



Risk Management Policy

**Document Author: Associate Director Performance
Assurance and Risk**

Date Approved: March 2024

| | |
|---------------------------------------|--|
| Document Reference | PO – Risk Management Policy – March 2024 |
| Version | Version 3.3 |
| Responsible Director (title) | Executive Director for Quality, Governance and Performance Assurance |
| Document Author (title) | Associate Director: Performance, Assurance and Risk |
| Approved By | Risk and Assurance Group |
| Date Approved | March 2024 |
| Review Date | August 2024 |
| Equality Impact Assessed (EIA) | N/A |
| Document Publication | Internal and Public Website |

Document Control Information

| Version | Date | Author | Status (A/D) | Description of Change |
|--|------------|---------------|--------------|---|
| 0.1 | 13/12/13 | Mark Hall | D | Updated document. Replaces all previous versions |
| 1.0 | 15/01/2014 | Mark Hall | A | Approved SMG 15/01/14 |
| 1.1 | | | D | Minor amends |
| 1.2 | 15/12/2016 | Maxine Travis | D | Removed sections relating to incident reporting, investigation, and learning – now covered in Investigations and learning policy. Added section on actions, risk scoping and framing. This document replaces all previous versions |
| 1.3 | 27/02/2017 | Maxine Travis | D | Added section 3.7 Risk owner and action owners (feedback from RAG 16.02.17) Section 3.10 add 3.10.1 completing actions to section on closing and archiving risks |
| 2.0 | May 2017 | Maxine Travis | A | Approved at TMG 10/05/2017 |
| 2.1 | Feb 2018 | Risk Team | D | New visual identity applied |
| 2.2 | Nov 2020 | Risk Team | D | Extension agreed by TMG |
| 2.3 | Jan 2021 | David O'Brien | D | Updated document. Replaces all previous versions. |
| 3.0 | Jan 2021 | Risk Team | A | Approved by TMG |
| 3.1 | April 2023 | Risk Team | A | TMG approved extension until September 2023 |
| 3.2 | Jan 2024 | Risk Team | A | Clare Ashby approved extension until April 2024 |
| 3.3 | March 2024 | Risk Team | A | Extension approved within March Risk and Assurance Group |
| A = Approved D = Draft | | | | |
| Document Author = David O'Brien, Associate Director, Performance Assurance and Risk | | | | |
| Associated Documentation: <ul style="list-style-type: none"> • Risk Management and Assurance Strategic Framework • Risk Assessment Procedure | | | | |

- Health and Safety Policy
- Trust Statutory and Mandatory Training Workbook
- Records Management Policy
- Information Governance Strategy
- Business Continuity Planning Policies and Procedures

| Section | Contents | Page No. |
|----------------|--|-----------------|
| | Staff Summary | 5 |
| 1.0 | Introduction | 6 |
| 2.0 | Purpose / Scope | 6 |
| 3.0 | Process | 7 |
| | 3.1 Risk Management Objectives | 7 |
| | 3.2 Risk Identification | 8 |
| | 3.3 Risk Assessments | 8 |
| | 3.4 Scoping Risk | 9 |
| | 3.5 Describing Risk | 9 |
| | 3.6 Controls; Gaps in Controls | 9 |
| | 3.7 Action Planning | 10 |
| | 3.8 Differentiating Between Controls, Gaps and Actions | 10 |
| | 3.9 Risk Owners and Action Owners | 10 |
| | 3.10 Evaluating Risks | 11 |
| | 3.11 Recording Risks | 13 |
| | 3.12 Risk Reviews | 13 |
| | 3.13 Risk System Auto-Prompts | 14 |
| | 3.14 Completing Actions and Closing Risks | 15 |
| 4.0 | Risk Oversight Arrangements | 15 |
| 5.0 | Training Expectations for Staff | 16 |
| 6.0 | Implementation Plan | 17 |
| 7.0 | Monitoring Compliance | 17 |
| 8.0 | Appendices | 18 |
| | A: Roles and Responsibilities | 19 |
| | B: Risk Lead Role Descriptor | 22 |
| | C: Risk Evaluation Matrix | 23 |
| | D: Risk Evaluation Descriptors | 24 |
| | E: Risk Scoping Tool | 33 |

Staff Summary

| |
|--|
| <p>Risk is inherent in all activities and at all levels of the Trust. Risks can arise or be identified at any time in the course of day-to-day work across the organisation.</p> |
| <p>All members of staff are responsible for identifying and reporting risks in their area of work. Risk management is everybody's business.</p> |
| <p>The Trust seeks to adopt good practice in the identification, evaluation and cost effective control of risks.</p> |
| <p>This policy sets out the Trust's expectations and key processes regarding the identification and management of risks.</p> |
| <p>All risks must be recorded in the Trust's risk management system. The Trust will provide training and support for staff to help them use the risk management system.</p> |
| <p>This policy includes requirements and guidance to help staff to:</p> <ul style="list-style-type: none">• Identify, scope and describe a risk• Evaluate the consequence, likelihood and overall rating of a risk• Understand the controls and gaps in controls associate with a risk• Develop and manage actions to mitigate a risk• Record and manage risk information on the Trust's risk management system• Maintain risk registers at the appropriate level of the organisation• Review and update the status of a risk• Escalate, de-escalate and close a risk |
| <p>This policy sets out the key roles and responsibilities of designated risk owners and designated action owners</p> |
| <p>All members of Trust staff receive an introductory overview of risk management practice as part of the mandatory corporate induction programme.</p> |
| <p>Risk register reviews should be a regular agenda item for management teams, specialist groups, governance bodies, and project or programme governance groups</p> |
| <p>The Risk and Assurance team will plan and deliver an annual programme of local risk register 'deep dive' reviews.</p> |
| <p>The Risk and Assurance team will support all members of staff, and especially the designated Risk Leads, to implement this policy in their business area.</p> |

1.0 Introduction

- 1.1 Risk management is everybody's business. Risk is inherent in all activities and at all levels of the Trust. Risk management is a statutory and regulatory requirement for the Trust. It is also an indispensable core component of good practice in all aspects of strategy, planning and operational management.
- 1.2 Yorkshire Ambulance Service NHS Trust (henceforth, 'the Trust') is committed to identifying and managing all risks associated its service delivery, support functions and the organisation as a whole. At an operational level good risk management is essential for the delivery of safe, efficient and high quality frontline services and effective, value-adding support functions. At a strategic level good risk management underpins the Trust's planning and development activities, both as an organisation in its own right and in collaboration with others as a system partner.
- 1.3 The Trust recognises that failure to identify and address risk in a timely and effective manner could result in:
- Harm to patients, staff, volunteers, or others
 - Failure to deliver the Trust's strategies, policies, plans and operational priorities
 - Failure to achieve required levels of organisational resilience and business continuity, especially in response to and learning from major incidents or other significant events
 - Loss or damage to the Trust's reputation or influence at national, regional or community level
 - Loss or damage to the Trust's property, assets, systems and data
 - Financial and commercial losses
 - Adverse publicity, complaints, and litigation
 - Failure to meet statutory, policy or regulatory obligations
- 1.4 Actively recognising the risks associated with service delivery and support functions enables the Trust to plan and implement strategies to mitigate the likelihood and consequence of a risk materialising. However, managing risk is not just about avoiding adverse future events. Risk management good practice also includes considered, well-controlled risk-taking in pursuit of opportunities to develop, improve and add value to the services and functions of the Trust.
- 1.5 Risk management is integral to the leadership, management, governance and other corporate activities of the Trust. It is embedded into the routine business management of the organisation in order that it can effectively support and identify risks associated with service delivery, support functions, internal developments and change, and external factors.

