

Velindre NHS Trust

Black 11A

Risk Assessment & Risk Register Policy

**Executive Sponsor: Director of Nursing & Service
Improvement**

Policy Lead: Debra Stone

EXECUTIVE SUMMARY

Overview:	<p>This policy outlines the overarching standard process for risk assessment, covering all Service Divisions and Hosted Organisations within Velindre NHS Trust. The update of this policy is to ensure compliance to the Health and Safety at Work etc. Act 1974.</p> <p>The employer has an absolute duty “to ensure so far as reasonably practicable the health safety and welfare whilst at work of all his employees.”</p> <p>Also to comply with the specific requirements within the Management of Health and Safety at Work Regulations 1999 to ensure suitable and sufficient assessment of risks.</p> <p>The policy and process acknowledges the Health and Safety Executive (HSE) good practice guidance. The 5 Steps to Risk Assessment and have developed the process further to suit the needs of the whole Trust.</p>
Who:	<p>This policy is intended for All Trust Staff.</p>
Key messages included within the policy	<p>Responsibilities</p> <p>The overall responsibility for the implementation and promotion of the policy lies with the Chief Executive.</p> <p>Service Directors are responsible for management and control of the risks within their Service Division/Hosted Organisation in line with this policy.</p> <p>The Executive Director of Nursing and Service Improvement is the Lead for promotion of the Risk Management Process across the Trust.</p> <p>Managers and supervisors have a responsibility to ensure that risk assessment is completed within their remit.</p> <p>Staff are responsible for working in a safe way, following safe systems of work, adhering to Trust Policy and procedures and for reporting incidents and hazards.</p> <p>Aim</p> <p>The policy aims to ensure a standard and consistent approach to risk assessment and the implementation of risk registers across the Trust.</p> <p>This policy provides the framework and principles of good practise to ensure an objective risk assessment is completed including:</p> <ul style="list-style-type: none"> • highlighting the steps required to complete an objective risk assessment • providing guidance on who, when and how to complete a risk assessment • defining the risk matrix and hierarchy of controls etc. • outlining the review, monitor and reporting process • providing the Velindre NHS Trust risk assessment form. <p>Additional information is provided on the Datix Risk Management System and the Risk Register.</p>
<p>PLEASE NOTE THIS IS ONLY A SUMMARY OF THE POLICY AND SHOULD BE READ IN CONJUNCTION WITH THE FULL POLICY DOCUMENT</p>	

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1. Introduction

Velindre NHS Trust is committed to implementing an effective risk management process. A standard approach to risk assessment is essential to achieving this aim, and will demonstrate risks are identified, evaluated, prioritised, treated, or minimised or in some cases accepted and finally monitored and reviewed.

This policy outlines a standard approach to risk assessment that includes clinical, financial, environmental and health & safety risks. Refer to appendix 3 for more information.

No process can ever be totally risk free, clinical practice is no exception and one in which risk can only be reduced but rarely entirely eliminated. Therefore risks that are inherent in the process will be communicated to the patient, donor or service user or stakeholder.

Managers are responsible for ensuring proactive risk assessment of the hazards within their workplace are completed by competent staff and for communicating the risks to their staff.

All staff have a duty to report any hazard to their appropriate manager.

The completion of risk assessments and the creation and management of risk registers form a major part of the risk management arrangements within the Trust. The Trust wide risk register is a documented and prioritised log of significant risks that are considered to be likely to affect the Trust's ability to achieve its objectives.

What is a Risk Assessment?

A risk assessment is a careful examination of what, in your workplace and activities could cause harm to staff, patients, donors or service users. Once risks are identified you can weigh up whether you have taken enough reasonable precautions to manage or control the risks or should more be done to prevent harm. It is a legal requirement to assess the risks in your workplace.

This policy should be read in conjunction with the Trust Risk Management Strategy (Black 11) and the Health and Safety and Welfare Policy (Black 65).

2. Aims

The Trust Board aims to gain assurance on the extent to which Velindre NHS Trust is delivering its strategic vision and objectives, and how it manages the identified risks.

