TITLE	**RISK ASSESSMENT POLICY AND PROTOCOL**
REFERENCE NUMBER	15.6
MANAGER / COMMITTEE RESPONSIBLE	Head of Risk Management and Health & Safety Manager
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Equality Impact Assessment has been applied to this policy	**Code A** Head of Risk Management and Health & Safety Manager
AUTHOR	Head of Risk Management and Health & Safety Manager
RATIFIED BY	HOSPITAL MANAGEMENT TEAM – 28.01.2008

AMENDMENTS RECORD

DATE	PAGE NUMBER	COMMENTS
January 2008	2	Addition of 'contractors' to Section 1 'Introduction' Alteration to Section 3 ' Purpose'
	3	Alteration of risk 'rating' to risk 'ranking'
	4	Amendment to 6.1 'Purpose & Benefits'
	5	Alteration of 'CNST' to NHSLA Risk Management Standards
	6	Amendment to recording the action plan
	6	Amendment to 'Risk Reporting'
	6/7	Amendment to responsibilities of Corporate and DMT and Departmental/Specialty Mgrs
	7	Amendment to responsibilities of Risk Management Department Amendment to Section 8 'Training'
	8	App A Amendment to Risk Classification (Amber and Red)
	12	App D Replacement Risk Assessment Form and Action Plan
	13	Amendments to App E 'Sample Risk Register'

CONTENTS:

APPENDICES:

1. Introduction / Background

Portsmouth Hospitals NHS Trust[1] accepts that some of its activities may, unless properly controlled, create risks to patients, staff, visitors, contractors and others, and will endeavour to take all reasonably practicable measures to reduce these risks to an acceptable level.

To achieve this, the Trust needs to understand its risks, how they are being controlled and prioritised, whilst recognising the guidance provided by national bodies, existing legislation and the Trust's Specialist Advisers

The broadest sense of harm and potential harm to the Trust, and its ability to deliver the quality services to which it aspires, must be the focal point for this exercise.

2. Status

Corporate Policy

3. Purpose

The purpose of this policy is to provide clear instructions on the identification of hazards and the process and management of those hazards, with regard to risk assessment. This will enable the Trust to actively monitor, manage, prioritise and develop a consistent approach to all risk assessments.
It will ensure:

∞   A consistent approach to managing all risks - clinical, financial, environmental and organisational - and the actions necessary to reduce each risk

∞   A robust mechanism for the integrated prioritisation of all risks, including a cost/benefit analysis

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[1] This refers to Portsmouth Hospitals NHS Trust and will apply to Portsmouth Hospitals NHS Foundation Trust when duly constituted. The term Trust will be used synonymously in this policy

∞   A Risk Register that is contributed to by all management teams and Trust specialist advisers
∞   Staff are aware of their roles and responsibilities within the assessment process
∞   The Trust Board is fully aware of the risks to achievement of its objectives

4. Scope/Audience

The policy covers both clinical and non-clinical risk assessment and is the standard system/process to be used for entering identified risks onto the Risk Register or Assurance Framework

There remains the need for specific risk assessments: as required by specific Trust Policies

5. Definitions

Controls   The available systems and processes which help minimise the risk

Consequence   The impact or outcome component of a risk, on a scale of 1 -> 5

Likelihood   The probability of a risk occurring or recurring, on a scale of 1 -> 5

Hazard   Anything with the potential to cause harm

Risk   Possibility of exposure to the hazard and therefore the chance of injury, ill health, harm, damage or loss. It may include substances, equipment, a work practice or proposed business plan

Risk Assessors   Competent persons who possess the knowledge, skills and experience to undertake a risk assessment

Risk Assessment A process by which information is collected about an event, process, organisation or service area, in order to identify existing risks/hazards, the consequence and the likelihood of harm and what controls measures are in place, or are required to be put in place.

Risk Ranking   Each risk is ranked, using a 5 x 5 matrix, (consequence x likelihood), which determines whether the risk is ranked as green, yellow, amber or red. (Appendix A)

Risk Acceptability The risk ranking will identify the appropriate level in the management structure for the the acceptability of the risk

Risk Ownership   Ownership of the risk is determined by the risk ranking

Reactive Risks   Risks that are identified following an event, such as an incident, complaint or audit

Proactive Risks   Risks that are identified before they cause an event, or that are being looked for during the audit process

Residual Risk   The remaining risk that exists following implementation of measures or controls to reduce the risk

Risk Register   A register of all assessed risks, which contains details of controls in place, the action plan to reduce the risk and the current progress towards the target risk reduction.