2.0 Purpose/Scope

- 2.1 This policy sets out the Trust's expectations and key processes regarding the identification and management of risks.
- 2.2. This policy applies to all activities associated with the Trust, including service delivery, support functions, internal business developments and change, wider system

interactions and other external factors affecting any constituent part of the organisation and the Trust as a whole.

- 2.3 This policy applies to all categories of risk, including, but not limited to: strategic, operational, clinical, technology (including healthcare technology), financial, fraud, commercial, programme/project, security, business continuity, information, regulatory, environmental and reputational risks.
- 2.4 This policy applies to all directly employed staff, agency staff, contractors and volunteers engaged in work or other activities on behalf of the Trust.
- 2.5 This policy aligns with and supports implementation of the Trust's Risk Management and Assurance Strategic Framework.
- 2.6 This policy is supported by a user guide that provides a practical, step-by-step approach to using the Trust's corporate risk management system (Datix).
- 2.7 The scope of this policy does not include the Trust's requirements regarding dynamic risk assessment relating to safer responding practice. These requirements are set out in the Safer Responding Policy and associated documents.
- 2.8 The scope of this policy includes only brief reference to the Trust's requirements regarding proactive risk assessment. These requirements are set out fully in the Risk Assessment Procedure and associated documents.

3.0 Process

3.1 Risk Management Objectives

- 3.1.1 The Trust seeks to adopt good practice in the identification, evaluation and cost effective control of risks to ensure that they are reduced to an acceptable level or are eliminated as far as is reasonably practicable.
- 3.1.2 The objectives of risk management across the Trust are to:
 - Minimise the potential for harm to patients, staff, volunteers and visitors, reducing this to levels that are as low as is reasonably practicable
 - Protect everything of value to the Trust, such as high quality patient care, staff and patient safety, reputation and influence, physical and intellectual assets, current and future income streams, information systems and data.
 - Enable the Trust to anticipate, respond to, and remain resilient in changing strategic and operational circumstances
 - Maximise opportunities for Trust development, innovation, and improvement of services and functions in a safe, considered and controlled manner
 - Ensure that the Trust achieves and sustains compliance with statutory, policy, regulatory and legal frameworks and other similar requirements
 - Inform the Trust's strategies, policies and operational decisions by identifying risks and their likely impact, by developing actions and controls to manage these risks, and by capturing and applying learning from previous risk and control issues.

- Ensure that risk management and assurance activity is embedded into standard management practice across the Trust and is not regarded as separate or niche
- Ensure that risk management and assurance activity is seen as a live and dynamic process that is embedded in the work of governance bodies and managerial groups at all levels of the Trust
- Provide a standard set of policies, procedures and processes to support consistent risk management practice across all functions and at all levels of the Trust

3.2 Risk Identification

3.2.1 Risk is inherent in all activities and at all levels of the Trust. Risks can arise or be identified at any time in the course of day-to-day work across the Trust. All members of staff are responsible for identifying and reporting risks in their area of work. Risk management is everybody's business.

3.2.2 Risks to Trust activity can be identified from many and varied valid sources. The following are examples of such sources. This list is illustrative only and is not intended to be exhaustive.

- | | |
|--------------------------------|---|
| • Risk Assessment | • Policy Development and Review |
| • Quality Impact Assessment | • Internal and External Audit |
| • Incidents and Near Misses | • Business Continuity Plans and Exercises |
| • Complaints and Concerns | • Regulatory Frameworks |
| • Claims and Litigation | • Compliance Reporting |
| • Central Alerting System | • Management Reviews |
| • Triangulation of Information | • Risk Workshops |
| • Horizon Scanning | • Programme / Project Assurance |
| • Inspections for Improvement | • Debriefs |
| • Central Alerts | |
| • Coronial Investigations | |

3.3 Risk Assessments

3.3.1 Important sources of risk information include the various types of proactive risk assessment carried out across the Trust. Proactive risk assessment aims to protect the interests of staff, patients, the public, and other stakeholders by embedding risk assessment in the day-to-day working practices of all employees.

3.3.2 The Trust's Risk Assessment Procedure sets out a suite of risk assessment processes for identifying potential sources of harm and putting in place measures to control these. In so doing it enables the Trust to fulfil its duty of care towards staff and others, and supports compliance with health and safety legislation and related regulations.

3.3.3 Themes and trends identified from risk assessments may be articulated as individual risks and recorded in the Trust's risk management system.

3.4 Scoping Risks

- 3.4.1 When an area of emerging risk is identified, the risk must be scoped. This involves describing the risk in a clear and meaningful way, evaluating the consequence and the likelihood of the risk materialising, identifying the controls and gaps in controls associated with that risk, and developing remedial actions to mitigate the risk.
- 3.4.2 As part of the scoping process each risk must have assigned to it a designated risk owner. The risk owner takes oversight of the risk, ensuring that the risk is managed effectively and in line with this Risk Management Policy and associated processes.
- 3.4.3 The Trust provides a standard tool to support the scoping of risks in a structured and consistent manner. This tool helps the user to articulate each identified risk and consider the associated controls, gaps in controls, and mitigating actions. This tool is presented at Appendix E.
- 3.4.4 This risk scoping tool can be used by individuals or by a group to capture, discuss and refine pertinent risk information before it is formally recorded on the Trust's risk management system (Datix).
- 3.4.5 Guidance and support for the risk scoping process will be provided by the designated Risk Lead for each directorate or business function, and by the Trust's Risk and Assurance team.

3.5 Describing a Risk

- 3.5.1 The description of a risk should convey the key element of that risk in a clear and concise way. The Trust has a standard formula for describing a risk, as follows:
- “IF...THEN...RESULTING IN...”
- 3.5.2 Application of this standard formula for describing a risk allows the user to always define these three key elements of the risk:
- The potential threat (“IF...”)
 - What will happen if the threat materialises (“THEN...”)
 - The impact (“RESULTING IN...”)
- 3.5.3 All risks recorded in the Trust's risk management system (Datix) should be expressed using the standard formula.
- 3.5.4 The Risk and Assurance team will provide examples and further guidance regarding risk description.

