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Risk Management Strategy

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SUMMARY

Communitas Clinics Ltd (Communitas) recognises that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day-to-day basis throughout our organisation; the continued delivery of high quality healthcare requires identification, management and minimisation of events or activities which could result in unnecessary risks to patients, staff and visitors/members of the public.

The legal duty to safeguard staff, patients and members of the public is acknowledged. There are also sound moral, financial and good practice reasons for identifying and managing risks. Failure to manage risks effectively can lead to harm/loss/damage in terms of both personal injury but also in terms of loss or damage to Communitas 's reputation; financial loss; potential for complaints; litigation and adverse or unwanted publicity.

Communitas is committed to ensuring the safety of patients, staff and the public through the integrated management of all aspects of governance and risk.

Communitas recognises that this is best achieved through an environment of honesty and openness, where mistakes and adverse events are identified quickly and dealt with in a positive and responsive way.

Table of Contents

Table of Contents	3
1. Introduction.....	4
1.1. Aims.....	4
1.2. Scope:	4
1.3. Definitions:.....	5
1.4. Key strategic risk management aims:.....	6
1.5. Principles:	6
2. Implementation of Strategy	7
2.1. Monitoring and Assurance	8
2.2. The Assurance Framework:.....	8
2.3. Assessing risks:	9
2.4. Categorising risks:.....	9
2.5. Risk Registers:	10
2.6. Corporate Risk Register:.....	10
2.7. Service Risk Registers:.....	10
2.8. Reporting Arrangements:.....	11
2.9. Risk Management Responsibilities:.....	11
2.10. Risk Management Training:.....	14
2.11. Dissemination and Communication.....	15
2.12. Involving Stakeholders:.....	15
2.13. Implementation plan, monitoring, review and the use of Key Performance Indicators: 16	
2.14. Annual Risk Management Report:.....	17
2.15. Embedding of Policy	17
3. Implementation Plan.....	17
3.1. Consultation	17
3.2. Ratification.....	17
3.3. Dissemination.....	17
3.4. Training/Awareness	18
3.5. Audit and/or Monitoring	18
3.6. Breach of this Policy	18
Information for Patients/Service Users	18
4. VERSION HISTORY TABLE.....	19
Appendix A: Risk Assessment Template	20
Appendix B: Risk Grading Tool	21
Likelihood.....	21
Consequence.....	21
Risk	23
Appendix C: Risk Register Template.....	24

1. Introduction

Communitas recognises that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day-to-day basis throughout our organisation; the continued delivery of high quality healthcare requires identification, management and minimisation of events or activities which could result in unnecessary risks to patients, staff and visitors/members of the public.

The legal duty to safeguard staff, patients and members of the public is acknowledged. There are also sound moral, financial and good practice reasons for identifying and managing risks. Failure to manage risks effectively can lead to harm/loss/damage in terms of both personal injury but also in terms of loss or damage to Communitas's reputation; financial loss; potential for complaints; litigation and adverse or unwanted publicity.

Communitas is committed to ensuring the safety of patients, staff and the public through the integrated management of all aspects of governance and risk.

Communitas recognises that this is best achieved through an environment of honesty and openness, where mistakes and adverse events are identified quickly and dealt with in a positive and responsive way.

1.1. Aims

Risk Management aims to achieve optimum quality care and treatment of patients, and the provision of services which are safe and free of unnecessary risks by making maximum use of available resources and reducing wasteful expenditure. The Director of Governance will continuously strive to ensure that there are effective Governance and Risk Management systems and arrangements in place and that these are monitored on an ongoing basis.

1.2. Scope:

This strategy relates to the management of the risks faced by Communitas. Its scope therefore primarily relates to the resources directly managed by Communitas or its associated partners. However, the activities of primary care practitioners, and the actions of organisations outside Communitas but acting on its behalf, involve risks which can have an impact on whether Communitas achieves its objectives. To this extent their activities and actions will also come within the scope of this strategy. Thus, the risks involved in Communitas's staff working in a Health Centre/building not owned by Communitas, need to be assessed. Likewise, Communitas must also assess the risk that its sub-contractors might not perform to the standard required if Communitas is to achieve

certain objectives. Such risks will be included in Communitas’s Risk Register and will be managed.

1.3. Definitions:

Risk is the chance that something will happen that will have an impact on achievement of Communitas’s aims and objectives. It is measured in terms of likelihood (probability of the risk occurring) and consequences (impact of the risk occurring).

