

To prevent harm it is important not only to consider what is likely to go wrong but also how and why it may go wrong. Consider the activity within the context of the physical and emotional environment, and culture of the organisation, and the staff who perform the activity.

Take into account things that have gone wrong in the past and near miss incidents. Learn from the past situations; consider outstanding issues from audits, external visits to the organisation. Appendix 1 provides details of sources of risk to consider.

When undertaking initial risk assessments of wards/departments it may be appropriate for a multi-disciplinary team to identify the risk and complete the risk assessment tool.

It is suggested that the assessment team may include: Ward/department manager / team leader
• Representative from the Risk Management Team
• Clinical staff (from different disciplines and grades)
• Ancillary staff e.g. administrative support, porters and domestics
• Representative from Clinical Governance
• Staff side safety representative
• Service user/carer
• Representative from Corporate Services e.g. Human Resources
• Information & Technology or Infection control
• Appropriate stakeholders e.g. from local acute trust which provides a service via a service level agreement.

The ward/department manager / team leader should lead the risk assessment. Each team member has an equal opportunity to highlight and discuss identified risks.

**Step 2 – Identify who might be harmed and how (what can go wrong? Who is exposed to the hazard?)**

- Staff
- Service users / visitors / carers
- Young workers, trainees, bank & agency staff, new and expectant mothers who may be at risk
- Contractors
- Members of the public, people who share your workplace
- Lone workers

**Step 3 – Evaluate the risks**
Once you have identified the hazard and described the risks it is important to consider the control measures, which are in place to manage the risk and identify their effectiveness.

Controls could include:

- Examining policies and procedures
- Staff awareness
- Regular monitoring/audits
- Staff training in place
- Patient risk assessment
- Adequate staffing levels

The effectiveness of the controls are described as:-

- **Good** - all control levels are in place to mitigate the risk
- **Adequate** - some control measures are in place, but further controls are required
- **Poor/non existent** - no controls or very few controls are in place, more robust controls are required

Based upon the existing control measures and their effectiveness consider how likely it is that each hazard could cause harm: and the possible consequences of that harm.
The risk assessment matrix based upon the Australian / New Zealand Risk Management Standard AS/NZS 4360:1999, see appendix 2 is used to identify the likelihood and consequence of a risk.

To obtain the risk score multiply consequence x likelihood.

**Step 4 – Record your findings, proposed action and identify who will lead on what action. Record the date of implementation, communication of risk to all staff**

**Recording risk**
During 2009 recording and management of risk assessments via Datix web will be introduced across the Trust. Until this is available, the risk assessment tool, see appendix 3, must be used and forwarded to the Risk Management Team for inclusion on the Datix Risk Management System. Progress against the implementation of the risk action/treatment plan must also be forwarded to the Risk Management Team.

**Developing a risk treatment plan / action plan**
Following the evaluation of a risk the lead manager must consider if any action can be taken to increase the control measures in order to reduce the risk.

In deciding upon the risk treatment / action plan the following must be considered:

- Eliminate the risk
- Reduce exposure to the risk – isolate the risk
- Substitute with something less hazardous
- Introduction of safe systems at work
- Adequate supervision
- Introduction of written procedures
- Training
- Information and instruction
- Use of Personnel Protective Equipment (PPE)
- Purchase new equipment

The above list is not exhaustive but must be considered when developing an action plan.

When devising the action plan it is important to consider if the actions taken will increase the risk in another area.

Identify a lead person to implement the action plan/risk treatment plan, and provide a realistic timescale scale for the achievement of that plan. In some situations actions may be delegated to other staff but the lead person must be responsible for monitoring the action an updating the recording progress against the action.

The progress against the implementation of the risk treatment plan must be recorded on the risk-monitoring tool (see appendix 3) and monitored by the appropriate committee.

- Risks graded up to 6 – monitored at ward / department meetings
- Risks graded 8 – 12 – monitored by Locality Risk Management Groups
- Risk graded 15 – 25 – monitored by Network Governance and EMT Governance

The risk monitoring tool allows for the residual risk grade to be assessed. The residual risk is the risk that remains following the implementation of the risk treatment plan.

Communication
The managers responsible for the identified risk and risk treatment / action plan must inform all relevant staff of the risk.

Acceptable Risk / Residual Risk

An acceptable risk is one which the Trust Board or Network Directors agree, would not threaten the individual's or organisation's survival or its capability to meet its objectives. Deciding what is an acceptable risk or residual risk involves identifying and assessing risks in relation to financial loss, cost, likelihood of occurrence and/or the level of ease or difficulty required to reduce or control the threat that particular risks poses if the individual or the organisation were exposed to it.