3.6 Controls; and Gaps in Controls

- 3.6.1 Controls are measures or arrangements that are already in place to mitigate or manage a risk. Examples of controls include policies, plans, systems and procedures, approvals processes, management information, compliance reporting, audits, and training.

- 3.6.2 Every control should be relevant to the risk it is intended to mitigate. It should be clear that the control directly impacts on that risk. The strength and effectiveness of each control should be considered when deciding the influence, it will have on the risk rating.
- 3.6.3 Gaps in controls are issues directly relevant to the mitigation of a risk that are not yet controlled adequately or at all. Examples of gaps in controls could include the absence of any of the controls mentioned above (3.6.1). Gaps in controls should be addressed via clear, effective and proportionate remedial actions.

3.7 Action Planning

- 3.7.1 The risk owner is responsible for developing an action plan to mitigate the risk. The risk owner must ensure that the planned actions are proportionate to the gaps in control and are relevant to the mitigation of the risk.
- 3.7.2 Each identified gap in control associated with a risk should be addressed by at least one remedial action. The action should be specific to the gap identified, be time-limited, and have a designated owner who is responsible for delivering the action (or for ensuring its completion via delegation to others).
- 3.7.3 The Trust's risk management system includes functionality to record actions associated with risks. All actions to address gaps in controls, or otherwise to mitigate a risk, should be recorded in the Trust's risk management system.
- 3.7.4 An individual gap in controls might require multiple remedial actions. In such circumstances each action must be recorded separately to ensure that an audit trail of implementation progress is captured for each individual action.
- 3.7.5 Actions plans should include for each action a designated owner, a review date, and a completion date. Review and completion dates are important because they enable the organisation to monitor progress over time towards reducing the risk.
- 3.7.6 The Trust's risk management system will alert action owners by email to prompt them when their actions are due for review and / or completion. Section 3.13 outlines the expectations of risk owners and action owners in respect of responding to prompts received from the risk management system.

3.8 Differentiating between Controls, Gaps and Actions

3.8.1 To summarise:

- Controls are measures or arrangements that are already in place in order to manage or mitigate a risk
- Gaps in controls are the additional issues to be addressed in order to mitigate the risk further
- Actions describe the remedial measures set out in an action plan in order to address gaps in controls

3.9 Risk Owners and Action Owners

- 3.9.1 In addition to the risk owner, each risk will have a designated action owner. Action owners are responsible for delivering the actions required to reduce the risk to the target level.
- 3.9.2 Each risk can have multiple actions. Each of these actions must have a designated action owner. Where a risk has multiple actions, it can have multiple action owners.
- 3.9.3 The risk owner and the action owner can be the same individual. They can also be different individuals and located in different services or directorates. It is permissible for the risk owner to develop the action plan associated with a risk and then to allocate or transfer some or all the actions to other individuals for them to manage through to completion. In such circumstances the risk owner remains the same, but these other individuals become the designated action owners.
- 3.9.4 The risk owner must always consult with the proposed action owner(s) prior to recording actions and allocating responsibility for their delivery. This is a matter of professional courtesy in line with the Trust's values and behaviours. It also ensures that the proposed action owner(s) formally accept ownership of the action(s) and take responsibility for delivery as set out in the action plan.
- 3.9.5 Upon leaving the organisation, an action owner must liaise with the risk owner to identify an appropriate successor action owner and enact the transfer of action ownership (in accordance with 3.9.5).
- 3.9.6 A designated risk owner can transfer overall ownership of a risk to another individual.
- 3.9.7 When transferring a risk, the current risk owner must always consult with the proposed new risk owner prior to transferring ownership of the risk. This is a matter of professional courtesy in line with the Trust's values and behaviours. It also ensures that the proposed new risk owner agrees to take ownership of the risk and be responsible for its management and action plan.
- 3.9.8 Upon leaving the organisation, the designated risk owner must identify an appropriate successor risk owner and transfer of risk ownership (in accordance with 3.9.6).

3.10 Risk Rating

- 3.10.1 The Trust uses a standard evaluation matrix to score and apply a rating to each identified risk. This matrix is based on the model developed for use by NHS bodies by the former National Patient Safety Agency. The model utilises a 5 x 5 matrix of consequence and likelihood scores in order to calculate an overall score for each risk. Appendix C presents the Trust's risk evaluation matrix.
- 3.10.2 The score calculated for each risk determines the rating of the risk, as follows:

| Risk Rating | | Risk Score |
|-------------|--------------------|------------|
| | High ('Red') | 15 - 25 |
| | Moderate ('Amber') | 8 - 12 |
| | Low ('Green') | 1 - 6 |

3.10.3 The rating applied to a risk determines how that risk should be managed in the organisation. This is set out in the table below:

| Risk Rating | | Risk Management Approach |
|-------------|----------|--|
| | High | <p>Managed at local team or departmental level and / or Directorate or Trust level or by a subject specific group depending on management control, treatment plan, or wider strategic implications for the Trust.</p> <p>Risk Leads consider escalation and review at Risk Assurance Group where consideration is given to escalating the risk into the Corporate Risk Register and / or the Board Assurance Framework</p> |
| | Moderate | <p>Managed at local team or departmental level, unless escalated to Directorate or Trust level or to a subject specific group.</p> <p>Where there is a consequence score of 4 or 5 alone this may be considered for escalation to the Risk Assurance Group regardless of the likelihood score.</p> |
| | Low | <p>Managed at a local team or departmental level. Local management to determine and develop risk treatment plans or to manage through routine procedures; and consider including on the risk register.</p> <p>This level of risk may be short-lived or aggregated into a higher risk.</p> |

3.10.4 Risk Domains: the Trust's risk evaluation matrix presents a number of 'domains' or categories of risk against which to assess the consequence and likelihood of any given risk. These domains are:

- Safety
- Staff
- Statutory duty or inspections
- Service or business interruption
- Business programmes / projects
- Safeguarding
- Road traffic collisions
- Coroners' requests / inquests
- Complaints
- Financial loss
- Information Governance
- Adverse publicity / reputation
- Litigation

3.10.5 Consequence: the consequence element of a risk concerns the level of impact of the threat associated with a risk if it were to materialise. For each risk domain the Trust's risk evaluation matrix contains five descriptors (1-5) that are used to score the consequence element of any given risk. The five consequence descriptors are:

| Consequence | | Descriptor |
|-------------|--|--------------|
| 1 | | Negligible |
| 2 | | Minor |
| 3 | | Moderate |
| 4 | | Major |
| 5 | | Catastrophic |

3.10.5 Likelihood: the likelihood element of a risk concerns the probability or chance that the threat associated with a risk will actually materialise. The Trust's risk evaluation matrix contains five descriptors (1-5) that are used to score the likelihood element of any given risk. The five likelihood descriptors are:

| Likelihood | | Descriptor |
|------------|--|----------------|
| 1 | | Rare |
| 2 | | Unlikely |
| 3 | | Possible |
| 4 | | Likely |
| 5 | | Almost Certain |

3.10.6 Appendix D sets out more detailed definitions of the risk domains and the descriptors of consequence and likelihood.

