



London Ambulance Service **NHS**  
NHS Trust

## **Risk Assessment and Reporting Procedure**

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## DOCUMENT PROFILE and CONTROL

**Purpose of the document:** The objective of the Procedure is to ensure that assessments of all foreseeable risks arising out of work activities are undertaken, and to identify the requirements to be taken to establish short, medium and long term control measures.

**Sponsor Department:** Corporate Services

**Author/Reviewer:** Assistant Director of Corporate Services – January 2013.

**Document Status:** FINAL

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
08/02/2011	3.2	Governance & Compliance Manager and Audit & Compliance Manager	Minor amendments to responsibilities and appendix 4.
24/01/2011	3.1	Senior Health, Safety and Risk Advisor, Governance & Compliance Manager and Audit & Compliance Manager	Minor amendments following approval at RCAG on 11/01/2011: LA167 (net rating calculation added), updated description of Risk, updated figure 1, monitoring section reviewed.
13/12/2010	2.2	Governance & Compliance Manager and Audit & Compliance Manager	Major re-write - document reviewed and merged with HS004 Risk Assessment Procedure and TP046 Risk Register Procedure.  1. Inclusion of requirements for conducting local risk assessments and reporting, including the management of Risk Registers.  2. Redefined processes for; a) risk identification, b) risk evaluation, c) risk mitigation/controls, d) risk escalation and reporting.  3. Addition to appendices; 1) Process Flowchart 2) New Risk Reporting form, 3) Risk Matrix.
23/07/10	2.1	Governance & Compliance Manager	Reformatted
04/07	0.1	Head of Governance	First draft

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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For Approval By:	Date Approved	Version
RCAG	11/01/2011	3.0
RCAG	20/08/2008	2.0
Chief Executive	04/2007	1.0
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Trust Board	30/09/2008	2.0

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EqlA completed on	By
07/01/2011	Governance and Compliance Team
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP/005	Risk Management Policy and Strategy	
	Management of Health and Safety at Work Regulations (1999)	
	Health & Safety at work Act 1974	
	NHSLA Risk Management Standard for Ambulance Trusts	
	EMAS Risk Register Guidelines	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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## **1. Introduction**

The Trust's approach to managing risks is based on identification and assessment of issues and/or hazards (to individuals or the organisation) which present themselves whilst conducting business on a day to day basis. The assessment should aim to enable the employer to identify and prioritise the requirement to establish short, medium and long term control measures.

The Trust has a duty under the Management of Health & Safety at Work Regulations 1999 to carry out assessments of risks to the health and safety of staff and patients.

In order to comply with the requirements of the Care Quality Commission and the National Health Service Litigation Authority (NHSLA) Risk Management Standards for Ambulance Trusts, the LAS encourages all staff to report risks and requires all managers to control the significant risks in their workplace and work activities.

This document is intended for use as a framework for the Trust's Risk Register to enable the achievement of the strategic objectives by identifying and managing risks in a structured way. Proactive Risk management is integral to the effective corporate governance of the Trust.

## **2. Scope**

This Procedure applies to all London Ambulance Service NHS Trust (LAS) staff and all those working on behalf of the Trust.

## **3. Objective**

To ensure that assessments of all foreseeable risks and to identify the requirements to be taken to establish short, medium and long term control measures.

## **4. Responsibilities**

### **4.1 Chief Executive**

The Chief Executive has overall responsibility for the management of all risks.

### **4.2 Trust Board**

The Trust Board has corporate responsibility for the Trust's system of internal control and for robust risk management.

The Trust Board will receive assurance, based on sufficient evidence and via a quarterly assessment of the Trust's Assurance Framework, that internal controls are in place; that they are operating effectively; and that the objectives are being achieved.

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This assurance is provided through a system of monitoring and review by the Senior Management Group (SMG), Quality Committee, the Audit Committee and the Trust Board.

### **4.3 Risk Compliance and Assurance Group (RCAG)**

The Trust Board has delegated responsibility to the RCAG to take an overview of all risk management activities within the Trust.

The RCAG is responsible for the operation and monitoring of all risk management processes and activities within the Trust, and for ensuring that the objectives of the Risk Management Policy and Strategy are achieved.

The RCAG will oversee the implementation of this procedure leading to the development of local risk registers supporting, and supported by, the corporate risk register and board assurance framework.

The group will review the corporate risk register and any proposed additions or deletions to this at every meeting.