As a general principle the Trust will seek to eliminate and control all risk which has a potential to harm its patients, staff, and other stakeholders, which would result in loss of public confidence in the Trust and/or its partner agencies and/or would prevent the Trust from carrying out its functions on behalf of its local residents.

LCFT Board has agreed the parameters of the term ‘acceptable’ risk.
- Residual Risk 1 – 6 can be approved by Ward Managers/ Team Leaders / Modern Matrons. Reports of acceptable risk must be forwarded to the Locality Risk Groups
- Residual Risk 8 –12 are to be approved by the Locality Risk Groups with details provided to the Network Governance Groups.
- Residual Risk 15 –25 can only be approved by Network Directors / EMT Governance. Prior to acceptance of a residual risk score of 15 – 25 the Executive Director / Network Director must have explored all options for reducing the risk, considered the effectiveness of controls which are already in place and sought the advice and agreement of other senior colleagues. If a residual risk cannot be reduced to below 15, EMT Governance will then have the ultimate responsibility of authorising further action to reduce the risk or agreeing acceptance of the risk.

However, the following list identifies areas that would never be deemed to be acceptable.

Any act, decision or statement which would:-
- Result in death, injury or illness
- Contravene the Trust Standing Financial Instructions
- Be illegal and/or breach of legislation
- Result in significant loss of Trust assets or resources
- Constitute wilful contravention of Trust policies or procedures

Date of issues – March 2009
Risk Management Procedure

- Fail to observe key targets and objectives

**Recording of Acceptable Risk**
Where there is agreement that a residual risk score between 8-25 is acceptable there should be a corresponding minute from the committee or group which records that the risk has been discussed and agreement reached with the Executive / Network Director that the residual risk is acceptable.

**Step 5 – Review your assessment and update if necessary.**
Good documentation is important because things are always changing. Research and new developments increase the pace of change, and those changes can alter existing hazards or introduce new hazards.

**Cyclical Process**
A risk assessment programme is cyclical. Once current work place hazards have been successfully controlled the process does not cease. A systematic monitoring and review system must be implemented, as there is always the potential for new hazards to be introduced into a work place.

These hazards can be due to:-
- Use of new technology, equipment and substances
- Implementation of new work practices or procedures
- A change in work environment / moving to a different office, staff reduction etc
- The introduction of new staff with different skills / knowledge level
- Change in legislation

**6.0 Management Responsibility For Different Levels Of Risk**

<table>
<thead>
<tr>
<th>Risk score</th>
<th>Approved by</th>
<th>Reviewed by</th>
<th>Approval of residual risk score</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Ward manager/team leader/modern matron</td>
<td>Ward/team meeting</td>
<td>Ward manager/team leader/modern matron</td>
<td>6 monthly report to locality risk group</td>
</tr>
<tr>
<td>4-6</td>
<td>Ward manager/team leader/modern matron</td>
<td>Ward/team meeting</td>
<td>Ward manager/team leader/modern matron</td>
<td>6 monthly report to locality risk group</td>
</tr>
<tr>
<td>8-12</td>
<td>Assistant Network Director/Operational Service Managers Corporate managers</td>
<td>Locality Risk Groups (quarterly) - corporate committees (quarterly)</td>
<td>Locality Risk Group Corporate Committees</td>
<td>Quarterly report to Network Governance Group Corporate committees report direct to EMT Governance</td>
</tr>
<tr>
<td>15-25</td>
<td>Network Directors/Executive Directors</td>
<td>Network Governance/ EMT Governance (monthly)</td>
<td>Network Directors/EMT Governance</td>
<td>Trust Board/Audit Committee via Assurance Report from EMT</td>
</tr>
</tbody>
</table>
7.0 Process For Ensuring Continual Systematic Approach To Risk Assessments

7.1 Risk Register
The Risk Register is a repository of all risks that threaten the Trust’s success in achieving its’ declared aims and objectives. It is a dynamic living document, which is populated through the Trusts Risk Assessment Process. It enables risks to be quantified and ranked and will be continually altered to reflect the results of the risk treatment plans.

