Risk management policy
identification, assessment and analysis of risks

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Responsible Committee/Sub Committee	Workforce and Organisational Development Sub Committee
Document approved by & date:	Workforce and Organisational Development Sub Committee May 2009
Document consultation:	Health, Safety and Welfare Group NHSLA Compliance Team (Task and Finish Group)
Patient and Public Involvement	Staff Side Representatives from Health, Safety and Welfare Group PPI representation at Workforce and Organisational Development Sub Committee
What type of document is this	Policy
Document applicable to	All Trust staff
If new document, reason for development:	N/A
Synopsis outlining document aims:	Policy outlines responsibilities for assessment of risk in all areas of the Trust. It provides a comprehensive checklist that covers a range of risk issues. The 5 x 5 risk rating matrix is included, in line with the Integrated Governance Framework and the Incident Reporting and Management Policy (GR1)
Implementation Date:	May 2009
How will the implementation of this document be monitored and reviewed	For NHSLA monitoring standards see page 2.
Document to be read In conjunction with:	HR6 Trust-wide learning and development requirements including the training needs analysis (TNA) Incident Reporting and Management Policy (GR1) Health and Safety Arrangements (GR2) Integrated Governance Framework (FR1)
Financial resource implications of this document and how these are going to be addressed:	Any claim that is made against the Trust as part of the claims process, the claimants solicitor will always request copies of relevant risk assessments
Is this document carried out wholly or in part by contractors, or organisations with which the Trust has a service level agreement, and if so state the relevant contractor	N/A

Document Change History (changes from previous issues of policy (if appropriate) :

Issue Number	Page	Changes made with rationale and impact on practice	Date
2	4	Description of the 5 steps to risk assessment	July 08
2	10-26	Various questions removed as they are covered by various audits- In consultation with Risk Manager and Staff Side Representatives from Health, Safety and Welfare Group	July 08
2	1	Reference number of policy now GR3 not HP14	July 08
3	17-20	Inclusion of Training needs analysis and Equality and Diversity / Human Rights appendices	July 08
4		Strengthening of duties and responsibilities Strengthening of monitoring	April 2009

NHSLA Monitoring – Risk management process (1.1.5)

Minimum Requirements	Monitoring Compliance How	Monitoring Committee Who	Frequency of Review When	Lead Who
Process for assessing strategy risks	Report	GRMC	6 Monthly	Risk Manager
Process for ensuring a continual, systematic approach to all risk assessments is followed throughout the organisation	Report	GRMC	6 Monthly	Risk Manager
Assignment of management responsibility for different levels of risk within the organisation	Report	GRMC	6 Monthly	Risk Manager

NHSLA Monitoring - Risk Register (1.1.6)

Minimum Requirements	Monitoring Compliance How	Monitoring Committee Who	Frequency of Review When	Lead Who
Source of the risk (including, but not limited to, incident reports, risk assessment and directorate risk registers)	Risk Register Report	Board	6 Monthly	Risk Manager
Description of the risk	Risk Register Report	Board	6 Monthly	Risk Manager
Risk score	Risk Register Report	Board	6 Monthly	Risk Manager
Summary risk treatment plan	Risk Register Report	Board	6 Monthly	Risk Manager
Date of review	Risk Register Report	Board	6 Monthly	Risk Manager
Residual risk rating	Risk Register Report	Board	6 Monthly	Risk Manager

CONTENTS

1 Introduction / background

Cheshire and Wirral Partnership NHS Foundation Trust acknowledges its responsibility to identify foreseeable hazards associated with clinical and non-clinical work activity. Where hazards are identified the Trust will develop suitable and sufficient control measures to eliminate or minimise risks to employees and any other persons who may be affected by the hazards.

Risks will be assessed and prioritised by a process involving the systematic examination of all work activity. Threats to safety will be identified and safe working procedures will be determined to promote the health, safety, well-being and welfare of all affected by the work activity, including staff and service users.