6. Process

6.1 Purpose and Benefits

A risk assessment is no more than a careful examination of what, in your work, could cause harm to staff, visitors, contractors and others, including the Trust's reputation, so that you can weigh up whether you have taken enough precautions, or more should be done to ensure that no one gets hurt, and the Trust's reputation is not affected.

The purpose of a risk assessment is to provide a systematic and methodical tool for identifying risks associated with legal, moral and financial duties, removing them where possible, or otherwise adopting all the control measures and precautions that are reasonable and practical in the circumstances.

The greatest benefits may be obtained by making this a very positive process, by aiming to produce assessments that are consistent, neat, clear and informative and thus provide a practical and useful response for training and re-enforcing the safety message throughout the Trust. Risk assessment is also a key priority of the Risk Management Strategy, to help ensure that patients, staff and others can feel safe whilst either visiting, or working in the Trust.

6.2 Background

There are no fixed rules about how a risk assessment should be carried out: it will depend on the nature of the undertaking and the type and extent of the hazards and risks. Risks and hazards are identified on a daily basis throughout the Trust by all staff members and the risks/hazards will vary significantly in consequence and likelihood and hence the measures for addressing them will also vary.

However, the process should be practical, participative, systematic, and cover risks which are reasonably foreseeable. For small undertakings with few or simple hazards a suitable and sufficient risk assessment can be a straightforward process based on personal judgement, experience and knowledge. In larger or more complex cases, specialist knowledge may be required.

Complex work activities or tasks may need to be broken down into smaller, sub-tasks in order to achieve the level of detail and analysis necessary to fully assess the risks. However, it may be possible to combine tasks into a single, generic assessment. Whatever the type of risk assessment, it should be suitable and sufficiently detailed to determine whether adequate control has been achieved over the hazard.

6.3 Undertaking and Recording the Risk Assessment

Step 1 – Identify the hazard

Walk around your workplace and look afresh at what could reasonably be expected to cause harm. Ignore the trivial and concentrate on significant hazards, which could result in serious harm or affect a number of people.

Each Department/Specialty must then generate a hazard inventory (Appendix B), including which hazards are to be formally assessed. This should be kept up to date using input and observation from all staff as new hazards can appear at any time (e.g. new piece of equipment, new cleaning chemical, increase in particular type of adverse event or complaint).

Step 2 – Assessment of Risk
Once the need for a formal assessment has been identified a risk assessment should be completed.

    a) Consider the persons at risk. Do not forget
- Young workers, trainees, new and expectant mothers etc, who may be at particular risk
- Cleaners, visitors, contractors, maintenance workers, etc who may not be in the workplace all the time
- Members of the public, or people with whom you share your workplace, if there is a chance they could be harmed by your activities

    b) The consequence(s), on a scale of 1 -> 5, should the risk become a reality (Appendix A)
    c) The likelihood of the risk occurring, on a scale of 1 -> 5 (Appendix A)
    d) The current control measures. This will determine what more will need to be done to reduce or eliminate the risk

Assessing the risk may also mean deriving data on the actual or foreseeable consequences/likelihood from a number of sources. These include:
- Accidents/Incidents/Near Misses statistics
- Complaints history
- Internal/External Reviews: e.g. internal audit, NHSLA Risk Management Standards
- Existing written information: e.g. policies, rules, regulations, procedures
- Direct observation: e.g. of work being done, inter-relationships, morale, dangerous practices
- Personal experience: e.g. particular tasks, equipment, system
- Task analysis: e.g. skills required

Once the risk assessment has been completed you should create an action plan to address the identified problems.

Step 3 – Creating the action plan
First, ask yourself whether you have done all the things that the law says you have got to do. For example, there are legal requirements on prevention of access to dangerous parts of machinery and for the storage of some substances. Then ask yourself whether generally accepted standards are in place. However, don't stop there – think for yourself, because the law also states that you must do what is reasonably practicable to keep your workplace safe. Your real aim is to eliminate risks altogether or make them as small as possible by adding to your precautions as necessary.

In drawing up the action plan ask yourself:

    a) Can I remove the hazard altogether?
    b) If not, how can I control the risks, so that harm will not occur or is reduced so far as is reasonably practicable?

