

Risk Register Policy and Procedure

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		POLICY NO.	
Policy Group	Risk Management Group		
Author	Maureen Stevenson	Version no.	3.0
Reviewer	Maureen Stevenson	Implementation date	
Scope (Applicability)	Board wide		
Status	Final draft	Next review date:	March 2015
Approved by	Healthcare Governance Committee Board Management Group	Last review date:	March 2013

CONTENTS	Page
1. Purpose and scope	3
2. Policy Aims	5
3. Responsibilities and organisational arrangements	5
3.1 Responsibility of NHS Dumfries and Galloway Board	5
3.2 Responsibility of Chief Executive	6
3.2.1 Corporate Risk Register	6
3.3 Responsibility of Directors	6
3.3.1 Cross Boundary Risk Register	6
3.4 Responsibility of General Managers	7
3.5 Responsibility of Risk Leads for Departments, Teams and Wards	7
3.6 Responsibility of Risk Management Group	7
3.7 Responsibility of Support Staff	8
3.8 Risk Identification and Assessment in Business Cases and Projects	8
4. Monitoring	9
5. Equality and Diversity	10
6. Review and Evaluation of this Policy	10
7. References	10
Document Control Sheet	11
Appendices	
Appendix 1: The Procedure for Undertaking a Risk Assessment and Developing/Implementing Risk Registers	12
Appendix 2: Risk Matrix	18
Appendix 3: Impact Definitions	19
Appendix 4: Criteria for Escalation	20
Appendix 5: Glossary	21

1) **Purpose and Scope**

This policy and procedure replaces the 2006 Risk Register Policy and is fully compliant with the Australia/New Zealand Risk Management Standards adopted by NHS Scotland.

This policy is applicable to all staff and independent contractors working within NHS Dumfries and Galloway.

NHS Dumfries and Galloway acknowledges that the sound and effective implementation of risk management is considered best business practice at a corporate and strategic level – as well as a means of improving operational activities and continually improving patient and staff safety.

The continuing development of a comprehensive Risk Register is a core part of risk management activity.

The Risk Register is an essential component of the organisation's internal control system and will be used as a systematic and structured method of recording all risks (clinical, financial and organisational) that threaten the objectives of the organisation. This process will form an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.

This will ensure clarity and understanding of our risk profile since the Board can only properly fulfil its responsibility if it has a sound understanding of the principal risks facing the organisation. A comprehensive Risk Register e.g. based on corporate objectives, adverse events, complaints, claims and internal and external assessment has the potential to provide information on the 'totality of risks' facing the organisation.

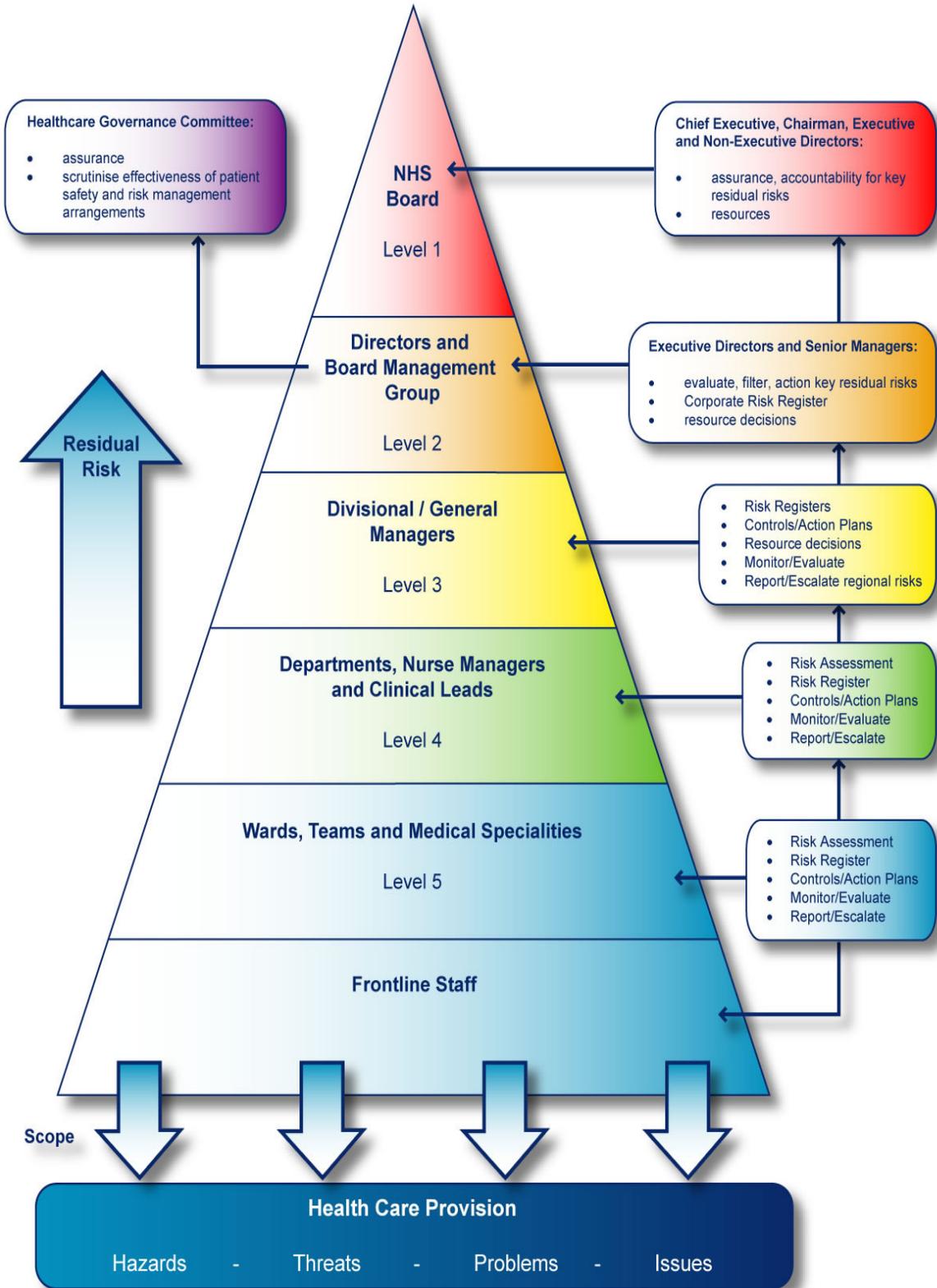
The Risk Register will work on up to five main levels (Diagram 1):