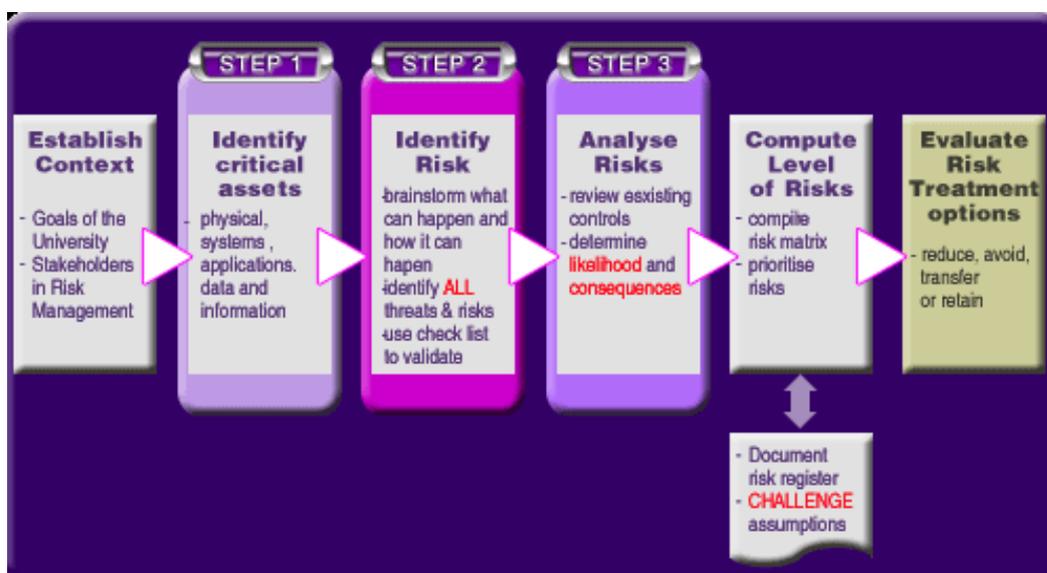
Risk Management is “the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects”.

Risk Assessment is a careful examination of what could go wrong.

The risk management process is “the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risk.” It is illustrated at Figure 1 below.



Figure 1 - Risk Management Overview from AS/NZS 4360:1999



1.4. Key strategic risk management aims:

- To maintain and where possible improve patient safety and quality of care
- To adopt an integrated approach to the management of risk and to integrate risk into the overall arrangements for clinical and corporate governance.
- To support the achievement of Communitas 's objectives as set out in the Statement of Purpose
- To have clearly defined roles and responsibilities for the management of risk.
- To provide a high quality service to patients and continuously strive to improve patient safety.
- To ensure that risks are continuously identified, assessed and minimised.
- To use risk assessments in informing the overall business planning/investment process in Communitas .
- To encourage open and honest reporting of incidents through the use of a single incident reporting system.
- To establish clear and effective communication that enables information sharing.
- To foster an open culture that allows organisation wide learning.
- To comply with legal and statutory requirements

1.5. Principles:

The following key principles are essential for the successful implementation of this Strategy:

- There is Board and management commitment to, and leadership of, the total risk management function.
- Communitas will develop its integrated governance framework to include the formal application of the risk management process to clinical practices and to the work of its sub-contractors.
- There is widespread employee participation and consultation in risk management processes, which will operate in a no blame culture.
- There is a mechanism for all incidents and complaints to be immediately reported, categorised by their potential consequences and investigated to determine system failures, without assigning blame.
- There are management systems in place that provide safe practices, premises and equipment in the working environment. Systems of work must be designed to reduce the likelihood of human error occurring.
- The risk management process must be applied to contract management especially when acquiring, expanding or outsourcing services, equipment or facilities. Contracts must be reviewed and written to ensure that only reasonable risks are accepted.

- On all Communitas premises, whether owned or shared, safe systems of work must be in place to protect patients, visitors and staff.
- Communitas maintains an effective system of emergency preparedness, emergency response and contingency planning.
- There is a mechanism to measure the effectiveness of Risk Management Strategies, Plans, structures and processes against NHS best practice.
- Communitas provides realistic resources to implement and support effective Risk Management throughout Communitas.