For example by:
- Trying a less risky option
- Preventing access to the hazard (e.g. by guarding)
- Organising work to reduce exposure to the hazard
- Providing 'welfare' facilities (e.g. washing facilities for removal of contamination)
- Providing additional resources to minimise the risk
- Issuing personal protective equipment

(Note this list is not exhaustive)

7. Duties and responsibilities

There has always been an implied requirement under the Health & Safety at Work Act 1974 for an employer to ensure that risk assessments are carried out, because the Act lays down that 'reasonably practicable' precautions have to be taken to ensure the safety of staff and others on an employer's premises

Chief Executive
The Chief Executive has overall responsibility for Governance including Risk Management but delegates this responsibility through Company Secretary and the Medical Director

Corporate and Divisional Management Teams have responsibility for ensuring that:
∞ Risks are identified, both proactively and reactively
∞ Risk assessments are undertaken and that adequate resources in respect of time, finance, personnel and support are available
∞ Appropriate documentation of the risk assessment is produced, in accordance with this policy
∞ The risk assessments and action plans are agreed and verified
∞ The risks are entered onto the local risk register and all reasonably practicable measures taken to reduce the risk, recognising resource and financial restrictions
∞ If it is considered that the risks cannot be managed locally/are significant, the risk assessments are forwarded to the Risk Management Department for inclusion on the Trust risk register
∞ Realistic review dates are in place and followed up and any changes notified to the Risk Management Department to ensure maintenance of an up-to-date risk register

Departmental/Specialty Managers have responsibility for ensuring that:
∞ They support the Corporate/Divisional Managers in achieving their responsibilities, as outlined above
∞ Risks within their area of responsibility are identified, both proactively and reactively
∞ Risk assessments are undertaken, with advice from Trust Specialists as appropriate
∞ Risk assessments are forwarded to the Divisional Management Team, for agreement and verification
∞ All risk issues are communicated through the line management system
∞ All staff in their area are encouraged to be focused on all aspects safety, including those which apply to patients, staff and visitors
∞ Their team(s) understand and share in the process of risk identification

All staff have responsibility for ensuring that:
∞ They support the Departmental/Specialty Managers in achieving their responsibilities, as outlined above
∞ All risk issues are communicated through the line management system
∞ They contribute to minimising risk wherever possible
∞ They attend relevant training

Risk Assessors have responsibility for ensuring that:
∞ They have undertaken appropriate training and are familiar with, and use, the correct methods of risk identification and assessment as set out in this policy
∞ All risk issues are communicated through the line management system
∞ They contribute to minimising risk wherever possible

Trust Specialist Advisors have responsibility for ensuring that:
∞ Managers are assisted when identifying risks: both proactively and actively
∞ Managers are assisted when undertaking specialist risk assessments
∞ They impart knowledge and use their expertise to help the assessment teams develop their skills and awareness
∞ They contribute to training programmes on risk assessment and awareness
Details of Trust Specialist Advisers are at Appendix G

Risk Management Department is responsible for ensuring that:
∞ The Trust Risk Register is maintained and updated every two months
∞ The section of the Risk Register which shows those risks for which actions are outstanding is maintained
∞ All risk assessments verified for inclusion are placed on the risk register
∞ Regular reports are provided to the Trust Board
∞ Regular reports are provided to the Governance & Quality Committee
∞ Regular reports are provided to the Divisional Manager for discussion at Divisional Clinical Governance Team meetings
∞ Ad hoc reports are provided on request

8. Training
Each Division/Department/Specialty will nominate staff to undertake risk assessment training
IOSHH training is provided annually
Risk assessment and risk awareness training is provided 6 times per year
Risk assessors are responsible for cascading training to divisional/departmental/specialty staff
There will also be experiential training by being involved in undertaking a risk assessment as part of a group or with advice from the Risk Management Department.