- Board and Chief Executive (Level 1)
- Executive Directors (Level 2)
- General Managers/Service Leads (Level 3)
- Heads of Department, Nurse Managers, Clinical Leads (Level 4)
- Team Leaders, Senior Charge Nurses (Level 5).

The content of these Registers may originate from two main sources since a 'top down/bottom up' approach is in place. Risks descend from the top by means of objectives and directives to the organisational level of management below. Risks ascend the levels by a system of exception reporting (escalation). The owner of the Risk Register is the person with ultimate accountability for a defined area of responsibility, however they may nominate a custodian of the Register who will update it and provide relevant reports. The web facility allows various levels of management to view the Register with the assurance that it is the most up to date version.

The figure below summarises risk roles and responsibilities and demonstrates how risks must be escalated to the level that can most effectively manage it.

Diagram 1



2) **Policy Aims**

This is a management tool providing clarity, addressing responsibility and generating action plans.

The objectives of a Risk Register are:

- to achieve greater visibility of exposures and threats that may prevent NHS Dumfries and Galloway from achieving its objectives
- to implement a rigorous basis for decision making and planning
- to create a record of the identification and control of key organisational risks
- to achieve a more effective allocation and use of resources by prioritising risk
- to respond more effectively when potential risks occur
- to assess and monitor if management controls or resources are adequate to manage risks
- to achieve pro-active, rather than reactive, management and therefore reduce the likelihood that risks will occur
- to continue and further develop the integrated approach to risk management, whether the risk relates to clinical, non clinical, financial or organisational risk
- to ensure all significant risk management concerns are properly considered and communicated to the Board.

This Policy also outlines the assurance mechanisms which will be used to monitor the effectiveness of the Risk Register process.

3) **Responsibilities and Organisational Arrangements**

3.1 **The NHS Dumfries and Galloway Board:**

- recognises that the provision of health care, teaching and research (and ensuring innovation in these areas) will always involve risks but that the risks should be minimised as far as is reasonably practicable
- recognises that effective risk management is an integral part of governance
- has a responsibility to ensure that there is a clear and appropriate Management Structure that enables risks to be identified and decisions taken at an appropriate level. The Board will understand the risks associated with achieving its objectives and will actively reassess and monitor them
- acknowledges that ongoing risks that cannot be addressed within the organisation will be accepted or, in the case of significant risks, shared with the commissioners of services, members of the health care community and other stakeholders
- will actively encourage all staff to be involved in identifying and managing risks

3.2 The Chief Executive (Level 1):

- has overall responsibility for ensuring an effective Risk Management system is in place and that adequate resources are available to effectively manage risks throughout the Board area
- will be responsible for ensuring that the Corporate Risk Register is reviewed and updated regularly by the Board Management Team.

