group policies and procedures

# risk management policy

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**Related policies and guidance**

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# Procedure for risk management

**Introduction**

It is a key organisational responsibility to identify and control all risks that might have an impact on the organisation’s objectives, its staff and the people that it interacts with.

This policy identifies key aspects of Risk Management, the duties to be discharged, the way risk systems are coordinated and integrated, and explores individual risk systems.

The implementation of Risk Management is good management practice and central to the effective running of Castleman Healthcare Ltd. Castleman Healthcare Ltd will ensure that any decisions made on behalf of the organisation are taken with due consideration to the effective management of risks.

# Definitions of risk

A risk can be defined as any circumstance that may arise and have an impact on the organisation’s ability to meet its objectives. Impacts can be positive or negative, but it is inevitable that the main focus will be on those circumstances which threaten the achievement of objectives. Risks can be characterised as:

• Risks to the person (patients, staff or others)

• Risks to the reputation of the organisation

• Risks to the assets of the organisation (financial and physical)

• Risks that do not comply with the law or other requirements

• Risks to objectives.

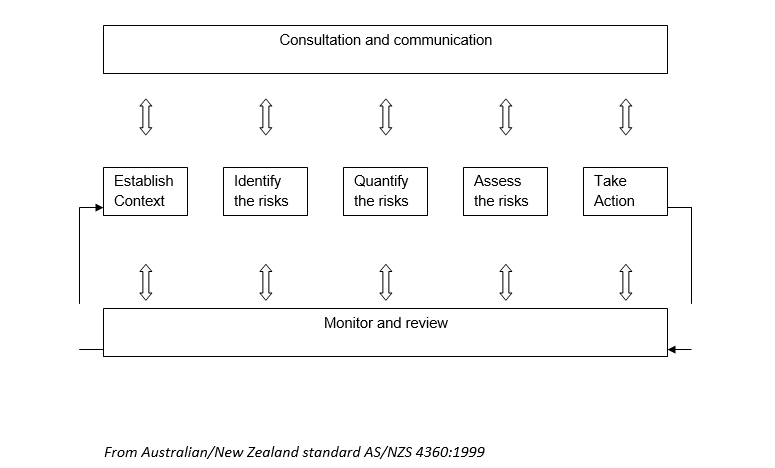
# The Process of Risk Management

The process of Risk Management can be characterised as a continuous, cyclical process whereby, at any level within an organisation, the following is carried out:

1. Establishing context: What are the objectives to be achieved – these can include the maintenance of duties, requirements, standards etc. as well as the achievement of change.
2. Identification of Risks: What circumstances could arise that would threaten the achievement of objectives. In other words, what are the hazards?
3. Quantifying the Risks: Two aspects are considered, and scores applied.
   1. First, what would be the consequence if a risk were to materialise – what would the impact be?
   2. Second, how likely is the circumstance to come about?
   3. The two scores are multiplied together for an overall score.
4. Assessing the Risks: The measures already in place to control a risk – either through reducing its impact or the likelihood of occurrence are considered. Is more control required or can the

current level of risk be accepted and monitored? How does this risk compare to others? What priority for action in relation to other risks should be applied?

1. Taking action: If additional action is required to control risk, then specific measures must be identified and implemented.
2. Monitoring and review: Risks must be monitored to ensure that actions taken have been successful in reducing the risk to an acceptable level and progress reviewed at all levels of the organisation.
3. Consultation and communication: It is essential that information about risk is communicated effectively, up, down and across the organisation and where appropriate to stakeholders outside the organisation.



Once a risk has been identified and assessed, there are a number of options available to control the risk, as follows:

1. Elimination: the activity which leads to the risk is eliminated.
2. Export: the activity is carried out outside the organisation, with another organisation bearing the risk.
3. Risk treatment: suitable controls are implemented which reduce the impact or likelihood of the risk.
4. Insurance: arrangements are made to reduce the financial impact of the risk.
5. Acceptance: the risk is accepted and monitored and the consequences managed as part of normal business.
6. The Delegated Director for responsibility for Risk Management should proactively work to minimise risks and this should include frequent and systematic review of best practice guidelines, for example, those provided by the National Patient Safety Agency: http://www.nrls.npsa.nhs.uk/resources/type/alerts/

# Responsibilities

**Director with delegated responsibility for Risk Management**

The Director with responsibility for risk management has ultimate responsibility for ensuring that:

1. This procedure and guidance is implemented throughout Castleman Healthcare Ltd.
2. All hazards are identified and risk assessed.
3. Action is taken to eliminate or control those risks so far as is reasonably practicable.

**Risk Lead from each site – operations manager/practice managers**

The Risk lead manager is responsible for:

1. Providing support and advice to staff in the process of risk assessment.
2. Managing and reviewing the process for risk assessment within the organisation.
3. For coordinating the Risk Register.

**All Members of Staff**

All members of staff are responsible for:

1. The identification of hazards and either undertaking risk assessments and/or assisting their line manager to do so.
2. Notifying the line manager of any significant hazards/risks within their areas for inclusion into the risk register.
3. Complying with all measures that have been introduced to eliminate or adequately control a particular hazard.
4. Notifying their line manager of any breakdown in measures that are used to control a hazard.

# Documentation

Documentation to be used in conjunction with this procedure and guidance is included within the appendices –

1. Risk Quantification & Definition of Acceptable Risk
2. Risk Assessment Pro-forma

# Training

In order to ensure that hazard identification and risk assessment are undertaken, it is essential that staff receive suitable and sufficient training in the techniques that are required.

Under current health and safety legislation employers are required to provide all such training that is necessary to ensure the competency of its employees, and that such training is undertaken during work hours at no charge to the employee.

Training in hazard identification and risk assessment techniques, including the use of the documentation, is within the Risk Management training session and responsibility for managing this training lies with the Director for People and HR.

# Monitoring & Review

1. This procedure and guidance will be reviewed annually. Notification of any changes will be made in writing.
2. Implementation of the procedure and guidelines will be undertaken during inspections & audits of the workplace which are undertaken by the Risk lead.
3. Completed Risk Assessments must be kept and reviewed on a regular basis (at least 3 monthly) to ensure that Risk Control Measures have been implemented, are in use and effective.
4. The period of review of Risk Assessments will be determined by the severity of the risk. High-risk activities will require shorter periods of time between reviews than lower risk activities. The longest period before a review of a risk assessment must take place is 1 year.

# Applicable Legislation

1. Health and Safety At Work etc. Act 1974
2. Management of Health and Safety at Work Regulations 1999
3. Manual Handling Operations Regulations 1999
4. Lifting Operations and Lifting Equipment Regulations 1999
5. Control of Substances Hazardous to Health Regulations 2002
6. Provision and Use of Work Equipment Regulations 1998
7. Personal Protective Equipment Regulations 1996
8. Display Screen Equipment Regulations 1992

# Guidance for risk management

The key to hazard identification and risk assessment is to apply the KISS approach – Keep It Short & Simple. Over complication leads to confusion and failure to implement.

Many of the processes/procedures that require a risk assessment will be ones that you have undertaken many times over many years. There is no need to change what you do if it is safe. This process will

enable you to look at the processes and judge whether the way things are currently being completed is correct.

Risk assessment can be a time consuming process in the initial stages, and requires a high level of commitment from both staff and managers. However, the results of the process provides measurable reductions in absence from work, long term ill health and minor injuries, along with significant reductions in personal injury claims and insurance premiums. This allows the funding for better care of both staff and patients.

# Hazard Identification Techniques

Workplace hazards can be identified in a number of different ways. Simple looking about your place of work will reveal many hazards, the majority of which can be eliminated by simple good housekeeping practices.

More significant hazards, perhaps those involved in a procedure or a patient care plan will be less obvious. In such cases a more systematic approach should be adopted. Knowledge and experience are important in such instances as all hazards are to be considered.

Hazard identification can be carried out by an individual or as part of a group exercise for more complex situations, although group input in managing particular hazard is far more effective and should be practiced where possible.

Some typical hazards that may be experienced by Castleman Healthcare Ltd include:

**Direct Patient Care**

1. Availability of services
2. Acceptability of services
3. Resuscitation programme
4. Adequacy of policies, procedures, protocols and guidelines
5. Standards of patient record keeping
6. Adequacy of clinical supervision
7. Informed consent arrangements
8. Medical or clinical negligence
9. Violent incidents by patients/clients
10. Drug control
11. Clinical audit and outcomes arrangements
12. Adequacy, integration and competencies of staff
13. Communication systems within and between departments (both internal and external)
14. Integration of professional inputs to the treatments and care processes
15. Adverse incident reporting culture and systems

**Indirect Patient Care:**

1. Security
2. Fire precautions
3. Buildings, plant and equipment
4. Waste (particularly Clinical Waste)
5. Control of infection
6. Environmental health
7. Material damage to buildings and physical assets
8. Business interruption
9. Environmental issues

**Health and Safety**

1. Manual handling training
2. Obligations and responsibilities
3. Unsafe systems of work
4. COSHH
5. Failure to provide information, instruction, training and supervision
6. Safe place of work
7. Staff competency
8. Security of premises, access and control and personal security
9. Patient competency
10. Construction design and management regulations
11. Fixed electrical installations
12. Portable appliances
13. Accident reporting
14. Personal safety training
15. Infection control

**Organisational**

1. Information technology
2. Computer confidentiality
3. Staff shortages/recruitments difficulties
4. Loss of primary site services
5. Insurance
6. Finance
7. Patients monies
8. Computer theft or fraud
9. Loss of computer software information

These are only examples, and should not be seen as a comprehensive list of hazards.

From the list it is clear that some hazards are simple and can be dealt with immediately, whilst others will require a more thorough investigation and possibly the production of a safe working procedure (known as a safe system of work).

Where it is evident that the hazard can be removed simply and without disruption to staff and patients, then this should happen immediately.

The hazard may also be a procedure – such as moving a patient, and have a number of significant hazards associated with it. In such instances, a detailed investigation and risk assessment would need to be undertaken.

If unable to eliminate the hazard immediately, it should be reported to the line manager, who will determine whether a risk assessment is required or whether more specialist advice is required.

All hazards that contain a residual risk following any assessment and the introduction of risk control measures are to be notified to the Risk lead for entry into the Risk Register and will be reported to the Information Governance Steering Group and the Board.1 Risk Assessment

A risk assessment is nothing more than a careful examination of the hazards associated with the work activities and premises that could cause harm to people. These hazards are evaluated to decide if adequate precautions have already been taken, or whether more can still be done to prevent harm.

The following factors apply in general terms to all risk assessments:

1. An assessment need only be done once, and need not be duplicated to satisfy a similar duty under a different regulation (although the findings of an initial assessment may require a more detailed assessment such as with manual handling).
2. Must be undertaken by a competent person. All staff having attended the Risk Management Training are deemed competent.
3. Must be reviewed or re-assessed when necessary, such as when there is a significant change in working practice or environment.
4. Must take into account changes in technology.
5. Needs to be monitored to ensure that risk control needs are measured and effective.
6. Requires adequate record keeping (sometimes for a prescribed period).

Requires consultation with staff and their appointed representatives.

1. Must be supported by information and training for staff.

# Carrying out a Risk Assessment

Any risk assessment must consider and take account of the following:

1. How likely is it that something will go wrong?
2. Who would be affected?
3. If it goes wrong, how serious are the consequences?
4. How frequently does the risk arise?
5. Are the effects immediate or delayed (acute or chronic)?
6. What are the legal requirements to control the hazard?
7. What are the commissioner’s requirements?

The Health and Safety Executive (HSE) have produced a book about risk assessment entitled “5 steps to risk assessment”. The procedure detailed below follows that principle and is endorsed by Castleman Healthcare Ltd. The steps are:

1. Step 1 – Identify the Hazards
2. Step 2 – Identify People at Risk, types of people and quantities
3. Step 3 – Evaluate the Risk (consequence versus likelihood)
4. Step 4 – Record your Findings/Communicate with stakeholders
5. Step 5 – Review and Revise the Assessment as necessary

**Step 1 – Identify the Hazard**

The hazard may have already been identified using the hazard reporting procedure or may be part of an initial assessment or review of an assessment.

There may have been an incident or near miss which highlighted a previously unknown hazard. A Health and Safety issue may be noted that has not been previously addressed.

**Step 2 – Identify People at Risk**

Consider any group of people who may be at risk. This includes employees, patients, visitors the public and maintenance contractors. Remember there is a greater duty of acre toward the young, the sick and the elderly.

Quantities of people at risk should be identified in order to achieve a realistic risk rating for a particular hazard, numbers involved should be recorded on the risk assessment pro-forma Appendix 2 as part of the risk assessment process.

**Step 3 – Evaluate the Risk**

For each hazard identified it is necessary to identify the significant risks. In doing this, consider the worse- case scenario and the control measures that are already in use.

The most common method of evaluating risk is to give a numerical value. In order to fully integrate this procedure with the Risk Register the risk quantification maturity matrix attached in appendix 1 must be used to identify the appropriate levels of consequence and the likelihood of the event occurring.

A numerical value between 1 and 5 must be given for both levels of consequence and levels of likelihood, the figures must be recorded on the risk assessment form, by multiplying the figures by each other the risk rating is identified and appropriate action to be taken.

Having calculated the Risk Ranking the action required must be considered. This is based upon what is “reasonably practicable”, weighing the overall risk against time, trouble, cost and degree of difficulty needed to eliminate the risk.

The level of control is based upon a hierarchy as outlined below:

1. Eliminate the hazard at source – no residual risk.
2. Substitute the hazard for one with a lower risk.
3. Enclose the hazard.
4. Segregate the hazard to prevent access.
5. Develop written procedures to control the risk.
6. Provide adequate supervision.
7. Provide training to employees.
8. Provide information and instructions – signs.
9. Use of personal protective clothing (only as a last resort).

The risk assessment pro-forma attached in Appendix 3 should be used to record the levels of risk both before and after action has been identified.

**Step 4 – Record and Reporting your Findings**

The assessment must be recorded where there are five or more people employed, or where there is a significant risk. This means writing down the significant hazards, the risk ranking and suggested actions.

All assessments must be reported to all staff affected at least annually or when the process changes and the assessment reviewed. All assessments must be routed to the line manager and appropriate assessments in accordance with the risk matrix must be routed to the Risk Lead to include within the Risk Register. On an annual basis, the Risk Register will be reviewed at Board level.

**Step 5 – Review and Revise the Assessments as Necessary**

Risk assessment is a continuous and ongoing process. Any significant changes in either working practice or environment could introduce new or unfamiliar hazards and affect the risk assessment. Accidents and incidents may also identify hazards that not adequately controlled. All reviews of a particular hazard must be communicated to staff.

# Risk Register

There is a requirement for Castleman Healthcare Ltd to ensure that staff and other stakeholders are appropriately communicated with in order for the risk controls to be maintained and any changes in the controls to be monitored.

Corporate hazards and assessments should always be recorded within the Risk Register. The Risk Lead is responsible for maintaining this register.

# Appendix 1

**Risk Quantification & Definition of Acceptable Risk**

Risk management defines risk as “The chance of something happening that will have an impact on objectives”. It is measured in terms of consequences and likelihood.

**RISK = Consequence x Likelihood**

A simple approach to quantifying risk is to define qualitative measures of consequence and likelihood such as the exemplars given below. This allows construction of a risk matrix, which can be used as a basis of identifying acceptable and unacceptable risk.

**Qualitative measures of Consequence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consequence | Injury  I | Costs £ | Adverse Publicity  P | Complaint/Claim  C | Quality  Q |
| Negligible  (1) | Injury or illness not requiring intervention | <£2k | Awareness limited to individuals within the organisation | Low value claim handled by ex gratia payment | Minor no compliance  Single resolvable problem in patient experience |
| Low  (2) | Minor injury or ill health – First aid treatment – No incapacity | £2k - £20k | Coverage limited to elements within the organisation (e.g. trade unions) – or some external stakeholders | Justified compliant peripheral to clinical care (e.g. car parking access) | Single failure to meet internal standards |
| Medium  (3) | Significant injury or ill health, Medical intervention necessary > 3 days absence (RIDDOR reportable) | £20 - £200k | Coverage throughout organisation and/or some public coverage | Justified compliant involving lack of appropriate care, or below excess claim | Repeated failure to meet internal standards. Patient outcome or experience below reasonable expectation in one or a number of areas |
| High  (4) | Major injuries, or long term incapacity or disability | £200 - £500k | Extensive local coverage and widespread NHS coverage | Above excess claim.  Multiple justified complaints | Single failure to meet national standards.  Patient outcome or experience significantly below reasonable expectation across the board. |
| Extreme  (5) | Death or major and permanent disability | £500 - £2mk | Nation-wide multi media coverage | Multiple claims or single major claim | Repeated failure to meet national standards. Totally unsatisfactory patient outcome |

**Qualitative measures of Likelihood**

|  |  |  |
| --- | --- | --- |
| **Level** | **Descriptor** | **Description** |
| 1 | Rare | The event may occur only in exceptional circumstances |
| 2 | Unlikely | The event could occur if controls fails |
| 3 | Possible | The event may occur due to insufficient controls |
| 4 | Likely | The event will occur in most circumstances |
| 5 | Almost certain | The event will occur |

**Qualitative Risk Assessment Matrix – Level of Risk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Consequence** | | | | |
| **Likelihood** | 1 Negligible | 2 Low | 3 Medium | 4 High | 5 Extreme |
| 1 Rare | L1 | L2 | L3 | M4 | M5 |
| 2 Unlikely | L2 | L4 | M6 | M8 | S10 |
| 3 Possible | L3 | M6 | M9 | S12 | H15 |
| 4 Likely | L4 | M8 | S12 | H16 | H20 |
| 5 Almost Certain | M5 | M10 | S15 | H20 | H25 |

**Key**

Yellow – Low Risk

White – Moderate Risk

Green – Significant Risk

Blue – High Risk

Castleman Healthcare Ltd requires all relevant personal to use the above guidance to evaluate the level of risk Castleman Healthcare Ltd is exposed to. Castleman Healthcare Ltd will regard any risk with a colour of green (low) as acceptable.

The action below is based on the levels of residual risk once an assessment has been undertaken.

**Low risk events** require actions to be implemented only if inexpensive or easy to implement, these events are to be investigated at the discretion of the Director of Operations, and action should be taken within 6 months of assessment.

**Moderate risk** events require actions to be implemented if cost effective in reducing risk, these events must be investigated by the Director of Operations; action should be taken within 3 months of assessment date.

**Significant risk** events require urgent action required to remove or reduce the risk; these events must be investigated by the Director of Operations and communicated to the Lead Board, action required within one month of date of assessment.

**High risk**, immediate action required to remove or reduce the risk, consider stopping practice, these events must be investigated by the Director of Operations and communicated to the Board, action now.

# appendix 2 - Risk Assessment Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Consequence** | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| **Likelihood** | Negligible | Low | Medium | High | Extreme |
| 1 Rare | L1 | L2 | L3 | M4 | M5 |
| 2 Unlikely | L2 | L4 | M6 | M8 | S10 |
| 3 Possible | L3 | M6 | M9 | S12 | H15 |
| 4 Likely | L4 | M8 | S12 | H16 | H20 |
| 5 Almost Certain | M5 | M10 | S15 | H20 | H25 |

Use the matrix to assess risk to the organisation of complaint, personal distress or potential for injury.

**Risk Assessment for:**

**Key**

Green – Low Risk

Yellow – Moderate Risk

Orange – Significant Risk

Red – High Risk

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT AREA:** |  | **INCIDENT REFERENCE NO:**  **(*if applicable)*** |
| **ASSESSOR (S):** |  | **DATE CARRIED OUT:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Identified Hazard** | **Perceived Risk** | **Who/What might be harmed** | **Current Process, Procedure & Controls** | **Risk L/M/S/H** | **Proposed Controls (please complete action plan overleaf)** | **Residual Risk L/M/S/H** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# risk assessment action plan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Proposed controls** | **Action required to implement** | **Cost** | **Approved** | **Action to be completed by whom and when** | **Review date** | **Date added to Operational Risk Register** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

(Note: All significant & high risk must be reported on the operational risk register also)

SIGNED: DATE:

|  |  |  |
| --- | --- | --- |
| **Reviewed** | **Signed** | **Comments** |
|  |  |  |