Livewell Southwest

**Risk Management Strategy
(Including Risk Assessment Process)**

Version No 4.3

Review: May 2019

Notice to staff using a paper copy of this guidance.

The policies and procedures page of Livewell Southwest intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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4.1	Updated	January 2016	K. Spencer / A. Wadley	Reviewed to include Risk Assessment Process and to remove Prevent and safeguarding sections
4.2	Updated	March 2016	K Spencer	Updated risk escalation flow chart
4.3	Updated	31 March 2016	G Baines & K Spencer and ET	Updated to reflect revised Audit Committee terms of Reference

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Executive Summary for the Risk Management Strategy

Livewell Southwest (LSW) (herein referred to as the "Organisation") is committed to minimising risks, both clinical and non-clinical to which it is exposed, through a comprehensive system of internal controls.

Risk management is the systematic identification, evaluation and treatment of risk with the aim of reducing risk to the organisation and to individuals alike.

Effective risk management proactively reduces identified risks to an acceptable level by creating a culture founded upon assessment and prevention, rather than reaction and remedy. It plays a vital role supporting and informing decision-making in providing a safe and secure environment for service-users, carers and staff. It should be embedded into all organisational processes and involve everyone in the organisation.

Organisations that manage risk effectively and efficiently are more likely to achieve safe and effective care, and do so at lower overall cost.

Effective risk management results in a culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.

This strategy has been developed to ensure compliance with the CQC Standards, Risk Management Standards promoted by the National Health Service Litigation Authority (NHSLA), Health and Safety at Work Act 1974 and associated regulations and NHS Protect Standards.

Risk management is everyone's responsibility.

Steve Waite
Chief Executive

1 Aims

1.1 The aim of this strategy is to provide a framework and supporting processes to enable effective risk management and ensure that the purpose and benefits of effective risk management is understood by staff at all levels across LSW.

1.2 An effective risk management system will manage and respond to risk ensuring:

- A common approach to risk assessment is maintained throughout the organisation
- The process is aligned to audit standards and considered best practice
- Incident reporting and investigation arrangements are robust and consistent
- There is a risk register and escalation process both locally and at a corporate level within the organisation
- Risk assessment training is available for all staff across the organisation and attendance is recorded on Electronic Staff Records System (ESR)
- Evidence of learning lessons from incidents, near misses, complaints and risks across the organisation.

1.3 This strategy provides a system that will enable the identification and prioritisation of risks.

2 Objectives

The following objectives will be met in order to ensure the aims in section 1 can be achieved:

2.1 A clear definition of responsibility and accountability at all levels across the organisation

2.2 Structure – ensuring well-defined committees and lead responsibilities, clear and up to date terms of reference, a committed and balanced membership and effective reporting and delegation

2.3 Training – ensure a link to strategic objectives, ensuring comprehensive coverage of mandatory training and performance monitoring of training as part of individual objectives and linked to trends from the incident reporting system

2.4 Incident reporting – promotion of reporting, trend analysis, ensuring follow-up action and learning takes place following every serious untoward event and promoting root cause analysis as a preferred method of investigating incidents, near misses and health-led adult safeguarding investigations

2.5 Risk assessment – assessing risk at all levels in a consistent way, ensuring risk assessments are carried out and reviewed routinely, ensuring risks are assessed and incorporated into business cases and service / locality business plans, inclusion of identified risks (both themed and specific) are recorded on the risk register

2.6 Communication – a framework will be in place for the dissemination of best practice and the reporting and escalation (and de-escalation) of risks, both

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internally and with partner organisations. Particularly where there are problems of mutual concern or other identified risks. In particular, dissemination of aggregated learning from incidents, Serious Incidents Requiring Investigation (SIRI), risks, complaints and compliments across the organisation and to other related organisations

2.7   Performance – continuing the development of a range of performance indicators that will assist in the management of performance and will indicate progress towards strategic risk goals, including:

- The overall number of incidents / SIRI's / complaints / litigation claims / near misses
- Performance against CQC / NHSLA / HSE / NHS Protect Standards
- Incidents requiring disclosure to external agencies (i.e. CQC, NPSA, HSE, NHS Protect)
- Risk assessment compliance
- Attendance at mandatory training

2.8   Financial management – to help inform service business planning processes through the identification of risks which require a resource commitment or pose a threat to internal control procedures

3   Definitions

3.1   **Hazard** – is anything with the potential to cause harm, loss or damage. Hazards can be broken down into Biological, Chemical, Physical, Ergonomic, Psychosocial, Financial and Clinical.

3.2   **Risk** – is the likelihood of harm being realised (i.e. by a hazard, loss or damage or the possibility that LSW will not achieve one or more of its objectives).

3.3   **Risk Assessment** – is consideration of what may cause harm to people or LSW functions and whether or not precautions to prevent harm or loss are possible.

3.4   **Information Risk** – Risk to the confidentiality, integrity and availability of all forms of information held, from all threats whether internal or external, deliberate or accidental.

3.5   **Information Asset Owner –** A senior member of staff who is nominated as responsible for an information asset, and is required to carry out information risk assessments and create and update an information risk management plan for the identified asset.

3.6   **SIRO** – Senior Information Risk Owner, leads on Information Governance Risk and advises the board on the effectiveness of information risk management across Livewell.

3.7   **Risk Profile** – A written description of the overall risks which LSW manages, giving an indication of the level of the level of risk the organisation carries either in its entirety or for each function or part of the organisation.

3.8 **Local Risk Register** – a register of risks which threaten local services from achieving their objectives, managed and owned by local service managers.

3.9 **Locality Risk Register** – a risk register which is managed and owned by Senior Service Managers, only when it is deemed that the risk cannot be controlled locally.

3.10 **Corporate Risk Register** – a register of risks which are managed and owned by a Director, only when it is deemed that the risk cannot be owned by Senior Service Managers. See Section 6.5 for escalation of risk.

3.11 **Risk Assessor** – The individual who has a knowledge of the activity, process or material that is being assessed and has been trained and is competent to undertake such risk assessments. (e.g. Manager, nominated risk assessor)

3.12 **Risk Owner** – The individual responsible for ensuring that a risk is managed, including the on-going monitoring of the risk, ensuring controls and further actions are in place to mitigate the risk, escalation and reporting on the overall status of the risk.

3.13 **Action Owner** - All risks have action owner(s), to whom the risk owner has delegated responsibility for ensuring the delivery of a task or activity that will help to mitigate the risk and to provide regular reporting on progress.

3.14 **Risk Management Workbook** – an Excel document provided to every service / unit / ward / department where Health and Safety Audits, quarterly fire checks and Display Screen Equipment (DSE) assessments can be recorded by service managers and/or trained risk assessors.

3.15 **Escalation of Risk** – the formal route through which risks, unable to be resolved at local level, may be escalated to either Senior Service Manager / Director level ownership into the Locality or Corporate Risk Registers.

3.16 **Reasonably Practicable** – this is a balance of cost or possible negative impact of implementing controls against the level of risk.

3.17 **Safe System of Work** – is a formal and approved procedure with safe working methods stated that employees must follow in order to control or eliminate work (i.e. any approved written document such as policies, procedures, NICE guidance, etc.).

3.18 **Risk Issues/Types** – are problems that face LSW (i.e. clinical, health and safety, financial, reputation, etc.).

3.19 **Local** – for the purposes of this document, "local" refers to activities undertaken at service / unit / ward / department level.

3.20 **Organisation-Wide** – for the purpose of this document, "Organisation-Wide" refers to risk assessments undertaken by the Corporate Risk and Compliance Team which are generic across the entire organisation. These will always be Corporate Level Risks.