### **4.4 Audit Committee**

The Audit Committee has responsibility for reviewing the adequacy of risk and control related disclosure statements. The Committee reviews the risks with a high scoring (15+) on quarterly basis.

### **4.5 Clinical Quality Safety and Effectiveness Committee**

The Clinical Quality Safety and Effectiveness Committee has responsibility for the review of clinical issues/risks. The Clinical Risks are discussed at each meeting, making recommendations for improving practice which will be informed and led by the Area Governance Committees.

### **4.6 Area Governance Committees (AGC)**

The Area Governance Committees oversee and review, and provide assurance on, the operational arrangements for clinical quality, safety and risk management.

The AGCs will receive information from their respective areas regarding proposed risks and is responsible for the identification and management of risk at a local level. The AGCs will provide reports to the Clinical Quality Safety and Effectiveness Committee on risks that have a clinical focus to enable discussion and recommendations for improving practice.

The AGCs are also responsible for escalating risks to the RCAG in accordance with this procedure.

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#### **4.7 Directorate Groups/Committees**

The directorate groups/committees (see appendix 5) will receive information from their respective departments regarding proposed risks and is responsible for the identification and management of risk at a local level.

The directorate groups/committees are also responsible for escalating risks to the RCAG in accordance with this procedure.

#### **4.8 Project Groups/Boards**

Project Groups/Boards have responsibility for assessing risks within the parameters of the project assigned. They also have responsibility for monitoring and reporting risks in accordance with this procedure.

#### **4.9 Governance and Compliance Team (GCT)**

The GCT is responsible for the co-ordination and maintenance of the Corporate Risk Register.

The GCT provides update reports to the RCAG, Audit Committee, and Clinical Quality Safety and Effectiveness Committee.

#### **4.10 Directors**

Each Director is accountable for the risk registers within their Area/Directorate. In addition Directors are also accountable for specific risks on the Corporate Risk Register.

Directors devolve the day to day responsibility for maintaining and reviewing risk registers to senior managers within their Directorate.

#### **4.11 Risk Register Administrators**

Each Directorate has a Risk Register Administrator who is responsible for the coordination of updates and escalation of risks as directed by the Director.

The Risk Register Administrator will centrally update the local risk register after each meeting and coordinate actions and updates (see Appendix 4 for guidance).

#### **4.12 Managers and staff**

All risks should be assessed by managers and staff who have responsibility or have prior knowledge of the existence of a risk. Staff have a responsibility to report risk and managers have a responsibility to manage risks as reported to them.

The Risk Management Policy and Strategy (TP/005) sets out in more detail specific responsibilities of senior managers relating to Risk Management and its implementation Trust-wide.

