Risk Management Staff Protocol

1.2

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1. RISK MANAGEMENT STAFF PROTOCOL

The Alliance Risk strategy sets out the overarching approach the Alliance takes to the management of risk.

This protocol sets out the Alliance approach to management of Risk that should be taken by all staff, regardless of role. It is a 'how to' guide to support staff in management of any risks, clinical or non-clinical/corporate.

2. WHAT IS RISK MANAGEMENT?

Risk management is the identification, evaluation and treatment of risk

It is a continuous process aimed at reducing the incidence and impact of risk

It is a critical success factor for any organisation

3. WHAT IS RISK AND WHO IS RESPONSIBLE FOR RISK MANAGEMENT?

Risk can be identified as the chance of something happening, or a hazard being realised, that can have an impact upon the organisation's objectives

Risk Management is defined as the systematic and consistent identification, assessment, treatment and monitoring of risks.

Risk Management is everyone's job! We are all responsible for identifying and managing risk.

4. HOW CAN I GET TRAINING ON RISK MANAGEMENT, RISK REGISTERS AND IDENTIFYING RISKS?

On-going programmes of training will be provided to ensure that new staff are aware of risk management strategy on induction and comprehensive risk management training is available for existing staff to enable them to identify and manage risk within their own working environment. The ELfH e-learning platform should be used in the first instance.

For advice and support regarding risk management please speak to your line manager.

5. WHAT IS THE DIFFERENCE BETWEEN REPORTING AN INCIDENT AND IDENTIFYING A RISK?

Incidents are potential sources of risks and when you report an incident you need to think about whether there is an on-going risk that the incident could occur again, now or in the future. When you report an incident the handler of the incident will be required to undertake a risk assessment and highlight on the incident report whether there is a risk that

the incident could happen again. If there is, action must be taken to ensure that the associated risk or risks are entered into the Risk Register and action taken to help prevent the risk from materialising.

6. WHAT ARE OTHER POTENTIAL SOURCES OF RISKS?

The diagram below shows some of the areas where risks can be identified. This is not an exhaustive list but demonstrates we can probably all identify risks in the work that we do.

INTERNAL

PROACTIVE

REACTIVE

Risk Register

Root cause analysis (RCA)

Patient adverse incidents

Staff adverse incidents

Other adverse incidents

Complaints

Internal audits and inspections

Staff consultation

Suggestion scheme

Patient consultation

General risk assessments

Failure mode and effects analysis (FMEA)

Hazard warnings

Coroner's reports

Incidents occurring 'elsewhere'

Safety alerts

Inquiry reports

Benchmarking

External audits, reviews etc.

Accreditation standards

Benchmarking

Conferences, seminars etc.

External stakeholder consultation

Journal papers, articles and books

EXTERNAL

7. WHAT DO I DO ONCE I'VE IDENTIFIED A RISK?

The first step in populating any risk register is to identify the risks.

Once the risks have been identified and all relevant parties notified, the details must be added to the Risk Register.

8. I'VE IDENTIFIED A RISK AND WANT TO PUT IT ON THE REGISTER, WHAT DO I DO?

If you or a member of your team identify a risk(s) and you don't personally have access to enter risks on to the register, make sure you bring it to the attention of your manager to ensure that all information associated with the risk can be entered onto the relevant part of the Risk Register database as soon as possible.

It will usually be the overall responsibility of the appointed 'designated risk lead' to ensure that information is entered onto the Risk Register so that the register can be properly used as a tool for risk management and control.

9. HOW MANY RISKS SHOULD WE BE IDENTIFYING?

There is no correct answer! Areas of the business should identify as many risks that exist as is possible, bearing in mind that risk identification is a continuous process and new risks will keep appearing.

Remember, we have to identify and capture all risks, current and future, actual and potential.

10. WHAT IS A SIGNIFICANT RISK?

A 'significant risk' can be identified as any risk with a 'current risk rating' of 15-25 (i.e. high or red risks) or risks with a 'current risk rating' of 8-12 (i.e. amber risks) which cannot be managed locally.

11. HOW DO I SCORE OR RATE A RISK?

Each identified risk should be analysed and scored, in terms of its potential consequence, should it materialise, and the likelihood of the risk event giving rise to the consequence materialising.

Wherever possible, risk should be assessed by a group of individuals rather than by a sole individual e.g. within a team or department or with peers. In this way a more objective, consensus view of risk can be determined.

On occasion, there may only be one individual assessing a risk. In such circumstances, the individual should assess the consequences and likelihood that they feel is 'right'.

12. WHEN SHOULD RISKS BE CLOSED ON THE RISK REGISTER?

A risk should only be closed on the Risk Register when it had been eliminated or where it has been reduced to a level that is acceptable and it is clear that it will remain at that level. If additional controls have been implemented and there is any prospect that the controls may deteriorate or fail over time then the risk should remain open on the Risk register and kept under regular monitoring and review.