3.21   **Competent** – in terms of risk assessors, the member of staff should possess sufficient skill and knowledge in relation to the service and activities in which they are engaged, including IT capabilities. This should include attendance at Risk Assessor Training

4   Responsibilities and Strategic Framework

The corporate responsibility for achieving the aims and objectives of risk management ultimately rests with the LSW Chief Executive and the LSW Board. The framework that supports risk management is detailed below:

4.1   The **LSW Board** has corporate responsibility for meeting the aims and objectives for risk management;

4.2   The **Audit Committee** is a sub-committee of the LSW Board and is responsible for reviewing and maintaining an effective system of risk management across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. This includes the quarterly review of the organisations Corporate Risk Register identifying those areas that require additional scrutiny through the organisations existing corporate assurance or management processes. The Audit committee will develop an annual work plan to address each of the Corporate Risks identified in the register in order to seek assurance from the relevant area.

4.3   The **LSW Executive Team** is a sub-committee of the LSW Board and has corporate responsibility for meeting the operational aims and objectives for risk management in the organisation and will consider the content and grading of corporate risks on the corporate risk register on a monthly basis and will have oversight of all risks scoring over 15.

4.4   **Risk Monitoring & Moderation Group (RMMG)** – this is subcommittee of the Safety Quality and Performance Committee. This group is made up of Senior Service Managers. Their role is to;
a) Moderate all new risk assessments;
b) Be decision makers as to whether new risks should be escalated to local, locality or corporate level;
c) Agree the risk score for new risks (increasing or decreasing to ensure consistency across LSW);
d) Identify trends across locality / organisation and can create a corporate level or organisation-wide risk assessment in response if required.

4.5   The **Information Governance Group** is chaired by the SIRO and is taken in its widest context to be the framework, structures and processes that ensure the security, confidentiality and integrity of LSW data and information, including consideration of information risk.

5   Accountabilities

5.1   The **Chief Executive** has overall accountability to the Board for risk management and will ensure that the responsibilities outlined in the Risk Management Strategy are discharged. The Chief Executive is also responsible for ensuring that

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competent advisors are in place in order to assist with the discharge of these duties.

5.2   The **Director of Professional Practice** is the Executive Lead with ultimate responsibility for and management of clinical and non-clinical risk and for the management of health and safety within the organisation. The Director of Professional Practice is also the Senior Information Risk Owner (SIRO) for the organisation and as such is responsible for developing the Risk Profile for the organisation, identifying all of the information risks and making sure appropriate mitigations are in place so that these risks can be accepted. This post holder is also responsible for ensuring compliance with the Data Protection and Freedom of Information Acts.

5.3   All **Executive Directors** will have nominated responsibility as Risk Owners for identified corporate level risks.

5.4   The Head of **Corporate Risk & Compliance** will be responsible for ensuring the following:

   a)   an effective risk management strategy is in place, supported by relevant policies and procedures to ensure processes are in place for the assessment, communication and escalation of risk where appropriate;
   b)   provision of strategic direction and support for facilitating the effective management of all risk and for maintaining the Corporate Risk Register;
   c)   identify, develop and provide all relevant Risk Management training to staff across the whole organisation;
   d)   provision of appropriate risk management advice and support to staff at all levels;
   e)   undertake corporate auditing of Risk Management and Health and Safety processes in place locally in order to provide internal assurance of compliance across all services;

5.5   The **Health and Safety Advisor** is the statutory "Competent Person" for the organisation (defined in law as the person competent to advise the Chief Executive and the Board on their legal duties under the Health and Safety at Work Act 1974 and all related regulations and guidance). Also to advise on the interpretation of Health and Safety legislation and legal guidance so as to ensure that all employees at all levels recognise and understand their responsibilities and are competent to undertake them;

5.6   The **Local Security Management Specialist (LSMS)** reports to the Security Management Director (currently the Chief Executive). The LSMS is responsible for creating a pro-security culture within the organisation, undertaking investigations into any security breaches and criminal incidents and liaising with external agencies e.g. the Police regarding such breaches;

