



Policy on Risk Management

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For use by	All staff and volunteers

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1. Introduction

Risk management is both a statutory requirement and an indispensable element of good management. It is a fundamental part of the total approach to quality, corporate and clinical governance and is essential to the Trust's ability to discharge its functions as a partner in the local health and social care community, as a provider of health services to the public and as an employer of staff.

The activities associated with caring for patients, employing staff, providing facilities and services and managing finances are all, by their nature, activities that involve risk. These risks are present on a day-to-day basis throughout the organisation and whilst it may not always be possible to eliminate these risks, they can be managed to an acceptable level.

Good risk management is integral to the effectiveness of all of the Trust's activities and as such must be integrated into all functions day-to-day practice and embedded within the culture of the organisation so that appropriate risk-based decisions are regularly made by managers and staff at all levels.

An effective Risk Management Policy enables the Board of Directors to determine the extent of risk exposure it currently faces with regard to the achievement of its objectives. As a key component of the internal control framework, regular review and routine monitoring of this policy will also inform the Trust's Annual Governance Statement.

2. Purpose

The purpose of this Risk Management Policy is to define the approach taken by North West Ambulance Service NHS Trust (The Trust) in applying risk management to its decision making at all levels.

The main objective of this policy is to establish the foundations for a culture of effective risk management throughout the organisation. It sets out clear definitions, responsibilities, and process requirements to enable the principles and techniques of risk management to be applied consistently throughout the organisation.

It is the policy of the Trust that risk management is everyone's responsibility and that the principles of effective risk management should form an integral component of decision making at all levels.

The principles and techniques of risk management as defined in this policy should be fully integrated within the formal governance arrangements and decision making processes of the organisation.

All Trust staff are responsible for making sure that they are aware of the organisation's objectives, and are empowered to make decisions to manage risks to the achievement of those objectives so long as those decisions are within the scope of their role and level of authority.

Where a risk is identified but cannot be managed without some significant change to the way the organisation operates, it must be escalated through the relevant line management structure.

The Risk Management Policy applies to all areas of the Trust and at all levels. It defines the basic principles and techniques of risk management that the organisation has decided to adopt and forms the basis of all risk-based decision making.

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It is expected that all risk management activities in the Trust will follow the process described within this document to ensure a common and robust approach is adopted to risk management.

3. Roles & Responsibilities

This section details those groups and individuals within the Trust that have specific responsibilities with regard to the Risk Management Policy.

The **Board of Directors** is responsible for providing strategic leadership to risk management throughout the organisation, which includes:

- Maintaining oversight of strategic risks through the Board Assurance Framework (BAF)
- Leading by example in creating a culture of risk awareness

The **Audit Committee** is responsible for reviewing the established and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisations' activities. The Committee will provide assurance to the Board of Directors that there are effective systems operating across the Trust.

The **Chief Executive** as the **Accountable Officer** is responsible for ensuring an effective system of internal control is maintained to support the achievement of the Trust's strategic objectives. This includes:

- The establishment and maintenance of effective corporate governance arrangements
- Ensuring that this Risk Management Policy is applied consistently and effectively throughout the Trust
- Ensuring that the Trust is open and communicates effectively about its risks, both internally and externally
- Retaining sufficient professional risk management expertise to support the effective implementation of this Policy

The **Director of Corporate Affairs** is accountable to the Board of Directors and Chief Executive for the Trust's Governance and Risk Management activities. With Executive responsibility for Corporate governance and risk management the Director of Corporate Affairs (with support from the Head of Risk and Assurance) provides a clear focus for the management of organisational risks and for coordinating and integrating all of the Trust's risk management arrangements on behalf of the Board of Directors.

Members of the **Executive** and **Directorate Senior Management Teams** are responsible for the consistent application of this Policy within their areas of accountability, which includes:

- Maintaining an awareness of the overall level of risk within the organisation
- The management of specific risks that have been assigned to them, in accordance with the criteria set out in this policy
- Promoting a risk aware culture within their teams and in the course of their duties

Heads of Service are responsible for the consistent application of this Policy within their areas of accountability, which includes:

- Making active use of the Trust risk register and the processes described in this Policy to support the management of their service

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- The management of specific risks that have been assigned to them in accordance with the criteria set out in this policy
- Promoting a risk aware culture within their teams and in the course of their duties
- Ensuring that as far as possible risk assessments carried out within their service are based on reliable evidence

Every member of staff is responsible for identifying and managing risks within their day to day work, which includes:

- Maintaining an awareness of the primary risks within their service
- The identification and as far as possible the management of risks that they identify in the course of their duties
- Bringing to the attention of their line manager any risks that are beyond their ability or authority to manage

4. Risk Management Approach

The basic principle at the heart of the Trust’s risk management approach is that an awareness and understanding of risk should be used to inform decision making at all levels.