3.2.1 Corporate Risk Register

The owner of the Corporate Risk Register is the Chief Executive, who will, in conjunction with the Executive Directors and the members of NHS Dumfries and Galloway Board, ensure that strategic risks which would influence the 'business' aspects of managing the organisation are recognised and addressed. These risks may derive from:

- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

The risks identified would not only be significant in nature, but failure to address these may result in serious consequences for the organisation.

3.3 Directors (Level 2):

- will ensure a comprehensive Risk Register is established and maintained to provide an accurate account of the risks preventing the achievement of objectives for their areas of responsibility
- will monitor, update and review their Risk Register to ensure it reflects the current issues that have some bearing on the service
- will identify risks to be reported by exception to the NHS Dumfries and Galloway Board Management Group for inclusion in the Corporate Risk Register
- will be responsible for managing the Corporate Risk Register which will be a composite of escalated risks and individual risks from the Directors' Risk Registers. The Corporate Risk Register will summarise the key risks to the organisation's aims and how they are being mitigated
- will respond to risks identified by the Corporate Risk Register if the actions required are within their area of responsibility
- will identify risk leads for service areas (Level 3) within their Directorate who will be responsible for maintaining their own Risk Registers
- will, as part of the business planning process, consider and where necessary make allocation for expenditure for the control of risks identified through the risk assessment process, as recorded in their Risk Register

3.3.1 Cross Boundary Risk Registers

Traditional Risk Registers are based on the vertical line management structure. However, DATIX also allows the generation of cross boundary Risk Registers from Notification Groups.

Notification Groups include professional groups, such as Nursing, which sit in more than one Division or Directorate and subject groups, such as Blood Transfusion, which again sit across organisational boundaries.

These cross boundary Risk Registers, and actions arising from them, will be the responsibility of a nominated Director for that cross boundary risk (usually the Director who line manages the nominated Risk Register holder). The nominated Risk Register holder will be responsible for escalating uncontrolled risks to the nominated Director. The nominated Risk Register holder will be responsible for sharing knowledge of the risk (and actions associated with it) across all relevant service areas. The General Managers will remain responsible for all risks in their service area, including cross boundary risks notified to them.

3.4 General Managers/Heads of Service (Level 3):

- will maintain or manage a prioritised risk register for their areas of responsibility
- will ensure appropriate risk action plans are in place at all levels throughout their service area
- will identify Risk Leads for Departments (Level 4), Teams and Wards (Level 5) within their Service who will be responsible for maintaining their own Risk Registers
- will ensure that their Director is kept fully apprised of the significant risks identified from the risk assessment process including progress, the continual identification of significant risk, outstanding control measures and monitoring the effectiveness of the programme through exception reports
- will follow the appropriate prioritisation process for allocation of additional funding. Where there is a financial bid in excess of £250k a standard business case will be required with supporting risk assessment

3.5 Risk Leads for Departments (Level 4) and Teams and Wards (Level 5):

- will maintain a regularly reviewed Risk Register for all risks relevant to that area
- will ensure appropriate risk action plans are in place at all levels throughout their department, ward or team
- will ensure that their Line Manager is kept fully apprised of the significant findings during the risk assessment programme including progress of risk control/reduction, significant risks and outstanding control measures
- will escalate any risk that cannot be managed at their own level to their Line Manager

3.6 Patient Safety & Improvement Team:

- will be responsible for the ongoing review of the Risk Management Policy
- will monitor and evaluate risk management systems
- will be responsible for developing and ensuring that Risk Management training programmes are in place
- will highlight areas of uncontrolled or unmanaged risk which do not fit easily within existing management structures to Board Management Group for identification of an appropriate Risk Lead
- will act as a source of advice and support for all staff, managers and the NHS Dumfries and Galloway Board

- will oversee the implementation and functioning of the electronic Risk Management system
- will agree the Risk Management work plan
- will ensure NHS Dumfries and Galloway learn from pro-active and reactive risk management.

3.7 Support Staff (Patient Safety & Improvement Team and the Health and Safety Team):

- will provide instruction and training for nominated key personnel within their areas of responsibility
- will act as a source of advice and support for all staff, managers and the NHS Dumfries and Galloway Board
- the Patient Safety & Improvement Team will be responsible for the maintenance and development of the web-based system for Risk Registers, ensuring system upgrades are applied and developments are made as appropriate

3.8 Risk Identification and Assessment in Business Cases and Projects

As part of this Policy, it is a requirement for risks to be explicitly identified and graded in any business case or project seeking support for decisions which go before the Hospital/Primary & Community Care/Mental Health Management Board, Capital Investment Group and if required Board.

Risks assessed as 'medium' or 'high' will require to be accompanied by a statement defining how such risks will be managed if they materialise.