9. Associated Documentation
External
∞ *Health and Safety at Work Act 1974*
∞ *Management of Health and Safety at Work Regulations 1999*
∞ *Workplace (Health, Safety and Welfare) Regulations 1992*
∞ *Manual Handling Operations Regulations 1992*
∞ *Control of Substances Hazardous to Health Regulations 1999 (COSHH)*
∞ *Personal Protective Equipment (PPE) Regulations 1992*
∞ *Health and Safety (Display Screen Equipment) Regulations 1992*
∞ *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR)*
Internal
This policy is applicable to clinical and non-clinical issues: it is of great importance that it should be read in conjunction with other appropriate Trust strategies and policies. The following documents are a good starting point:
∞ Risk Management Policy
∞ Trust Policy for the Handling of Adverse Events and Near Misses
∞ COSHH Policy
∞ Lone Worker Policy
∞ Display Screen Equipment Policy
∞ Manual Handling Policy
∞ Fire Policy
All Strategies and Policies may be accessed via the Trust Intranet. If you do not have access to the Intranet, please ask your line manager.

Appendix A: Evaluation and Measurement of Risk

Risk Classification
All identified hazards/risk need to be given a risk score = consequence x likelihood

Summary Table for Consequence Scoring - the impact or outcome component of the risk
This table is not exhaustive: it is for guidance and to assist in allocating a score to the risk under consideration

Likelihood Score – the probability or frequency of consequence, encompassing both the risk of occurrence and the risk of recurrence

The Risk Matrix
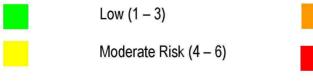The risk matrix is a 5 x 5 matrix, on which scores of consequence x likelihood are plotted

Consequence: the impact, should the risk become a reality
Likelihood: the probability of the risk becoming a reality

LIKELIHOOD	CONSEQUENCE				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 – Rare Not expected to occur	1 LOW	2 LOW	3 LOW	4 MODERATE	5 MODERATE
2 – Unlikely Occurs infrequently	2 LOW	4 MODERATE	6 MODERATE	8 SIGNIFICANT	10 HIGH
3 – Possible Once or twice a year	3 LOW	6 MODERATE	9 HIGH	12 HIGH	15 EXTREME
4 – Likely Hazard will occur but is not persistent. There are no issues of custom and practice.	4 MODERATE	8 HIGH	12 HIGH	16 EXTREME	20 EXTREME
5 –Certain Constant threat is custom and practice	5 MODERATE	10 HIGH	15 EXTREME	20 EXTREME	25 EXTREME

Once the appropriate consequence and likelihood have been identified from the matrix below, these should be entered on the Hazard Inventory as a record of the risk rating assigned

Risk Ranking
These are applied for purposes of ranking the risk for use and for reporting to the National Patient Safety Agency (NPSA)

Low (1 – 3)   High Risk (8 – 12)

Moderate Risk (4 – 6)   Extreme Risk (15 – 25)

For further guidance with scoring the consequence please see grid on following page