This policy aims to ensure risks identified in the workplace are managed, controlled or accepted in compliance with the:

- Health and Safety at Work etc. Act 1974 and
- Management of Health and Safety at Work Regulations 1999 and
- Any other relevant legislation.

3. Responsibilities

3.1 Chief Executive

The Chief Executive has overall accountability for the implementation of the risk management strategy and the risk assessment process, along with executive responsibility for ensuring resources are available for the performance of organisation-wide risk assessments.

3.2 Executive Director of Nursing and Service Improvement

The Executive Director of Nursing and Service Improvement is the Board Lead for risk management including the monitoring process and has responsibility for promotion of the organisation-wide process across the Trust.

3.3 Executive Directors

Executive Directors have a duty to ensure that comprehensive assessments have been undertaken for all risks that fall within their area of responsibility. They are also responsible for reporting high level risks to the appropriate Trust Committee and for identifying and recommending actions that they consider to reduce the risk to a tolerable level.

3.4 Service Directors

Each Service Director is responsible for ensuring that effective local arrangements are in place to identify and manage risk within their service division or hosted organisation, and to ensure monthly reporting on appropriate risk to the Trust Executive Board.

3.5 Managers/Supervisors

Managers and supervisors are responsible for ensuring that proactive risk assessment of tasks and or activities within their area of control is performed, monitored and reviewed by competent staff and for ensuring communication with staff.

3.6 Staff

All staff are responsible for performing their duties in a safe way as per safe systems of work and for reporting any hazardous task/activity to the appropriate manager.

3.7 Quality and Safety Manager

The quality and safety manager is responsible for ensuring that a standard overarching risk assessment procedure is developed and implemented. Also responsible for ensuring competent risk management advice is provided to the organisation. With responsibility for ensuring adequate risk reports are developed for the Trust Board and its Committees to demonstrate assurance that risks are being managed, controlled and reduced to a tolerable level.

3.8 Quality and Safety Department

The quality and safety department will, upon request, provide advice and support to ensure that comprehensive risk assessments are completed. The department will monitor and review the risk assessment activity.

4. Trust wide Risk Assessment Process

To ensure the risk assessment process is compliant with legislation the Trust has developed the simple risk assessment process as identified in the AS/NZS ISO standard 31000:2009 and integrated the Health & Safety Executive (HSE) good practise, 5 steps to risk assessment into the Trust wide process.



- **Risk Assessment Team**

To ensure an objective and balanced risk assessment is performed a Team based approach is favoured by the Trust. A suggested Risk Assessment Team is made up of 2 or 3 competent staff (see below). Complex risk assessments may require technical experts.

The team should consist of:

- **Manager/Supervisor**

Risk Owner/Manager with authority to agree and sign off any further actions if required.

- **Risk Manager/Risk Assessor**

Expertise in risk assessment, to coordinate the process offering advice and guidance on the process, hazard identification, evaluation and risk reduction methods.

- **Staff member**

The team should include a staff member who is competent at performing the task, to offer general information about the task, the hazards, safe system of work and or any controls in place.

- **When to complete a Risk Assessment:**

- for 'one off' activities that pose a hazard to staff, visitors and others etc. this type of risk assessment can be closed once the activity is completed.
- for a task, process or activity that is repeated regularly, this type of assessment will require monitoring.
- at the proposal stage, of the introduction of new equipment/building/services and prior to the development of existing buildings and services.
- within capital planning/research & development projects.
- within key business processes and in any supporting business cases.
- during product development

Communicate

Managers are responsible for raising awareness on the risk assessment process and for communicating the outcomes of risk assessments that cover the department activities to the staff within their department.

4.1 Identify the hazards.

It is important to identify hazards that will reasonably be expected to cause harm. Examples: (not an exhaustive list)

- Chemical - used in the task being performed: e.g. liquid nitrogen
- Biological - possible contact with blood borne viruses and contaminated waste
- Ergonomic - the surrounding layout and flow of the working environment
- Psychological - stressors
- Materials - toxic, flammable, irritant, radioactive, blood, latex
- Equipment - entanglement, electric shock, crush impact, noise, vibration, fire
- Environment - lighting, hot surface, low temp, vehicles, disposal areas and security of site, staff and information, confidentiality.
- People - new starters, lone workers, young workers, untrained staff, disabled, new and expectant mothers.