3.10.7 The risk evaluation matrix should be applied in six steps as follows:

- Step 1:** Identify the appropriate domain that describes the potential adverse outcome that would result if the risk materialises. This relates to the 'RESULTING IN...' element of the risk description.
- Step 2:** Determine the consequence score (C) that best fits the potential adverse outcome if it materialised
- Step 3:** Determine the likelihood score (L) that best fits the probability of the potential adverse outcome occurring
- Step 4:** Calculate the overall risk score by multiplying the consequence score (C) by the likelihood score (L)

Step 5: Use the risk score to identify the appropriate rating to apply to the risk (low, moderate, or high)

Step 6: Record the risk in the Trust's risk management system (Datix)

3.11 Risk Recording

3.11.1 All risks must be recorded in the Trust's risk management system. This applies to all categories and types of risk, including programme and project risks as well as operational business risks.

3.11.2 Where the system functionality allows, the following information should be recorded about each risk:

- Risk title
- Risk description ("IF...THEN....RESULTING IN...")
- Risk owner
- Risk type and sub-type
- Risk review date
- Initial risk score
- Target risk score
- Controls and gaps in controls
- Actions, including action owners and action due dates

3.11.3 Risks with a score of 'lower than 12' should be recorded on the system in local risk registers only (for example, at directorate, business area or project level). Risks with a score of '12 or higher' should be recorded on the system in local risk registers and also submitted for escalation to the corporate risk register.

3.11.4 Risks that are submitted for escalation to the corporate risk register will be reviewed by the Risk and Assurance Manager (or equivalent) before being recorded on the corporate risk register. This review will be completed no more than ten working days after the risk has been submitted for escalation.

3.11.5 The escalation of a risk to the corporate risk register will be confirmed at a subsequent meeting of the Risk and Assurance Group and reported to the Trust Management Group.

3.11.6 Risks that are recorded on the corporate risk register continue to be owned by the original risk owner. Other than in exceptional circumstances, where a risk is escalated from a local risk register to be recorded on the corporate risk register this does not result in a transfer of risk ownership.

3.11.7 The Trust will provide training to support staff to use the risk management system effectively.

3.11.8 The Risk and Assurance team will provide guidance and support for staff to help them use the risk management system effectively.

3.12 Risk Reviews

3.12.1 All risks should be reviewed by the risk owner on a routine and regular basis.

- 3.12.2 Risks recorded on the corporate risk register should be reviewed monthly by the risk owner. In addition, risks recorded in the corporate risk register will be reviewed and moderated collectively each month by the Risk and Assurance Group.
- 3.12.3 Risk reviews should include an evaluation of the current risk score (using the risk evaluation matrix), review and confirmation of the target risk score, and a review of progress in completing the mitigation actions.
- 3.12.4 Following a risk review the 'current risk score' should be recorded on the Trust's risk management system, in addition to the 'initial risk score' and the 'target risk score'. Taken together, the initial, current and target scores provide a view of progress towards reducing the risk to the target level.
- 3.12.5 If, as a result of a risk review, the current risk score increases from 'lower than 12' to '12 or higher' then the risk should be submitted for escalation to the corporate risk register (see 3.11.4 – 3.11.5).
- 3.12.6 If, as a result of a risk review, the current risk score decreases from '12 or above' to 'lower than 12' then the risk should be submitted for de-escalation from the corporate risk register.
- 3.12.7 Risks that are submitted for de-escalation from the corporate risk register will be reviewed by the Risk and Assurance Manager (or equivalent) before being removed from the corporate risk register. This review will be completed no more than ten working days after the risk has been submitted for de-escalation.
- 3.12.8 The de-escalation of the risk from the corporate risk register will be confirmed at a subsequent meeting of the Risk and Assurance Group and reported to the Trust Management Group.
- 3.12.9 Unless otherwise specified, upon de-escalation from the corporate risk register a risk remains open and active but is recorded on the risk management system in a local risk register only (for example, at directorate, business area, or project level).

3.13 Responding to System Auto-Prompts

- 3.13.1 Where the system functionality allows, the Trust's risk management system will automatically send a prompt to risk owners to inform them that a risk review is due.
- 3.13.2 Where the system functionality allows, the Trust's risk management system will automatically send a prompt to action owners to inform them that an action has reached its due date.
- 3.13.3 Risk owners and action owners should respond to system prompts in a timely manner.
- 3.13.4 It is not necessary to wait until a system auto-prompt is received before reviewing and updating the information recorded about a risk or an action. Progress about a risk or an action can be updated at any time. Owners of risks and actions should not wait to receive a notification if the recorded information can be updated earlier.
- 3.13.5 For any given risk, the overall risk review date and the individual action due dates may differ. This is entirely appropriate as there may be multiple actions to be completed over a period of time, each with a different completion date, in order to mitigate the risk and achieve the target risk score.

3.14 Completing Actions and Closing Risks

- 3.14.1 The action owner is responsible for updating and closing actions as and when these are completed.
- 3.14.2 When an action has been completed the date of completion should be added to the information associated with that risk as recorded in the Trust's risk management system. This provides an audit trail to demonstrate the delivery of the action required to mitigate the risk.
- 3.14.3 When an action has been completed consideration should be given to the impact on the risk score and rating. If the completed action has a significant impact on the likelihood or consequence of the risk occurring, the risk score and rating should be reviewed and potentially reduced.
- 3.14.4 A risk that remains open can have a number of completed actions recorded against it. However, when all the planned actions have been complete, the risk owner should consider whether further actions are required to manage the risk, or whether the risk can be closed.
- 3.14.5 Where the completion of all actions results in a risk being reduced to its target risk score, or being eliminated entirely, that risk can be closed.
- 3.14.6 Risks can be closed without reaching the target risk level where the relevant business area recognises that any remaining residual risk will not or cannot be mitigated and is willing to tolerate the outstanding level of risk. In most circumstances the current risk rating should be 'low' (a score of 1 to 6) prior to removing a risk from the risk register.
- 3.14.7 Closure of a risk should be proposed by the risk owner and approved by the appropriate management group or governance body.
- 3.14.8 Risks held on the corporate risk register that are proposed for closure will be reviewed by the Risk and Assurance Manager (or equivalent) before being removed from the corporate risk register. This review will be completed no more than ten working days after notification of the proposed closure of the risk.
- 3.14.9 Closure of a corporate risk will be confirmed at a subsequent meeting of the Risk and Assurance Group and reported to the Trust Management Group.