Consequence Grid

CONSEQUENCE SCORE (1 – 5) →	1 Insignificant/None (Green)	2 Minor (Yellow)	3 Moderate (Amber)	4 Major (Red)	5 Catastrophic (Red)
Injury (physical / psychological)	Adverse event leading to minor injury not requiring first aid and managed satisfactorily on the ward	Minor injury or illness, first aid treatment needed Staff sickness <3 days	RIDDOR / Agency reportable. Adverse event which impacts on a small number of people	Major injuries or long term incapacity / disability (e.g. loss of limb)	Incident leading to death or major permanent incapacity. Event which impacts on large numbers of people
Additional Guidance	Bruise/graze (no time off work)	Laceration, sprain. Anxiety requiring counselling (less than 3 days off work)	Injury requiring more than 3 days off work/admission < 24hrs	Fractured of major bone, loss of limb, post-traumatic stress disorder	Death, paralysis
Quality of the patient experience / outcome	Reduced quality of patient experience not directly related to delivery of clinical care	Unsatisfactory patient experience directly related to clinical care – readily resolvable	Mismanagement of patient care + short term effects (less than a week)	Mismanagement of patient care + long term effects (more than a week)	Totally unsatisfactory patient outcome or experience
Additional Guidance	Outpatient clinic waits	Drug error with no apparent adverse outcome, grade 1 pressure ulcer	Increased length of stay less than 1 week. HAI (short term) Grade 2/3 pressure ulcer	Increased length of stay more than 1 week. Long term HAI. Grade 4 pressure ulcer	Infant abduction. Removal of wrong body part leading to death or permanent incapacity
Complaints / Claims	Locally resolved complaint	Justified complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Staffing and Competence	Short term low staffing level (<1 day), where there is no disruption to service	Ongoing low staffing levels resulting in minor reduction in quality of care	Late delivery of key objective / service due to lack of staff. Minor error due to ineffective training. Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Serious error due to ineffective training	Non-delivery of key objective / service due to lack of staff. Critical error due to insufficient training
Service / Business Interruption	. Interruption in a service which does not impact on the delivery of care or the ability to continue to provide the service	Short tem disruption to service with minor impact on care	Some service disruption with unacceptable impact on care. Non-permanent loss of ability to provide service	Sustained loss of service which has serious impact of delivery of care resulting in major contingency plans being involved	. Permanent loss of core service or facility. Disruption to facility leading to significant 'knock-on' effect across Local Health Economy
Projects / objectives	Insignificant cost increase / schedule slippage. Barely noticeable reduction in scope or quality	< 5% over budget / schedule slippage. Minor reduction in quality / scope	10% over budget / schedule slippage. Reduction in scope or quality	10 – 24% over/ under budget/ schedule slippage. Does not meet secondary objectives	> 25% over /under budget / schedule. Doesn't meet primary objectives. Reputation of the Trust seriously damaged. Failure to appropriately manage finances
Financial	Small loss	Loss < 5% of budget	Loss < 10% of budget	Loss of 10 – 25% of budget	Loss of > 25% of budget
Inspection / Audit	Small number of recommendations which focus on minor quality/ process improvement issues	Minor recommendations which can be addressed by low level of management action	Challenging recommendations but can be addressed with appropriate action plan	Enforcement Action. Critical report / low rating	Prosecution. Zero Rating. Severely critical report
Adverse Publicity / Reputation	Coverage in the media, little effect on public confidence / staff moral	Local media – short term. Minor effect on public attitude / staff morale	Local media – long term. Impact on public perception of trust / staff morale	National media < 3 days. Public confident in trust undermined. Usage of services affected	National media > 3days. MP concern (questions in the House)
No. Of Persons Affected	N/A	1-2	3-15	16-50	>50

Appendix B Building Risk Registers

Building Risk Registers

Low (Green) Risk
Realistically it is never possible to eliminate all risks and there will be a range of risks identified that would require the Trust to go beyond 'reasonable' action to reduce or eliminate them. It is where the cost in time or resources required to reduce the risk would far outweigh the potential harm caused in a particular situation. These risks would be considered 'acceptable' by the Trust and require no immediate action but must be monitored regularly by the specialty/division and reviewed regularly and/or when circumstances change. Managers are encouraged to take action on low risks, particularly when these risks can be easily minimised or eliminated. Examples are frequent, low consequence events such as minor property loss and damage, injuries requiring minimum first aid only or potentially serious events that are unlikely to occur and for which reasonable preventative measures can be put in place. These risks should be actioned locally and entered as a directorate/divisional risk on the risk register. *It should be remembered that research has indicated that a serious accident/incident is very often preceded by a number of minor incidents or near misses, so it is important to capture and monitor trends and that appropriate action is taken to avoid a serious accident/incident.*

Moderate (yellow) Risk
Identified risks that fall into the moderate (yellow) area require action within six months to reduce the risk to an acceptable level. The risks and an agreed action plan should be considered by the directorate/divisional governance team. These risks will be actioned locally and entered on the local risk register. The directorate/division will monitor the application of the action plan, review the risk grading and, if required, adjust.

High (amber) Risk
These require action within three months, to reduce the risk to an acceptable level. These risks and an agreed action plan should be considered by the directorate/divisional governance team. These risks will be actioned locally and entered onto the local risk register.

The directorate/division will monitor the application of the action plan, review and, if required, adjust the risk grading. Risks that cannot be reduced locally should be forwarded to the Divisional Management Team who will review the risk and, if agreed, forward it to the Risk Management Team for inclusion on the Trust Risk Register.

Extreme (red) Risk
These must be actioned immediately to reduce the risk to an acceptable level as they could have a serious impact on the Trust and threaten its objectives. Examples are accidental death, major fire, or major disruption to services. This category may also include risks that are individually manageable but cumulatively serious, such as a series of similar injuries.

These risks will be notified to the Divisional Management Team who will review the risk and, if agreed, forward it to the Risk Management Team for inclusion on the Trust Risk Register.