4.2 Assess who and what might be harmed, and how.

It is important to identify who the risk will affect one or many, taking account of:

- the whole organisation
- one or more service division, hosted organisation, department, ward or office
- individual staff, staff groups, contractors, visitors, patients/donors or service users and stakeholders
- disabled, young persons, and new and expectant mothers

In each case identify how the harm or injury might occur e.g. Porters moving equipment, archiving documentation or patients may suffer back injury.

4.3 Evaluate the risks and decide whether existing precautions are adequate or should more be done.

To ensure an objective assessment of the risk is completed by the team, each hazard should be discussed and a considered outcome reached.

Firstly, evaluate the initial overall risk without any controls in place, using the Matrix (Refer to the Risk Quantification Matrix – Appendix 1).

- Evaluate the hazards Impact
- Consider what would the outcome be?
- Next assess the likelihood of an incident occurring.
- Establish the Risk Rating by multiplying the possible impact x likelihood.

Secondly, evaluate the current overall risk, taking into account the existing controls/precautions in place.

Repeat the previous steps evaluate the impact x likelihood to establish the risk rating. When evaluating the controls consider:

- Materials – Are they used in a controlled way?
- Equipment - Is there guarding on machinery, where appropriate?
- Environment – Are hazards identified, is it clear why?
- Procedures – Are safe systems of work in place, are staff using them?

- Supervision– Is it available; Do staff know how to report issues/problems?
- Training – is training up to date?

Also consider: Do control measures meet any legal requirements, comply with regulations, or represent good practise?

Thirdly, decide if any further reasonably practicable action is required or is possible, to reduce or control the risk, in light of industry, technical or common knowledge. This is the target risk rating, and will not be achieved until the actions have been completed. (Refer to the Risk Quantification Matrix – Appendix 1)

Hierarchy of Controls

Once the risk rating has been established, evaluate the control measures in place, using the hierarchy of controls. Consider whether the control measures are reasonably practicable in relation to the risk itself, and whether any more can be done to reduce the risk.

It is important to note that many risks can not be eliminated but consideration must be given as to how risks can be controlled by managing the risk itself.

The best method of control is to **Eliminate, Reduce, Isolate and Control** in this order.

Hierarchy of Controls	
Risk reduction control – manages the risk itself	
Eliminate	Stop doing the task manually automate it.
Reduce	Substitute a harmful chemical for a less harmful one
Isolate	Prevent contact- Place noisy equipment in a contained room
Control	Safe system of work - Limit the time spent using a hazard by job rotation
Safe person control – relies on the person using PPE and working safely	
PPE	Provide Protective Equipment suitable to the task
Discipline	Ensure instruction training information supervision is provided

Do not rely solely on PPE and Discipline as control measures, as there are many human factors not considered when using the safe person control.

- Could any additional control measures be introduced?
- Are safe systems of work in place?
- Is compliance to legislation and regulations being achieved?
- Is information, instruction and training being provided?

Acceptable risk

After introducing effective precautions and controls there may still be a certain amount of risk remaining, this is identified as residual risk. It will be necessary to decide whether the remaining risk is acceptable, the Manager/Owner will make this decision and will sign off the assessment.

Acceptance at Trust Board

For risks placed on the Trust risk register, the Trust Board will decide whether the risk should be accepted or tolerated as effective controls are in place and agree the target risk rating. The Trust Board may also decide more actions are required to reduce risk to an acceptable level.