5.7   **Senior Service Managers** will be responsible for:

   a)   Attending appropriate Risk Management related training (e.g. Risk Assessor training)

b) Ensuring that each service manager within their locality has also undertaken appropriate Risk Management related training and has read and understood the Risk Management Strategy and associated policies and procedures;

c) Ensuring risk management is a standing agenda item at business and performance meetings and that the locality risk register is reviewed on a quarterly basis so that it remains suitable and sufficient;

d) Ensuring that identified risks are recorded on risk registers and are appropriately reviewed to reflect learning outcomes from incident / complaint / legal investigations;

e) Ensuring that all risk assessments are communicated to staff and that learning from incidents / complaints / claims is cascaded.

f) Ensuring that all risks with a score of 15 or above are immediately escalated to the appropriate Director.

g) Ensuring they have oversight of all open risks within their locality.

5.8 **Service Managers** will be responsible for:

a) Attending appropriate Risk Management related training (e.g. Risk Assessor training) and seeking support from the Corporate Risk & Compliance Team where it is deemed necessary;

b) Familiarising themselves with the Risk Management Strategy and Risk Assessment Procedure, which should be read in conjunction all other related health and safety policies;

c) Ensuring they understand the risk management process and how risk registers are used to identify, record and control risk issues;

d) Using the standard risk assessment process to pro-actively manage strategic and operational risk issues within their area of responsibility, and ensuring that sufficient and suitable controls are implemented that are proportionate to the level of risk;

e) Ensuring that risks scoring over 15 are escalated immediately to Senior Service Managers;

f) Ensuring that risks that cannot be controlled locally or risks where the required actions are outside of the managers remit of responsibility; are escalated immediately to Senior Service Managers;

g) Communicating risks from local risk registers to all staff (including the relevant Senior Service Manager);

h) Ensuring that new risks or changes to existing risk assessments are recorded in the risk register, monitoring remedial actions to continue to eliminate, reduce or control risks until the issue is resolved or to the lowest acceptable level;

i) Involving staff in the review and completion of risk assessments and the risk register;

j) Depending on the size of their service / unit / ward / department, appoint at least one other capable member of staff to be trained as a "Risk Assessor" in order to support them in their role; this role to be included in the appointed member of staff's job description and is additional to their substantive role and provided with appropriate time to undertake their Risk Assessor duties;

k) Ensuring that health and safety audits (located within the Risk Management Workbook) are undertaken and that any associated risk assessments are appropriately completed;

5.9   Nominated **Risk Assessors** will:

   a)   Attend Risk Assessor Training and any refresher training / support deemed as required;
   b)   Support their manager by bringing to their attention local operational risk issues that they have either identified or had brought to their attention by other staff members, recording such risks onto their local risk register and discussing appropriate remedial actions, owners and deadlines;
   c)   Liaise with their colleagues / manager to annually complete a set of health and safety audits (located within the Risk Management Workbook) and any resulting risk assessment, as per training;

5.10   **All LSW employees** are responsible for:

   a)   Ensuring they have an awareness of the Risk Management Strategy and that they are aware of the findings of any local risk assessments appropriate to their work area;
   b)   Following the controls and identified actions outlined in their local risk register and the risk assessments within it;
   c)   Undertaking any training identified by their managers as required
   d)   Making managers aware of any risks to patient safety, health and safety or other risk issues which they become aware of;
   e)   Reporting any near misses, adverse events, incidents or SIRI's according to LSW Incident Reporting and Investigation Policy.