The above are only broad classifications and can only reflect a reasonable estimate or potential risk. For example, a patient may fall and sustain no injury, or may sustain a laceration or fatal skull fracture. When estimating risks, the most probable outcome will often be informed by past experience.

Transfer to and from the Assurance Framework
It may be that, on occasion, it is deemed appropriate to put forward a risk from the register for transfer to the Assurance Framework. The decision to place a risk on the Framework will be taken by the Governance & Quality Committee.

Similarly, there may be occasions when it is deemed appropriate to transfer a risk from the Assurance Framework to the Risk Register: most usually because it is considered that there are adequate controls in place to ensure the risk does not impact on any of the Trust's high level objectives contained within the Framework.

PORTSMOUTH HOSPITALS NHS TRUST
POLICY AND PROCEDURE

Policy No. 15.6

Appendix C: Hazard Inventory

Hospital Site	QAH /SMH /RHH		Date:	
Division		PORTSMOUTH HOSPITAL NHS TRUST	Sheet: of	
Dept/Specialty/Ward		HAZARD INVENTORY		

Database ID No:	DESCRIPTION OF HAZARDS	ADEQUACY OF CONTROLS				Assessment Required Y/N	Assessment Date
		Consequence (C)	Likelihood (L)	Risk Score (C x L)	Risk Ranking (G, Y, A, R)		

PLEASE NOTE: those hazards for which no risk assessment is currently required must still be kept under review on a regular basis

Consequence	Likelihood	Risk Score	Risk Ranking
1 = Insignificant	1 = Rare	1 – 3 Low	G = Green
2 = Minor	2 - Unlikely	4 – 6 Moderate	Y = Yellow
3 = Moderate	3 = Possible	8 – 12 High	A = Amber
4 = Major	4 = Likely	15 – 25 Extreme	R = Red
5 = Catastrophic	5 = Certain		

Appendix D: Risk Assessment Form and Action Plan

Hospital Site	QAH /SMH /RHH	PORTSMOUTH HOSPITAL NHS TRUST ASSESSMENT OF RISK & ACTION PLAN	Date:
Division			Assessor:
Dir/Dept/Specialty/Ward			Proactive / Reactive identification – please delete as appropriate

C	L	Score	HAZARD ASSESSED	PERSONS AT RISK	POSSIBLE CONSEQUENCES

CURRENT CONTROL MEASURES

ACTION PLAN TO REDUCE THE RISK

ACTIONS REQUIRED TO REDUCE OR ELIMINATE THE RISK	Costings	Responsible Person	Target Date for Completion	Actual Completion Date

RISK RATING POST ACTIONS | | | | | **Date**

Consequence (C)	Likelihood (L)	Risk Score (C x L)	Signature of Assessor:	
			Signature of Manager:	
Assessment Review Date:			Divisional Management Team authorisation:	

Appendix E: Sample Risk Register

ID	Reference	Opened	Division	Location (exact)	Title	Risk Type	Description	Controls in place	Adequacy of controls	Rating (Initial)	Rating (current)	Rating Level	Action summary	Residual Risk	Residual Level	Costs (current)	Type of Finance	Manager	Target date:	Closed date
25	PROACTIVE	30-May-2007	Trust Wide	Trust Wide	ASSURANCE FRAMEWORK V-12 SER-15 (CANCER TARGETS 2 WEEK MAX WAIT URGENT REFERRAL TO FIRST OUTPATIENT APPT TARGET =100%)	Corporate Risks	1. Failure to implement cancer database and information system to enable MDT coordinators to proactively track patients. 2. Insufficient MDT coordinators to sustain progress and lack of centralised structure. 3. HCC-C18, C19.	1. Cancer Services Steering Group with Exec Lead and supporting Groups. 2. Weekly PTL performance meetings. 3. Monthly meetings with Commissioners. 4. Monthly reports to TB/Steering Group/PCTs. 5. Performance report. 6. Monthly SHA monitoring. 7. Weekly DH Steis Report. 8. Monthly DH national database report. 9. MDT structure centralised. 10. Whole system review of MDT skill-mix.	Adequate	3	3	LOW	1. GAPS IN CONTROL (Lack of effective policies, procedures and structures to manage the risk.). 2. Cancer database purchased. Implementation June 2007 Phase. 3. Two wte vacancies (posts to be interviewed May 2007).	3	LOW	£0	ESTIMA	Caroline Volker	30-Jul-2007	
12	REACTIVE	05-Jul-2007	Surgical	D 1 Ward	OVERHEAD LAMP SCORCHED AND MELTED PILLOW	Health and Safety Risks	1. Overhead lamp scorched and melted a pillow on D1 when placed too close to the pillow. 2. Persons at risk are patients and staff if it leads to a fire and vulnerable patients if lamp placed too close to them. 3. Possible consequences are fire, burns, increased length of stay and litigation.	1. Staff within surgery made aware of incident. 2. Lamps not to be placed too close to bedding and patients to be made aware of risk.	Adequate	4	4	MOD	1. Health and safety department to investigate incident. 2. Manufacturer to be made aware. 3. Raise awareness trust wide. 4. Risk to be placed on risk register and reviewed by health and safety and safety and risk group in one month.	3	LOW	£0	ADMIN	Janice Cloud	10-Aug-2007	