4.0 Risk Oversight Arrangements

- 4.1 The Trust's Risk Management and Assurance Strategic Framework sets out the overarching principles and processes that enable the Trust to manage risk well and uphold high standards of risk governance and assurance. It describes how the Trust's risk management activities dovetail with other governance and assurance arrangements to form a coherent system of internal control. This framework supports the Trust to deliver its objectives by ensuring that:
- Risks to objectives are identified and managed in a timely and effective manner
 - Opportunities for strategic development and service improvement are embraced and delivered safely
 - The prevailing risk management and assurance culture is open and constructive
 - Risk management and assurance activity, including risk assessment and business

continuity, adds value to the life and work of the Trust

- 4.2 The Board Assurance Framework is owned by the Trust Board. It represents ownership by the Trust Board of the key areas of risk to the achievement of the Trust's strategic objectives. The Board Assurance Framework sets out the main strategic risks to the organisation's objectives and the associated controls and mitigation actions. It presents an assessment of the strength of internal controls in place to reduce the likelihood and impact of key risks materialising, and it identifies the main sources of internal and external assurance regarding the effectiveness of those internal controls.
- 4.3 The corporate risk register captures all recorded risks with a score of '12 or higher'. The corporate risk register is reviewed on a monthly basis by the Risk and Assurance Group, is reported to Trust Management Group each month, and is reported to the Board and its Committees in line with the cycle of Board-level corporate governance meetings.
- 4.4 Lower graded risks (with a score of 'lower than 12') should be managed via risk registers held at directorate, business area, specialist group, or project/programme level. These local level risk registers should be maintained by the appropriate risk lead in conjunction with other appropriate managers involved in that area of work.
- 4.5 Risk register reviews should be a regular agenda item for meetings of directorate and business area management teams, specialist groups and governance bodies, and project or programme governance and assurance meetings. The requirement to hold regular risk register reviews should be included in the terms of reference for such bodies. These risk register reviews should include the following standard elements:
- Review existing risks
 - Review progress of mitigation actions
 - Re-assess risk scores
 - Consider emerging risks
- 4.6 The Risk and Assurance team will plan and deliver an annual programme of local risk register 'deep dive' reviews.
- 4.7 Each directorate, business area or project/programme a nominated risk 'champion' who is their designated Risk Lead. The role of this Risk Lead is to maintain oversight of all risks for their area, be the representative for their business area at Risk and Assurance Group (RAG) and provide updates to RAG on behalf of their service on existing and emerging risks. Appendix B presents a descriptor for the Risk Lead role.
- 4.8 The Risk and Assurance Manager (or equivalent) will meet with Risk Leads on a regular basis in order to review existing risks and discuss areas of emerging risk.
- 5.0 Training Expectations for Staff**
- 5.1 Training in risk management is delivered as specified within the Trust's Training Needs Analysis.
- 5.2 All members of Trust staff receive an introductory overview of risk management practice as part of the mandatory corporate induction programme.

- 5.3 All designated risk leads, and others with significant involvement in risk management, will receive training in use of the Trust’s risk management system (Datix).
- 5.4 The Trust may identify and mandate specific additional risk management training requirements for any individual or staff groups in accordance with the responsibilities of their role(s) and the needs of the service.
- 5.5 Board members and other senior leaders will receive specialist risk management development opportunities throughout their service with the Trust where this is relevant to their role.
- 5.6 The Trust’s Risk and Assurance team will plan and deliver an annual programme of training and other development activities to raise awareness and understanding of risk management and to strengthen the capacity and capability for risk management within the Trust workforce.

6.0 Implementation Plan

- 6.1 The latest approved version of this policy will be posted on the Trust intranet site for all members of staff to access. New members of staff will be signposted to how to find and access this document during their induction into the Trust.
- 6.2 Additional implementation measures will be applied in teams or functions as required. These will be supported through local induction processes, staff engagement and development processes, and other relevant management arrangements.
- 6.3 Appropriate communications messaging and materials will be produced and disseminated via multiple channels as required.
- 6.4 The Risk and Assurance team will support Risk Leads to implement this policy in their business area.
- 6.5 Some elements of this policy are new and will be implemented on a phased basis during the first twelve months following approval of the policy. These include the risk register review process described at 4.6 and the development of a training programme described at 5.6.

7.0 Monitoring Compliance With this Policy

- 7.1 For the Trust to be assured that the processes described within this policy are working, monitoring arrangements are shown in the table below.

| Auditable Standards | Methodology | Frequency | Monitoring Committee |
|---|---|-----------|--------------------------|
| All services and business areas should be represented at Risk and Assurance Group | Review of attendance register by the Risk and Assurance | Annual | Risk and Assurance Group |
| | Review of RAG membership | Annual | Risk and Assurance Group |

| | | | |
|---|--|-----------|--------------------------|
| All recorded risks should remain in date | Review of Corporate Risk Register at RAG | Monthly | Risk and Assurance Group |
| | Risk review meetings: Risk Leads and Risk and Assurance | 6-monthly | Risk and Assurance Group |
| All local risk registers undergo an annual 'deep dive' review | Programme of reviews planned and delivered by the Risk and | Annual | Risk and Assurance Group |

8.0 Appendices

8.1 This policy includes the following appendices.

Appendix A: Roles and Responsibilities

Appendix B: Risk Lead Role Descriptor

Appendix C: Risk Evaluation Matrix

Appendix D: Risk Evaluation Descriptors

Appendix E: Risk Scoping Tool

Appendix A – Roles and Responsibilities

All Staff

All members of staff across the Trust have a responsibility to ensure they make themselves aware of and comply with the Risk Management Policy. All members of staff are responsible for reporting identified potential risks within their area of work. Staff will be required to participate in activities which are commensurate with the Trust's Risk Management Policy and statutory or legislative requirements.

All members of staff are responsible for:

- Understanding and complying with Trust policies and procedures.
- Undertaking any training provided by the Trust as a requirement of this policy.
- Ensuring the safety of themselves, their colleagues, the patient and others who may be affected by their acts or omissions.
- Acting in accordance with Trust values and expected behaviors.

Trust Board

The Trust Board owns the strategic framework for risk management and assurance, oversees the system of internal controls which enables risk to be assessed and managed, and sets the organisations' risk appetite. The Board sets the Trust's strategic aims and ensures that resources are in place to meet its objectives. It receives reports at each meeting on the most significant risks and associated mitigation actions as detailed in the Trust's Board Assurance Framework.

Audit Committee

The Audit Committee is a formal committee of the Trust Board. It provides overview and scrutiny of risk management and of the Trust's system of internal control more generally. The committee meets quarterly and has an annual work plan which has been refined to reflect the increased focus on quality governance.