This requires not only the active engagement of all staff with risk management activity in practice, but also the integration of risk management principles and techniques within the formal governance arrangements of the organisation.

This will ensure that major strategic, policy and investment decisions are made with a full and reliable appreciation of the risks associated with them as well as any existing risks that those decisions may serve to mitigate.

5. Risk Management Process

The risk management process, which can be seen in Figure 1 below, involves the identification, analysis, evaluation and treatment of risks. More importantly, the process provides iterative steps, which when taken in a coordinated manner can support recognition of uncertain events which could lead to a negative outcome and therefore allows to put actions in place to minimise the likelihood (how often) and consequence (how bad) of these risks occurring.

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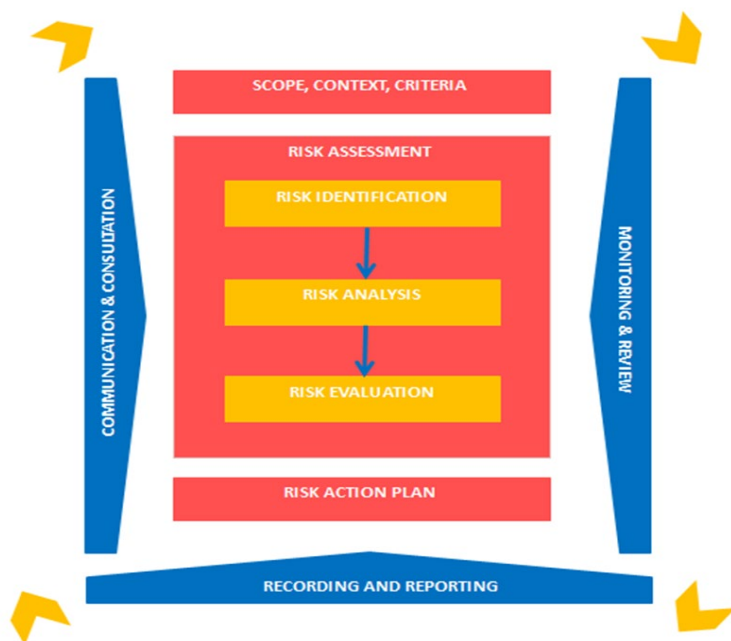


Figure 1: ISO 3100:2018 Risk Management Process

5.1 Scope, Context and Criteria

The Trust Strategy sets out how the organisation will become the best ambulance service in the UK, which is broken down into 8 Strategic Priorities. These are:

- Quality
- Urgent and Emergency Care
- Workforce
- Infrastructure
- Environment
- Stakeholder Relationships
- Digital
- Business and Commercial Development

Risks are linked to the strategic priorities because failing to control risks may lead to non-achievement of our strategic goals and priorities.

5.2 Risk Assessment

Risk assessment is an objective process and where possible, staff should draw upon evidence or qualitative data to aid assessment of risk. Where evidence or data is not available, assessors will be required to make subjective judgement.

Risk vs Issue

It is important to understand the difference between a risk and an issue/ incident. The fundamental difference between a risk and an issue/incident is that an issue/incident has **already happened**, there is no uncertainty, and it is a matter of fact. A risk is an uncertain event that has **not yet happened**, but if it did, it could affect the achievement of an objective.

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Risk	Issue/ Incident
An uncertain even that HAS NOT happened	An unplanned event that HAS happened

Risk Articulation

In order to assist the risk management process, it is essential that risks are described in a way that allows them to be understood by all who read them. Articulating a risk in this way will enable effective controls, assurances and action plans to be put in place to mitigate the risk.

A risk should be described with three components:

Cause (Source of Risk)	Risk (Uncertain Event)	Consequence (Impact)
What has caused the risk? Where has the risk originated from?	The uncertain event (risk) that may happen if we do nothing	What would be the impact if the risk materialised?
Risk descriptions must tell a convincing story		
As a result of/ due to/ because of... <i>existing condition</i> Present Condition	<i>An uncertain event... may occur</i> Uncertain Future	Which would lead to... <i>effect on objectives</i> Conditional Future

Risk Identification

New risks and factors which increase a known risk may be identified at any time and by anyone within the organisation and can take many different forms.