4.4 Recording the findings

Formal assessment of risk and findings should be documented on a risk assessment form. (Refer to Risk Assessment Form – Appendix 2)

- The competent risk assessor will coordinate the risk assessment completing the form and signing the section ***performed by:***
- The Manager (owner of the risk) must sign the document to accept the actions, section ***action agreed by:***

It is the Managers responsibility to ensure all the further actions are reasonable and practicable when putting further controls in place. (Refer to the guidance in Appendix 4)

The risk rating will identify the timescale by which the action must be completed. To simplify the information which should be recorded on the form, it is possible to refer to manuals, policies or procedures, manufacturers' instructions business cases and option appraisals etc.

All managers will keep a risk inventory. The risk assessment once completed should be entered into the Datix Risk Module and will form the basis of a risk register.

4.5 Review

- The review period for most risk assessments will be at least annual.
- For significant and critical risks and associated actions, these must be monitored and reviewed in line with the action timetable.
- Risk assessments should be reviewed where there is a significant change to staff, equipment, substances, technology, legislation, evidence based research practices or following an incident.

4.6 Monitoring and Reporting:

- **Service Division and Department**

Service Divisions/Hosted Organisations and departmental risks are managed and monitored locally (where owned) and are categorised in line with the Trust risk matrix. Local risks form the basis of the divisional risk register. Risks reported at level 12 or above will be included on the Service Division or Hosted Organisation's risk register and referred to the local Senior Management Team (SMT). However, departmental managers should exercise discretion when identifying additional risks for escalation to the risk register. The SMT works with its supporting groups/committees to ensure

effective controls are in place and the risk is being managed at a tolerable level. The SMT will also determine whether the risk should be escalated onto the Trust risk register. This will be based upon the level of controls in place to manage the risk and whether additional support is required by Trust Board.

- **Trust wide**

In line with the Trust Assurance Framework, the Board is responsible for debating and discussing its strategic risks and for reaching agreement on those top scoring risks set against the high level objectives and priorities for the Trust. The Board's assessment of its strategic risk will inform operational planning, as plans will need to reflect actions to manage both strategic and operational risks, and will be monitored through the Quality Measurement Framework.

The Board will determine its risk appetite which will confirm its attitude to risk. This will be applied in decision making to inform the prioritisation of actions and the resources required to mitigate risks on the Trust risk register.

The Audit Committee will receive a copy of the Trust Risk Register. This will assist the audit committee to carry out its role of independent scrutiny of Trust business.

The Executive Board will review the Trust Risk register on a monthly basis, and will refer risks to the appropriate committee of the Board for further work or actions to be identified e.g. the Quality and Safety Committee. The Committees will provide assurance to the Executive Board and the Trust Board that all reasonably practicable steps have been taken to reduce the risk, that effective controls are in place and it is being managed at a tolerable level.

Key risks identified in the Trust Risk Register will be used to inform the agenda for the Trust Executive Board and other Trust group agendas.

5. Escalation process

Department Managers will hold an inventory/profile/list of all the risks within their area of control. Where the risk rating is 12 and above or the department manager establishes that the risk cannot be managed or controlled at department level, the risk should be escalated onto the Service Division risk register and discussed at the Divisional Senior Management Team meeting or divisional Quality & Safety Committee.

Risks escalated that are still unable to be managed or controlled to an appropriate level should be escalated onto the Trust Risk Register. The escalation process can work in both ways escalating up to the Trust Risk register and back down to department level. (Refer to the guidance in appendix 5)

6. Datix Risk Management System

Datix is a highly automated repository system that holds risks, incidents, claims and complaints and is able to link risks, to incidents, to claims etc. Information from this system can be analysed, prioritised and reported on at various local and Trust wide meetings.

The Datix System is managed and controlled via the Trust Quality & Safety department. Any queries should be directed to service point at Vcc_datix admin@wales.nhs.uk

A number of nominated staff across the Trust have access to input data into the Datix risk management system, staff are provided with access in line with the service division or hosted organisation requirements.

6.1 Datix Risk Register

Datix risk module is a repository database where formal documented risk assessments are stored and where additional supporting documentation, emails, photographs, letters, etc are contained. The risk module also includes an action plan where further actions can be incorporated to reduce or control risks. There are four types of risk register that can be generated directly from Datix.

