

Risk Management Policy

Version	1.0	
Document summary		
The purpose of this policy is to guide the implementation of robust risk management processes. The document details the process for identifying, reporting, assessing and mitigating risks within the Wessex Trauma Network.		
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1. Introduction

Risk management is a core concern in any business and its importance in healthcare is addressed via comprehensive national guidance. The Wessex Trauma Network (WTN) recognises that the provision of healthcare involves a certain degree of risk and that the management of these risks is a key organisational responsibility.

The WTN has developed this document to ensure the following:

- The consistent and effective identification, reporting, assessment and mitigation of risks within the WTN
- To support the organisation in its approach to ensuring the safety of all those affected by the network's activities

This policy aims to provide clarity on the risk management process in order to support the organisation's ongoing improvement. The challenge is to minimise the occurrence, so far as is reasonably practicable, of untoward incidents by being pro-active and ensuring organisational learning takes place.

2. Scope

This policy applies to all healthcare professionals who work within the WTN. It will be applied fairly and consistently to everyone regardless of their protected characteristics as defined by the Equality Act 2010 namely age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy and maternity, length of service, whether full or part time or employed under a permanent or fixed-term contract, irrespective of job role or seniority within the organisation.

In line with the equality act 2010, the WTN will make reasonable adjustments to the policy processes where not doing so would disadvantage someone with a disability during the application of this policy.

3. Aims and objectives

Our overall objective is to achieve a culture where risk management and safety is everyone's business and where there is open and honest reporting of incidents and near misses. The WTN aims to create a culture that encourages organisation wide learning where risks are continuously identified, assessed and minimised. Through effective risk management the WTN will ultimately improve safety and quality for all those who work or receive care within the network.

4. Risk management process

4.1 Risk identification

Risks can be identified from a multitude of sources and may be strategic, regulatory, operational, clinical or reputational in nature. Risks may be identified via formal risk assessments or other sources such as:

- Incident reporting
- Complaints or patient feedback
- Litigation
- Fraud
- Audit processes
- Internal inspections / reviews
- External inspections / reviews
- External or national recommendations
- External or national alerts

4.2 Risk assessment

Once a risk has been identified it should be assessed in order to quantify or qualify the level of risk associated with a specific threat or event. The purpose of risk assessment is to help the WTN prioritise its most important risks and manage them promptly. There are three elements of risk assessment:

1. Likelihood: how often the risk is likely to occur
2. Impact: the consequences of the risk materialising. Impact should consider physical, clinical, financial, regulatory, reputational, service disruption and safety implications
3. Controls: the mechanisms or safeguards which are in place to mitigate the risk by either reducing the likelihood of the risk occurring or the impact should it occur. Examples would include policies, procedures, safety measures, protective equipment etc. Controls can be categorised as either
 - a. Preventative – mechanisms in place to prevent the risk from occurring
 - b. Detective – mechanisms in place to identify when the risk has occurred or could occur
 - c. Gaps in control – mechanism that should ideally be in place but that are not. Gaps in control should be reflected in any actions assigned to the risk.

Scoring tables are used to guide the risk assessment process and to ensure that risks are evaluated in a consistent manner.

Likelihood scoring

The likelihood of the risk occurring should be identified using the table below. The likelihood of a risk occurring is assigned a score from 1 to 5; the higher the number the more likely it is that the risk will occur.

Likelihood scoring table

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, possible frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to recur daily

Impact scoring

The impact or consequence of the risk occurring (how bad the potential outcome of the risk is) should be identified using the table below. The impact should be assessed across different domains and the highest impact score used. The impact of the risk is assigned a score from 1 to 5; the higher the number the more severe the impact of the risk.

Not all of the impacts detailed below will be applicable to the WTN but they have been included to demonstrate the potential for far reaching consequences when risks are mismanaged.

Impact scoring table

Impact score	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.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity / disability.	Incident leading to death.
	No time off work	Requiring time of work for 1-3 days Increase in length of hospital stay by	Requiring time off work for 4-14 days Increase in hospital length of stay by 4-15	Requiring time off work for >14 days Increase in length of hospital stay by	Multiple permanent injuries or irreversible health effects.

		1-3 days	days	>15 days	An event which impacts on a large number of patients
			RIDDOR/agency reportable incident	Mismanagement of patient care with long-term effects	
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	Unsafe staffing level / competence (>1 day) Low staff morale Poor staff attendance for mandatory or key training	Unsafe staffing level / competence (>5 days) Loss of key staff / very low staff morale Staff not attending mandatory or key training	Ongoing unsafe staffing levels / competence Loss of several key staff Staff not attending mandatory or key training on an ongoing basis
Regulatory / Statutory duty / inspections	No or minimal impact or breach of guidance / statutory duty	Reduced performance rating if unresolved	Single breach of regulations / statutory duty	Multiple breaches of regulations / statutory duty. Improvement notices / enforcement action / critical report	Multiple breaches of regulations / statutory duty Prosecution Zero performance rating Severely critical report
Reputation / adverse publicity	Rumours Potential for public concern	Local media coverage Short-term reduction in public confidence Elements of public expectation not 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 ≥4 days service well below reasonable public expectation MP concerned Total loss of public confidence
Business objectives / projects	Insignificant cost increase / schedule slippage	<5% over budget / schedule slippage	5-10% over budget / schedule slippage	10-25% over budget / schedule slippage	>25% over budget / schedule slippage
Finance including claims	Small loss / risk of claim remote	Unexpected cost of £5k to £50k	Unexpected cost of £50k to £500k Claim(s) between £50k and £500k	Unexpected cost of £500k to £1M Claim(s) between £500k and £1M	Unexpected cost of >£1M Loss of contract / payment by results

					Claim(s) >£1M
Physical service / business interruption	Loss / interruption of >1 hour	Loss / interruption of >8 hours	Loss / interruption of >1 day	Loss / interruption of >1 week	Closure / permanent loss of facility or service

Risk exposure scoring

The risk exposure is determined by plotting the likelihood of the risk occurring against the highest impact rating of that risk on the heat map shown below:

	Impact				
Likelihood	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

The scores obtained from the heat map are assigned grades as follows

Risk exposure	Grade of risk
1-3	Low risk
4-6	Medium low risk
8-12	Medium high risk
15-25	High risk

The WTN risk tolerance level is illustrated by the white line in the heat map above. Risks above the white line (high risk) require an action plan to reduce the risk exposure.

4.3 Risk mitigation

Once risks have been assessed, any identified control weaknesses should be documented and appropriate mitigation strategies agreed. Any resulting actions should be clearly documented in an action plan and tracked until complete.

Mitigation strategies might include:

- Treat: Most commonly used strategy. Weaknesses are treated internally through the implementation of additional controls.
- Tolerate: If the risk is very low impact it may not be cost effective to implement further controls. In these circumstances it may be agreed that the level of control does not need to be increased.

- Transfer: If a risk cannot be mitigated internally then it should be transferred to an external agency for management.
- Terminate: In some cases, the only acceptable course of action is to terminate the activity that caused the risk to materialise.

4.4 Action planning

Once mitigating actions are established they should be included on an action plan, and implemented to an agreed timescale. The risk register should be updated to reflect the completion of actions.

Level of risk	Action required	Escalation required	Exceptions
Red Risk level 15-25	Complete an action plan within 5 working days and commence actions. Aim to complete actions within 60 working days. Monitor risks and controls.	Escalate risk to the WTN Governance Lead, WTN Clinical Director & WTN Manager. Ensure the risk is noted on the WTN risk register.	In rare circumstances, some risks will be accepted without further action. In all cases this should be discussed with the WTN Governance group and agreed by the WTN Governance Lead, the WTN Clinical Director and the WTN Manager. This decision must be clearly documented.
Amber Risk level 8-12	Complete an action plan within 10 working days and commence actions. Aim to complete actions within 4 months. Monitor risks and controls.	Escalate risk to the WTN Governance Lead, WTN Clinical Director & WTN Manager. Ensure the risk is noted on the WTN risk register.	In special circumstances, some risks will be accepted without further action. In all cases this should be discussed with the WTN Governance group and agreed by the WTN Governance Lead, the WTN Clinical Director and the WTN Manager. This decision must be clearly documented.
Yellow Risk level 4-6	Complete an action plan within 20 working days and commence actions. Aim to complete actions within 6 months.	No escalation required.	
Green Risk level 1-3	Complete an action plan within 30 working days and commence actions. Aim to complete actions within 12 months.	No escalation required.	

5.0 **Risk register**

Risks registers should only be used for risks that cannot be resolved promptly. They are dynamic documents that should be updated with new information and new risks as and when they are identified. All changes should be traceable to the author via an audit trail process. In addition, risk registers should be reviewed by the WTN board on a quarterly basis to determine whether risk ratings have changed and whether agreed actions are on track.

Accuracy of the data held on the register is essential. The risk register should include the following:

- The source of the risk
- Description of the risk
- The risk score
- The action plan
- Dates of risk reviews