2. Implementation of Strategy

The implementation of this strategy will be achieved through:

- Robust arrangements are in place in all departments for managing governance and risk as set out in the Assurance and Clinical Governance Policies.
- Providing Risk Management training and support to designated individuals including senior managers enabling them to manage risk as part of normal line management responsibilities.
- Undertaking risk assessments (*clinical; organisational; financial etc*) using a common methodology in all services to identify, control and minimise risks. This is co-ordinated by the Clinical Director
- Constantly building on clinical risk assessments which have been undertaken
- Recording the results of risk assessments onto the Risk Register and in ensuring that all high risks (*risk rating 16-25*) are escalated to the IGSG and ultimately to the Board.
- Encouraging a culture of openness in terms of reporting and learning from incidents for both staff and patients. Disclosure in the public interest.
- Using “National Patient Safety Agency” Root Cause Analysis tools to investigate incidents; identify contributory factors and root causes and inform improvements/changes required to improve patient safety.
- Ensuring that the lessons learnt from incidents are shared and disseminated across Communitas to foster organisation-wide learning.
- Learning from incidents, claims, complaints, audit results and other national reports/guidelines to improve patient safety.
- Implementing the recommendations from the National Patient Safety Agency (NPSA) and other Safety Alerts Notices and then communicating changes to all staff across the organisation

2.1. Monitoring and Assurance

As part of the process for managing risk, consideration will be given to the level of assurance from monitoring the effectiveness of identified controls.

The level of assurance expected will be influenced by the level of risk for the objective or activity. The Assurance framework will further define steps within Communitas to assure Risk Management. Communitas will seek assurance that risk management activities and systems are being appropriately identified and managed through the following:

- Monitoring and audit of service risk assessment logs, safe systems of work and staff's personal development files where they log the risk assessments they are familiar with.
- Regular Health and Safety Meetings with service reports on risk assessments and issues/ improvements from identified risks, which are fed in to the Operational Management meetings.
- Compliance levels with National Standards.
- The annual Health and Safety Report to Board
- Receiving assurance from Internal and External Audit that Communitas's Risk Management systems are being implemented. These include occupational, environmental and fire risk assessments.
- Maintenance of a robust infection control programme, led at corporate level, which will minimise Health Care Acquired Infections. This will include data collation to identify, monitor and report iHCAIs, implementation of corporate policies and identification of trends.
- Compliance with Communitas's Health and Safety Policy and arrangements for the management of health and safety via completion of an annual programme of workplace inspections and health and safety audits.

2.2. The Assurance Framework:

The requirement to develop an Assurance Framework, was established by the Department of Health in July 2002. The Assurance Policy allows the Board to satisfy itself that risks are being managed and objectives are being achieved. Communitas has a clear Assurance Framework so that it can confidently sign an annual Statement on Internal Control. The intention is that it should be a powerful tool that simplifies reporting.

The Assurance Framework has four key steps, each of which is built into the Communitas's Risk Management Process:

Stage One	The Communitas's objectives are clearly defined and understood
Stage Two	The system for identifying and assessing risks is clear and understood and is practised consistently throughout the Communitas

Stage Three	The controls in place to manage the identified risks are effective and any deficiencies have been identified in the Action Plan
Stage Four	There is a system, which requires management and review bodies to provide the Board with the assurance it needs that the risk management systems and controls in place are effective.

The Board with specific roles, which are summarised below, has agreed a reviewing and monitoring process:

- Information Governance Steering Group – updates Assurance Framework at least quarterly
- Audit Committee is “the Assurance Committee” to monitor the quality of the Framework and refer significant issues to the Board (to be formed)
- Board –agree and review Framework with action plans to address gaps quarterly

2.3. Assessing risks:

Communitas utilises a Risk Assessment Tool (annex A) for the assessment and analysis of all risks whether they are strategic or operational, clinical, financial or organisational.

Within the Assessment tool risk is rated by calculating:

$$\text{Likelihood of Risk} * \text{Consequence of Risk} = \text{Risk Rating}$$

For risk Matrix applied for this calculation and details of how to apply the ratings refer to annex B.

Areas in which risks must be assessed are:

- Direct patient care;
- Indirect patient care;
- Health and safety risks;
- Organisational and financial risks;
- Commissioned service risks.

2.4. Categorising risks:

For organisational reasons and to clarify management responsibilities, risks are categorised into clinical or non-clinical. Most risks, however, contain both these elements. For example, a risk may be principally clinical but the cause of it may be due to financial or organisational deficiencies. The three key categories of risks are set out below.

Clinical risks	Clinical risks are defined as those risks, which have a cause, or effect, which is primarily clinical or medical. Examples include clinical care activities,
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	consent issues and medicines management.
Organisational risks	Organisational risks are defined as those risks, which primarily relate to the way in which the Communitas is organised, managed and governed. Examples include property related risks, human resource issues and corporate governance risks.
Financial risks	Financial risks are defined as those whose principal effect would be a financial loss or a lost opportunity to deliver a financial gain. Examples include poor financial control, fraud and ineffective insurance arrangements.