Some risks can be managed effectively by the person identifying them taking appropriate action themselves or within their immediate team. This is particularly true with types of safety risk, where identification and removal of the hazard will often be sufficient to manage the risk.

Staff should initially consider what their main areas of work are and how these relate to their local objectives, and the objectives of the Trust. Every work activity that has a significant hazard should be assessed for risk. Identification using a systematic approach is critical, because a potential risk not identified at this stage will be excluded from further analysis.

All risks, whether under the control of the Trust or not, should be included at this stage. The aim is to generate an informed list of events that might occur. Key sources that will inform this exercise include (but are not limited to):

- Compliance requirements with regulators and stakeholders such as the CQC, HSE, NHSE/I, and Clinical Commissioning Groups (CCGs)
- Recommendations from recent internal / external audit reports
- Root cause analysis of incidents, inquiries, complaints, claims and inquests
- Performance data
- Quality Assurance Audits
- Quality Impact Assessments
- Safety Alerts
- Trend and forecasting analysis
- Risks associated with the achievement of corporate objectives
- Other methods of horizon scanning.

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Business Continuity Exercises

Recommendations from business continuity exercises are captured within the risk management process to ensure the delivery of actions to reduce risk of failure in the event of an actual incident.

All staff play a vital role in the identification of risk. All new risks should be reported and discussed with your line manager in the first instance, who will consider the best approach to manage the risk; this could be actions to immediately eliminate the risk, signposting of the risk to the appropriate person to manage the risk or inclusion of a risk register with an action plan in place.

5.3 Risk Analysis

The purpose of analysing and scoring a risk is to estimate the level of exposure which will then help inform how the risk should be managed.

When analysing a risk, you will need to:

- Identify who is affected and what is the potential consequence/ impact should the risk occur
- Estimate the likelihood (how often) the risk may possibly occur
- Assess and score the level of exposure to that risk using the risk scoring process below.

Risk Analysis Process

Risks are analysed using the Trust Risk Matrix. The Trust has adopted a 5x5 matrix with the risk scores taking account of the consequence and likelihood of a risk occurring.

The scoring of a risk is a 3 step process:

Step 1: Evaluate the consequence of a risk occurring. The consequence score has five descriptors:

Score	Consequence Descriptor	Consequence Description
1	Insignificant	Please see Appendix 2 for Consequence Descriptions
2	Minor	
3	Moderate	
4	Major	
5	Catastrophic	

Step 2: Analysing the likelihood (how often) a risk may occur. The table below gives the descriptions of the likelihood of a risk occurring:

Score	Likelihood Descriptor	Likelihood Frequency	Likelihood Probability
1	Rare	Not expected to occur in years	May only occur in exceptional circumstances
2	Unlikely	Expected to occur at least annually	Unlikely to occur
3	Possible	Expected to occur at least monthly	Reasonable chance of occurring
4	Likely	Expected to occur at least weekly	Likely to occur
5	Almost Certain	Expected to occur at least daily	More likely to occur

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Step 3: To calculate the risk score, multiply the consequence score with the likelihood score:

$$\text{CONSEQUENCE score} \times \text{LIKELIHOOD score} = \text{RISK score}$$

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
4 Likely	4 Moderate	8 High	12 High	16 Significant	20 Significant
3 Possible	3 Low	6 Moderate	9 High	12 High	15 Significant
2 Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
1 Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

5.4 Risk Evaluation

Once the risk analysis process has been completed, the risk score should now be compared with the level of risk criteria below which enables the Trust to measure the potential level of risk exposure and proceed to identify appropriate actions and management plans.

Level of Risk
1 - 3 (Low)
4 - 6 (Moderate)
8 - 12 (High)
15 - 25 (Significant)

Each risk will be assigned 3 risk scores; initial, current and target. The risk scoring process above will be carried out three times for each score using the guidance below.

1. Initial Risk Score

The initial risk score is when the risk is first identified, the risk analysis process for initial risk scores should be a measure of the consequence and likelihood before any controls/ mitigating actions are proposed. The initial risk score will not change for the lifetime of the risk.

2. Current Risk Score

The current risk score, the risk analysis process for current risks should be a measure of the consequence and likelihood once controls and mitigating actions are in place, taking into account the effectiveness of the controls added.

3. Target Risk Score

The target risk score, the risk analysis process for the target risk should be a realistic measure of the consequence and likelihood once improved mitigating actions have been achieved and improved controls added.

