

**Standard Operational Procedure 1 (SOP 1)**

**Risk Assessment and Risk Register**

**Why** we have a procedure?

Effective risk management processes enable the Trust to ensure actions are taken to identify areas of risk and strategies to reduce or prevent this. This procedure is to ensure there is a standard approach to Risk Management and Assessment throughout the Trust and that all staffs are aware of how risks are escalated, updated and resolved.

**What** overarching policy the procedure links to?

Risk Management Policy

**Which** services of the trust does this apply to? **Where** is it in operation?

| Group                              | Inpatients | Community | Locations |
|------------------------------------|------------|-----------|-----------|
| Mental Health Services             | ✓          | ✓         | all       |
| Learning Disabilities Services     | ✓          | ✓         | all       |
| Children and Young People Services | ✓          | ✓         | all       |
| Corporate Services                 | ✓          | ✓         | all       |

**Who** does the procedure apply to?

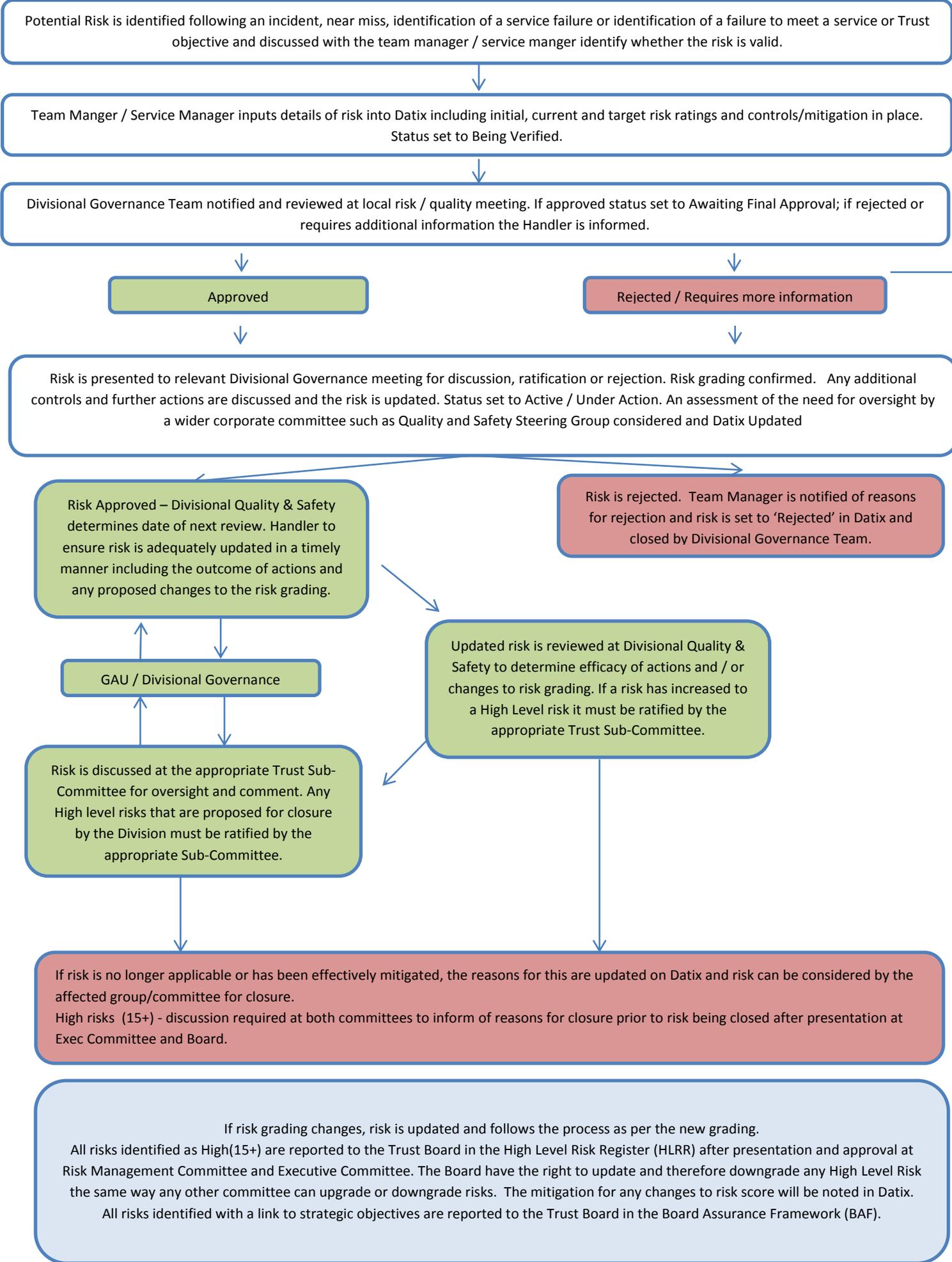
Any member of staff can report a risk to their Team Manager, however, access to the Risk Register Module of the Datix system is restricted to a login access and therefore only identified users can update the system. This ensures the risk register is auditable and controlled.

**When** should the procedure be applied?

When identifying and reviewing risks associate with Trust activities.

**How** to carry out this procedure

All identified risks should be reported using the Datix Risk Register Module. The flow chart below outlines the process:



## Divisional Risk Register Quick Reference

|                                       |  |
|---------------------------------------|--|
| <b>If (Event) Then (Consequences)</b> | <i>This should express the risk in terms of what may happen and what the outcome may be if it does. e.g. If the [Service]] does not have adequate staffing levels to manage the caseload then patients may come to significant harm.</i> |
| <b>Title</b>                          | <i>the overall title of the issue e.g. Waiting Times in [service]</i>  |
| <b>Description</b>                    | <i>A concise outline of the elements that make up the risk. Be specific, e.g. if the issue is waiting times then state how many are waiting for how long and the impact this may have on patient safety / Trust obligations etc.</i>     |

|                       | Consequence |       |          |       |              |
|-----------------------|-------------|-------|----------|-------|--------------|
| Likelihood            | Negligible  | Minor | Moderate | Major | Catastrophic |
| <b>Almost Certain</b> | 5           | 10    | 15       | 20    | 25           |
| <b>Likely</b>         | 4           | 8     | 12       | 16    | 20           |
| <b>Possible</b>       | 3           | 6     | 9        | 12    | 15           |
| <b>Unlikely</b>       | 2           | 4     | 6        | 8     | 10           |
| <b>Rare</b>           | 1           | 2     | 3        | 4     | 5            |

|                                |   |
|--------------------------------|---|
| <b>Controls in Place</b>       | <i>What measures are in place already to reduce / avoid risks e.g. clinical observations.</i> |
| <b>Adequacy of Controls</b>    | <i>Are the controls above deemed adequate, inadequate or uncontrolled.</i>                    |
| <b>The Risk Plan is to ...</b> | <i>Is the plan to reduce the risk, avoid the risk altogether or accept the risk.</i>          |

|                          |   |
|--------------------------|---|
| <b>Handler / Manager</b> | <i>The handler is the person who is responsible for operationally managing the risk and providing updates. The Manager is the person with the overall responsibility for the Service and would usually be at least Band 8a.</i> |
|--------------------------|---|

|                         |   |
|-------------------------|---|
| <b>Next Review Date</b> | <i>The person responsible for updating the risk (the handler) MUST do so before the next review date expires.</i> |
|-------------------------|---|

|  |  |
|--|--|
| <b>Current Risk Rating and Current Score Rationale</b> | <i>The current risk rating should be updated when the risk is reviewed and will reflect whether the risk has stayed the same or been reduced by some of the actions taken. The rationale is the justification as to why the score has remained / changed. Any updates on progress MUST include quantification where possible e.g. if the risk related to the percentage of patient's not being assessed within 8 weeks then updates must state what the percentage is now. This will enable the service and the Division to evaluate the success of the actions taken and enable re-grading of the risk.</i> |
|--|--|

|                              |  |
|------------------------------|--|
| <b>Responsible Committee</b> | <i>For Mental Health this will always be the MH Quality &amp; Safety Meeting</i> |
|------------------------------|--|

|                                      |  |
|--------------------------------------|--|
| <b>Summary of Mitigating Actions</b> | <i>This should outline all the actions taken / being taken to reduce the risk. These should be over and above the Controls in Place.</i> |
|--------------------------------------|--|

If you have any queries please contact your Divisional risk leads:

- Mental Health - Jim O'Brien ([jim.obrien@nhs.net](mailto:jim.obrien@nhs.net), 01902 44 2998)
- LD / CYPF - Nicky Patrick ([nicki.patrick@nhs.net](mailto:nicki.patrick@nhs.net), 01384 323109)
- Corporate - Jon Beasley ([jonathan.beasley2@nhs.net](mailto:jonathan.beasley2@nhs.net), 0121 612 8168)

## **What** do these terms mean?

**Risk** - An uncertain event or set of events which should it occur, would have an impact on the objectives and/or values of the Trust.

**Datix** – The Trust’s electronic risk management system used for incident reporting, collating of risk assessments and generation of risk registers.

**Incident** - Any event or circumstance arising from, or during, Trust activities that could have, or did lead to, unintended or unexpected harm, injury, distress, loss or damage to a person or property. This includes suspected suicides, homicides, (both victim and assailant) involving current patients of the Trust and of individuals who were patients of the Trust within 6 months prior to the incident.

**Board Assurance Framework (BAF)** - Document to provide assurance to the Board that risks with the potential to impact on strategic objectives are being managed appropriately.

**High Level Risk Register (HLRR)** - A high level document that outlines all risks graded 15 and above. The HLRR is presented to the Executive Committee and Board for monitoring, assurance and action.

**Responsible Committee** – Committee/Group with overall responsibility for the risk. This committee/group will be responsible for ensuring any actions are being managed appropriately. See below for list of responsible committees:

| <b>Responsible Committee</b>   | <b>Responsible For</b>  | <b>Example of Risks</b>  |
|--------------------------------|---|--|
| Equality and Inclusion Group   | Implementation and monitoring of the Equality Strategy                                | Breaches of Equality and Diversity Legislation   |
| Health and Safety Committee    | Providing strategic and operational direction on issues relating to health and safety | Environmental issues/ Fire risks/ Issues that may impact upon the health and safety of staff |
| IT Management Board            | Overseeing all aspects of IT within the organisation                                  | IT failures/ IT procurement/ System issues   |
| Safeguarding Group             | Providing strategic and operational direction in relation to safeguarding             | Safeguarding issues/ Safeguarding training requirements                                      |
| Executive Committee            | Developing and implementing the business strategy and associated plans                | Organisational structure changes/ Business and performance policy development issues         |
| Medicines Management Committee | Safe, secure and effective use of medicines within the Trust                          | Prescribing, dispensing and administration of medication                                     |

| Responsible Committee                 | Responsible For  | Example of Risks  |
|---------------------------------------|--|---|
| Professional Advisory Group           | Ensuring high quality care, clinical effectiveness, patient safety and patient experience  | Patient safety issues/<br>Clinical care issues/<br>Changes in professional practice   |
| Information Governance Steering Group | Implementation and monitoring of Information Governance requirements   | Record keeping/ IG and Data protection breaches   |
| Investment Committee                  | Financial and commercial investments   | Business cases/ Tender submissions/ Financial risks   |
| Workforce Development Group           | Implementation and monitoring of the Workforce Strategy  | Staffing/ Workforce KPIs/ Learning and development plans  |
| Quality and Safety Steering Group     | Ensuring the quality governance arrangements within the Trust are fit for purpose against regulatory frameworks                  | Clinical processes/<br>Failures to comply with regulatory frameworks  |
| Risk Management Committee             | Oversight of all risks in the organisation and escalation of risks graded 15 or above to Executive Committee and the Trust Board | All risks graded 9 or above.<br>Patient safety.<br>Staff safety.<br>Corporate risks.<br>Financial impact.<br>Regulatory risks, e.g. NHSI, CQC, Healthcare Registration. |

### Committees Providing Assurance

Committees providing assurance on the management of risks usually reside within the Division where the risk is present.

The Divisional Quality & Safety Group has responsibility for assuring the risk and actions are underway and being completed and providing assurance within the Trust.

This committee has responsibility for updating the risk and ensuring the risk is appropriately escalated and provides assurance to one or more of the following depending on the nature of the risk:

- Divisional Director & Management – divisional teams
- Quality & Safety Steering Group – Director level
- Quality & Safety Committee – Non-Executive Directors (Board members)

**Where** do I go for further advice or information?

- Your Group Governance (Lead officer)
- Group/Clinical Directors (Lead)

- Governance Assurance Unit

### **Training**

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development need.

Please refer to the Trust's Mandatory and Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

### **Monitoring / Review of this Procedure**

This SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

### **Equality Impact Assessment**

Please refer to overarching policy.

### **Data Protection Act and Freedom of Information Act**

Please refer to overarching policy.

## Standard Operating Procedure Details

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|--|---|
| <b>Unique Identifier</b> for this SOP is                       | BCPFT-GOV-SOP-06-1  |
| State if SOP is <b>New</b> or <b>Revised</b>                   | Revised   |
| <b>Policy Category</b>   | Governance  |
| <b>Executive Director</b> whose portfolio this SOP comes under | Executive Director of Nursing, AHPs and Governance  |
| <b>Policy Lead/Author</b><br>Job titles only                   | Patient Safety Lead   |
| <b>Committee/Group Responsible for Approval of this SOP</b>    | Rick Management Committee   |
| <b>Month/year consultation process completed</b>               | March 2019  |
| <b>Month/year SOP was approved</b>                             | October 2019  |
| <b>Next review due</b>   | October 2022  |
| <b>Disclosure Status</b>                                       | 'B' can be disclosed to patients and the public   |
| <b>Key words</b> relating to this SOP                          | Risk, Datix, Risk Management, Risk Register, SOP, Responsible committee, Risk Register Module, High Level Risk Register |

### Review and Amendment History

| <b>Version</b> | <b>Date</b> | <b>Description of Change</b>  |
|----------------|-------------|---|
| 2.0            | Sep 2018    | Review and update of SOP following update of Risk Management Policy |
| 1.0            | Nov 2015    | New Procedure established to supplement Risk Management Policy      |