5.11   **SIRO** is responsible for:

   a)   Leading on Information Governance Risk and advising the board on the effectiveness of information risk management across Livewell
   b)   Understanding how strategic business goals of Livewell Southwest may be impacted by information risks
   c)   Acting as advocate for information risk on the board
   d)   Taking ownership or risk assessment processes for information risk, including the review of the annual information risk assessment
   e)   Reviewing and agreeing actions in respect of identified information risk
   f)   Ensuring that Livewell Southwest's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff
   g)   Ensuring the Board is adequately briefed on information risk issues.

6   Formal Risk Management Process

The formal risk management process will enable the organisation, teams and individuals to set their business priorities and improve decision-making to reach an optimal balance of risk, benefit and cost.

6.1   **Identify Risk**

LSW will face a number of risks which will potentially affect achievement of its aims and objectives; these include:

a)   Corporate risks - operating within powers, fulfilling responsibilities, accountability to public;

b)   Risks to reputation - quality of services, communication, patient experience

c)   External risks - political, environmental, social, environmental and meteorological

d)   Clinical risks - associated with service standards, competencies, complications, equipment, medicines, staffing and patient information;

e)   Health and safety risks - ensuring the safety and wellbeing of staff and patients whilst providing or using services

f)   Business risks - associated with managing the affairs of the organisation, human resources, information & IT, financial and internal management, achieving objectives

h)   Risks to assets - security, protection, optimum use, maintenance, replacement

i)   Information risks

Risks can be identified in the following ways:

- Reviewing strategic / business / operational plans and asking as many 'what if?' questions as possible
- Completion of self-audits in Risk Management Workbook (excel document held locally)
- Reviewing inspection and audit reports (quality, financial, business performance, compliance with CQC standards, legal compliance etc.)
- Reviewing incident investigations and the lessons learned
- Reviewing complaints, claims and patient feedback and the lessons learned
- For Information Asset Owners following process outlined Information Asset Policy.

6.2 **Assess Risk**

Risk assessment is a risk management and clinical governance tool which the organisation uses to:

a) Gather facts about various activities and services and the associated hazards and risks;
b) Assist in the identification of risks that are a threat to the achievement of strategic objectives;
c) Highlight the need to eliminate or manage identified hazards and risks, in order to protect the safety and well-being of staff, patients, visitors and the organisation as a whole;
d) Take corrective actions when new risks are identified or existing risks are not adequately controlled;
e) Assess the likelihood and consequence of risks causing harm or damage;
f) Gauge the consequence of non-compliance;
g) Consider the consequences of not meeting key objectives.

A risk assessment should be completed by someone with a knowledge of the activity, process or material that is being assessed.

A suitable and sufficient risk assessment can be undertaken by following the five steps within the HSE's "Risk Assessment - a brief guide to controlling risks in the workplace" (Risk Assessment Guidance - Appendix B and Risk Assessment Template – Appendix C)

Further information is also available from Healthcare Risk Assessment Made Easy published by the National Patients Safety Agency (NPSA).

For scoring / grading risks, LSW utilises the NPSA Risk Scoring Matrix (Appendix D) (Further information can also be found in NPSA's publication: A risk matrix for risk managers).

6.3 **Evaluate Risks**

Risk assessments are recorded in risk registers as part of the risk assessment and evaluation process.

6.3.1   **Risk Registers**

A risk register is a management tool that provides an organisation with information on its risk profile and is a repository for risk information across all areas of activity. This repository is at the heart of the internal control system and contains details of the risks that threaten LSW's success in achieving its stated aims and objectives.

Risk registers can also support decision making on how resources should be allocated. Ideally, all decisions such as changes in policy, procedures or practices, service developments, enterprises such as new projects and all associated resource commitments should result in reductions to the organisation's highest priority risks. At all levels, proposals to make changes or commit resources must include reference to the effect this may have on the risk profile of the organisation.

There are three levels of risk registers:

Local (Ward / Dept):   Register of risks which threaten local services from achieving their objectives, managed and owned by local service managers.