Key components of the risk register

<table>
<thead>
<tr>
<th>Dates</th>
<th>As the risk register is a living document, it is important to record the date that risks are added or modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk location</td>
<td>This identifies the ward / department / network where the risk originates. Risks which are applicable across the Trust will be identified as Trust wide</td>
</tr>
<tr>
<td>Risk source</td>
<td>This records where the risk was identified e.g. audits, risk assessment, non compliance with external sources</td>
</tr>
<tr>
<td>Description of risk</td>
<td>A brief description of the risk referring to the hazard, people and processes involved</td>
</tr>
<tr>
<td>Risk rating</td>
<td>The initial risk assessment score</td>
</tr>
<tr>
<td>Control measures</td>
<td>Brief description of existing controls</td>
</tr>
<tr>
<td>Adequacy of controls</td>
<td>Highlights whether the controls are good / adequate / poor</td>
</tr>
<tr>
<td>Action plan</td>
<td>A brief summary of the action plan</td>
</tr>
<tr>
<td>Lead person</td>
<td>Name of person responsible for the risk</td>
</tr>
<tr>
<td>Residual risk</td>
<td>Level of the risk following the introduction of the action plan to reduce the risk</td>
</tr>
<tr>
<td>Review date</td>
<td>Date for review of the risk</td>
</tr>
</tbody>
</table>

See appendix 4 for the format of the risk register

7.2 Assurance Framework
The Assurance Framework is a high level management assessment process and a record of primary risks relating to the delivery of key objectives and the strength of internal control to prevent these risk occurring. It identifies sources of assurance and evaluates for suitability. It then receives and reviews actual assurances and uses the findings to confirm or modify management opinion of the adequacy of internal control.
7.3 Corporate Trust Risk Register
The corporate risk register will include all risks graded 15 or above. The Head of Risk Management will be responsible for managing the corporate risk register. EMT Governance must review the corporate risk register on a monthly basis. EMT Governance will debate the risk priorities and, for significant risks that cannot be reduced or eliminated, agree to accept the risk or refer for discussion with relevant stakeholders. EMT Governance must also decide if any risks on the corporate risk register should be escalated to the Board Assurance Framework. The Trust Board will be provided with assurance, via a monthly report, of all risks graded 15-25.

7.4 Network / Corporate Directorates Risk Register
Each Network / Corporate Directorate will have a risk register which reflects its’ own risk profile.

The Network Governance Group will review all risks graded 15-25 on a monthly basis. The Locality Risk Management Groups will review risks graded 8 -12 on a quarterly basis or when significant issues arise. The groups will also review the whole network risk register at least every six months.

Corporate Directorate committees will review their risk registers at least quarterly at their appropriate committee /group and will provide assurance to EMT Governance via a report.

7.5 Using Risk Registers in the Management of the Organisation
Risk registers will be used to inform the decision-making processes with in the Trust. Ideally, all decisions, such as changes in policy, procedures or practices, together with resource commitments should result in reduction to risks. This means that proposals to make changes or commit resources, should include references to the effect this may have identified risks.

It is important that decisions are based on accurate risk assessment, including analysis of the potential benefit and that evidence to justify such decisions can be demonstrated.

Equally it is important not to react to solve a perceived risk or problem without adequately reflecting if the action taken would increase risk in another area of the Trust.

When developing the capital programme each year reference must be made to the risk register to ensure that reasonable funding is made available for risk reduction. The risk register should be seen as persuasive when making capital decisions, however other factors should be taken into consideration.

The Executive Network Directors must be able to reference the risk registers into their annual business plans, workforce development plans and cost improvement process in order to work towards a safer healthcare environment.
8. **Recording Risk Assessments**

All risk assessment will be recorded on the Datix Risk Management System. Risk registers will be monitored and updated on Datix as and when changes are made.

9. **Monitoring Compliance**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Time frame / format</th>
<th>How</th>
<th>Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process for assessing / all types of risks</td>
<td>Ongoing monitoring of risk assessments</td>
<td>Review of risks included on the risk register. Recording the source of risk on the risk register</td>
<td>Head of Risk Management</td>
</tr>
<tr>
<td>Assignment of management for different levels of risk within the organisation</td>
<td>Ongoing review of new risks entered on the risk register Quarterly via review of risk assessment and risk registers</td>
<td>Ongoing review will ensure that approval of initial risk score will confirm that managers are approving according to their designated role. Review of risk registers and minutes of committees will monitor compliance of management responsibilities. Details will be included in the Risk Management annual report.</td>
<td>Head of Risk Management</td>
</tr>
</tbody>
</table>

EMT Governance will be provided with assurance of compliance with this procedure on an annual basis via the Risk Management Annual Report.

An action plan will be developed to address issues of non compliance, which will subsequently be monitored by EMT Governance.