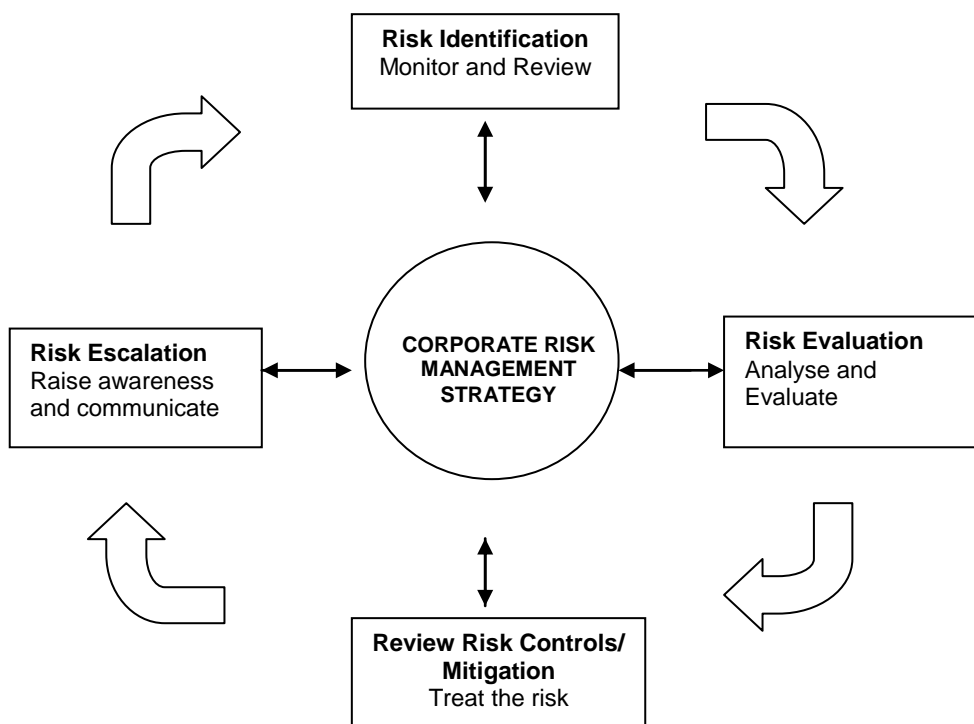
## 5. Definition of Risk

A Risk is defined as the probability (combination of likelihood and consequence) that a specific adverse event will occur in a specific time period or as a result of a specific situation.

## 6. Risk Assessment and Reporting Procedure

A Risk Register is one of the basic building blocks of risk management and provides a unified repository for the recording and monitoring of risks at both the local and corporate level within the Trust. Interaction with the risk register occurs at all stages of the risk management process from risk identification, assessment, through to risk response development and monitoring.

**Figure 1** shows the Generic risk management process. Each of the risk management phases is described in the following paragraphs, along with how they utilise the risk register.



The Risk Identification and Reporting Flowchart, which is set out in Appendix 1, describes the process for Risk Assessment and Reporting as described in sections 6.1 to 6.4.

## 6.1 Risk Identification

The initial identification of a risk takes place in the workplace by an individual/team who have the responsibility for carrying out the risk assessment.

### Risks will be identified in several ways:

- From the bottom, risks will be identified and assessed where they occur (by any member of staff/project team) and will then be reported as set out in section 6.4.
- A periodic 'top down' assessment led by the Senior Management Team. This will take place every year and will be linked with the development of the service plan.
- Risks will also be identified using the findings and recommendations from internal, external audit reports, Care Quality Commission Essential Standards, NHSLA assessments.

The Risk Assessment and Reporting Form (LA167) in Appendix 2, is used to identify and evaluate potential risks and must be completed by the individual/group for each risk identified (Appendix 3 contains guidance for completion of the form).

Describing the risk in a clear and concise way, identifying the underlying cause, will often help to identify the key actions and controls to mitigate them.

Whoever identifies the risk should stay involved to the assessment stage. The initial assessment will then be refined with the help of colleagues and managers. A risk owner will be identified who will be responsible for reviewing and accepting the assessment for feeding into the risk register.

## 6.2 Risk Evaluation

Once identified, risks need to be assessed by the individual/group. The risk evaluation phase requires analysis of the identified risk to establish the probability of occurrence and its impact.

In order to evaluate the risk two factors need to be taken into consideration;

1. the **impact** for the potential adverse outcomes relevant to the risk, and
2. the **likelihood** for those adverse outcomes.

The gross impact and likelihood are assessed as if the controls currently believed to be in place or any future actions planned were not actually there. Taking into consideration the mitigating effect of identified management actions already in place determines the net impact and likelihood.

The Risk Matrix in Appendix 3 is used when evaluating the risk to determine the gross risk rating.

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### 6.3 Reviewing Risk Controls / Mitigation

When assessing a risk, it is important to review the controls already in place as it will help to determine further action required to mitigate the risk to achieve the target risk rating.

The final assessment of each risk relates to the target impact and likelihood levels, which refer to the level of potential exposure that is required. If this target level is lower than the level of the net impact and/or net likelihood, further management actions need to be identified and put in place to reduce the impact and/or likelihood of exposures to the acceptable level.

### 6.4 Risk Escalation

On completion of the LA167 form, a copy must be sent to the Governance and Compliance Team (GCT) as a record of the proposed risk, detailing which local group/committee the proposal will be made to.

Once a decision has been reached by the local group/committee, the GCT need to be informed of the outcome so that a record of the outcome can be kept and logged in a central database.

#### 6.4.1 Proposal Accepted as a Risk

Where a risk identified through an area / department has implications for the whole trust or, exceptionally, on its own merits presents a risk to the achievement of the Trust's strategic objectives, it is appropriate that it is considered by the RCAG for potential inclusion in the Corporate Risk Register.