All managers are responsible for ensuring that their local ward / dept. risk registers are populated with all significant risks that may affect their service delivery, treated and reviewed on a regular basis, ensuring that their risk assessments remain up-to-date and to the lowest acceptable level of risk and communicated to all staff. Where this is not possible, to demonstrate that there is plan of remedial action in place.

Locality: Register of risks which is managed and owned by Senior Service Managers, only when it is deemed that the risk cannot be controlled locally.

All Senior Service Managers are responsible for reviewing and monitoring those risks under their control and communicating to all staff. They can escalate and de-escalate risks where appropriate in communication with the new risk owner.

Corporate: Register of risks which are managed and owned by a Director, only when it is deemed that the risk cannot be owned by Senior Service Managers. This includes organisation-wide risks. See Section 6.5 for escalation of risk.

LSW Executive Directors have corporate responsibility for meeting the operational aims and objectives for risk management in the organisation. They will review and moderate all pending corporate risks. The Executive Team will also review all open organisational risks with a score of 15 and above on a monthly basis and will

consider the content and grading of all corporate risks on the corporate risk register on a quarterly basis.

6.3.2 The LSW Audit Committee will consider all risks within the Corporate Risk Register on a quarterly basis and will report assurance to the LSW Board.

6.3.3 Corporate risks will be communicated to all appropriate staff.

6.3.4 The Head of Corporate Risk and Compliance will ensure that risk register reports are provided as required.

6.3.5 Risk registers can be populated by any trained risk assessor, however, it remains the responsibility of the manager to control, manage and regularly review it. Managers should discuss any risks which they cannot control locally with the appropriate Senior Service Manager at the earliest opportunity.

6.4 **Control and Monitor Risks**

To ensure that risks are eliminated or mitigated as far as is reasonably practicable, the following controls must be considered:

- Elimination of the risk
- Risk avoidance (using alternatives)
- Risk transfer (use of insurance, contractors etc.)
- Risk reduction
- Risk acceptance (accepting the potential loss and allocating resources to cover the financial consequences)
- Contingency and emergency planning to reduce the effects of major internal incidents
- Risk control (development, implementation and discipline of policies, protocols, procedures, guidelines, care pathways and safe systems of work)

6.4.1 There are many ways by which risks can be controlled, many require little or no financial outlay however most controls will have resource implications. Risks scoring over 15 will be considered monthly by the Executive Team and action and funding can be prioritised at this point.

6.4.2 A robust monitoring and review system is essential to ensure actions are followed through and priorities are re-assessed. Once the severity of a risk has been evaluated, it can be compared with other risks facing the service / locality / directorate / organisation and prioritised according to significance. All risks must be reviewed at least annually but sooner should circumstances dictate.

6.4.3 The commercial insurers of LSW monitor and review and monitor the risk management process for the organisation on an annual basis and, in particular, statutory compliance.

6.4.4 Compliance will also be monitored by internal auditors and external agencies (i.e. CQC, etc.) as part of periodic reviews / inspections.

6.4.5   From April 2016, the Safety, Quality & Performance Committee, on behalf of the Board receives assurances on a monthly basis (within the data book) to ensure that this strategy is effective.

6.4.6   In line with an annual audit programme, the Corporate Risk & Compliance Team will ensure all appropriate health and safety audits at local level are completed and any associated risk assessments are undertaken. Compliance is reported to the Operational Safety, Quality and Performance Committee (SQP) monthly in the data book, this includes all risks scoring over 15 and all risk assessments with outstanding reviews. All new risks will be reported at Operational SQP monthly.

6.4.7   An annual Risk, Health and Safety assurance report will be presented to the Board.

6.4.8   Senior Service Managers will ensure that risks are reviewed at business and performance meetings.

6.4.9   All risks must be reviewed at least annually or sooner if circumstances dictate. All changes must be notified to risk owners as soon as possible.

6.5   **Escalation, De-escalation and Closure of Risks**

6.5.1   Escalation / De-escalation

The Risk Governance and Escalation Framework set out in Appendix A gives a detailed process for the escalation / de-escalation and review of risks.