It will be the responsibility of Directors, General Managers and Medical and Associate Directors to ensure this requirement is adopted and adhered to within their areas, and of other Executive Directors in relation to the Committees they service.

In respect of the NHS Board papers for approval/decision, will require an explicit section on risk and the Head of Corporate Administration will ensure this requirement is adhered to.

4) **Monitoring**

Each level of the Risk Register will require to be monitored so that the NHS Board can be assured of progress in the management of risks at all levels in the organisation.

Level of Register	Assurance provided by	With a remit for:
<i>Corporate Risk Register</i> (Level 1)	Board Management Group Patient Safety & Improvement Team Manager	<ul style="list-style-type: none"> ▪ Ensuring action plans are in place and regularly reviewed ▪ Quality and benchmarking ▪ External Audit/NHS QIS ▪ Scottish Government Annual Review ▪ Internal Audit ▪ Independent assurance ▪ Independent assurance. Reports to Audit Committee on a quarterly basis ▪ Process, reliability and accuracy. Systems issues
<i>Directorate Risk Register</i> (Level 2)	Internal Audit Patient Safety & Improvement Team Manager	<ul style="list-style-type: none"> ▪ Independent assurance ▪ Process, reliability and accuracy. Systems issues
<i>Divisional Risk Register</i> (Level 3)	Performance Review Process Internal Audit Patient Safety & Improvement Team Manager Risk Coordinator/Key Contact Quality Manager (where in post)	<ul style="list-style-type: none"> ▪ Process, reliability and accuracy. Systems issues ▪ Independent assurance ▪ Process, reliability and accuracy. Systems issues ▪ Monitoring system. Providing support, training ▪ Monitoring system. Providing support, training
<i>Service Area Risk Register</i> (Level 4 and 5)	Performance Review and Annual Development Reviews Internal Audit Patient Safety & Improvement Manager Level 3 Quality Manager (where in post)	<ul style="list-style-type: none"> ▪ Process, reliability and accuracy. Systems issues ▪ Independent assurance ▪ Monitoring system. Providing support, training ▪ Identifies, assesses and manages risks

5) **Equality and Diversity**

This policy has been developed in full recognition of equality and diversity needs. It is designed to provide NHS Dumfries & Galloway with a documented process for identifying and managing risks to ensure the safety of patients, staff visitors and the public.

6) **Review and Evaluation of this Policy**

This Policy will have a formal review date of two years however, if any aspect is found to be inadequate, the Policy will be reviewed earlier.

The Risk Management Group will establish an annual evaluation cycle of the effectiveness of the Risk Register Policy and practice which will be expressed in the Annual Report it publishes. This will include reflection on performance against any key indicators, specialist advice from staff, commissioned reviews, e.g. by internal auditors.

This Group will establish relevant indicators of performance reflecting NHS Quality Improvement Scotland Clinical Governance and Risk Management Standards and compliance with requirements on risk grading and risk assessment policy for business case proposals.

7) **References**

Making it Happen, A Guide for Risk Managers on how to populate a Risk Register, Controls Assurance Support Unit, Keele University, 2002 (ISBN 1-904276-02-4)

Risk Register Policy and Procedure, Karon Cormack, NHS Greater Glasgow and Clyde, March 2009

Australia / New Zealand Risk Management Standards 2004

NHS QIS Clinical Governance and Risk Management Standards 2005

DOCUMENT CONTROL SHEET

1. Document Status

Title	Risk Register Policy and Procedure
Author	Maureen Stevenson
Approver	Healthcare Governance Committee
Document reference	S:\Clinical Governance Shared Area\General\Risk Management\Risk Registers\Policy\2013\Draft RR Policy - March 2013 version 3.doc
Version number	3.0

2. Document Amendment History

Version	Section (s)	Reason for update
1	All	
2	All	Updated policy supports the transition to the electronic risk management system
3	All	Reflects new management structure

3. Distribution

Name	Responsibility	Version Number
Board Secretary	Place on policy register	3.0
Communications team	Place on intranet and in latest news	3.0

4. Associated Documents

Australian/ NewZealand Risk Management Standards. 2004
 NHS QIS Clinical Governance and Risk Management standards 2005

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Place on policy register	Maureen Stevenson	March 2013
Place on intranet	Maureen Stevenson	March 2013
Dissemination to Senior staff through Line Manager	Executive Directors	June 2013
Raise staff awareness and inform staff	All Line Managers Clinical Governance Support team through training programme	July 2013
Use policy	All staff	July 2013

The Procedure for Undertaking a Risk Assessment and Developing/Implementing Risk Registers