There are 5 steps to risk assessment, as defined by the Health & Safety Executive:

> Step 1 - Identify the hazards
> Step 2 – Decide who might be harmed and how
> Step 3 – Evaluate the risks and look at what controls are already in place
> Step 4 – Record your findings and proposed actions (Appendix 1)
> Step 5 – Review the assessment and update as necessary

Risk assessments will be conducted in all areas of the Trust. A written record of all assessments will be maintained and their recommendations communicated appropriately.

Assessments will be reviewed if there is any change in circumstances and/or if the assessment is no longer thought to be valid for any reason, and on an annual basis.

2 Contents

The Trust acknowledges its statutory responsibilities to carry out risk assessments in accordance with the following legislation:

- The Health and Safety at Work etc Act 1974 - Section 2 (1) - to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

- The Health and Safety at Work etc Act 1974 - section 3 - to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected by the undertaking are not exposed to risks to their health or safety.

- The Management of Health and Safety at Work Regulations 1999 Regulation 3 – to carry out a suitable and sufficient assessment of the risks of its work activities to its employees and persons not in its employment.

3 Definitions

- *Hazard* – Anything with the potential to cause harm, injury, damage or loss.
- *Risk* – Likelihood of harm, injury, damage or loss occurring.
- *Risk Assessment* – A systematic review of work activities to identify hazards and develop control measures that eliminate or minimise the risk leading to safer working practices.
- *Control Measures* – Actions/procedures designed to protect from the harmful effects of the hazard.
- *Risk rating* - (using the Trust approved 5 x 5 matrix) this is achieved by multiplying the likelihood value with the impact or consequence value. The risk rating determines the risk treatment response required. (see appendix 3)

4 Training requirements

Senior Managers, Service Managers and Heads of Departments must ensure that their nominated risk assessors receive appropriate training and updates to undertake the role of assessor.

Employees must undertake training to develop skills and capabilities to enable them to perform their work activity safely and in accordance with the safe system of work.

5 Strategic risks

Strategic risks are those risks that directly impact on the achievement of the organisation's objectives. They will be continually assessed and risk highlights information forms part of the Corporate Performance Report that is presented to every Trust Board meeting for review.

6 Risk management support

The risk manager, health and safety advisor and clinical governance manager will support managers and their staff in the development of risk assessments in their service. This will include advice and liaison regarding the use of external assessors.

Specialist Risk Assessment Support

Senior Managers, Service Managers and Heads of Departments will be supported in their risk assessment responsibilities with specialist help from skilled advisors in occupational health, health and safety, manual handling, infection prevention and control, fire safety and security management.

7 Duties and responsibilities

Chief Executive
- Has overall responsibility for ensuring identification, assessment and analysis of risks is undertaken throughout the Trust.
- The Chief Executive has delegated responsibilities within an Executive Directors portfolio framework.

Director of Finance
- Has delegated Board level responsibility for ensuring identification, assessment and analysis of risks is undertaken throughout the Trust.

Senior Managers
Senior managers are responsible for ensuring that:
- Risk assessment procedures are operating throughout their Directorate/Service.
- Risk assessments are undertaken by appropriate personnel with experience of the particular area and may be appropriately skilled Trust employees or external agents with the necessary expertise, e.g. Union trained staff etc.
- The staffing and other resource implications of risk assessment recommendations are appropriately considered, prioritised and remedial actions supported.
- Emergency procedures indicated by the risk assessment process must be developed and resourced appropriately.
- Risk information is shared at a Divisional level and is included on the Divisional Integrated Governance Development documentation and divisional risk registers. Also to elevate to corporate level as the rating requires (as defined within the Integrated Governance Framework). This information will be used to populate the Corporate Assurance Framework and risk register if deemed appropriate following the provisions as laid out within the Integrated Governance Framework.