1. Department Risk Register.
2. Corporate/Divisional Risk Register.
3. Project Risk Register.
4. Trust Risk Register. Please seek advice from the Trust Risk and Safety Adviser.

(Refer to the guidance in appendix 6)

7. Training requirements

Directors and Managers will ensure that all staff involved in the risk assessment process receive sufficient training to gain competence and who have sufficient experience of the working procedure and understand the importance of identifying and reducing or controlling risks.

Service Directors/Hosted Organisations will ensure that risk assessment training is included in local training programs.

In house risk assessment training package is available. Please seek advice from the Trust Risk and Safety Adviser. IOSH accredited Managing Safely and Working Safely training courses are also available. Please seek advice from the Trust Health and Safety Manager.

8. Audit

The Quality and Safety manager will regularly review the effectiveness of the procedure and provide reports to the Audit Committee.

Internal Audit will review the risk assessment process and the recording arrangements within the Trust. This may take the form of a specific review or as part of a review of systems within Service Divisions/Hosted Organisations/Departments. Findings will be reported to the audit committee.

The Trust will undertake ongoing self assessments against the standards for Health Services.

Compliance will also be monitored by external agencies as part of periodic reviews/ inspections which are undertaken by Health and Safety Executive, Healthcare Inspectorate Wales or the Welsh Risk Pool.

9. Local procedures

Whilst a consistent approach to risk assessment is promoted throughout the Trust, the Service Divisions/Hosted Organisations may have created risk assessment forms appropriate to their area of work, which will require a local procedure. The Trust will support this approach if the principles are consistent with the overall Trust process.

10. Further Information

For further information on this policy contact the policy author.

Assessments not covered by this policy: and treated as separate issues are:

C.O.S.H.H. Control of Substances Hazardous to Health

Including Asbestos, Lead, Noise etc. For information or advice refer to local Divisional Procedures.

Manual Handling Operations Regulations 1992

Manual handling risk assessments are covered by the All Wales Manual Handling Training and Information Passport Scheme. For information, advice and guidance on this type of assessment contact the Trust Wide Minimal Manual Handling Policy lead. (Black 59)

Display Screen Equipment Regulations 1992 amended 2002

DSE risk assessments are covered by the Safe Use Of Display Screen Equipment Policy (Black 106) For information relating to this type of assessment please seek advice from Trust Wide Policy lead.

Management Standards for work related stress – HSE(HSG218)

Stress Risk Assessments are covered by the Stress Management Policy Black 66. For information on the management of stress and advice and guidance on completing a stress risk assessment please seek advice for the Trust policy Lead.

Appendix 1

Risk Quantification – MATRIX

Simple risk quantification is identified by multiplying the Impact X Likelihood = Risk Rating. This impact matrix below has been developed by the NPSA (National Patient Safety Agency) and is adopted by Velindre NHS Trust.

IMPACT Matrix

	Impact, Consequence score (severity levels) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood – MATRIX

	LIKELIHOOD DESCRIPTION
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen


Risk Rating Matrix = Impact x likelihood

	LIKELIHOOD				
IMPACT	Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
5 Catastrophic	25	20	15	10	5
4 Major	20	16	12	8	4
3 Moderate	15	12	9	6	3
2 Minor	10	8	6	4	2
1 Insignificant	5	4	3	2	1

Actions and Treatment Timetable

Risk Score	Risk Level	Action and Timescale
1-3	LOW	No action required providing adequate controls in place.
4-6	MODERATE	Action required to reduce/control risk within 12 month period
8-12	SIGNIFICANT	Action required to reduce/control risk within 6 month period
15-25	CRITICAL	Immediate action required by Senior Management

Appendix 2

VELINDRE NHS TRUST 	Service Area:	DATIX - REF NO:
	RISK ASSESSMENT	Department: Location/Site:
Title of Assessment:		Date of Assessment:

Tick the Type of Risk Assessment:

Business & Org		Operational		Clinical		Quality		Health & Safety	
Strategic		Financial		Legal		Project.		Environmental	

Describe the situation or the work activity or process being assessed – Summarise the specific risks to the Trust.