Quality Committee

The Quality Committee is a formal committee of the Trust Board. It undertakes scrutiny of the Trust's clinical governance, quality and workforce plans, compliance with external quality regulations and standards, and key associated functions. The committee oversees risks to delivery of plans and functions related to this remit.

Finance and Investment Committee

The Finance and Investment Committee is a formal committee of the Trust Board. It undertakes scrutiny of the Trust's financial plans, revenue and capital budgets, investment decisions, contract management and procurement. The committee oversees risk to delivery of plans and functions related to this remit.

Trust Executive Group

The Trust Executive Group is accountable for the strategic and operational management of the Trust and the delivery of objectives set by the Board. The Group oversees the management of strategic and corporate-level risks and controls across all functions and activities of the Trust.

Trust Management Group

The Trust Management Group supports the operational management of the Trust and the delivery of objectives set by the Trust Board. The Group oversees the management of corporate-level risks and controls across all functions and activities of the Trust.

Risk and Assurance Group

The Risk and Assurance Group is a formally constituted sub-committee of Trust Management Group. It reviews, moderates and assures corporate-level risks and associated controls and mitigations. The Group receives reports on all directorate risk registers and specific risk issues from its members, including representatives from all other associated risk management groups.

Other Groups involved in risk management include:

Strategic Health and Safety Committee

This strategic Committee is responsible for the review and monitoring provision of a healthy, safe and secure environment for all employees, contractors and members of the public who may be affected by the activities of the Trust. The Committee is responsible for instigating appropriate action to address risks identified from issues that may compromise the above.

Clinical Governance Group

The Clinical Governance Group provides a focus for clinical risk and quality issues. It receives reports by exception on clinical risk issues and is responsible for directing action to manage clinical risk.

Clinical Quality Development Forum

Clinical Quality Development Forum is a sub-group of the Clinical Governance Group. The CQDF reviews clinical risks on a monthly basis, reporting to Clinical Governance Group on an exceptions basis.

Medicines Management Group

The Medicines Management Group reports directly into the Clinical Governance Group and is responsible for reviewing medicines-related incidents and serious incidents instigating appropriate action to address issues identified.

Incident Review Group

The Incident Review Group is responsible for reviewing and instigating appropriate action to address issues identified in relation to incidents, potential serious incidents and near misses, along with identifying themes, trends and learning from the following specialty areas;-

- Formal complaints and concerns
- Claims
- Coroner's requests and inquests
- Clinical case reviews
- Debriefs following incidents and exercises
- Human resources processes

Information Governance Working Group

The Information Governance Working Group is responsible for advising upon and overseeing the management of all issues associated with information risk, confidentiality and information governance/security.

Key individual roles include:

Chief Executive, as the Trust's Chief Accounting Officer

The Chief Executive has overall responsibility for ensuring that an effective system of risk management and assurance is in place and that the Trust meets its statutory and regulatory requirements in respect of good corporate governance. The Chief Executive is accountable to the Board for maintaining a sound system of internal control and is responsible for the Annual Governance Statement that sets out the Trust's risk management and assurance arrangements and how these support the achievement of the organisation's objectives.

Executive Director of Quality, Governance and Performance Assurance

The Executive Director Quality, Governance and Performance Assurance has overall lead responsibility the direction, development, management and implementation of the Trust's strategic framework for risk management and assurance. This Executive Director is the Trust's designated Senior Information Risk Officer (SIRO).

Executive Medical Director

The Executive Medical Director is responsible for working closely with the Executive Director QGPA for in relation to risk management and providing expert advice and guidance where necessary, particularly in relation to clinical risk.

Executive Directors

Directors are responsible for ensuring that the Risk Management Policy is implemented within their directorates and that risk management is embedded in their governance arrangements.

Associate Director Performance, Assurance and Risk

The Associate Director of Performance, Assurance and Risk is responsible for promoting and supporting of embedding of effective risk management processes within the Trust.

Head of Risk and Assurance

The Head of Risk and Assurance is responsible for operational implementation of the Risk Management and Assurance Strategic Framework and the Risk Management Policy, including providing support, guidance and training to risk leads on implementation.

Risk and Assurance Manager

The Head of Risk and Assurance is responsible for supporting operational implementation of the Risk Management and Assurance Strategic Framework and the Risk Management Policy, including providing support, guidance and training to risk leads on implementation.

Managers

All managers are responsible for identifying and managing risk within the extent of their roles. In addition, there are managers with specific interest and responsibility for oversight of risk management within their specialist area of work, these include, but are not limited to;-

- Health and Safety Manager
- Accredited Security Management Specialist (ASMS)
- Head of Risk and Assurance; Risk and Assurance Manager
- Head of Safeguarding
- Head of Safety

Appendix B – Risk Lead Role Descriptor

Risk Lead Responsibilities

Risk Leads will operate with their designated directorates, business areas, project teams or other operational grouping in order to promote and support effective risk management and encourage compliance with the Trust's Risk Management Policy.

The following responsibilities of a Risk Lead represent guidance only and do not constitute a mandated element of the job description for any particular role or individual.

The Risk Lead will:

- Support managers, staff, risk owners and action owners in their directorate or business area to identify and manage risks effectively and in accordance with the Risk Management Policy
- Ensure that risk registers are maintained, updated and reviewed in a timely and effective manner.
- Ensure that risks are identified and recorded in a timely and effective manner and in accordance with the Risk Management Policy.
- Ensure that risks are reviewed in a timely and effective manner and in accordance with the Risk Management Policy
- Ensure that action plans are produced and recorded in a timely and effective manner.
- Monitor and review progress against action plans.
- Attend relevant directorate management groups, Trust committees, governance group and forums to discuss and present new/revised risks
- Attend the Risk and Assurance Group monthly to present new and revised corporate level risks, and to discuss any areas of emerging risks.
- Act as a point of contact between the corporate Risk and Assurance team and their directorate or business area.
- Develop a good level of competence in using the Trust's risk management system, and support staff in their directorate or business areas to use the system effectively.
- Support the Risk and Assurance team to develop a Trust-wide professional network relating to risk management and related assurance activities.
- In general, act as a champion and positive role model for risk management

Appendix C – Risk Evaluation Matrix

Risk Evaluation Matrix: Consequence x Likelihood

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

The scores obtained from the risk matrix are used to assign ratings to risks as follows:

| Risk Score | Risk Rating | Risk Management Approach |
|------------|-------------|--|
| 15-25 | High | Managed at local team or departmental level and / or Directorate or Trust level or by a subject specific group depending on management control, treatment plan, or wider strategic implications for the Trust. Risk Leads consider escalation and review at Risk Assurance Group where consideration is given to escalating the risk into the Corporate Risk Report and / or the Board Assurance Framework |
| 8-12 | Moderate | Managed at local team or departmental level, unless escalated to Directorate or Trust level or to a subject specific group. Where there is a consequence score of 4 or 5 alone this may be considered for escalation to the Risk Assurance Group regardless of the likelihood score. |
| 1-6 | Low | Managed at a local team or departmental level. Local management to determine and develop risk treatment plans or to manage through routine procedures; and consider including on the risk register. This level of risk may be short-lived or aggregated into a higher risk. |

Appendix D – Risk Evaluation Descriptors

Consequence Score Guidance

Choose the most appropriate risk domain for the identified risk from the left-hand side of the table. Work along the columns in that row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number at the top of the column.