Service Managers / Heads of Departments
Service Managers / Heads of Departments have a duty to ensure that:
- Risk assessments are conducted in their service. The assessment will identify the hazards associated with the provision and delivery of their service. The level of risk to employees and other persons who may be affected by the hazard will be determined. Safe systems of work will be developed and implemented to eliminate or minimise the risk.
- Risks will be rated and prioritised for action using the method in the Risk Rating Chart.

- The risk action level – red, amber or green is determined by considering the severity of the consequence of the risk and the likelihood of its occurrence. This identifies which action level risks fall into and assists with prioritising assessment activity and risk management.
- Risk assessments are recorded on the appropriate documentation (see appendix 1) and are available for inspection.
- Risk assessments are communicated with relevant others.
- Risk assessments are reviewed and updated when circumstances change and/or if the assessment is no longer thought to be valid for any reason and on an annual basis. In addition an annual clinical/non-clinical assessment document form must be completed using appendix 2 and sent to the Health and Safety Advisor.
- The action plan from the risk assessment (appendix 2) must be copied to the Service Manager / Head of department and it is the responsibility of the service manager / head of department to ensure that the action plan is implemented.
- There is full compliance with the safe systems of work identified by the risk assessment process.
- Staff receive training appropriate to the safe performance of their work activity.
- Senior managers are made aware of any resource implications related to risk assessments.

Employees
Employees are responsible as individuals to:
- Comply with the safe system of work identified in the assessments.
- Identify risks and problems where they arise and bring their concerns to the attention of their manager.
- Attend training as required to enable performance of work activity capably and safely.
- Report all incidents to the manager and ensure an incident form (DIF1) is completed.

8   References
- Incident Reporting and Management Policy (GR1)
- Health and Safety Arrangements and Responsibilities (GR2)
- Integrated Governance Framework (FR1)
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1992 (amended 1999)

9   Training
For all Trust training please refer to policy HR6 Trust wide policy on learning and development requirements http://www.cwp.nhs.uk/GuidancePolicies/Policies/Humanresources/Pages/default.aspx

Appendix 1

Risk assessment - safe system of work

Location _____	**Ward/Dept/Service** _____	**Assessment Date** _____
Assessor _____	**Task/Work Activity** _____	**Review Date** _____

HAZARD(S)	WHO / WHAT AT RISK?	RISK FACTORS (likely harm, loss, damage etc)

ASSESSMENT RECOMMENDATION

SAFE SYSTEM OF WORK – to be followed by all staff undertaking task / work activity

CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST
RISK ASSESSMENT INVENTORY HAZARD IDENTIFICATION

Location _____		**Assessor** _____
Ward/Dept/Service _____		**Date** _____

HAZARD	WHO/WHAT AT RISK	RISK FACTORS	SEVERITY OF IMPACT					ACTION LEVEL PRIORITY		
			CAT	MAJ	MOD	LOW	MIN	RED	AMBER	GREEN

Assessor Notes

HAZARD - anything with the potential to cause harm, injury, damage or loss. Related to <u>how</u> and <u>where</u> you work and who and <u>what</u> you work with.

RISK FACTORS - Likely harm, injury, loss, damage.

SEVERITY OF IMPACT = CONSEQUENCE – Catastrophic, major, moderate, low minimal

Appendix 2

Clinical/non-clinical assessment document

Division		Date	
Service Area/ Department		**Review Date**	

Briefly describe the principle clinical activities in your area. If you work in a non-hospital setting or on the community, please describe your sphere of practice. (Add a further sheet for details if require) For In-Patient Areas: Number of beds Please state the level of activity for your specialty (Occupancy/caseload) Staffing establishment in Whole Time Equivalents (WTE)	