2.5. Risk Registers:

The risk register is a management tool that enables an organisation to understand its comprehensive risk profile. It is simply a repository for all risk information. It records dependencies between risks and links between risks on the corporate and local risk registers.

2.6. Corporate Risk Register:

The Corporate Risk Register contains the most significant risks i.e. graded “HIGH” or Red risks (15+) following assessment using the risk assessment matrix at Appendix C. Significant risks are also those that potentially threaten the achievement of Communitas’s corporate objectives. This would include risk that could impact on the performance of the Communitas as well as other high profile risks such as performance indicators and risks arising from external reviews. Thus appropriate ‘Amber’ risks will be reviewed by the Board

The Corporate Risk Register will be maintained detailing all the significant risks the Communitas has to manage. Risks arising out of the assessment of the Standards for Better Health will also be included on the corporate risk register. All Risk Registers will be prepared in the same format to facilitate collation of information across Communitas into a single Risk Register. The template to be used is at Appendix D. **There may be circumstances where although not scoring HIGH, risks are of such a type and nature that the Board needs to be made aware of them.** These may be included on the corporate risk register. The IGSG would need to exercise judgment to identify if the control/risk issue seriously prejudices or prevents the achievement of any of Communitas’s corporate objectives

2.7. Service Risk Registers:

The Service Risk Registers contains all risks including operational risk assessments and risks from the Board Assurance Framework. The service risk register is available to all Management and managed by the IGSG.

2.8. Reporting Arrangements:

The Board will review the Corporate Risk Register. The IGSG will review its Risk register monthly. The Clinical Director will consider the risk management system for clinical risk.

The Communitas Risk Register will be presented and reviewed at Board meetings and IGSG. A quarterly risk management report will be prepared by the IGSG for the Board. The report will identify progress made with:

- the corporate risk register
- Any Privacy Impact Assessments carried out
- internal auditors action plans
- the integrated governance maturity matrix
- any litigation assessment
- the numbers, severity and type of incidents recorded
- the proportion of incident reports with evidence of management action
- the risk management workplan

2.9. Risk Management Responsibilities:

Chief Executive:

The Chief Executive, who, as Accountable Officer, on behalf of the Board has overall responsibility for having an effective risk management system in place within the Communitas, and for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of Governance.

Communitas Board:

The Board has the ultimate responsibility for risk management. It needs to be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively. An audit function will assist the IGSG in this process by performing an annual review of the effectiveness of the risk management activities. It will be helped in this by the Auditor's annual work report and opinion on the effectiveness of Communitas 's system of internal control.

Every quarter, the Board will have a standing agenda item to review the Communitas Corporate Risk Register.

Information Governance Steering Group:

The Information Governance Steering Group is responsible for coordinating risk management activities and leading on the overall assessment of the Care Quality and Standards for Better Health across Communitas :

- Providing organisational leadership for risk management, and developing the Communitas's approach to risk management
- Ensuring the effectiveness of the Communitas systems for recording, dealing with and learning from Serious & Untoward incidents, complaints and claims
- Working with the Communitas clinical governance teams to develop robust professional education and development processes which encompass risk management

Director of Finance:

The Director of Finance has the delegated responsibility for financial risk management and will:

- Ensure compliance with the Use of Resources component of the Healthcare Commission's new assessment system
- Ensure the effectiveness of the Communitas 's financial control systems
- Ensure that the significant financial risks faced by the Communitas are identified and managed effectively
- Ensure that the Audit Committee and internal audit provider effectively perform their roles in assuring the effectiveness of the Communitas 's system of internal control

Director of Governance:

Director of Governance is accountable for the effective management of risk within Communitas, including assurance that appropriate controls are in place and that controls assurance standards are being monitored. This involves maintaining systems to:

- Identify and assess risk
- Nominate Risk Champions to ensure population and management of Hub risk registers
- Implement effective risk treatments
- Report risk in accordance with the Communitas's Risk Management Strategy (including reporting risks for inclusion on the Corporate Risk Register)
- Ensure all managers and staff under their management control are aware of the Communitas's Risk Management Strategy and of their responsibility for implementing them.
- Help to ensure Communitas complies with the Standards for Better Health and other standards as developed.