Please give a full range of Hazards:

Include any Materials, Biological, Chemical, Environment, Ergonomic and Psychological etc.

Hazards identified:	Impact Severity	Likelihood	Risk Rating

Who is affected by the hazards and how many: Whole organisation, division, department, ward etc.

All, Many or One - staff, visitors, contractors or service users etc. may be harmed.

Evaluate Overall **Initial** – Risk : I x L = Risk Rating

Impact	Likelihood	Rating

EVALUATION TOOL - Risk Impact x Likelihood = Risk Rating

Impact	Description	IMPACT	Likelihood	Description	LIKELIHOOD	Risk Score	Risk Level	Risk Rating
1	Insignificant	No injury	5	Almost Certain	Will happen frequently		Score	Risk Rating
2	Minor	Minor injury	4	Likely	Probably will happen, not regularly		1-3	Low
3	Moderate	Moderate injury RIDDOR reportable	3	Possible	Might happen occasionally		4-6	Moderate
4	Major	Major Injury Severe	2	Unlikely	Not expected to happen		8-12	Significant
5	Catastrophic	Death	1	Rare	Never happened		15-25	Critical

List control measures in place: Are they acceptable Y/N

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Evaluate **Current** – Risk with controls: I x L= Risk Rating

Impact

Likelihood

Rating

--	--	--	--

Further action required - additional control measures - to reduce risk

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Actions Agreed by Manager:

Managers Name & Signature :

Evaluate **Target** – Risk with actions completed: I x L= Risk Rating

Impact

Likelihood

Rating

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Risk Assessment performed by:

Print Name/s	Signature/s	Date

Progress Report on further Actions: include review dates:

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EVALUATION TOOL - Risk Impact x Likelihood = Risk Rating

Impact	Description	IMPACT	Likelihood	Description	LIKELIHOOD	Risk Score	Risk Level	Risk Rating
1	Insignificant	No injury	5	Almost Certain	Will happen frequently		Score	Risk Rating
2	Minor	Minor injury	4	Likely	Probably will happen, not regularly		1-3	Low
3	Moderate	Moderate injury RIDDOR reportable	3	Possible	Might happen occasionally		4-6	Moderate
4	Major	Major Injury Severe	2	Unlikely	Not expected to happen		8-12	Significant
5	Catastrophic	Death	1	Rare	Never happened		15-25	Critical

Appendix 3

Definitions within the Policy





Velindre NHS Trust	Identified as “the Trust” is made up of healthcare service divisions and hosted organisations.
Service Division	Where the term Service Division is used, it covers divisions and hosted organisations that have management and internal control over their service functions and delivery. Examples of Service Division WBS and VCC and hosted organisation NWIS and NISCHR CRC.
Hazard	Anything with the potential to cause harm, injury or loss.
Risk	The risk is the chance that the likelihood of harm from the hazards will be realised. (Impact x Likelihood = Risk)
Foreseeable risk	A risk that has been identified previously and is therefore known.
Risk Assessment (Pro Active prior to an incident)	A careful examination of the hazards in the workplace that may cause harm, to people the environment or the business, these may be related to processes, tasks or the working environment and will be formally documented.
Risk Assessment (Re Active after an incident)	A risk assessment that has been completed following an incident occurring, this may form part of the investigation process.
Competence	Expertise gained through qualification, knowledge, training and practice.
Risk Matrix	This is a tool developed to quantify risk, by scoring the impact x the likelihood that the risk will probably be realised to establish a Risk Rating. This tool can be used by Managers to prioritise significant risks.
Risk Categorisation	Basic categories to identify how the organisation may be affected by the risk. This is not an exhaustive list:
Business & Organisational High level Risks that may affect the whole organisation:	<ul style="list-style-type: none"> • Strategic, Financial, Legal, Technological, Environmental and Social. • Governance, Health and Safety and Risk Management • System for accidents/incident, risk assessment, complaints and claims • Recruitment, selection and induction of staff and registration of professional staff.