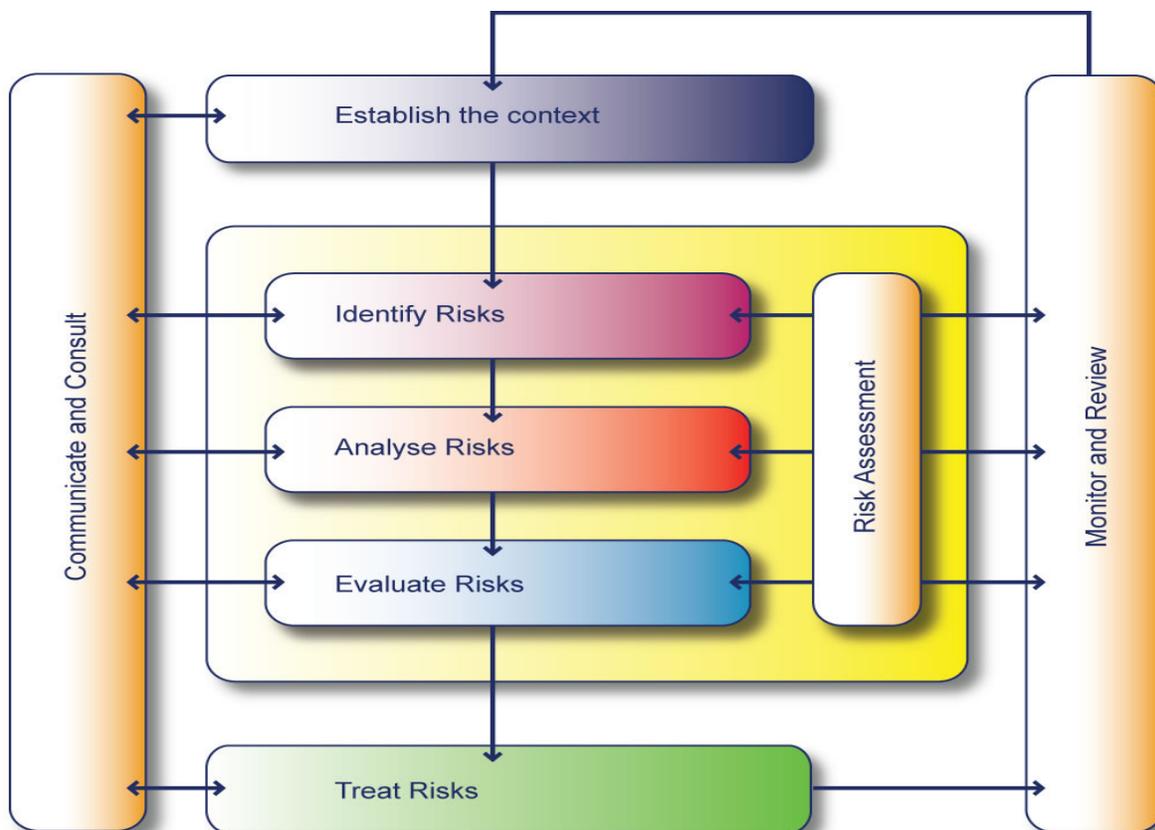
1) Introduction

The purpose of Risk Assessment is to provide a systematic and methodical tool for identifying risks and removing them where possible, or otherwise adopting all the control measures and precautions that are reasonable and practical in the circumstances.

A Risk Register will consist of all the Risk Assessments that are recorded on DATIX for that Directorate, Division, Ward or Team. These Risk Assessments may be recorded by the team themselves, escalated from the level below or may be shared across from another team.

The purpose of a Risk Register is primarily to focus attention on the risks related to our activities, to provide a method of describing and communicating the risk and to document our efforts to reduce the risk.

The organisation has adopted the Risk Management Module, Diagram 1 (AS/NZS 4360: 2004):



2) Recording and Reviewing a Risk Assessment

An overall process to identify risk and evaluate whether acceptable or not, taking into account new/best practice.

2.1 Getting Started – Identification of Risk

Consider what the main objectives are for your Department, and then consider what are the current risks that would prevent you, as a Department, from fulfilling these objectives. List these risks as a starting point.

Identifying a risk could be through:

- group review
 - individual management concerns
 - following a significant incident
 - performance data
 - legislation
- } (See Diagram 2)

Diagram 2 – Suggested Sources of Information for Risk Registers



For each identified risk in turn follow the steps outlined below using the DATIX online Risk Assessment Form (RISK1 for non-managers and RISK2 for managers).

2.2 Describe the Risk

This should include a description of an operation/activity/task/area/environment/issue. It should describe the chance of something happening that will have an impact on objectives.

The risk would only occur if the likelihood and consequence of a hazard come together.

2.3 Identify the Hazards associated with that Risk

A hazard is any threat to safety and any situation with the potential to cause harm to patients, staff, visitors and/or the organisation.