All risks scoring over 15 will be escalated immediately to the appropriate Executive Director.

Any escalation or de-escalation must be discussed and notified to the new risk owner.

Any risks which require urgent escalation must be brought to the attention of the relevant Senior Service Manager and/or Executive Director as soon as possible. The risk register should be updated as soon as reasonably practicable.

6.5.2   Closure of Risks

Any risks that are no longer relevant (for whatever reason) can be closed by the risk owner. The risk owner will be prompted to enter the rationale for closing the risk at the time. Any outstanding reviews also need to be closed at this time.

7   Training

7.1   Only competent persons can carry out risk assessments. By definition, this is someone with relevant knowledge, training and experience of the hazards and risk associated with the processes to be assessed.

7.2   Risk Assessor training is provided through the Professional Training and Development Department and delivered by the Corporate Risk and Compliance Team.

7.3   All Senior Service Managers and Local Managers must attend Risk Assessor Training, and any associated refresher training before they will be given access to the risk register database.

7.4   All Managers are advised to nominate at least one member of staff from their teams to attend Risk Assessor Training, and any subsequent refresher sessions in order to support them to undertake their local risk assessments.

7.5   Risk Assessor Training programmes will consist of:

- An overview of incident reporting and investigation;
- An overview of fire safety risk;
- An overview of the legal requirements behind the need for risk assessments;
- The methodology for assessing and recording risks;
- An introduction to the Risk Management Workbook;
- Live undertaking of practical risk assessments in line with local health and safety self-audits.

7.6   Risk management and incident reporting are also introduced in the Corporate Induction and Mandatory training programmes.

7.7   A record of any training attended is recorded on the Electronic Staff Record (ESR)

7.8   Bespoke training will be provided to LSW Board and Executive Team by the Head of Corporate Risk and Compliance.

7.9   Information asset owners are provided with appropriate training.

8   Support

8.1   In addition to Risk Assessor Training, verbal risk management advice, information and support is freely available from the Corporate Risk & Compliance Team, together with additional 1:1 support for trained risk assessors upon request, if appropriate.

8.2   Information asset owners and administrators are supported via the SIRO and IG lead.

9.   Security, Audit and Governance of Electronic Risk Register

9.1   User security access to the Ulysses Safeguard Risk Register System is granted according to service and staff role. Access is granted by the Corporate Risk and Compliance Team:

- o   All trained risk assessors – will have access to their own local risk assessments.
- o   Service Managers – will have access to their own service risk assessments.
- o   Senior Service Managers – will have access to all of their service risk registers.
- o   Executive Directors – Will have access to all risk assessments.

- o Corporate Risk and Compliance Team – Have administration access to all risk assessments.

9.2   Audit and Governance

- o All pending **new** risks will be reviewed and opened by the RMMG, or at an extraordinary sub-meeting of this group led by the Corporate Risk and Compliance Team. All pending **corporate** risks will be reviewed and opened at the Executive Team meetings.
- o User authorisation is granted and monitored by the Corporate Risk and Compliance Team.
- o Audit reports can be requested from the Corporate Risk and Compliance Team at any time.
- o An annual audit of system governance will be commissioned by the Corporate Risk and Compliance Team and reported in the annual Risk, Health and Safety report to Board.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice, Safety & Quality

Date: 4th May 2016

All risks scoring over 15 must immediately be brought to the attention of the relevant Senior Service Manager and Executive Director. Set Risk level to 'Corporate' and status to 'Pending'.

LSW Board:
Receive assurance quarterly from the Audit Committee.

Audit Committee:
Review all corporate level risks quarterly and allocate to relevant area for further action and assurance.

Executive Team:
- Review, moderate and open all 'pending' corporate risks monthly.
- Consider the content and grading of all corporate risks monthly.
- Review all risks with a score of 15 and above monthly.