IG Manager:

- Ensure the Communitas Risk Management policies and procedures are implemented and adapted as necessary to reflect the local risk profile
- Carry out risk assessments template (Appendix A)
- Support the Director of Governance in developing and monitoring a local Hub risk register.
- IGSG will review their risk register as a standing item at each meeting.
- Identify and rectify poor performance on a timely basis
- Promote a “team spirit” so that individuals provide high quality care, protect their colleagues, and promote the reputation of the Communitas
- Foster a supportive environment to facilitate the reporting of risks and incidents
- Keep staff informed of the risks faced by the Communitas and what is being done to treat the risks
- Ensure staffs under their management have access to opportunities for training and development including attendance at mandatory risk management training events.

Managers are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated area(s) and scope of responsibility. In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, managers are responsible for bringing these risks to the attention of the Director of Governance if local resolution has not been satisfactorily achieved.

Information Governance Steering Group - Integrated Governance

- Information Governance Steering Group (Integrated Governance) oversees the Communitas 's risk management processes.
- Acts as a co-ordinator for all organisational risk management issues within Communitas and recognises that risk management forms an integral part of the normal management process.
- Receives and collates information on risks within Communitas , monitors new developments in risk management, develops knowledge and expertise and acts as liaison point for risk management issues, both within the Communitas and with external bodies.
- Monitors proposed developments and initiatives and checks that they are likely to be compliant with good risk management practice.
- Development and maintenance of the corporate risk register.

Other special responsibilities for risk management:

Other key associate individuals with special responsibility for advising on and co-ordinating risk management activities will be called upon when required and may include:

- Information Asset Owners (relating to specific information Assets)
- Health and Safety Advisor (managing health & safety risk and incidents)
- Fire & Safety Risk Advisor, Estates and Facilities Shared Services (managing, fire safety risk)
- Infection Control Nurse (advice on Infection Control issues)
- Occupational Health (work related ill-health, needle stick injuries)
- Pharmaceutical Advisors (Medicines Management / Prescribing issues)

Risk Management responsibilities of staff:

All members of staff have a responsibility to ensure the effectiveness of risk management within Communitas. Responsibility for actioning an individual Action Plan point is always allocated to a specific member of staff.

Individual employees are responsible for:

- Working to Communitas policies and procedures
- Maintaining safe systems of work
- Taking care of their own safety and that of their colleagues and all other persons who may be affected by their actions or omissions
- Taking care of the Communitas's buildings, equipment and other assets
- Reporting risks, incidents and near misses and taking remedial action in accordance with the Communitas's Risk Management policies and procedures
- Attending mandatory training
- Meeting professional registration requirements, including those relating to Continuing Professional Development.

2.10. Risk Management Training:

An effective implementation of the strategy requires staff to be both aware of Communitas's approach to risk management, and to be clear about their roles and responsibilities within the risk management process.

An assessment of training needs will be commenced through the Staff Development Review (this will be reviewed annually) and programmes will be in place so that:

- All new staff will attend an Induction Programme which includes risk management training and covers complaints and incident reporting
- All staff will receive a risk management training update every two years

- To establish a baseline, all staff will receive risk management training
- The Communitas will produce a Training Matrix to identify which training courses are mandatory for different staff groups. The Matrix will serve as a guide to staff and managers, and facilitate the reporting of attendance to the IGSG
- A Training Prospectus will be published identifying the availability of training and development opportunities for staff (including mandatory training)
- A programme of “specialist courses” will be available for staff with specific needs e.g. operating syringe drivers or having specific risk management responsibilities.

Every member of staff will have an annual personal development review with their line manager and agree a Personal Development Plan (PDP). This process provides assurance that the training needs of individuals are identified at all levels in the organisation, and serves to inform the content and delivery of future training programmes and plans. Communitas will meet the training requirements of its staff that are essential for them to perform their roles. All clinical/professional staff will operate within their code of professional conduct.

2.11. Dissemination and Communication

An empowered management team will support the organisational structure as well as the systems and processes implemented to reduce and minimise risk

This Policy is available on the Communitas Shared drive and is communicated to all staff at induction.

Other key related documents include:

- Clinical Governance Strategy Document
- Privacy Impact Assessment Guidelines
- Privacy Impact Assessment Screening Tool
- Incident and Near Miss Events Policy
- Health and Safety Policies
- Complaints Policy and Procedure

2.12. Involving Stakeholders:

The IGSG will ensure that Communitas maintains an up-to-date stakeholder list. The purpose of the stakeholder list is to identify organisations, or individuals, who require, or might require, information on adverse events or other risks facing the Communitas.

Each risk will be reviewed to establish internal and external reporting requirements. A list of stakeholders is included in the appendices.