2.4 Review Existing Controls

Consider the current systems and processes in place which have an effect on the occurrence of this risk. This effect could be in reducing the likelihood of the risk occurring or in reducing the severity if the risk did occur. Examples of controls could be training, policies, procedures, protective equipment, alarms, contingency plans etc.

2.5 Risk Grading

Judgements about the acceptability or tolerability of a risk will depend on context and the potential for the safe management of the risk. The question to be asked about risk is 'is it so great as to be unacceptable or so minor as not to require further precautions – or somewhere between the two?' This question can best be addressed by considering two factors:

- **Severity:** the potential scale and the impact of an event arising from the risk (ranging from an insignificant to a catastrophic event)
- **Likelihood:** the likelihood of the event taking place at all or occurring or re-occurring (ranging from the likelihood being rare to its being almost certain).

Scoring the risks enables the risks on the Register to be prioritised. This score is called a 'risk grading' and is determined using the Risk Grading Matrix (see Appendix 1) which combines the likelihood and severity of the risk occurring. This then places the risk in a colour zone representing 'very high', 'high', 'medium' or 'low' risk. There are further descriptions of the impact definitions provided in Appendix 2 to assist in determining the grading. The grading is done taking into consideration the present controls.

When making an evaluation, it is important to use objective factual information as well as subjective judgement and the evidence of experience. Establishing a risk grading is ideally through group discussion of people familiar with the risk to reduce the subjectivity of risk assessment.

When entering the risk on the DATIX Risk Register Module, there is the ability to record the initial grading, the current grade and the target grade. This provides the ability to track progress in reducing the risk. When initially entering a new risk, both the initial and current fields should be complete with the same risk grading.

In addition to the risk grading being recorded from low to very high the electronic system automatically generates a numerical value as detailed below:

- Low Risk is calculated between 1-3
- Medium Risk is calculated between 4-9
- High Risk is calculated between 10-16
- Very High Risk is calculated between 17-25

While these numbers directly equate to a risk grading they may be able to provide finer detail on the changes of a risk over time and the priority of a risk when it is reviewed.

2.6 Identify Further Controls and Action Plans

The aim is now to reduce the risk grading by developing an action plan. It may be that further controls could be implemented or that current controls need further improvement or expansion.

Following consideration you may conclude:

- the present controls are adequate and the remaining risk is low
- the present controls are adequate and the remaining risk will be tolerated
- the present controls are not adequate and an action plan is formed to reduce the risk rating
- the present controls are the maximum currently possible but the risk exposure is still high and not tolerable (*should be escalated*).

If actions are planned, a provisional re-assessment should be conducted to determine if these actions were implemented would the risk be reduced as expected. This should be entered as your target rating on the DATIX system to allow you to monitor progress against achieving planned reduction.

2.7 Allocate Responsibility and Timescales

All risks will have a risk owner on DATIX which will reflect the person who currently owns that risk. Responsibility for ensuring that these actions are completed remains with the risk owner. The actions can be initiated by, or allocated to, other appropriate individuals within the organisation/unit.

It is important to ensure all actions have an anticipated completion date even if some actions are over a longer period of time.

A review date provides a prompt to check the action plan is on target.

Any risk that has a dedicated action plan managed through another route, only requires a review date, provided a current copy of the action plan is attached to the Datix record at each review.

2.8 Review and Update

Review of the Risk Register, comprising all of the Risk Assessments, will form part of the routine management meetings within each service/ directorate to ensure it is kept up to date and serves as a live document making risk management part of the business.

Review of the Risk Register will include:

- monitoring of implementation dates on action plans to assess if work planned is on target
- changing the grading of risks that have been successfully reduced
- monitoring the overall ongoing progress towards risk reduction.

Frequency of risk reviews:

- low risks must be reviewed at least annually
- medium risks must be reviewed at least six monthly
- high risks must be reviewed at least quarterly
- very high risks must be reviewed at least monthly.

A more formal review of the complete Risk Register for a service must occur prior to the annual Performance Review.

2.9 Escalation – Escalating a Risk to your Line Manager

It may be the case that, having identified and assessed a risk within your Unit, it is decided that a level of tolerance of this risk has been met. This would indicate that the level of risk is acceptable and controls are thought to be adequate. Although the risk is still present, the cost (time, effort and money) for additional controls outweighs the benefits of the risk reduction at the current time.

Risks of this nature should still be reviewed to ensure the risk has not increased and the controls remain adequate.

Most risks identified can be reduced or tolerated within the Unit in which it belongs. Reducing the risk may require reprioritisation of finances within a Directorate/Service Area and/or adoption of more robust processes and systems. In risk management terms this would mean additional management action or controls.