Risks that have been calculated to have a gross risk rating of 8 and above or risks that are identified to have a broader corporate impact will be proposed to the RCAG for consideration. If the proposal is accepted as a risk to the Trust, it will be added to the Corporate Risk Register, and monitored by the RCAG. Where the potential risk is not accepted, feedback and reasoning will be provided to the individual/team who originally identified the potential risk for review and re-submission where necessary.

Risks that have been calculated to have a gross risk rating below 8 are added to the relevant local risk register, and monitored by the Area Governance Committees/Directorate Groups (see Appendix 5).

Once the risk assessment and reporting process has been completed, if the potential risk is accepted as a risk to the Trust it will be added to the relevant risk register.

All risks are monitored and reviewed on an on-going basis by the risk owners and the GCT. Once a risk has been mitigated to its target rating, a proposal for moving it to the dormant risk register is made. The RCAG review proposals for risks on the Corporate Risk Register and the Area Governance Committees/Directorate Groups review risks on the Local Risk Registers.

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## 6.4.2 Proposal Not Accepted as a Risk

Once the risk assessment and reporting process has been completed, if the potential risk is not accepted as a risk to the Trust it will not be added to the risk register. The local group/committee will provide feedback and reasoning to the individual/team who originally identified the potential risk for review and re-submission where necessary. The submitted LA167 form will be kept as a record of the risk identification and reporting process and decision made.

## 7. Risk Register Structure

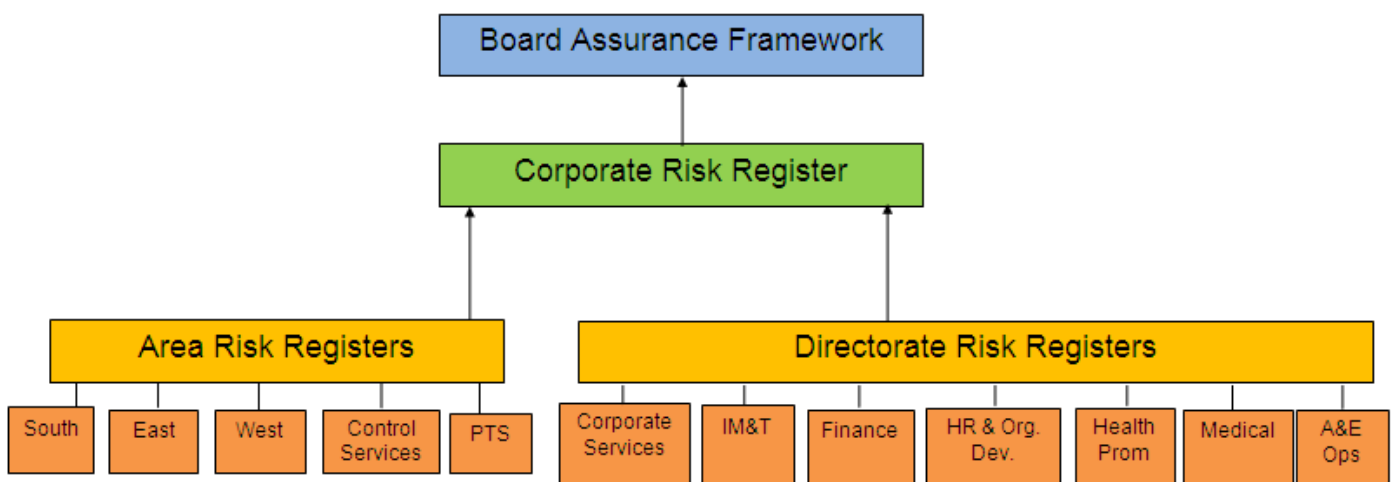
The minimum content and format to be adopted for the Risk Registers is outlined in Appendix 4. All risk registers will be saved centrally on a shared drive and are kept up to date by the delegated teams/individuals, with the GCT keeping an overview.

### 7.1 Corporate Risk Register

The Corporate Risk Register is a high-level register of the risks to the achievement of the Trust's strategic objectives. It forms part of the Board Assurance Framework and is an important tool to inform strategic planning including prioritisation of resources.