To ensure Communitas staff are kept fully informed on risk management issues:

- Directors are responsible for ensuring processes are in place for informing staff about significant adverse events and risks
- The IGSG will ensure actions are implemented and information disseminated rapidly across the Communitas
- All members of staff will receive a regular update on risk issues, summarising: incidents reported, complaints received, information on hazards: and publicising training opportunities, good practice and lessons learnt.

2.13. Implementation plan, monitoring, review and the use of Key Performance Indicators:

The IGSG will develop a detailed work plan to deliver the Risk Management Strategy. The Risk Management Quarterly Report to IGSG and Board will be used demonstrate how this is being implemented.

The Board will review this strategy and progress annually and also whenever procedural, legislative or best practice changes occur. The Chief Executive is responsible for ensuring this Strategy is reviewed in accordance with the above statement. This task may be delegated to an appropriate Director.

The IGSG will monitor in detail risk management performance. This includes recording and analysis of incidents, complaints and claims. Key performance indicators have been developed and information will be collected to enable risk management performance to be more directly monitored and controlled.

These key performance indicators are capable of showing improvements in the management of risk and can provide early warning of changes in risk. They will be used at all levels of Communitas, including the Board, and reports will be structured to enable performance to be identified by service area. The IGSG will review the efficacy and usefulness of these indicators regularly. Consequently, they will continue to be refined and developed. The indicators currently include:

- The establishment and regular updating of risk registers and action plans in each service area
- The design and promotion of mandatory and other risk management training in line with Communitas's training needs assessment
- The percentage of staff attending each of these
- The percentage of staff with a Personal Development Plan
- The regular meeting and effective operation of the IGSG
- The achievement and maintenance of compliance with the Standards for Better Health risk management and governance criteria

- The number and outcome of risk assessments and clinical audits performed
- Performance in any NHS Litigation Authority Risk Management assessments that might be undertaken
- The number and type of incidents, complaints and claims recorded and dealt with
- The percentage of incidents, complaints and claims which featured risk management learning points and the percentage of these learning points which have been analysed and dealt with
- The number of incidents requiring reporting to external bodies (e.g. NPSA, RIDDOR)
- The achievement of Government targets
- Steady improvement towards the integration of risk issues in Communitas 's systems for both business planning and also the setting of individual and corporate objectives and the monitoring of performance against those objectives.

The indicators will be used at all levels in the organisation; all staff will receive feedback on performance through the distribution of regular information.

2.14. Annual Risk Management Report:

IGSG will produce an annual report for approval by the Board. The plan will report on risk management performance over the previous twelve months, and identify actions and resource requirements for the following year. This report will draw upon the performance indicators outlined above.

2.15. Embedding of Policy

Embedding of this policy will be documented through the use of the Assurance Form (appendix P)

3. Implementation Plan

3.1. Consultation

Stakeholders and sub-contractors will be made aware of this policy and offered the opportunity to comment or advise on content. Patient forums will be asked for comments.

3.2. Ratification

Board ratification has been sought for this policy

3.3. Dissemination

The policy will be made available on the company shared drive

3.4. Training/Awareness

The policy will be introduced to all staff at induction and reviewed at annual appraisal or supervisory session.

3.5. Audit and/or Monitoring

This policy will be monitored, assessed and reviewed through incident reporting and supervisory sessions. The IGSG is responsible for review and the frequency that this review will be carried out.

Compliance with this policy will be monitored through the annual audit process and overseen by the IGSG.

It will be the day to day responsibility of all managers to monitor that the requirements of this procedure are being adhered too, and that appropriate risk control measures are in place.

Managers are responsible for ensuring effected staff have followed the reporting and management procedures highlighted in this policy.

An annual audit will be completed using the audit tool in to monitor overall compliance with the processes and requirements of this policy. Results will be reported by the IG Lead at the IGSG.

Adverse event reporting will also be used to ensure compliance with procedures.

3.6. Breach of this Policy

This policy is mandatory and all staff must implement this policy and follow the procedures associated with it..

Conformance with this policy and its procedures is a contractual requirement and failure may result in termination of employment

Non-compliance with the policy and procedures will be dealt with in accordance with agreed disciplinary procedures

Information for Patients/Service Users

Copies of this policy will be made available to patients and service users on request at our local service areas or from the head office.