Following the implementation of all actions that are possible and practical, there may be on occasion, the need to report a risk by escalating it to the next level of management:

- where that risk is unacceptable with current controls
- where the risk is identified as significant
- where that risk is unable to be reduced with current resources, i.e. it requires additional funding
- where that risk affects more than one area within the service, i.e. out with management control.

In the event of such a risk being identified it must be put on the Risk Register and notified to the level of management above.

Risks that are escalated to the level above remain on the Register that has raised the risk. The management of this risk including the controls/actions required are the joint responsibility of the department which has identified the risk and the current owner.

Each Register that has a level beneath it would have a combination of risks identified at their own level and risks escalated from the level below.

This ensures the risk is only on the system once and any information in relation to timescales and actions can be seen by the appropriate individuals for that service.

These exceptional risks must be labelled as 'escalated risk' in the risk status field on the DATIX web form so the management level above can include these in their Risk Register review.

Appendix 3 provides a checklist outlining the criteria for escalation to assist in reviewing these risks.

Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
	Rare <i>(Little chance of occurrence)</i> (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely <i>(Probably won't occur)</i> (not expected to happen, but definite potential exists – unlikely to occur (2-5 years))	Possible <i>(May occur)</i> (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely <i>(Probably will occur)</i> (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
Negligible, e.g. ♦ Minor injury, not requiring first aid ♦ Unsatisfactory patient experience not directly related to patient care and readily resolvable ♦ Partial loss of service ♦ Financial impact less than £5K	Low	Low	Low	Medium	Medium
Minor, e.g. ♦ Minor temporary injury or illness, first aid treatment required ♦ Unsatisfactory patient experience directly related to patient care – rapidly resolvable ♦ Individual service objectives only partially achievable ♦ Financial impact £5K - £50K	Low	Medium	Medium	Medium	High
Moderate, e.g. ♦ Significant injury or ill health requiring medical intervention – temporary incapacity ♦ Patient outcome or experience below reasonable expectations in a number of areas ♦ Unable to achieve service objectives without substantial additional costs or delays ♦ Financial impact £50K - £500K	Low	Medium	Medium	High	High
Major, e.g. ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M	Medium	Medium	High	High	Very High
Extreme, e.g. ♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability ♦ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked. ♦ Corporate obligations not met. ♦ Severe financial loss £2.5M +	Medium	High	High	Very High	Very High
Low	Low: No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
Medium	Medium: Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed				
High	High: Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
Very High	Very High: If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board				

Impact Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience/clinical outcome; short term effects – expect recovery <1 week	Unsatisfactory patient experience/clinical outcome; long term effects – expect recovery > 1 week	Unsatisfactory patient experience/clinical outcome; continued ongoing long term effects
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule	Minor reduction in scope, quality or schedule	Reduction in scope or quality of project, project, objectives or schedule	Significant project over-run	Inability to meet project objectives; reputation of the organisation seriously damaged
Injury – physical and psychological	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling	Incident leading to death or major permanent incapacity
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care, resulting in major contingency plans being invoked	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day) where there is no disruption to patient care	Ongoing low staffing level reduces service quality. Minor error due to ineffective training/ implementation of training	Late delivery of key objective/service due to lack of staff Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels	Uncertain delivery of key objective/service due to lack of staff Major error due to ineffective training/ implementation of training	Non-delivery of key objective/service due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training
Financial – including damage/loss/ fraud	Negligible organisational/ personal financial loss (£<1k) NB – please adjust for context	Minor organisational/ personal financial loss (£1-10k)	Significant organisational/ personal financial loss (£10-100k)	Major organisational/ personal financial loss (£100k-1m)	Severe organisational/ personal financial loss (>£1m)
Inspection/ Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan	Enforcement action. Low rating. Critical report	Prosecution. Zero rating. Severely critical report
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morals	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes	Local media – long term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media/adverse publicity, less than three days. Public confidence in the organisation undermined. Use of services affected	National/international media/adverse publicity, more than three days. MSP/MP concern (Questions in Parliament). Court enforcement. Public Inquiry/FAI

Criteria for Escalation

Issues to consider if planning to escalate a risk:

1. Is the issue currently on your Risk Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the risk been discussed by team/department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have all possible controls been implemented including actions which can be taken within team/ department to mitigate risk as far as possible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have other sources of funding available been considered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the risk been discussed by the Management Team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the Management Team believe there is no provision in the current budget to address this risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. The Management Team believes this risk needs to be addressed and are able to demonstrate the reduction of risk from any additional finance made available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the issue been scored and assessed as a significant risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • If 'No' to any question, the risk requires to be explored further at the current management level to ensure it is a true exception • If all 'Yes', pass to more senior management level • It is preferable that several options of risk reduction should be presented to the more senior level, providing a range of choices 		

