

## **RISK MANAGEMENT POLICY AND PROCEDURE.**

**Type of Document – Policy (must do)**

<b>Post Holder Responsible for Policy</b>	Head of Risk Management
<b>Directorate Responsible for Policy</b>	Quality Directorate
<b>Contact Details</b>	Head of Risk Management Block 24 SDH South Extension 2496
<b>Date Written</b>	September 2006
<b>Date Revised</b>	

## VERSION INFORMATION

Version No.	Updated by	Updated On	Description of Changes
1.0	Head of Risk	07/12/2006	Revised version
1.1	Head of Risk	10/04/2010	Risk Manager replaced by Head of Risk Management throughout document









Have an identified risk owner and action owners.

The policy describes the governance structures and responsibilities in place to ensure that risks are managed and escalated through Salisbury NHS Foundation Trust as appropriate.

It sets out the respective responsibilities for corporate and operational risk management for the board and staff throughout Salisbury NHS Foundation Trust.

The policy describes the standard process to assist staff to identify, analyse and manage risks in their respective areas.

There are areas that remain as Directorates but for consistency of terminology throughout this Policy they are all referred to as Divisions.

Departments





Be aware of risk assessments within their area and relevant procedures or control measures to be adopted to reduce identified risks.

Report adverse events as per the Adverse Events Reporting Policy

### **8.3 Department/Service**

The



## 9. Risk Management Process

### 9.1 Identification of Risk

When identifying a risk, consideration should be given to what could pose a potential threat (or opportunity)

management plan (Mitigate, Tolerate or Accept and Close)  
action plans;  
action owner for each action; and  
Completion date for each action.

### **9.3 Risk assessment and scoring**

It is vital that all risks are assessed in an objective and consistent manner if they are to be managed, and to guide operational, project and programme planning and resource allocation.

Risks are firstly assessed on the probability (likelihood of the risk happening) and secondly on what would happen (consequence) should the risk occur.

When assessing how likely it is that a risk will occur, take into account the current environment. Consider the adequacy and effectiveness of the controls already in place within the environment, which could address the causes of the risk and therefore the likelihood of the risk being realised; for example, systems, policies, training and current practice.

When assessing what the consequence of the risk could be if it happened, consider what the consequence of the risk would be in most circumstances within your environment and what is reasonably foreseeable.

The assessment is completed by scoring the likelihood and consequence. Appendix C sets out the 5x5 matrix for assessing the level of risk.

procedure is to score and rate a risk three times;

Initial: This is the score of the risk at the initial risk assessment (this should remain unchanged)

Current: The score of the risk as of the most recent review (when initially submitting the risk, the initial and current score will be the same)

Target: The acceptable level that the risk will be reduced to once all the controls are in place

### **9.4 Action planning**

Following completion of the risk assessment, consideration must be given to whether the risk requires further management actions that ideally minimise the likelihood and/or impact of a threat or maximise the likelihood of opportunities. For each risk an action plan to eliminate, minimise, or maximise the risk is required.

It is not always possible to identify and then fully implement action

Risk Assessments must be entered onto the Risk Register module of Datix (via the intranet) and therefore there is a requirement for each department to have at least one nominated individual who can access the system and undertake this role ( see appendix D)

The risk assessment (based on likelihood multiplied by consequence), the controls and assurance currently in place to manage the risk (based on likelihood multiplied by consequence), the action plan in place to mitigate the risk, and the process for performance managing and monitoring the risk. (For guidance on how to complete a risk assessment please refer to Appendix A).

The risk matrix at appendix C provides a standardised format for scoring the level of risk associated with a risk assessment (based on consequence and likelihood). This matrix must be used with all risk assessments.

The Risk Register Module is overseen centrally by the Risk Management Department but each department and DMT has responsibility for ensuring the inclusion of their own risks and that they are being managed appropriately i.e. review, updating, closing when no longer a risk. The database ensures that the Trust has a clear view of the totality of the high level risks it is facing and the adequacy of controls and action plans in place.

Risks may be identified at departmental, Divisional, or Strategic level.

6 monthly Risk Register Summits are undertaken with the Chief Medical Officer, Chief Nurse, Risk and Divisional Management Team. Those that require executive support are escalated and monitored through the Executive Performance meetings to ensure appropriate discussion and challenge takes place. When escalating a risk, the escalation report should include the current controls,







**The risk appetite is currently under review and once approved by Trust Board, this policy will be updated.**

### **10.5 The Board Assurance Framework**

The