Risk	Indicate	Comments
Ward Management Do you use Bank/Agency Staff regularly? How often?	Yes / No	
Can you provide evidence that management and clinical supervision happens in your department?	Yes / No	
Induction, Training and Supervision Do all clinical staff, including all grades of medical staff, attend a specific induction course appropriate to the speciality in which they work?	Yes / No	
Are newly appointed staff assessed for their level of competence and training needs identified and provided for?	Yes / No	
Is a record kept of all training / study attended by staff?	Yes / No	
Are procedures in place to ensure all specialist and essential learning and development training is provided and recorded?	Yes / No	

Risk	Indicate	Comments
Do staff know what is required of them (job description, appraisals, Personal Development Plans)?	Yes / No	
Communications	Yes / No	
Do you have a formal written discharge procedure that has been seen by all staff?		
How do you ensure any oral messages regarding the service user are confirmed in writing?		
Do staff know who the following are, and how to contact them?		
Clinical Governance Manager	Yes / No	
Risk Manager	Yes / No	
Health & Safety Advisor	Yes / No	
Infection Control Nurse/s	Yes / No	
Manual Handling Advisor	Yes / No	
Security Manager	Yes / No	
Fire Officer	Yes / No	
Manager on – call	Yes / No	
Slips, Trips and Falls		
Is the flooring level and clear from trip hazards?	Yes / No	
Are floors and walkways clear of obstructions?	Yes / No	
Is there a system to ensure spillages are reported and cleaned up immediately?	Yes / No	
Are the floors clean?	Yes / No	
Control of Substances Hazardous to Health (COSHH)		
Is there a nominated COSHH assessor?	Yes / No	
Are COSHH assessments prepared and available?	Yes / No	
Have staff received information / training relating to the COSHH assessments?	Yes / No	
Is there evidence of the above?	Yes / No	
Waste Management		
Is waste segregation understood?	Yes / No	
Is there evidence of waste segregation?	Yes / No	
Are waste storage facilities appropriate for:		

Risk	Indicate	Comments
Clinical waste	Yes / No	
Non – clinical waste	Yes / No	
Special waste (specify type)	Yes / No	
Are waste materials stored with any other materials?	Yes / No	
Are waste collection arrangements appropriate?	Yes / No	
Is there a spillage procedure in place?	Yes/No	
Is there a spillage kit available for:		
Clinical waste	Yes/No	
Special waste (specify type)	Yes/No	

Any Other Comments / Suggestions?

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Completed by (signature):
Print Name:
Position Held:
Date:

Action Plan From Risk Assessment			
Person Responsible	Action	Resource Implications	Date to be Completed

Appendix 3

Risk rating matrix

LIKELIHOOD OF OCCURRENCE	CONSEQUENCE				
	Catastrophic A (5)	Major B (4)	Moderate C (3)	Low D (2)	Minimal E (1)
Almost certain (5)	25	20	15	10	5
Likely (4)	20	16	12	8	4
Possible (3)	15	12	9	6	3
Unlikely (2)	10	8	6	4	2
Rare (1)	5	4	3	2	1

RISK LEVEL	RISK WEIGHTING	ACTUAL or POTENTIAL EVENT CONSEQUENCES	EVENT DETAIL / DESCRIPTION
A RED	5	Catastrophic	International/National adverse publicity Severe loss of confidence in the organisation Death Extensive Injuries Substantial disruption of service provision Litigation Substantial financial impact
B RED	4	Major	National adverse publicity/Major loss of confidence in the organisation Temporary service closure Attempted suicide Serious injury Serious property damage Litigation/ Major financial loss/cost
C AMBER	3	Moderate	Local adverse publicity/moderate loss of confidence in the organisation Medical treatment required Reduce capacity to deliver services(s) Admission of suicidal intent/self harm Litigation High financial loss/cost
D GREEN	2	Low	No medical treatment or intervention required First Aid treatment delivered Minimal or no disruption to service delivery Litigation Low-medium financial loss or cost
E GREEN	1	Minimal	No service disruption No injury Minimal financial impact