Issues to be considered when receiving escalated risks:

Criteria to be used to assess the risk

1. Is there agreement on the scoring of the risk (Likelihood x Severity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What evidence does the Directorate have to justify the likelihood score of the risk (audit, incident report, claim, complaints, inspection, internal review)?	Evidence Available <input type="checkbox"/>	No Evidence Available <input type="checkbox"/>
3. Is there agreement that the Directorate does not have funding within the budget for this issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have other controls and solutions been implemented in other services which could be applied as an alternative to additional funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are there any knock-on effects/impact on any of the other areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there other alternative controls that could be implemented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is further information required before making a decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After due consideration of actions to be taken, feedback must be provided to the Service/Directorate who escalated the risk		

The various terms used within the Policy are defined as follows:

Board Management Group: Take responsibility for the Corporate Risk Register

The Board Management Group consists of:

- Chief Executive
- Director for Health Services
- Director of Finance
- Director of Human Resources and Workforce Strategy
- Nurse Director
- Medical Director
- Director of Public Health
- Associate Nurse Directors
- Head of Strategic Planning and Commissioning.

The meeting is normally chaired by the Chief Executive.

Corporate Risk Register; The owner of the Corporate Risk Register is the Chief Executive, who will, in conjunction with the Executive Directors review the register on a monthly basis.

DATIX: Electronic risk management system used by the organisation to support risk management.

De-escalation: When a risk has been reduced to an acceptable level it should be de-escalated to the next level down.

Escalation: Where the risk is unacceptable with current controls or where that risk is unable to be reduced with current resources the risk must be escalated to the level above. Risks that are escalated to the level above remain on the Register that has raised the risk. The ongoing management of this risk including the controls/actions required may be jointly undertaken by the department which has identified the risk and the current owner. However the responsibility for this risk sits with the current risk owner.

Hazards: A hazard is any threat to safety and any situation with the potential to cause harm to patients, staff, visitors and/or the organisation.

Notification Group: This allows the organisation to look at groups of similar risks that sit in more than one location. The list includes professional groups, such as Nursing, and subject groups, such as Blood Transfusion, which sit across organisational boundaries. An identified lead can access the risk assessment for information and advise if appropriate.

Risk: The combination of likelihood and consequence of a hazard being realised.

Risk Assessment: The process by which the hazards associated with risks are clarified and existing controls identified. This process includes the consideration of further controls required to reduce the risk to an acceptable level.

RISK1 form: A risk can be recorded on line by any member of staff with access to the intranet using a Risk 1 form. The user does not require to log in to Datix to access this form. Risk assessments submitted via RISK1 will generate an automated e-mail alert to the relevant RISK2 staff members within your Directorate / Department for review, risk grading and approval.

RISK2 form: This form is accessed by authorised Managers logging in to Datix. The manager can either record and complete a risk assessment directly on the system or review and amend where appropriate a risk assessment submitted on a RISK1 form.

RISK3 form: This form is accessed by staff who play a key role in risk management for a Service/Directorate. The function of this form is to provide all RISK2 functions and additionally monitor the quality of risk assessments/management and therefore provide assurance to the Board and external bodies such as NHS QIS of the robustness of the risk management process.

Risk Grading: Is the combination (likelihood x severity of consequence) used to classify the significance of an incidence or risk occurring. This grading is evaluated using the universal risk scoring criteria adopted by NHS QIS for use in NHS Scotland.

Risk levels; The Risk Register works on up to five main levels

- Board and Chief Executive (Level 1)
- Executive Directors (Level 2)
- General Managers/Service Leads (Level 3)
- Heads of Department, Nurse Managers, Clinical Leads (Level 4)
- Team Leaders, Senior Charge Nurses (Level 5).

Risk Management Group; Are responsible for the development and implementation of NHS D&G risk management strategy. The group are accountable to the Board Management Group through the Director of Nursing.

The Risk Management Group consists of:

Head of Clinical Governance
Adverse Incident Manager
Clinical Governance Administrative Assistant
Clinical Governance & Risk Management Facilitator
Health & Safety Adviser
Clinical Governance Facilitator/Risk Module Lead
Risk Systems Manager

The meeting is normally chaired by the Head of Clinical Governance.

Risk Matrix is a tool which allows the severity of the risk of an event occurring to be determined.

Risk Owner: Is the person who currently owns the risk. Responsibility for ensuring all actions associated with the risk are completed sit with the risk owner. However the previous owner of the risk would be expected to continue to manage aspects of the risk which sit within their area of responsibility.

Risk Register: The record of all finally approved Risk Assessments currently in place for the department, team or organisation.