Risk Owners:
- Manage, review, escalate / de-escalate or close all allocated risks.
- Communicate all risks to all staff (at business or performance meetings).

RMMG:
- Review and moderate all new 'pending' risks (open and escalate to the appropriate level.
- Notify new risk owner.

Trained Risk Assessors / Managers:
- Enter risks onto Risk Register (as a 'new' risk)
- Enter controls, assess and score and enter any actions required to mitigate the risk.

Risk Assessment Guidance

In support of the Risk Assessor Training provided by the Corporate Risk & Compliance Team, this guide provides a summary of actions required. This does not negate the need for all managers and risk assessors to attend appropriate training and to ensure the principles within this Risk Management Strategy are embedded across the organisation.

The purpose of a risk assessment is to identify risks associated with legal, moral and financial duties in relation to service activities, removing them where possible, or otherwise adopting all the control measures and precautions that are reasonable and practical in the circumstances.

1) **Identify the risk** - risks may be identified through a variety of mechanisms from:

- Walking around your workplace and looking afresh at what could reasonably be expected to cause harm (i.e. change in practice / new equipment / relocation)
- Business / Service Specification / Eligibility Criteria
- Historical Incident data / Serious Incidents
- Complaints / Litigation
- Health & Safety Risk Self-Audits / Workplace Inspections
- External Assessment / Audit including: Care Quality Commission, Environmental Health, Internal Audit, Audit Commission

NB: Don't forget to consider who could be at risk of harm / what could be at risk of loss or damage, and those vulnerable groups who must be given additional consideration (i.e. new and young workers, migrant workers, new or expectant mothers, people with disabilities, temporary workers, contractors, home workers and lone workers).

2) **Assess the Risk** - once a risk has been identified a risk assessment should be completed directly onto the risk register via the Ulysses Safeguard system (accessible via the intranet, under "Popular Links" on the home page), the risk evaluated and scored in accordance with the risk scoring matrix (Appendix C), the outcome of which will identify whether more needs to be done to reduce or control the risk accordingly. Record appropriate remedial actions where they have been identified as being required to further reduce the risk of the harm / loss / damage being realised, giving each remedial action an owner and a deadline to be completed – this becomes the "Action Plan".

When considering remedial actions, ask:

- Can I remove the risk/hazard altogether?
- If not, what controls need to be in place, so that likelihood (chance) of the risk occurring will be eliminated or reduced as far as is reasonably practicable and / or the consequence reduced, should the risk be realised?
- What assurance will I be able to get as to whether the controls are working?
- What the predicted (residual) risk rating is likely to be once all the controls are in place?

3) **Monitoring / Reviewing the Risk** - all risks recorded on risk registers will be reviewed at least annually but sooner should circumstances dictate. All risks must

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be communicated to all appropriate staff. All reviews must be communicated to the risk owner as soon as possible.

Blank Template Risk Assessment

Date	Hazard & Associated Risks	Controls in Place	L	C	RS
dd/mm/yy					

CQC KLOE:
- ☐ **Safe** - by safe, we mean that people are protected from abuse and avoidable harm;
- ☐ **Effective** - by effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence;
- ☐ **Caring** - by caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect;
- ☐ **Responsive** - by responsive, we mean that services are organised so that they meet people's needs;
- ☐ **Well-led** - by well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key: L = Likelihood, C = Consequence, RS = Risk Score – see Risk Scoring Matrix

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Remedial Actions			
1st Remedial Action	Owner	Due Date	Date Comp
2nd Remedial Action	Owner	Due Date	Date Comp

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LSW's Risk Scoring Matrix

Livewell Southwest has chosen to continue using the NPSA risk matrix as its standard method of grading risk.

Levels of Consequence

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

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >7 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 7-14 days Increase in length of hospital stay by 7-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	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

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 – 4	Low risk
	5 – 12	Medium risk
	15 - 25	High risk

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