10.0 **Equality And Diversity Impact Assessment**

See appendix 5 for the Equality and Diversity Impact Assessment

11.0 **Review**

This procedure will be reviewed every 3 years unless there is a change in legislation or directives from the Department of Health
13.0 Other Related Policies And Procedures
- Risk Management Strategy
- Incident Reporting and Management Procedure including the Management of Serious Untoward Incidents
- Complaints Procedure
- Health & Safety Procedure
- Whistle Blowing Policy
- Lone worker policy
- Claims Handling Procedure
- Manual handling policy
- Procedure for management of work related stress
- Management of Violence and Aggression policy
- Policy and procedure for the prevention and management of Slips Trips and Falls
- Procedure for the investigation of incidents, complaints and claims

14.0 References
National Patient Safety Agency
Appendix 1

The following are examples of hazards/areas of concern:

- Safety & Security of Lone Workers
- Slips, Trips and falls
- Moving & handling of equipment / goods / supplies/ laundry
- Working with Display Screen Equipment
- The working environment
- Hazards to pregnant women and nursing mothers
- Infection control issues
- Waste management issues
- Contractors work activities e.g. window cleaners
- Wheelchairs – maintenance and cleaning
- Sharps injuries
- Working in confined spaces
- Working with substances Hazardous to health
- Working with electro-medical equipment / work equipment

Risk may also be identified from the following sources:

- Environmental
- Slips, trips and falls
- Ligature audits
- Security audits
- Trust influences / reports
- Strategic objectives of the Trust
- Financial risk
- Clinical practice
- Review incidents, complaints / claims
- Serious untoward incidents
- Medical device management
- Infection control
- Child protection
- Records management
- Clinical Governance reviews
- Improving working lives
- Equality and Diversity Schemes
- Medicine management
- Failure to meet Trust policies and procedure
- Findings of clinical audit
- Standards for Better Health
- Healthcare Commission
- Non compliance with Health & Safety legislation
- D.H Directives
- NHSLA assessments
- Patient surveys
- Staff surveys
- Failure to meet NICE guidelines
- Freedom of Information Act
- NCRS programme
- Lessons learnt from other organisations
- Central Alert Broadcasts
- Non compliance with Disability Discrimination Act
## Risk Grading

1) **Consequences of Incident/Risk**

Use this box to identify the appropriate box in each column. The highest-level column indicated determines the overall consequence category.

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
<th>Actual/Potential Impact on Individuals</th>
<th>Actual/ Potential Impact on Organisation</th>
<th>Number of persons affected at one time</th>
<th>Potential for Complaint/ Litigation</th>
<th>Adverse Publicity</th>
<th>Potential Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insignificant</td>
<td>No injury or adverse outcome. No treatment/ intervention required.</td>
<td>No risk at all to the organisation. No reduction/loss of capacity to deliver care or services</td>
<td>One - none</td>
<td>Unlikely to cause complaint. Litigation risk – remote</td>
<td>Awareness limited to individuals within the organisation</td>
<td>Up to £10K</td>
</tr>
<tr>
<td>2</td>
<td>Minor</td>
<td>Short Term Injury/First Aid given.</td>
<td>Minimal risk to the organisation Reduced capacity to deliver case</td>
<td>One – two people</td>
<td>Complaint possible. Litigation unlikely.</td>
<td>Coverage limited to elements within the organisation</td>
<td>£10,000 – £25,000</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>Semi-permanent injury/damage. Moderate increase in treatment Medical treatment required</td>
<td>RIDDO reportable / MHRA reportable Assistance required to deal with reduced capacity to deliver case or services</td>
<td>Small number 3-10</td>
<td>Litigation possible but not certain. High potential for complaint</td>
<td>Coverage throughout the organisation and/or some public coverage.</td>
<td>£0.25m-£0.5m</td>
</tr>
<tr>
<td>4</td>
<td>Major</td>
<td>Permanent injury <strong>Loss of body part, Mis-diagnosis, poor prognosis.</strong> Injury to individual not life threatening but actually jeopardise the well being of the patient. I.e. allegations of abuse, serious medication errors, AWOL</td>
<td>Service closure, Temporary loss of capacity to deliver care or services managed in-house due to inappropriate staffing levels, damage to Trust premises Intermittent failure to meet professional standards and/or statutory requirements</td>
<td>Moderate number - e.g. loss of specimens 16-50 e.g. outbreak of infection</td>
<td></td>
<td>Extensive local coverage and widespread NHS coverage</td>
<td>£0.5m-£1m</td>
</tr>
<tr>
<td>5</td>
<td>Catastrophic</td>
<td>Death or cause serious harm that may place on individuals life in jeopardy i.e. suicide or homicide</td>
<td>National adverse publicity NHS investigation Extended closure of service Severe loss of confidence in the organisation Sustained failure to meet national professional standard and/or statutory requirements.</td>
<td>Many evacuations etc Over 50 e.g. part of hospital collapses</td>
<td>Literature expected/certain</td>
<td>Nationwide multi-media coverage</td>
<td>£1m</td>
</tr>
</tbody>
</table>
2) What is the likelihood for re-occurrence of this event?