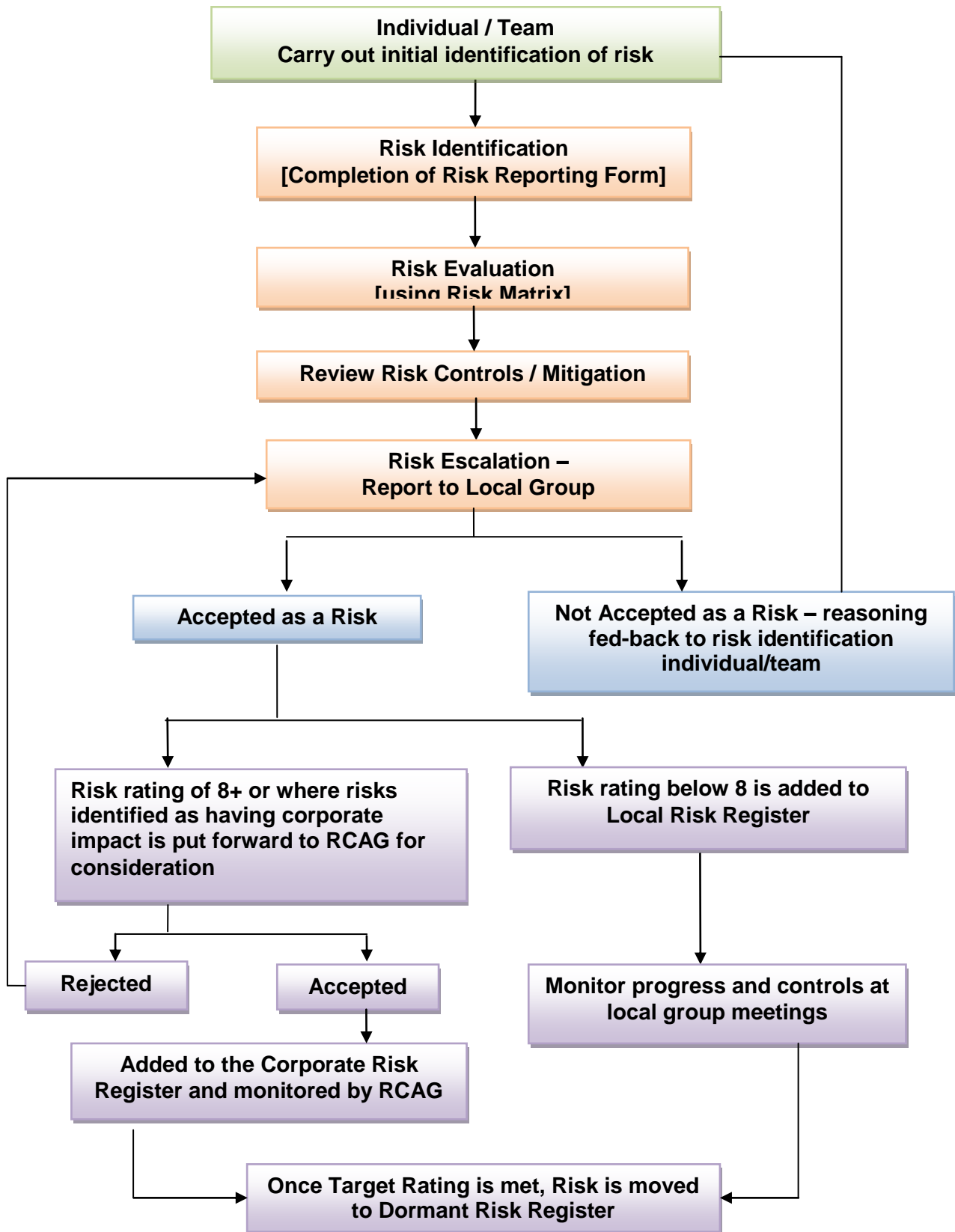
### 7.2 Local / Departmental Risk Registers

Through the business planning process local objectives are identified, therefore area / departmental risk registers should contain risks which may affect the performance or achievement of those local objectives. Again, these form part of the overall Board Assurance Framework. Appendix 5 details the reporting requirements for each area/directorate, below is a summary.