Appendix F: Risk Register

Why do we have a Trust Risk Register?
All Trusts are now expected to maintain a Risk Register, as part of their Corporate Governance arrangements. The register is a valuable tool to assist the Trust in:

- ∞ Providing a comprehensive database of recognised risks, which have the propensity to cause harm to patients, staff or the public and/or threaten achievement of the Trust's aims and objectives
- ∞ Enabling all significant risks to be prioritised, monitored and reviewed, as part of the Trust's risk management system
- ∞ Producing an annual service plan, which accurately reflects its priorities
- ∞ Identifying and addressing significant development needs
- ∞ Identifying and addressing processes or systems which require review

The Trust recognises that for certain identified risks it is appropriate that decisions on whether to act or otherwise should be managed at directorate or divisional level. However, there will be significant (high/extreme) risks which have the potential to impair or affect the operational or financial ability of the Trust to deliver core services, or those which may adversely affect the Trust's profile or reputation. Such risks will be recorded on the Trust Risk Register and monitored by the Governance & Quality Committee and Trust Board. It will be for the Governance & Quality Committee to determine whether or not any risks from the Risk Register should be transferred to the Assurance Framework. Equally, where a risk identified within the Assurance Framework has been mitigated and thereby reduced then the Board can determine that it should be removed from the Framework. This will then be populated within the Risk Register in order that it will continue to be actively monitored in case the risk should increase. All risks transferred from the Framework to the Risk Register will be identified as such.

Significant risks may be identified from such as the following:

- ∞ Business and Service Delivery Plans
- ∞ Adverse Event Forms
- ∞ Serious Untoward Incident Investigations
- ∞ Complaints
- ∞ Claims
- ∞ Health & Safety Risk Assessments
- ∞ Trust-wide Risk Assessment Programme
- ∞ External Assessment/Audit including: Healthcare Commission, Clinical Negligence Scheme for Trusts (maternity), National Health Service Litigation Authority Risk Management Standards, Internal Audit, Audit Commission
- ∞ National Confidential Enquiries, National Service Frameworks, Recommendations from other external high level enquiries and reports

How much information is included on the Register?
For each risk included on the Register, the following information is shown:

- ∞ Reference ID Number
- ∞ Whether the risk has been identified proactively or reactively
- ∞ Date opened
- ∞ Division
- ∞ Exact location
- ∞ Title of risk
- ∞ Risk type e.g. corporate/clinical
- ∞ Risk description

- ∞ Controls in place
- ∞ Adequacy of controls
- ∞ Initial risk rating
- ∞ Current risk rating
- ∞ Risk ranking
- ∞ Action summary
- ∞ Residual risk score
- ∞ Residual risk ranking
- ∞ Current cost
- ∞ Type of finance e.g. admin/estimated
- ∞ Responsible person
- ∞ Target date
- ∞ Closed date

How can I access the Trust Risk Register?
The Trust Risk Register can be accessed on the Trust Intranet. Go to Governance Departments -> Governance -> Risk Register. This site also contains risks that have passed their target date for action and require immediate attention. Alternatively, ask your line manager or the Risk Management Department (ext 7700 3278/2424) for a paper copy

Appendix G: List and contact details for Trust Specialist Advisers

	Contact Details
Control of Infection	7701 3274
Fire	02392 222077
Health & Safety	7701 2491/2482
Manual Handling	7701 2456
Radiation Protection	7701 2461
Risk Management	7701 2424/3278
Tissue Viability	7700 6985