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
<th>Description</th>
<th>Chance of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Certain</td>
<td>Likely to re-occur on many occasions, a persistent issue.</td>
<td>81% - 100%</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
<td>Will probably re-occur but is not a persistent issue.</td>
<td>51% - 80%</td>
</tr>
<tr>
<td>3</td>
<td>Possible</td>
<td>May re-occur occasionally.</td>
<td>21% - 50%</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
<td>Do not expect it to happen again but it is possible.</td>
<td>6% - 20%</td>
</tr>
<tr>
<td>1</td>
<td>Rare</td>
<td>Will probably never happen again.</td>
<td>0 – 5% extremely unlikely or virtually impossible</td>
</tr>
</tbody>
</table>

3) Risk Matrix

To calculate the risk
Consequence x Likelihood = Risk Score

<table>
<thead>
<tr>
<th>CONSEQUENCE</th>
<th>Rare 1</th>
<th>Unlikely 2</th>
<th>Possible 3</th>
<th>Likely 4</th>
<th>Almost Certain 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Insignificant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2 Minor</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>4 Major</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>5 Catastrophic</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

= Risk
1 – 3 = Low
4 – 6 = Moderate
8 – 12 = Significant
15 – 25 = Extreme
Risk Assessment Record

Health Economy ....................................................

Ward/Department ....................................................

Risk Identified:

**Description of Risk** (i.e. what could go wrong; who may be affected; organisational / financial implications):

**Source of Risk:**
- Strategic Objectives
- Incident/Complaint/Claims Reporting
- Standards
- Clinical
- General Risk Assessment (Including H&S)
- Other

**Controls in place** (e.g. consider, equipment staffing, environment, policy/procedure, training, documentation).

**Effectiveness of controls:** Good [ ] Adequate [ ] Poor [ ]

**Current Risk Grading: Indicate appropriate number**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Risk Rating=**

<table>
<thead>
<tr>
<th></th>
<th>Red</th>
<th>Amber</th>
<th>Yellow</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Insert score in box)</td>
<td>Extreme 15-25</td>
<td>Significant 8-12</td>
<td>Moderate 4-6</td>
<td>Low 1-3</td>
</tr>
</tbody>
</table>

**NAME of Assessor(s):**

**SIGNATURE of Assessor(s):**

**DATE:**
## Risk Treatment Plan

**To Be Completed By Appropriate Manager/Head Of Department**

<table>
<thead>
<tr>
<th>Risk Identified</th>
</tr>
</thead>
</table>

### Risk included on:
- Network Risk Register
- Corporate Risk Register (For Risks Graded 15 – 25)

### Action plan to reduce / prevent risk (e.g. change in practice, physical systems)

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Target</th>
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<tbody>
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</tbody>
</table>

### Costs to implement actions – please state if actual or estimated

### Anticipated risk grading:

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Likelihood</th>
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</table>

### Anticipated risk grading post-treatment:

<table>
<thead>
<tr>
<th>Anticipated grading</th>
<th>risk post-treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated</td>
<td>Red 15-25</td>
</tr>
<tr>
<td></td>
<td>Amber 8-12</td>
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<tr>
<td></td>
<td>Yellow 4-6</td>
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<tr>
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<td>Green 1-3</td>
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</tbody>
</table>
Risk Management Procedure

Does this risk treatment plan increase risk in other areas?  
Yes [ ]  No [ ]

If yes, indicate area:  
Local within the Network/Health Economy [ ]
Strategic objectives of the Trust [ ]
External stakeholders [ ]

Internal assurance / monitoring e.g. group or committee that reviews the progress:

External assurance / monitoring e.g. HSE, HCC, Royal Colleges, NHSLA, NPSA:

Action plan to be implemented by:
Review date:
Person responsible for implementing action plan:
Action plan authorised by:
Name.
Date .......................................................... ..........................................................