<p>Operational</p> <p>Risk that may affect the day to day running of the Business:</p>	<p>Clinical</p> <ul style="list-style-type: none"> • risks affecting direct patient, donor, client care or service provision/delivery • standards of service and care delivered • informed consent arrangements and adequacy of record keeping • adequacy of staffing levels and clinical supervision • control of infection <p>Health & Safety</p> <ul style="list-style-type: none"> • risks that affect the general safety of staff and or the working environment • facilities, equipment and maintenance provision • security arrangements, disposal of waste • COSHH, Radiation, Manual Handling and Fire <p>Management control</p> <ul style="list-style-type: none"> • risks that affect compliance to legislation • adequacy of policy and procedures • safe systems of work • risk assessment • good practise <p>Security</p> <ul style="list-style-type: none"> • information confidentiality • information integrity and accessibility • site and staff
<p>Project</p> <p>Risk that affect the outcome of future plans and or development</p>	<ul style="list-style-type: none"> • capital planning • resource management • business cases • research and development

Appendix 4

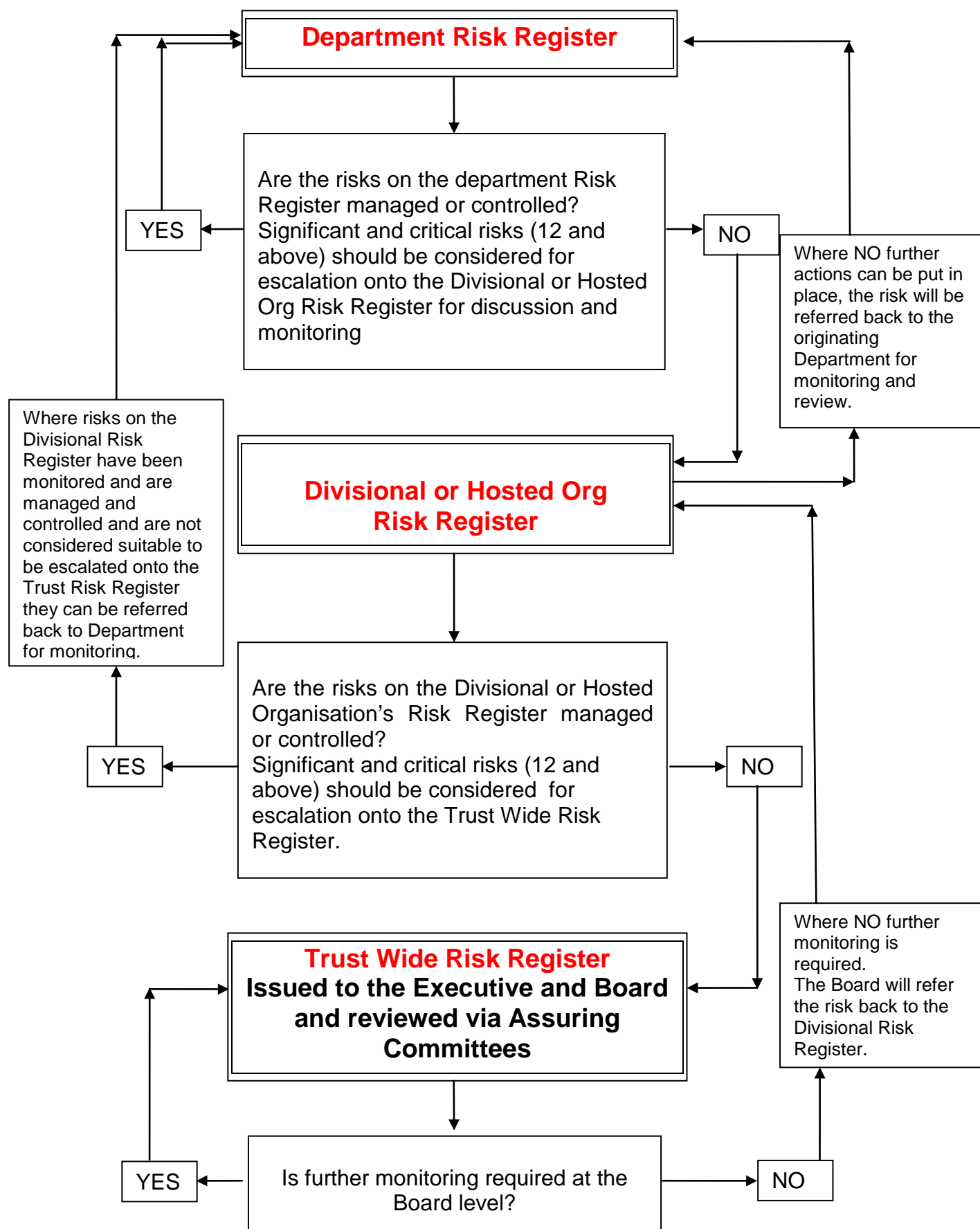
Guidance on Further Actions

Below are definitions of risk and suggested action required to assist the manager in their decision when identifying the level of action required.

	<p>Critical Risk (rating between 15-25)</p> <p>Where there are hazards with high impact and high likelihood, we would expect the risks to be monitored proactively. E.g. when a dangerous machine is consistently in use, and regularly accessed for maintenance and cleaning</p> <p>This type of risk will require immediate senior management intervention and active monitoring.</p>
	<p>Significant Risk(rating between 8-12)</p> <p>Where there are hazards with high impact and low likelihood, we would expect the risks to be monitored and controlled by using contingency and emergency planning. E.g. potential for electrical failure in organisations relying on power for safety reasons, but with well engineered and maintained electrical systems.</p> <p>This type of risk will require action to reduce or control the risk within a 6 month period.</p>