4. VERSION HISTORY TABLE

VERSION	DATE UPDATED	UPDATED BY	REASONS

Appendix A: Risk Assessment Template

Title of Risk Assessment:								
Name / Title of assessor:								
Directorate/Department:								
Date of Assessment:								
Date of next review:								
WHAT HAS POTENTIAL TO CAUSE LOSS OR HARM (HAZARD)? WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) SCORE? (LXC =RR)			WHAT FURTHER ACTION IS NECESSARY?	RISK RATING SCORE FOLLOWING FURTHER CONTROLS	OWNERSHIP
			L	C	R			

Assessor's Signature

On completion of form inform Director of Governance

Appendix B: Risk Grading Tool

The risk-grading tool (also known as risk matrix/risk assessment tool) is used by the Communitas for all risk processes (risk assessment, Risk Register, incident reporting and near miss assessment) and risks are measured according to the following formula. The tool can be used as the basis for identifying acceptable and unacceptable risks.

For some risks there may be physical as well as financial consequences. When assessing the score for the consequences of such a risk, the clinical assessment (e.g. serious injury or death) will always take precedence over the financial assessment.

Level of Risk = Consequence * Likelihood

Likelihood

Q: How likely is the risk to occur?

E.g. how likely is it that there *could be a breach of patient confidentiality due to information being stored on computers without passwords?*

Choose the most appropriate level from the categories below:

Qualitative Measures of Likelihood		
LEVEL	DESCRIPTOR	DESCRIPTION
1	Rare	Can't believe the risk will ever happen
2	Unlikely	Do not expect the risk to happen but it is possible
3	Possible	The event may occur occasionally
4	Likely	The event will probably occur but is not a persistent issue
5	Almost Certain	The event will undoubtedly occur, possibly frequently

Consequence

Q: What is the consequence (impact) of the risk?

	Clinical Risk Quality/Standards (Of patient care)	Health & Safety (staff/patients) including Legal & Risk Issues	Financial	Performance Assessment Framework /LDP/Biz Planning/NSF/ Strategic Objectives/ HCCAssurance	Environmental Estates Issues	Reputation & Political Organisational
1 Negligible	Minor non-compliance with any clinical standard. Clinical standards generally acceptable.	Minimal first aid treatment. Minor cuts/bruises etc. Informal communication from Enforcement body.	Minimal financial loss (<£1,000);	91-100% compliance with or likelihood to meet standards. Significantly above average "green light".	No environmental impact; Minor property damage. False alarm for security.	Minor complaint in Local Paper. Public perception remains intact. Minimal/temporary impact.

					Minor business impact.		
2	Minor	75% - 100% compliance with clinical standards. Clinical standards not ideal but are acceptable. Minor impact on patient care.	Moderate first aid treatment. Cuts/bruises under 3 day absence. Non-permanent harm (up to 1 month effect). Minor/temporary breach of Communitas safety policy. Official Letter from enforcement body.	moderate financial loss (£1 K to 20K);	71-90% compliance with or likelihood to meet standards. Above average "Green light". Single failure to meet standards; Moderate business impact.	Spillage or escape of clinical or toxic waste/substance with effects contained within one area. Minimal Environmental impact. Theft of single item of Communitas property less than £500. Reasonable damage to single room/vehicle.	Informal complaint. Recovery from consequence handled quickly without need to divert resources. Public perception altered slightly- no significant damage. Mention in HSJ. Minimal impact on service delivery.
3	Moderate	50-70% compliance with clinical standards. Clinical standards should be improved (within 3 months).	Over 3 day absence. Over 24 hours in hospital. Semi permanent harm or disability (up to 1 year to resolve eg fracture with no complications). Significant & ongoing breach of Communitas H&S Policy. Healthcare associated infection which may result in semi-permanent harm. Life threatening situation. Voluntary Closure of Part of Service. Improvement Notices	Major financial loss (£20K to £100K) including litigation settlement.	31-70% compliance with or likelihood to meet standards. Average "Orange Light" Repeated failure to meet standards; Serious business interruption (AHA intervention).	Spillage or escape of clinical or toxic waste or substance/hazard affecting an entire building. Serious Environmental Impact. Theft of one item over £500 or several items of CCG equipment or any staff/patient personal belongings. Significant damage to a number of rooms/location/vehicle s. Local Fire Incident. Short period services failure.	Serious loss of reputation (Local media coverage for a week); Moderate loss of confidence in CCG. Formal complaint (Simple). Marginal failure of external review. Service could cease for up to 1 week. Policy is not in place to identify accountabilities & give directions re a specific risk.
4	Major	Less than 25% compliance with professional and/or national standards. Unacceptable clinical standards – requires urgent action (within 2 weeks). Unacceptable impact on patient care. A key clinical policy/protocol/guideline is not in place that should be or is grossly out of date.	Permanent harm or disability. RIDDOR/MDA/SUI reportable incident. Breach of any legal requirement. Prohibition Order & Voluntary Closure of Communitas site. Healthcare associated infection which may result in major harm eg HepC.	Major financial loss (£100K - £1 million) including litigation settlement.	11-30% compliance with or likelihood to meet standards. Below Average "Amber Light" Unplanned service closure; Major business interruption. SHA Performance Manage Communitas .	Spillage or escape of clinical or toxic waste or substance/hazard with effects contained to Communitas premises. Small scale pollution of water course/soil. Major Environmental Impact; Major damage to a CCG building (Forcing closure). Major vehicle accident on CCG premises. Serious Fire Incident – Brigade attendance. Major civil disturbance on site. Long period services failure. Limited food poisoning outbreak.	Service closure <1 week. National adverse publicity. Major loss of confidence in Communitas . Major loss of reputation (Sustained media coverage). Formal complaint (Complex) Significant Failure of External Review (HCC). Public reaction causes major disruptions. Recovering from consequences is highly complicated & time consuming. Unable to provide assurance on key risk.