Send completed risk assessments to the Head of Risk Management
### RISK MONITORING TOOL

<table>
<thead>
<tr>
<th>Risk Identified:</th>
<th></th>
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<tr>
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<tr>
<th>Actions Required:</th>
<th></th>
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<table>
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<tr>
<th>Actions Taken</th>
<th>Comments</th>
<th>Actions Taken By</th>
<th>Date</th>
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<tr>
<th>Action plan reviewed by</th>
<th>Internal assurance</th>
<th>Date</th>
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<tr>
<th>Action plan completed by agree date</th>
<th>Yes</th>
<th>No</th>
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</table>

| Residual Risk Grading: |  |
|------------------------|   |
| Consequence | Likelihood |
|             |             |

<table>
<thead>
<tr>
<th>Residual Risk Score</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Is risk at an acceptable level?</th>
<th>Yes</th>
<th>No</th>
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Residual Risk Score **below 8** - To be accepted by Ward/Department Manager

Signed ........................................................................................................................................

Dated ........................................................................................................................................
Format of the risk register

<table>
<thead>
<tr>
<th>ID</th>
<th>Network</th>
<th>Domain</th>
<th>Source</th>
<th>Location</th>
<th>Description</th>
<th>Controls in place</th>
<th>Adequacy of controls</th>
<th>C</th>
<th>L</th>
<th>Rating</th>
<th>Summary of action plan</th>
<th>Manager</th>
<th>Opened</th>
<th>Review date</th>
<th>Current/residual risk</th>
</tr>
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</table>
## Initial Equality Impact Assessment

<table>
<thead>
<tr>
<th>Department/Function</th>
<th>All services within Lancashire Care NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible</td>
<td>Liz Hartley</td>
</tr>
<tr>
<td>Contact details</td>
<td><a href="mailto:Liz.Hartley@lancashirecare.nhs.uk">Liz.Hartley@lancashirecare.nhs.uk</a></td>
</tr>
<tr>
<td>Name of policy/service to be assessed</td>
<td>Risk Assessment Procedure</td>
</tr>
<tr>
<td>Date of assessment</td>
<td>13.11.08</td>
</tr>
<tr>
<td>Is this a new or existing policy/service?</td>
<td>New procedure</td>
</tr>
<tr>
<td>1. Briefly describe the aims, objectives and purpose of the policy/service?</td>
<td>To ensure a consistent approach is applied across the Trust to identify, manage and monitor risks</td>
</tr>
<tr>
<td>2. Who is intended to benefit?</td>
<td>Staff, service users, their carers and they Trust and trust</td>
</tr>
<tr>
<td>3. What outcomes are wanted?</td>
<td>Robust procedures and in place across the Trust and risk management in integrated into every day activity</td>
</tr>
<tr>
<td>4. Who are the main stakeholders?</td>
<td>All Staff employed by the Trust</td>
</tr>
<tr>
<td>5. Who is responsible for implementation?</td>
<td>All Lancashire Care Foundation Trust</td>
</tr>
</tbody>
</table>
6. Are there concerns that there could be differential impact on the following groups and what existing evidence do you have for this?

<table>
<thead>
<tr>
<th>People from a Black or minority ethnic background</th>
<th>Y</th>
<th>This procedure identifies that non compliance with Equality and Diversity issues must be risk assessed and included on risk registers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women or men Including trans people</td>
<td>Yes</td>
<td>See Above</td>
</tr>
<tr>
<td>People with disabilities or long term health conditions</td>
<td>Yes</td>
<td>See Above</td>
</tr>
<tr>
<td>People with or without a religion or beliefs</td>
<td>Yes</td>
<td>See Above</td>
</tr>
<tr>
<td>Lesbian, gay , bisexual or heterosexual people</td>
<td>Yes</td>
<td>See Above</td>
</tr>
<tr>
<td>Older or younger people</td>
<td>Yes</td>
<td>See Above</td>
</tr>
</tbody>
</table>

7. Could any differential impact identified above be potentially adverse? Y These will be addressed via: E&D development days E&D strategy E&D Action plans

8. Can any adverse impact be justified on the grounds of promoting equality of opportunity? N N/A

9. Have you consulted with those who are likely to be affected? N No

10. Should the policy/procedure/service proceed to full impact assessment? N No

I understand the impact assessment of this policy/procedure/service is a statutory obligation and take responsibility for the completion of this process.

Names of assessors: Liz Hartley

Date of assessment: 15.03.12

Date of next review: 3yrs