<b>IMPLEMENTATION PLAN</b>	
<b>Intended Audience</b>	For all LAS staff who are responsible for the reporting and management of risk.
<b>Dissemination</b>	Available to all staff on the PULSE.
<b>Communications</b>	Revised Procedure to be announced in the RIB and a link provided to the document.
<b>Training</b>	Risk Register training will be provided to all heads of department and AOM's responsible for risk management in their respective areas.
<b>Monitoring</b>	<p>This procedure will be monitored through the RCAG.</p> <p>The RCAG will receive quarterly reports from the Governance and Compliance Team and also directly review the Corporate Risk Register at every meeting.</p> <p>Area Governance Committees and Directorate Groups will receive their relevant local risk register at each meeting, for review of progress with actions required to mitigate the risks, and assess proposals made.</p>

Risk Identification and Reporting Process Flow-chart



### Risk Assessment and Reporting Form

Name of individual(s) completing assessment: \_\_\_\_\_

Department: \_\_\_\_\_

Date of assessment completion: \_\_\_\_\_

*Please refer to the Guidance Notes for details of completion for section 1 to 5.*

#### **Section1: Risk Identification**

<b>1.1</b>	<b>Risk Description</b>	There is a risk that...
<b>1.2</b>	<b>Underlying Cause / Source of Risk</b>	
<b>1.3</b>	<b>Date Risk Identified</b>	<i>DD/MM/YYYY</i>
<b>1.4</b>	<b>Risk Category</b>	<i>Choose and item from guidance notes</i>
<b>1.5</b>	<b>Risk Owner</b>	

## Section 2: Risk Evaluation

### 2.1 - Gross Rating

	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Impact score					
5 Catastrophic	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>
4 Major	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
3 Moderate	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
2 Minor	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
1 Negligible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section 3: Risk Controls Measures / Mitigation

### 3.1 - Existing Controls Measures Already in Place

1.	
2.	
3.	

### 3.2 Net Rating

	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Impact score					
5 Catastrophic	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>
4 Major	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
3 Moderate	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
2 Minor	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
1 Negligible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### 3.3 - Further Action Required: Action Plan

Additional control measures to reduce existing level of risk:-	Action Owner	Completion Date

### 3.4 Target Rating

	Likelihood score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Impact score					
5 Catastrophic	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>
4 Major	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
3 Moderate	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
2 Minor	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
1 Negligible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### Section 4: Assurances in Place

1.	
2.	
3.	

### Section 5: Additional Comments

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#### NEXT STEPS

- SAVE THE COMPLETED FORM NAMING THE FILE WITH THE DATE AND YOUR INITIALS (YYYY/MM/DD : INITIALS)
- SEND COMPLETED FORM TO THE DIRECTORATE RISK REGISTER ADMINISTRATOR

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#### FOR OFFICE USE ONLY

Date copy received by Risk Register Administrator/Governance and Compliance Team:  
 YYYY/MM/DD \_\_\_\_\_

Name of Committee/Group where risk will be considered: \_\_\_\_\_  
 \_\_\_\_\_

Outcome of proposal: Agreed / Rejected (comments, including Risk ID given)  
 \_\_\_\_\_

# **Guidance for Completing the LA167 Risk Assessment and Reporting Form**

## **Section 1: Risk Identification**

### **1.1 Risk Description**

A description of the key risk that is to be assessed should be recorded, clearly stating the identified risk and what the consequence will be if the risk is not addressed.

### **1.2 Underlying Cause / Evidence**

Each aspect that is associated with the risk should be recorded in this box to describe the factors that would lead to, or have led to, the risk occurring (eg: event, incident, audit, etc). Consideration should be given to the people, place, plant/equipment and policy / procedures that are linked to the risk that is being reported.

### **1.3 Date Risk Identified**

This is the date when the risk was identified and submitted via this form.

### **1.4 Risk Category**

To handle risk effectively it is important to classify risks into appropriate categories.

- Business Continuity
- Clinical
- Corporate
- Financial
- Governance
- Health & Safety
- HR
- IM&T
- Infection Control
- Logistics
- Operational
- Reputation

### **1.5 Risk Owner**

This is required to ensure that someone has been identified to carry out the actions to manage and mitigate the identified risk.

## **Section 2: Risk Evaluation**

### **2.1 Gross Rating**

The Gross Rating is calculated before the consideration of existing controls. In order to undertake a risk assessment there is a need to assess both the impact and the likelihood of the risk recurring giving an overall graded assessment of the severity of the risk to the LAS. Use the Risk Matrix to score the risk (TP035 Appendix 3).

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### **Section 3: Risk Controls / Mitigation**

#### **3.1 Existing Controls Measures - Already in Place**

In this section the assessor needs to consider, and record, the existing controls that are in place. Controls may include existing policy/procedures, guidance, equipment, safety measures, shared responsibilities, and training.