5 Catastrophic	Gross failure to meet professional and/or national clinical standards. Totally unacceptable clinical standards – requires immediate action (no delay). Lives of stakeholders could be threatened. Major epidemic;	Single death of any person. Multiple avoidable deaths on or off site; Blatant breach of legal requirement. Prohibition Order & Prosecution Likely. Large number of people affected by an incident.	loss of >£1million including litigation settlement. Loss of ability to achieve/maintain financial stability of Communitas .	<10% compliance with or likelihood to meet standards. Significantly below average “Red Light” Total facility loss; SHA/CQC negate contract.	Spillage or escape of clinical or toxic waste or substance/hazard with effects beyond Communitas premises. Major pollution of air/water/land. Wide spread environmental Impact. Total destruction of single location or major damage to whole site. Major theft of equipment/property. Legionella outbreak. Major food poisoning outbreak.	Extended service closure (>1 week). International adverse publicity/severe loss of confidence in Communitas . Risk impact across the local health economy. Serious failure of external review (HCC). Unacceptable reduction in quality of service. Parliamentary questions, board resignations.
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Risk

Q: What is the level of the risk?

Level of Risk					
	Most likely consequence (if in doubt grade up, not down)				
Likelihood of occurrence	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost certain (5)	5	10	15	20	25

Combining consequences and likelihood to assess the level of each risk.

Risk Key

Red (15-25)	High risk
Amber (8-12)	Moderate risk
Yellow (4-6)	Low risk
Green (1-3)	Very low risk

Risk Treatment

The above four categories of risk provide an initial prioritisation for management action. The precise timing of actions will be set out in the Action Plan. In general, the four categories of risk will be treated as follows:

Further Action Required Based on the Risk Grading

Risk Level	Further Action	By Whom
High (RED)	<p><i>Significant risk:</i></p> <ul style="list-style-type: none"> • Immediate action required • Director must be informed and he/she to take responsibility for immediate action planning • Report to Board identifying treatment options (use action plan template) • Quarterly report to the Board monitoring progress on treatment action plans 	Director
Moderate (AMBER)	<ul style="list-style-type: none"> • Urgent senior management attention required • Agree action point within 1 month with deadline for completion of no more than 6 months • Report to IGSG Governance Committee identifying treatment options • Quarterly report to IGSG Governance Committee monitoring progress on treatment action plans 	Senior Management
Low (YELLOW)	<ul style="list-style-type: none"> • Specific responsibility for risk assessment and action planning must be allocated to a named person • Deadline for completion will be within 6 to 24 months and will depend on resource availability • Discuss whether any further action should be taken to reduce future risk 	Team Leaders
Very Low (GREEN)	<p><i>Acceptable Risk.</i></p> <ul style="list-style-type: none"> • Can be managed by routine procedures • Record on risk register • Inform all appropriate stakeholders 	All staff

Appendix C: Risk Register Template

Objective & Ref. (1)Source of the Risk (2)Risk Description (3)	Current measures (controls) in place (4)	Risk Rating (5)			Ownership (6)	Action Plan (7)	Review date/Action plan update(8)	Residual risk rating (9)
		L	C	RR				

Objective & Ref. (1)Source of the Risk (2)Risk Description (3)	Current measures (controls) in place (4)	Risk Rating (5)			Ownership (6)	Action Plan (7)	Review date/Action plan update(8)	Residual risk rating (9)
		L	C	RR				
Risk 1:								
Risk 2:								