13. RISK ASSESSMENT AND SCORING THE RISK

14. HOW DO I SCORE THE RISK?

The Alliance uses a 5x5 risk scoring matrix, which gives a score based on the likelihood of a risk materialising and the severity of the consequence if the risk materialises. The full matrix was developed by the NPSA and can be found with the Risk Register on Sharepoint.

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

Step 1: Consequence – How severe are the consequences?

Choose the most appropriate category for the identified risk from the risk matrix table.

Step 2: Likelihood – What is the likelihood of the consequence occurring?

Choose the most appropriate category from the left-hand side of the risk matrix table.

Step 3: In order to calculate the risk score, the likelihood' is multiplied by the severity/consequence'.

In order to score or grade the risk, for each risk:

List the existing controls that make the risk less likely to happen or reduce its effect if it does happen.

Identify if there are any gaps in control i.e. what's not in place that could or should be

List the existing assurances i.e. how is it known that the controls are working? What assurances (documented evidence) are available?

Score the risks considering the current/existing controls. Remember that planned actions are not controls. Actions that have been implemented may well go on to become controls.

Step 4: decide on a course of action which is relative to the level of risk.

Risk Rating	Degree of Risk	Action required to reduce the risk
1-3	Low	A risk at this level may be acceptable. If not acceptable, existing controls should be monitored or adjusted. No further action or additional controls required.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce the risk, provided this is not disproportionate. Establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.
8-12	Significant	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Where the risk involves work in progress urgent action should be taken.
15-25	High	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.

15.EASY GUIDE TO DESCRIBING RISKS, CONTROLS, ASSURANCES AND GAPS

How do I describe a risk for the risk register?

A good risk description is made up of 3 elements;

The cause i.e. the causal factors that could result in the risk materialising.

What the potential risk is to the business and/or its users (effect). Ensure that the context of the risk is clear, e.g. is the risk 'target' well defined (e.g. staff, patient, department, service, etc) and is the 'nature of the risk clear (e.g. financial, safety, physical loss, perception, etc.)

What the potential consequences are (impact) i.e. describe the potential consequences if the risk were to materialise. Remember there can be a range of potential consequences.

So, it is more than just a description of an event. A properly described risk is a continuum of all the above. The risk(s) must be defined explicitly.

What is a control?

Control: A process, policy, device or action that acts to minimise risk. It describes what is in place to mitigate, reduce or manage the risk.

Examples: a committee, working group, a post, a policy, protocol or a process

Controls can be split into:

- Preventative i.e. stopping the risk from happening
- Contingency i.e. what happens if the risk actually occurs

What are gaps in control?

Ask yourself, could further controls be put in place, are some controls missing? If so there is a gap in control. State what the gap is. If there is a gap in control, there should then be an action plan (with timescales) to address this.

If there are no further controls that can be put in place there are no gaps in control but see also ** below.

What is assurance?

Has the control been tested in some way recently e.g. within the last year?

Examples of assurance: A test, review, audit by an external organisation – e.g. CQC, external auditors, NHSLA etc., a self-assessment, management review.

What are gaps in assurance?

Also known as no assurance or negative assurance, which is often indicated with a minus sign (-) in risk registers.

The control has not been tested (There are no tests, reviews, audits, etc. scheduled)

In this case the action plan should state when the control will be tested and how specifically e.g. audit, review, assessment will take place on 'x' date.

Assurance

The control has been tested but found that the control was not operating effectively?

In other words, did the auditor, external assessor, internal review find that the control was not operating effectively? This means that there is negative assurance (-) and that there is also a gap in the control.

If this is the case than an action plan (with timescales) is needed. The action plan will describe how the existing controls could be improved or what further controls need to be put in place. It will address the concerns of the auditor, assessor, etc. and provide timescales for this to be achieved.

The control has been tested and found that it was operating effectively?

In this case there is positive assurance. This is often indicated with a (+) sign.

17. ANNEX 1: HOW ARE THE RISKS FED UP FROM ME TO THE BOARD?

The Alliance Board is responsible for governing the management of risk within the Alliance. The board exercises oversight of risk through holding management to account for quality and risk management matters. Currently, the Board will review all risks scored 12 and above. In the interim, services must meet regularly to discuss their risks to ensure risks are being identified, put onto the Risk Register and managed.

Alliance Services/departments review their risks, ensuring new risks (including service level risks) are correctly identified, scored, mitigated and managed and escalated where appropriate. (see Governance Structure)

18. GOVERNANCE STRUCTURE JUNE 2022

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                    ┌──────────────────┐
                    │  Alliance Board  │
                    └──────────────────┘
                            │
          ┌─────────────────────────┐        ┌──────────────────┐
          │  Combined Assurance     │        │  Chief Operating │
          │  Group                  │        │  Officer         │
          └─────────────────────────┘        └──────────────────┘
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Clinical Governance & Audit	Health & Safety & IPC	Events & Incidents	Safeguarding	IG	Workforce	Risk Register

4Cs

(Compliments, Comments, Concerns, Complaints)

Audit

Serious Incidents