#### **3.2 Net Rating**

The Net Rating is calculated taking into consideration existing controls, prior to any additional actions being taken. In order to ensure a risk is manageable, there is a need to assess both the current impact and the likelihood.

#### **3.3 Further Action Required - Action Plan**

In this section the assessor needs to consider other recommended controls that could reduce the risk to an acceptable level. e.g. upgrading existing control measures or introducing new measures. State the further actions, the owner(s) for the actions, and completion dates.

#### **3.4 Target Rating**

The Target Rating is calculated taking into consideration all actions that can be implemented to reduce the risk to an acceptable level. In order to ensure a risk is mitigated, there is a need to assess both the target impact and the target likelihood of the risk for it to be mitigated.

### **Section 4: Assurances in Place**

In this section the assessor needs to indicate how/where assurance is obtained with regards to the management of the risk. e.g. name of group/committee responsible for reviewing the risk and/or actions, state whether any reports are produced, audit has taken place, etc.

### **Section 5: Additional Comments**

Use this box to capture any additional comments with regards to the identified risk.

RISK MATRIX

Table 1 Impact Score

Choose the most appropriate domain for the identified risk from the left hand side of the table  
Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Impact score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards

<b>Human resources/ organisational development/staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key training on an ongoing basis
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being 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 >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results  Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour  Minimal or no impact on the environment	Loss/interruption of >8 hours  Minor impact on environment	Loss/interruption of >1 day  Moderate impact on environment	Loss/interruption of >1 week  Major impact on environment	Permanent loss of service or facility  Catastrophic impact on environment

**Table 2 Likelihood Score (L)**

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	Not expected to occur annually.	Expected to occur at least annually.	Expected to occur at least every 6 months.	Expected to occur at least monthly.	Expected to occur at least weekly.
Probability	< 1%	1-5%	6-25%	25-60%	>60%
	Will only occur in exceptional circumstances.	Unlikely to occur.	Reasonable chance of occurring.	Likely to occur.	More likely to occur than not.

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

**Table 3 Risk Score = Impact x Likelihood (I x L)**

	Likelihood Score				
Impact Score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-3	Low risk
	4-6	Moderate risk
	8-12	Significant risk
	15-25	High risk

**Instructions for Use**

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Table 1 to determine the impact score (I) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use Table 2 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
4. Use Table 3 to calculate: I (Impact) x L (Likelihood) = R (risk score)
5. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation’s risk management system. Include the risk in the organisation risk register at the appropriate level.

## Risk Register Template

### FORMAT

A Risk Register must contain the following information as a minimum;

- Risk Description
- Underlying Cause / Source of Risk
- Date Risk Identified
- Risk Category
- Risk Owner
- Gross, Net and Target Ratings
- Existing Controls
- Action Plan (with Action Owner and Completion Date)
- Assurances

The Trust would advise using the Corporate Template **LA167A** for the Local Risk Registers. The template can be accessed through the Pulse or by clicking [here](#).

### RISK ID

The Risk Register Administrator will allocate each risk with an ID based on the directorate/area risk register on which it will be monitored.

The following codes should be adopted;

Directorate/Area	ID code
Corporate Services	<b>CS</b>
Information Management & Technology	<b>IMT</b>
Finance	<b>FIN</b>
Human Resources and Organisational Development	<b>HROD</b>
Health Promotion	<b>HP</b>
Medical	<b>MED</b>
A&E Operations	<b>AE</b>
Control Services	<b>COS</b>
Patient Transport Services	<b>PTS</b>
East Area	<b>EA</b>
West Area	<b>WA</b>
South Area	<b>SA</b>

EG: The first three risk identified by Corporate Services should be given an ID of CS001, CS002, CS003; and should continue numerically thereafter.

### MAINTENANCE

The Risk Register Administrator will coordinate and centrally update Local Risk Registers as set out in paragraph 4.11.

The Risk Registers must be kept up-to-date and reviewed in accordance with this procedure. The Risk Registers are to be saved on the shared drive.

Board Assurance Framework

Trust Board

Corporate Risk Register

Risk Compliance and Assurance Group

Area Risk Registers

Directorate Risk Registers

South Area Governance Group

East Area Governance Group

West Area Governance Group

South

East

West

Control Services

PTS

Corporate Services

IM&T

Finance

HR & Org. Dev.

Health Prom

Medical

A&E Ops

Complex Based Reporting

Departmental Based Reporting

Risk Identification and Evaluation