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|---|--|--|---|--|--|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| SAFETY Harm to patients/staff and/or public (including physical and/or psychological harm) | Minor injury not requiring first aid or no apparent injury | Minor injury or illness, requiring minor intervention 1-2 people affected No long term consequences. | Moderate injury which impacts on an individual or a small number of people Some degree of harm up to a year. RIDDOR/MHRA/agency reportable incident | Major injury leading to long-term incapacity/disability Serious mismanagement of care with long-term effects 16-50 people affected | Death /life threatening harm Multiple permanent injuries or irreversible health effects More than 50 people affected |
| STAFF Competence and training, poor staff attendance for mandatory/key training | Insignificant effect on delivery of service objectives due to failure to maintain professional development or status | Minor error due to a lack of appropriate skills, knowledge and competence to undertake duties. | Moderate error due to limited skills, knowledge and competence to undertake duties | Major effect on delivery of service objectives due to failure to maintain professional development or status | Significant effect on delivery of service objectives due to failure to maintain professional development or status |
| 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 Critical report | Multiple breaches in statutory duty Prosecution Severely critical report, zero performance rating |

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|--|--|---|---|--|--|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| BUSINESS PROGRAMMES/ PROJECTS | Temporary defects causing minor short term consequences to time and quality | Poor project performance shortfall in area(s) of minor importance | Poor project performance shortfall in area(s) of secondary importance | Poor performance in area(s) of critical or primary purpose | Significant failure of the project to meet its critical or primary purpose |
| FINANCIAL LOSS – OPERATIONAL / BUSINESS AREA | Small loss of budget (£0 -£5,000) | Medium financial loss (£5,000 -£10,000) | High financial loss (£10,000 - £100,000) | Major financial loss (£100,000 - £250,000) Purchasers failing to pay on time | Huge financial loss (£250,000 +), loss of contract / payment by results Unrecoverable financial loss by end of financial year |
| INFORMATION GOVERNANCE RISKS | Minimal or no loss of records containing person identifiable data. Only a single individual affected. | Loss/compromised security of one record (<i>electronic or paper</i>) containing person identifiable data. | Loss/ compromised security of 2-100 records (<i>electronic or paper</i>) containing confidential/ person identifiable data. | Loss/ compromised security of 101+ records (<i>electronic or paper</i>) containing person identifiable data. | Serious breach with potential for ID theft compromised security of an application / system / facility holding person identifiable data (<i>electronic or paper</i>). |
| ADVERSE PUBLICITY/ REPUTATION/PUBLIC CONFIDENCE | Rumours No public/political concern | Local media area interest – short-term reduction in public confidence | Extended local/regional media interest. Regional public/political concern. | Regional/national media interest with less than 1 day service well below reasonable public expectation | National media interest with more than 1 day service well below reasonable public expectation. |

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|--------------------------------------|---|--|---|--|--|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| LITIGATION | Likely repudiation at pre-action stage. | <p>Damages valued at less than £10,000</p> <p>Minor concerns relating to care highlighted, no systemic issues identified</p> <p>Allegations not substantiated and claim likely to be successfully defended and discontinued at pre-action stage.</p> | <p>Civil action / Criminal prosecution / Prohibition notice-proceedings issued</p> <p>Likelihood of success at trial >50%</p> <p>Damages) valued between £10,000 and £100,000</p> <p>Concerns relating to treatment/care/systemic issues identified which are not likely to have impacted on the outcome</p> <p>Low level risk of reputational damage.</p> | <p>Civil action / Criminal prosecution/Prohibition notice – proceedings issued</p> <p>Likelihood of success at trial <50%</p> <p>Damages between £100,000 and £1 million</p> <p>Major concerns as to treatment/care/systemic issues which are likely to have impacted on the outcome</p> <p>Reputational damage (local level)</p> <p>Raises individual employee failings and or Trust policy concerns</p> | <p>Civil action/Criminal prosecution/Prohibition notice – indefensible</p> <p>Damages >£1 million</p> <p>Catastrophic / significant systemic issues/concerns which have significantly contributed to the outcome</p> <p>Damage due to never event</p> <p>Reputational damage (national level)</p> |
| SERVICE/BUSINESS INTERRUPTION | Loss of ability to provide services (interruption of >1 hour) | Loss of ability to provide services (interruption of >8 hours) | Loss of ability to provide services (interruption of >1 day) | Loss of ability to provide services (interruption of >1 week) | Permanent loss of service or facility |

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|--------------------------------------|---|---|--|--|---|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| CORONER'S REQUESTS / INQUESTS | <p>No issues or concerns identified</p> <p>No identified risk of criminal or civil litigation</p> <p>No identified risk of reputational damage</p> <p>Witness statements admitted under Rule 23</p> <p>YAS not an Interested Person</p> | <p>Minor concerns identified unrelated to management of patient</p> <p>No identified risk of criminal or civil litigation</p> <p>No identified risk of reputational damage</p> <p>YAS not an Interested Person.</p> | <p>Concerns relating to treatment/care/systemic issues which are not likely to have impacted on the outcome</p> <p>Does not raise significant individual or Trust policy failings</p> <p>Low level risk of civil litigation claim</p> <p>Low level risk of reputational damage</p> <p>Family and/or other Interested Persons legally represented</p> | <p>Significant concerns to treatment/care/systemic issues which are likely to have impacted on the outcome</p> <p>Areas of concern not addressed receiving a Coroner's Prevention of Future Death report (PFD).</p> <p>Consideration given to legal representation at Inquest</p> <p>YAS has Interested Person Status</p> <p>Concerns raised by Coroner/other Interested Persons</p> <p>Potential for Prevention of Future Deaths report-issues addressed pre-inquest</p> <p>Notification of civil claim- contemplated or actual</p> | <p>Catastrophic / significant issues/concerns which are likely to have significantly contributed to the outcome</p> <p>High likelihood of a Coroner's Prevention of Future Death report-issues not addressed pre-inquest</p> <p>YAS has interested person status.</p> <p>Raises issues of national importance</p> <p>Potential to result in public national enquiry (i.e. London Bombings, Mid Staffordshire enquiry)</p> <p>Potential for criminal prosecution or civil claim proceedings issued</p> |

| | | | | | |
|--|--|--|--|--|--|
| | | | | Reputational damage (local level) Jury/Article 2 inquest Family and/or other Interested Persons legally represented | Reputational damage (national level) Jury/Article 2 inquest Family and/or other Interested Persons legally represented. |
|--|--|--|--|--|--|