Equality and diversity/Human Rights impact assessment

	IS IT RELEVANT?		HOW RELEVANT IS IT?	
	Does the policy include anything that … Eliminates discrimination and/or Promotes equal opportunities (Answer yes, no or N/A for each category listed)	Is there evidence to believe that groups could be treated different- if so, which groups within each category(e.g. under 16 year olds in age category)	How much evidence do you have 1. None or a little 2. Some 3. Substantial	Is there public concern that the policy is discriminatory[1] (Answer yes, no or N/A for each category listed)
Race	NO	NO	N/A	N/A
Gender	NO	NO	N/A	N/A
Disability	NO	NO	N/A	N/A
Age	NO	NO	N/A	N/A
Sexual orientation	NO	NO	N/A	N/A
Religion or beliefs	NO	NO	N/A	N/A

Now evaluate your answers by using the criteria provided and <u>underline</u> which describes your policy

Relevance	Rationale	Monitoring[2]
High relevance	If there is substantial evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within a year of it being introduced
Medium relevance	If there is some evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within 2 years of it being introduced:
<u>Low relevance</u>	If there is little/no evidence that indicates that groups could be treated differently because of the policy	Impact monitored at least every 3 years

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[1] Could be gauged from surveys, audit data, complaints etc,

[2] Policy Reviews Group working with Equality & Diversity/Human Rights Group must monitor the impact of policies through the following channels: results from the national service user survey, the national mental health and ethnicity census, complaints data, PALS feedback, individual systems within clinical services through which ward and community staff liaise with service users and carers i.e. ward meetings, modern matron meetings

[4] This assent will be reviewed by the Equality and Diversity/Human Rights group

Risk Manager / Health and Safety Advisor   Page 14 of 15   15-Oct-19

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Human Rights

When developing any policies, policy writers should ask themselves 'does the policy engage/restrict anyone's Human Rights?'

<table>
<tr>
<td><i>What is the Convention of Human Rights?</i></td>
<td colspan="2">There are 16 basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. There are 3 types of rights detailed as follows:</td>
</tr>
<tr>
<td></td>
<td>Absolute- <u>cannot opt out of these rights under any circumstance-</u> cannot be balanced against any public interest</td>
<td>
– Right to life
– Prohibition of torture
– Prohibition of slavery and forced labour
– No punishment without law
– Right to free elections
– Right to marry
– Abolition of the death penalty
</td>
</tr>
<tr>
<td></td>
<td>Limited- these rights are subject to predetermined exceptions</td>
<td>
– Right to liberty and security
– Right to a fair trial
</td>
</tr>
<tr>
<td></td>
<td>Qualified- these rights can be challenged in order to protect the rights of other people</td>
<td>
– Respect for private and family life
– Right to Freedom of thought, conscience and religion
– Freedom of expression
– Freedom of assembly and association
– Prohibition of discrimination
– Protection of property
– Right to education
</td>
</tr>
<tr>
<td><i>Where can I get more information about this?</i></td>
<td colspan="2">More details can be found at the Department of Constitutional Affairs (DCA)
http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm
Publications
DCA (Oct 2006) Human rights: human lives – a handbook for public authorities, crown copyright
DCA (Oct 2006) Making sense of human rights – a short introduction, crown copyright
DCA (Oct 2006) A Guide to the Human Rights Act 1998, crown copyright</td>
</tr>
<tr>
<td><i>What should I do if I suspect my policy affects anyone's Human Rights?</i></td>
<td colspan="2">You should forward for discussion at the Trustwide Equality and Diversity and Human Rights Group within the Trust- contact Andy Styring, Director of Operations, executive lead for Equality & Diversity and Human Rights mailto: andy.styring@cwp.nhs.uk</td>
</tr>
</table>

Please tick one of the following

The above has been considered and to the best of my knowledge my policy **does not affect** any of the human rights listed	✓
The above has been considered and my policy does affect a human right article(s) but this has been discussed and 'qualified' at Trust Equality and Diversity and Human Rights Group	