	<p>Moderate risk (rating between 4-6)</p> <p>Where there are hazards with a low impact and a high likelihood. This type of issue is generally well known and understood. Therefore we should be dealing with these already. E.g. Slips trips and falls can be managed through good housekeeping practices and inspections.</p> <p>This type of risk will require action to reduce or control the risk within a 12 month period.</p>
	<p>Low risk (rating between 1-3)</p> <p>Where there are hazards with a low impact and low likelihood. This type of risk is low and we should monitor these for change. But more often we live with them.</p> <p>This type of risk requires no further action, providing adequate controls are in place.</p>

Appendix 5

Escalation Process



Appendix 6

Trust Risk Register

The **Trust Risk Register** is a register of risks that affect the whole Trust. Each risk on the Trust Risk Register will have a formal risk assessment completed. Risks may be escalated onto the Trust Risk Register via an Executive Director or Service Director/Hosted Organisation request. The risks escalated will be: significant risks with a rating of 12 and above and or be unmanageable by a service division or hosted organisation.

A typical risk register contains: **See example below:**

- A description/summary of the risk
- The **initial** risk rating, where the impact x likelihood = risk rating is scored with no controls being in place.
- The **current** risk rating where the impact x likelihood= risk rating is scored with the current controls in place
- The **target** risk rating where the impact x likelihood= risk rating is scored if further actions are identified and completed
- The controls in place - Mitigating actions
- The **Further Actions** required to control or manage the risk and the **Action Lead and Action Date**.

Risk Ref	Trust Objectives	Risk Title	Risk Summary	Risk Potential Impact	Risk Owner	RA Date opened	Risk Rating (initial)	Review Date	Mitigation Actions	Risk Rating (current)	Further Action	Action Lead	Due Date (Action)	Action Status	Risk Level (Target)	Executive Lead for Risk	Assuring Committee for Risk
1	Clinical Excellence	No responsible person as required by statutory law	Lack of competent person to fulfil Statute law	Non compliance with statutory law	Trust Director	21/10/12	4 x 4 =16	21/11/12	Ad hoc advise been given by several staff.	4 x 3 =12	Appoint competent person to undertake the role. Identify reporting structure etc.	Director	21/12/12	Job being Advertised in appropriate manner.	4 x 1 = 4	Executive Lead	Trust Board or Quality and Safety Committee.