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|-------------------|--|--|--|--|---|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| COMPLAINTS | <p>Minor injury not requiring first aid or no apparent injury</p> <p>Misunderstanding of an element of the service which can be corrected</p> <p>Distress, inconvenience or hurt feelings but no failing</p> | <p>Minor injury or illness, requiring minor intervention</p> <p>Single failure to meet internal standards</p> <p>Single failing resulting in delay to appointment or care, distress, inconvenience or hurt feelings</p> <p>Single failure to meet organisational policy</p> <p>Poor practice, apparent lack of consideration</p> | <p>Moderate injury sustained</p> <p>Single failing resulting in loss of appointment or care</p> <p>Repeated failure to meet internal standards for the individual</p> <p>Single failure to meet organisational code of conduct</p> <p>Repeated failure to meet organisational policy for the individual</p> <p>Unacceptable level or quality of treatment/service.</p> | <p>Major injury leading to long-term incapacity/disability</p> <p>Repeated failure to meet organisational code of conduct for the individual</p> <p>Repeated failings resulting in loss of appointment or care for the individual</p> <p>Inappropriate behaviour</p> | <p>Death /life threatening harm</p> <p>Grossly substandard care</p> <p>Failure to meet legislative requirements/breach of the law</p> |

| RISK DOMAINS | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|---|---|--|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| <p>SAFEGUARDING CHILDREN AND ADULTS AT RISK</p> <p><i>Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery</i></p> | <p>No issues or concerns identified clinically or with reputation</p> <p>Progression to strategy meeting or multi-agency review unlikely</p> <p>No media interest</p> <p>Response to query responded to within 2 working days</p> <p>No, or minimal impact or breach of guidance/statutory duty</p> | <p>Minor concerns over patient care</p> <p>CDOP/Form B with uncomplicated information gathering</p> <p>Minor delay in response to external agency request (more than 5 working days)</p> <p>No allegations against Trust or employees</p> <p>Short term service impact from brief investigation involving discussions Police, Social care and HR</p> | <p>Moderate concerns about patient care, response times, clinical interventions</p> <p>CDOP requiring moderately complex information gathering and analysis</p> <p>Referral to LADO and Police. Disciplinary process commenced, suspension from front line duties</p> <p>Possible media interest anticipated</p> <p>Single failure to meet organisational code of conduct</p> | <p>Major concerns with patient care that could have affected outcome</p> <p>Major injury leading to incapacity or disability</p> <p>Repeated failure to reach internal standards</p> <p>Regional media statement requested</p> <p>Abuse enquiry becomes public enquiry</p> <p>Inappropriate behaviour</p> | <p>Incident leading to death or permanent disability</p> <p>Healthcare did not take appropriate action/intervention to safeguard against abuse occurring</p> <p>Abuse that resulted in (or was identified through) a SCR, DHR, LLR</p> <p>Inquest requiring safeguarding information</p> <p>Staff/ex-staff member is found guilty of abuse and convicted</p> <p>Media interest highly likely</p> <p>Inappropriate behaviour</p> |

| RISK DOMAIN | RISK CONSEQUENCE SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|--------------------------------|--|---|--|--|--|
| | 1 | 2 | 3 | 4 | 5 |
| | NEGLIGIBLE | MINOR | MODERATE | MAJOR | CATASTROPHIC |
| ROAD TRAFFIC COLLISIONS | Minor collisions where minimal damage is caused to property or the vehicle, <i>i.e. reversing, scratch or minor dent</i> | Collisions generally at lower speed where there is damage to vehicles and/or property but no injuries are sustained <i>i.e. broken mirror, obvious dent to wing etc.</i> | Collisions where there are minor injuries to staff or members of the public (patient, pedestrian or other road user). Damage to vehicle – 3 rd party <i>i.e. A&E assessment or GP, but no further treatment</i> | Collisions, usually at higher speeds or where there are serious injuries to staff or members of the public (patient, pedestrian or other road user) Damage to vehicle – 3 rd party. <i>i.e. serious trauma resulting in medical attention and hospitalisation</i> | Serious collisions, usually at higher speed resulting in the death or permanent incapacity of a member of staff or the public <i>i.e. Fatal road traffic collision which could result in a criminal prosecution</i> |

RISK EVALUATION DESCRIPTORS - LIKELIHOOD

Likelihood Score Guidance

What is the likelihood of threat associated with a risk actually occurring?

The frequency-based score is in many circumstances the easier to identify. It should be used whenever it is possible to determine the likelihood of the risk materialising.

| | RISK LIKELIHOOD SCORE AND EXAMPLES OF DESCRIPTORS | | | | |
|--------------------|---|---|--|--|---|
| | 1 | 2 | 3 | 4 | 5 |
| | RARE | UNLIKELY | POSSIBLE | LIKELY | ALMOST CERTAIN |
| PROBABILITY | LESS THAN 5% 1 in 100,000 chance | 6-20% 1 in 10,000 chance | 21-50% 1 in 1000 chance | 50-80% 1 in 100 chance | MORE THAN 81% 1 in 10 chance |
| FREQUENCY | This will probably never happen/recur Will only occur in exceptional circumstances | Unlikely to occur Do not expect it to happen/recur but it is possible it may do so | Reasonable chance of occurring Might happen or recur occasionally | Likely to occur Will probably happen/recur but it is not a persisting issue | More likely to occur than not Will undoubtedly happen/recur, possibly frequently |

Appendix E – Risk Scoping Tool

This tool is provided to support a standard structured approach to identifying, describing and evaluating a risk, and to support the consideration of controls and mitigation actions associated with that risk. The information captured in the tool will support the subsequent recording of the risk in the Trust’s risk management system (Datix).

This tool is provided for individuals’ and teams’ own use; there is no expectation or requirement to submit this as a completed form to the Risk and Assurance team.

| | | | |
|-----------------------------|--|------------------|-------------------|
| Date risk identified | | | |
| Risk owner | | | |
| Risk title | | | |
| Risk Description | IF... | | |
| | THEN... | | |
| | RESULTING IN... | | |
| First review date | | | |
| Risk source | | | |
| Risk type | Strategic / Operational / Programme or Project | | |
| Risk sub-type | | | |
| Directorate | | | |
| Business area | | | |
| Existing controls | | | |
| | | | |
| | | | |
| | | | |
| Gaps in controls | | | |
| | | | |
| | | | |
| | | | |
| Initial risk score | Consequence (C) = | Likelihood (L) = | Score (C) x (L) = |
| Target risk score | Consequence (C) = | Likelihood (L) = | Score (C) x (L) = |
| Actions | Action Plan Overleaf | | |

| Risk Title | Action Title | Action Owner | Action Description | Due Date |
|------------|--------------|--------------|--------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |