

Document Ref. No.:	RM052
Version:	1
Applicable to:	All Staff & Sites

# Risk Assessment - Policy & Guidance

<b>Policy/Procedure Category:</b>	Risk Management
<b>Summary:</b>	This document sets out the policy framework and process that Divisions and Directorates must follow to ensure that local arrangements for risk assessment align with the organisational management structure of the Trust.
<b>Equality &amp; Impact Assessment undertaken:</b>	31 <sup>st</sup> May 2007
<b>Date of Review:</b>	May 2009
<b>Approval Date/ Via:</b>	<ul style="list-style-type: none"> <li>▪ Risk Policies &amp; Procedures Group - 10.01.07</li> <li>▪ Trust Governance Committee - 26.03.07</li> <li>▪ Trust Executive Board - 25.04.07</li> </ul>
<b>Distribution:</b>	Via Risk & Quality Department to: <ul style="list-style-type: none"> <li>▪ Divisional Directors and Directorate Managers</li> <li>▪ Clinical Governance Intranet Site</li> </ul>
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>▪ Risk Management Policy &amp; Strategy (Dec 2003)</li> <li>▪ Health &amp; Safety Policy &amp; Strategy (Dec. 2003)</li> </ul>
<b>Author(s)</b>	Jim Roy - <i>Safety Risk Manager</i> Andrew Seaton - <i>Assistant Director Quality &amp; Risk</i>
<b>Further Information</b>	Corporate Risk Management Team
<b>This Document replaces:</b>	New Document

**Issued by:** Assistant Director of Risk & Quality

**Issue Date:**

**C O N T E N T S**

	<u>Page</u>
<b>Introduction</b> .....	<b>3</b>
<b>Policy Statement</b> .....	<b>3</b>
<b>Scope</b> .....	<b>3</b>
<b>Aim</b> .....	<b>3</b>
<b>Definitions</b> .....	<b>4</b>
<b>Organisational Responsibilities</b> .....	<b>4</b>
<i>Chief Executive &amp; Executive Team</i> .....	4
<i>Executive Director Nursing and Clinical Leadership</i> .....	4
<i>Executive &amp; Divisional Directors/Directorate Managers/Leads for Speciality Areas</i> .....	4
<i>Ward/Departmental Managers</i> .....	5
<i>Corporate Risk Team</i> .....	6
<i>All Staff</i> .....	6
<i>Staff Side Representatives</i> .....	6
<b>Organisational Arrangements</b> .....	<b>7</b>
<i>Reporting &amp; Monitoring Mechanisms</i> .....	7
<i>Principles of Risk Assessment</i> .....	8
<i>Documentation</i> .....	9
<i>Information &amp; Training</i> .....	9
<i>Further Guidance/Information</i> .....	10
<i>Equality &amp; Impact Assessment</i> .....	10
<i>Evaluation &amp; Monitoring</i> .....	10
<i>Review</i> .....	11
<i>References</i> .....	11
<i>Document History</i> .....	11
<b>Appendix A: Implementation Plan</b> .....	<b>13</b>
<b>Appendix B: Definitions</b> .....	<b>17</b>
<b>Appendix C: Risk Assessment Toolkit</b>	
<i>Part 1 – Risk Assessment Process</i> .....	2
<i>Part 2 – Eight Steps Approach</i> .....	3
<i>Part 3 – How to do a Risk Assessment</i> .....	6
<i>Part 4 – Hazard Checklist</i> .....	11
<i>Part 5 – General Risk Assessment Form</i> .....	13
<i>Part 6 – Risk Severity Matrix</i> .....	17
<i>Part 7 – Risk Register Protocol</i> .....	19

## Risk Assessment Policy

### Introduction

1. Risk Management is recognised as an integral part of good management practice, with risk assessment being a fundamental element of this process. With the correct systematic approach it leads to improved quality and efficiency by planning to avoid costly mistakes and ineffective systems.
2. This Risk Management Policy brings together the assessment of all risks including, financial, operational, clinical and health & safety with monitoring of risks using risk registers.
3. **“The Management of Health & Safety at Work Regulations”**, along with other specific safety regulations, make explicit the legal duty placed on the Trust and its Managers to ensure risk assessments are systematically carried out and managed. Risk Assessments will enable the Trust to identify the measures it needs to take to reduce foreseeable risks and comply with health & safety law.

### Policy Statement

4. It is the policy of the Trust to:
  - 4.1 Proactively manage significant risks in order to provide a safe, caring and efficient working environment through the elimination or reduction of risk.
  - 4.2 Ensure that suitable and sufficient risk assessments are carried out for foreseeable risks within Divisions, Directorates and Corporately.
  - 4.3 Provide evidence that hazards/risks are systematically identified, recorded, assessed, analysed and prioritised on a continuous basis.
  - 4.4 Provide a simple workable system that allows Managers at all levels to manage and communicate throughout the organisation structure significant risks faced by the Trust.
  - 4.5 Ensure the findings of risk assessments inform the decision making process both locally and corporately, by using information contained in Risk Registers.

### Scope

5. This Policy applies to all Trust staff (*including those managed by a third party*) and premises where they work, and complements both the Risk Management and Health & Safety Policies & Strategies.

### Aim

6. This Policy sets out a systematic framework for the identification, evaluation and management of significant risks associated with the running of the Trust.

## Definitions

7. For the purposes of this policy and associated guidance, the definitions at *Appendix B* apply.

## Organisational Responsibilities

8. **Chief Executive & Executive Team** are responsible for:
- 8.1 Supporting a culture of risk management and ensure that Divisions and Directorates manage risks in accordance with this policy.
  - 8.2 Identifying and managing principal risks that could have a significant impact on the objectives of the Trust.
  - 8.3 Ensuring these risks are placed on the Trust Risk Register and on an annual basis and are managed as part of the Board Assurance Framework
  - 8.4 Ratifying other significant risks that are to be included on the Trust Risk Register as they arise and monitor their management.
9. **Executive Director of Nursing & Clinical Leadership** is responsible for:
- 9.1 Ensuring that there is a system for reporting unacceptable (**RED**) risks at Executive Board and feedback decisions to the Divisions.
  - 9.2 Managing the Trust Risk register and provide regular reports to the Trust Board, this will include formal reports of the risk register at least twice a year.
10. **Executive & Divisional Directors/Directorate Managers/Leads for Specialty Areas (e.g. Infection Control)** are responsible for:
- 10.1 Ensuring that there is an infrastructure, which enables all risk to be reviewed, significant risks be assessed and risk-reducing strategies implemented, within an agreed time scale.
  - 10.2 Monitoring risk reducing plans by maintaining their Divisional/Directorate/Speciality Risk Register and providing regular reports to Divisional Boards, Executive Board and for assurance to the Governance Committee.
  - 10.3 Identifying and managing significant Divisional/Directorate level risks, ensuring appropriate risk reducing plans are in place following risk assessment.
    - 10.3.1 For specialty areas they should communicate their risk to the Divisions and Directorates for inclusion on the Divisions and Directorates risk register where appropriate following validation.
  - 10.4 Reporting urgent unacceptable (**RED**) risks to the Executive Board.

- 10.5 Identifying the managers within their area of responsibility who will be responsible for the Directorate or Local Risk Register and ensure that they maintain the registers and complete risk assessments.
  - 10.6 Ensuring that managers and staff in their area have received risk assessment/risk register training.
  - 10.7 Achieving the Performance Management Criteria of demonstrating the use of Risk Registers in each area.
11. **Ward/Departmental Managers** are responsible for:
- 11.1 Involving staff in the risk assessment process.
  - 11.2 Ensuring that all hazards are documented on a Local Risk Register (*See Appendix C*), and that the following risk assessments are carried out in accordance with other Trust Policies & Procedures. For example:
    - 11.2.1 Lone Working
    - 11.2.2 Medicines Management
    - 11.2.3 Confined Spaces
    - 11.2.4 Patient Identification
    - 11.2.5 Working at Heights
    - 11.2.6 Patient and Staff accident (*Slips, trips and falls*)
    - 11.2.7 Noise at Work
    - 11.2.8 Infection control
    - 11.2.9 Moving and Handling
    - 11.2.10 Display Screen Equipment
    - 11.2.11 Control of Substances Hazardous to Health
    - 11.2.12 Fire Precautions
    - 11.2.13 Security
- (This list is not exhaustive)*
- 11.3 Grading all risk assessments within their area of management.
  - 11.4 Reporting and providing copies of the risk assessment forms to the Directorate Manager or equivalent.
  - 11.5 Keeping copies of all local risk assessments in a location accessible to their staff.
  - 11.6 Ensuring that precautions identified in the risk assessment are implemented if it is in their power to do so. Where they are unable to implement precautions the Directorate Manager must be informed and the risk added to the Directorate Risk Register or alternative action identified.
  - 11.7 Ensuring that staff identified as being at risk in the risk assessment are shown a copy of the risk assessment and that they understand the precautions they should take to keep themselves safe.

- 11.8 Reviewing risk assessment by the agreed review date, or at least annually.
  - 11.9 Providing to the Directorate Manager an updated local risk register and risk assessments by June of each year.
  - 11.10 Achieving the Performance Management Criteria of delivering an Annual Risk Assessment Report between May and June.
12. **Corporate Risk Team** is responsible for:
- 12.1 Facilitating the risk assessment process in the Divisions/Directorates.
  - 12.2 Providing education and advice on risk assessment and registers. .
  - 12.3 Providing advice on specific risk issues.
  - 12.4 Establishing a range of generic risk assessments for managers to use and adapt locally.
  - 12.6 Monitoring and administering the Trust Risk Register ensuring reports are provided twice a year to the Governance Committee and Trust Board
  - 12.6 Ensuring that Divisional Directors provide quarterly update reports on Divisional Risk Registers to the Executive Board.
  - 12.8 Annually evaluating the Risk Assessment programme, and reporting outcomes to the Health & Safety, Clinical Risk and Governance Committee.
  - 12.9 Achieving the Performance Management Criteria of reporting on the Trust Risk Register to Trust Board, Annual Risk Reports, and Divisional Risk Registers.
13. **All Staff** are responsible for:
- 13.1 Identifying work activity that poses a risk to themselves, patients or others, and reports it to their manager.
  - 13.2 Assisting with the risk assessment process. (*See Appendix C*)
  - 13.3 Reporting promptly to their Manager any perceived new risks or failures of existing control measures.
  - 13.4 Ensuring that prior to procedures been undertaken, they take such steps that are necessary to be aware of any current risk assessment relevant to that procedure.
14. **Staff Side Representatives** are responsible for:
- 14.1 Providing support and guidance to staff undertaking risk assessments, (*where appropriate*).
  - 14.2 Providing advice in the event of a dispute to the validity of a risk assessment.

## Organisational Arrangements

### Reporting and Monitoring Mechanisms

15. **Trust Board** will:
  - 15.1 Receive the Trust Risk Register at least twice a year.
  - 15.2 Receive assurance that the Trust Risk Management Systems are effectively managing the corporate risks faced by the Trust via the Governance Committee.
  
16. **Governance Committee** will:
  - 16.1 Receive summary reports of all unacceptable (**RED**) risks on the Trust Risk Register and assurance that risk treatment plans are being implemented.
  - 16.2 Ensure the Trust Board is aware of all unacceptable risks.
  
17. **Executive Committee** will:
  - 17.2 Affirm the validity of the severity rating and if red, add to the Trust Risk Register.
  - 17.3 Scrutinise and support the risk reducing plan for red risks.
  - 17.4 Monitor the progress of all risk treatment plans currently on the Trust Risk Register through exception reporting.
  - 17.4 Receive new red risks and validate their severity and risk reducing plans prior to being accepted onto the Trust Risk Register.
  
18. **Health & Safety and Clinical Risk Committees** will:
  - 18.1 Receive evidence that the Trust has a systematic risk assessment programme in place.
  - 18.2 Receive evidence that training to support the risk assessment programme is being offered.
  - 18.3 Provide specific advice on significant risks graded with a severity rating of orange or red where necessary.
  
19. **Divisional/Directorate Boards** will:
  - 19.1 Validate risks to be added to Directorate/Divisional Risk Registers and receive quarterly reports.
  - 19.2 Agree, monitor and report the progress of risk reducing action plans for orange and red risk assessments.
  - 19.3 Report risk management concerns to the appropriate committee depending on the risk type. (*Financial \ H&S \ clinical etc*)
  - 19.4 Report any delays in progress on Red risk reduction plans and risk trends identified within the Division/Directorate to the Executive Board.

## Principles of Risk Assessment

20. The Trust will adapt the principles of risk assessment defined by the Health & Safety Executive. The Trust's steps are listed below. (*See Appendix C*)
  - 29.1 Step 1 - Consider and analyse tasks, activities and situations
  - 29.2 Step 2 - Identify the hazards (*Situation, area of practice or object that might cause problems*)
  - 29.3 Step 3 - Identify the people at risk
  - 29.4 Step 4 - Assess the risk (*identify actually what might go wrong from the hazard*)
  - 29.5 Step 5 - Consider existing controls and additional control measures
  - 29.6 Step 6 - Evaluate the risk
  - 20.7 Step 7 - Record the risk assessment findings
  - 20.8 Step 8 - Audit and review
21. To use risk assessment information through the Trust as a tool to inform management decision-making.
22. Details of the Risk Assessment Process are provided below and summarised in the *Risk Assessment Toolkit* attached at Appendix C.
  - 22.1 Each Division/Directorate will establish a multi-disciplinary approach to identify and develop Local Risk Registers for each Ward/Department.
  - 22.2 Once the multi-disciplinary team has compiled an inventory of local risks, detailed risk assessments will be carried out on all risks identified, starting with the ones perceived to be significant.
  - 22.3 For these significant risks the team will complete a risk assessment.
  - 22.4 Local Risk Registers should be maintained by the Ward/Department Manager and reviewed quarterly and a report sent to the Directorate Boards.
  - 22.5 Divisional/Directorate Risk Registers and associated risk reducing plans should be maintained continuously by the Divisional/Directorate team and form part of the Quality & Risk Assurance Report to the Governance Committee.
  - 22.6 The Corporate Risk Team will maintain the Trust Risk Register.
  - 22.7 Completed Risk Assessment Forms must be discussed with persons identified as being at risk and should form part of local induction and annual appraisal process.
  - 22.8 The following feedback should be provided:
    - 22.8.1 Local Risk Registers and Risk Assessments should be available to all staff working in the area.

- 22.8.2 Ward/Department Managers must feedback on the acquisition and/or implementation of "Additional Precautions" to persons identified as being at risk.
- 22.8.3 Divisional/Directorate Managers must feedback to Ward/Departmental Managers on the development of Red and Orange risks if key actions are to be taken at Divisional/Directorate or Trust-level.
- 22.8.4 Each orange risk should be discussed at the Divisional/Directorate Board. Action Plans should be shared at team meetings.
- 22.9 Each Division/Directorate must establish a process in which to address and discuss management of orange and cross-Divisional/Directorate risks.

### Documentation

- 23. Original copies of completed Risk Assessment Forms must be retained while they are valid.
- 24. Old Risk Assessment Forms must be archived locally for a minimum of three years.

### Information & Training

#### 25. Implementation

- 25.1 The induction programme will be updated to reflect this Policy.
- 25.2 A rolling programme of workshops will be arranged for Line Managers.
- 25.3 The policy will be cascaded through the organisation at key meetings.

#### 26. Induction/Mandatory Updates

- 26.1 Staff will receive instruction on risk assessment systems.
- 26.2 Staff will be shown a copy of any risk assessment that identifies them specifically or as a group of workers at local induction, and after the assessment is first carried out. This process will be formally documented as part of the annual review.

#### 27. Ward/Department Managers and Local Risk Teams are required to attend:

- 27.1 A workshop on both the theory and practical implementation of the Trust Risk Management System.
- 27.2 Specific risk assessment training workshops *e.g. COSHH, Display Screen Equipment, Moving and Handling, etc.*

- 28. **Senior Managers** responsible for the co-ordination of risk in Directorates/Divisions should attend a Risk Management Course, *e.g. IOSH Managing Safely* to ensure effective management of risk within their Directorate/Division.

### Further Guidance/Information

29. Attached at *Appendix C* to this Policy is a “Risk Assessment Toolkit”, containing the following information and forms required to undertake risk assessments.
- 29.1 Part 1 - Risk Assessment Process
  - 29.2 Part 2 - Risk Assessment Approach
  - 29.3 Part 3 - How to do a Risk Assessment
  - 29.4 Part 4 - Hazard Checklist
  - 29.5 Part 5 - General Risk Assessment Form
  - 29.6 Part 6 - Risk Severity Matrix
  - 29.6 Part 7 - Risk Register Protocol
30. The Corporate Risk Team will undertake an annual audit of the Risk Assessment process, which will form part of the annual reports to the Health & Safety, Clinical Risk and Governance Committees.

### Implementation Guidance

31. Attached as **Appendix A** is an Implementation Plan detailing the measures to be undertaken to ensure that the requirements of this Policy are fully integrated in day to day operations. It is in two parts – **Part A** outlines corporate responsibilities and **Part B** outlines individual manager responsibilities.

### Equality Impact Assessment

32. In accordance with Equality & Diversity legislation, this Policy has been assessed for equality and diversity. It has been agreed that this Policy does not discriminate against any of the groups and a full copy of the assessment can be viewed on the Clinical Governance intranet page. In addition an assessment has been made in line with the NHSLA Risk Management Standards.

### Evaluation & Monitoring

33. Implementation of these Policies & Procedures can only be effective if appropriate evaluation and monitoring are conducted to check the system and ensure any shortcomings are identified and dealt with. Locally, Managers are responsible for initiating an on-going performance monitoring process within their areas of responsibility. The monitoring should include as a minimum, a six-monthly review against the ‘Manager’s Checklist’ contained in **Appendix A, Part B** attached.
34. The Risk Policies & Procedures Group shall at the organisational level be responsible for monitoring compliance with this Policy and associated Operational procedures, and for checking that appropriate actions are being taken to ensure that the risk assessment process is being implemented.

### Review

35. The Corporate Risk Team will monitor and update this Policy as necessary, to reflect substantial changes in the nature of operations, or in examples of best practice or changes in legislation.
36. The Risk Policies & Procedures Group, Clinical Risk and Health & Safety Committees will assess this Policy every two years, to determine its effectiveness and appropriateness and report to the Governance Committee.

### References

37. Health & Safety at Work Act 1974
38. Management of Health & Safety at Work Regulations 1999
39. HSE Five Steps to Risk Assessment - IND(G)163L: (1998)
40. HSE Successful Health & Safety Management - HSG65 (1997)
41. IOSH Health & Safety Risk Management (2002)
42. "A Risk Management Standard" - (IRM/ AIRMIC/ ALARM) - 2002
43. Sandwell & West Birmingham Hospitals NHS Trust Risk Assessment Policy (2004)

### Document History

Review Date	Summary of Review & Outcome
May 2007	Development of new policy document & associated guidance

**This page is deliberately blank**

## Appendix A: Implementation Plan

### Part A - Corporate Plan

#### Internal Communication

1. The Corporate Risk Team will distribute the 'Risk Assessment Policy and guidance as follows:
  - 1.1 Trust Health & Safety Committee and/or Clinical Risk Committee members as appropriate.
  - 1.2 Divisional Directors and Directorate Managers.
  - 1.3 Health & Safety Staff Side Representatives.
  - 1.4 Ward/Department Managers and Staff via the ORH intranet.
  - 1.5 Team Briefs and ORH News.

#### External Communication

2. When communications are received from external sources (*e.g. HSE, NHSLA*) relating to Risk Assessments and other specific legislation the Corporate Risk Team will:
  - 2.1 Identify the effects on the existing policy.
  - 2.2 Consult relevant parties.
  - 2.3 Review and amend the policy if applicable.

#### Stakeholder Engagement

Stakeholder Name	Desired Commitment	Key message to be delivered	Person Responsible
Risk Policies & Procedures Group	Request feedback & input on policy implementation plan, seek buy in	Update on policy & implementation plan on a monthly basis	Corporate Risk Team
Chief Executive	Ensure significant risks are placed on the Trusts Risk Register	Provide assurance to the Board	Chief Executive
Corporate Risk Team	Facilitate the risk assessment process in the Divisions & Directorates	<ul style="list-style-type: none"> <li>▪ Provide risk assessment &amp; risk register education &amp; advice.</li> <li>▪ Monitor the risk register process</li> </ul>	Assistant Director Quality & Risk

Stakeholder Name	Desired Commitment	Key message to be delivered	Person Responsible
Corporate Risk Team ( <i>Cont'd</i> )		Annually evaluate the risk assessment programme, reporting as appropriate to the Health & Safety and Clinical Risk Committees.	Assistant Director Quality & Risk
Directorate, Divisional, Department, & Ward Managers	Convey intentions of policy & commitment to risk assessment implementation plan, seek buy in	Communicate the level of expectation for the program	Local Managers
Staff	Assist in the risk assessment process	Reporting of new hazards and failures of existing control measures	All Staff

### Critical Resources Required in Implementing this Policy

Resource	Strategy to manage or acquire critical resource	Monitoring & Control
Suitable & Appropriate Training	<ul style="list-style-type: none"> <li>▪ Training syllabus, materials &amp; programme to be developed by the Corporate Risk Team.</li> <li>▪ All Managers to ensure that relevant staff attends training.</li> </ul>	Performance Management Criteria
Risk Assessors	Managers to identify individuals to be trained as Risk Assessors	Performance Management Criteria
Assessment Programme & Time	Managers to ensure that sufficient time is planned to allow assessors to undertake assessments.	Performance Management Criteria

### Information & Training

4. In addition to that outlined in *para. 1* above, the Trust shall provide the following information and training:

- 4.1 **Stage 1** - Policy Introduction Briefing via Divisional & Directorate Management meetings by Clinical Governance Co-ordinators in June 2007.
- 4.2 **Stage 2** - One-hour 'Toolbox Talk' covering responsibilities, risk assessment process and maintenance of risk registers. Delivered to Divisional Directors & Directorate Managers by the Assistant Director of Quality & Risk in June/July 2007. *(100% compliance to be achieved)*
- 4.3 **Stage 3** - Rolling three-hour training session covering the risk assessment process to all Managers & Supervisors, plus other staff nominated as Risk Assessors. Delivered fortnightly by the Corporate Risk Team, commencing July 2007.

### Quality and Assurance

5. It is essential that this implementation plan is adequately monitored and evaluated in order to ensure its continued effectiveness. This will be done in the following way:
  - 5.1 'Checklist for Managers' being used.
  - 5.2 Risk Registers in place and being used to assist in the planning and monitoring process.
  - 5.3 Number of staff trained in relation to those identified as potential Risk Assessors.
6. The Risk Policies & Procedures Group (RP&PG) will conduct the monitoring of this implementation plan on a quarterly basis via the RP&PG meetings.

## Part B – Local Plan

### Checklist for Managers

Action Required	Achieved	Date	Additional Comments
1. Have the contents of this Policy & associated Toolkit been conveyed to all staff?	Yes / No		
2. Have all potential Risk Assessors attended the three-hour Risk Assessment training session?	Yes / No		
3. Is there an infrastructure which enables all risks to be identified, assessed and risk-reducing strategies implemented within an agreed timescale?	Yes / No		
4. Are staff involved in the risk assessment process?	Yes / No		
5. Are risks recorded on the Risk Register?	Yes / No		
6. Are Risk Reducing Plans monitored via the Risk Register?	Yes / No		
7. Are regular reports made to Line Managers & Management Teams on risk assessment performance?	Yes / No		
8. Is there a process for escalating risks that cannot be managed locally, and for advising on 'RED' risks?	Yes / No		
9. Are copies of local Risk Assessments in a location accessible to staff?	Yes / No		
10. Are staff identified as being at risk in risk assessments shown a copy of the risk assessment and risk-reducing measures?	Yes / No		
11. Are arrangements in place for risk assessments to be reviewed by an agreed date, or at least annually?	Yes / No		

## Appendix B: Definitions

- 1. Risk Assessment** Involves examining the level of risk posed by a hazard, consideration of those in danger and evaluating whether hazards are adequately controlled, taking into account any measures already in place. Risk Assessment involves two distinct stages:

  - a. Analysing risk, *e.g. in terms of consequences and likelihood;*
  - b. Evaluation risk in order to set priorities.

This procedure is primarily concerned with risk assessment carried out using a standard Trust Risk Assessment Form. (*See Appendix C*)

It is important to appreciate that risk assessments are not restricted to those performed on a Trust risk assessment form. In certain circumstances, there may be a need to carry them out through other styles of report, but still following the same principles.
- 2. Suitable & Sufficient:** The level of detail in a risk assessment should be proportionate to the risk.
- 3. Hazard:** Anything that has the potential to cause harm.
- 4. Hazards Identification:** Hazards can be systematically identified using a number of sources, this could be for current or new activities, including:

Internal Methods, which may include:

  - Incidents, complaints and claims reporting
  - Audits
  - Backlog maintenance
  - Brainstorming workshops
  - Control self-assessments
  - Patient satisfaction surveys
  - Public perceptions of the NHS
  - Risk assessments
  - Risk profiling exercises
  - Surveys
  - SWOT analysis
  - Training
  - Trade Unions/Professional Organisations
  - Whistle blowing

External Methods, which may include:

  - Coroner's reports

- Media
  - National reports
  - New legislation
  - NPSA survey
  - Reports from assessments/inspections by external bodies.
5. **Risk:** The realisation of the potential for harm or damage arising from a hazard. This takes account of the *Severity* and *Likelihood* of harm actually arising.
6. **Unacceptable Risks:** A risk with a RRN of 16 and above, and has the potential to:
- Cause injury or ill health to people
  - Result in civil claims/litigation
  - Result in enforcement action, *e.g. from the Health & Safety Executive*
  - Cause damage to the environment
  - Cause property loss/damage
  - Result in operational delays, *e.g. impacting on waiting lists*
  - Result in the Trust failing to fulfil its objectives
  - Result in loss of reputation
7. **Non-Clinical Risk:** Any hazard that has a potential to adversely affect a member of staff, contractor, visitor or property.
8. **Clinical Risk:** Any unintended or unexpected incident(s) that could have or did lead to harm for one or more persons receiving NHS care.
9. **Residual Risk:** The risk remaining after controls to minimise exposure have been put in place.
10. **Risk Rating Number (RRN):** The score given to a risk; the higher the RRN the more serious the potential level of risk. This involves using the Trust risk matrix. (*See Appendix C*)
11. **Red Risk:** A risk that must be reported to the Executive Board and added to the Trust risk register if it threatens the Trust objectives.
12. **Orange Risk:** A risk managed within the Division/Directorate on the Divisional/Directorate Risk Register with an appropriate risk-reducing plan.
13. **Yellow Risk:** Requires local risk reducing plans.

- 14. Green Risk:** Identified risks that the Trust deem acceptable.
- 15. Risk Register:** Brings together and outlines all the risks facing the Trust that cannot be eliminated, and enables them to be prioritized for action.  
The Trust will generate three types of risk registers:
- A local risk register;
  - A Divisional/Directorate risk register;
  - A Trust Risk Register.
- 16. Corporate Risk Team:** The Corporate Health & Safety Team and Clinical Risk Team.
- 17. Local Risk Team:** The group of staff identified by the Division/Directorate to lead on Risk Assessments.

**This page is deliberately blank**