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5.5 Risk Management

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified, analysed and that appropriate controls and responses are in place.

Risk Treatment

Risk treatment a process to modify risk and the selection and implementation of measures to treat the risk. This includes as its major element, risk control/ mitigation, but extends further to the appropriate selection of a risk treatment option, these are outlined in the table below.

<p>Tolerate (Accept)</p>	<p>Can we accept the risk as it is i.e. without further controls? Would the cost of controlling the risk outweigh the benefits to be gained?</p> <p>Where the ability to do anything about certain risks may be limited or the cost of taking any further action may be disproportionate to the potential benefit gained. In these cases, the response is to manage the risk to as low as reasonable practicable (ALARP) then tolerate the risk. This option can also be supplemented by contingency planning for handling the consequences that may arise, if the risk is realised.</p> <p>Where the status of the risk is to tolerate, the risk must be monitored and reviewed by the risk owner at least annually. All risks tolerated, will be subject to review by the Corporate Risk Team and a decision made by the Executive Leadership Committee if the risk should be tolerated or not.</p>
<p>Treat (Reduce or Remove)</p>	<p>Can we put controls in place to reduce the likelihood of the risk occurring or its impact?</p> <p>Treat is the most widely used approach and will be the course of action to take for the majority of risks within the Trust before any other course of action is considered.</p>
<p>Terminate (Suspend the risk situation/ activity)</p>	<p>Can we avoid or withdraw from the activity causing risk? Can we do things differently?</p> <p>A decision will be made by the Executive Leadership Committee if the risk should be terminated or not.</p>
<p>Transfer (Responsibility)</p>	<p>Can we transfer or share, either totally or in part, by way of partnership, insurance or contract?</p> <p>This course of action should only be taken following consideration and decision by the Executive Leadership Committee.</p>

Identifying Controls and Gaps

Controls are arrangements that are already in place to mitigate or manage the risk and these can include policies and procedures, monitoring and audit.

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Every control should be relevant to the risk that has been described, it should be clear that the control directly impacts on managing the risk and the strength of the control should be considered when deciding the influence this will have on the risk score.

Despite having identified controls, where the service has established a risk exists, it is the uncontrolled issues that are articulated as gaps. Gaps are issues which are not controlled and directly affect our mitigation of the risk. Gaps require clear and proportionate actions to address them.

Action Plans

The purpose of risk action plans is to document how the chosen treatment options will be implemented.

Information should include:

- A description of what the planned action is
- Expected benefit(s) gained
- Responsibilities (risk owners and action owners)
- Reporting and monitoring requirements
- Resourcing requirements
- Timing and scheduling

Differentiating between Controls, Gaps and Actions

To summarise:

- Controls are things that are already in place to manage or monitor the risk
- Gaps are the issues that we need to address to control the risk fully
- Actions describe how you will address the gaps to reduce the risk identified.

Contributory Factors

Contributory factors are the influencing and casual factors that contribute to the identified risk. These factors affect the chain of events and can be positive as well as negative, and they may have mitigated or minimised the outcome of the risk materialising. More than one contributory factor can be selected.

Risk Monitoring and Review

The monitoring process should provide assurance that there are appropriate controls in place. The frequency of ongoing monitoring and review depends upon the seriousness of the risk. As a **minimum**, this must be:

Current Risk Score	Review Timescales
1 - 3 (Low)	Annually
4 - 6 (Moderate)	6 Monthly
8 - 12 (High)	Quarterly
15 - 25 (Significant)	Monthly

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6 Risk Registers

The Datix Cloud IQ system is used by the Trust to record, manage and monitor risks throughout the organisation. Where risks cannot be immediately resolved, these risks should be recorded onto the Directorate Risk Register.

The purpose of the risk register is to:

- Provide a summary and overview of potential risks to each Directorate
- Evaluate the level of existing internal control in place to manage the risk
- Be an active live system to record and report risks using the risk management process.

Risk registers must:

- Be fully complete
- Be updated and reviewed regularly
- Have measurable controls added for all live risks
- Have action plans must be in place
- Be discussed and reported to Directorate SMT Meetings at least quarterly.

7 Risk Escalation

The Trust aims to support staff throughout the organisation to manage risk at the most appropriate level in the organisation whilst ensuring that there is a clear process for risk to be escalated when necessary to ensure discussion, action, advice and support can be provided.

All staff can escalate a risk for discussion, action, advice and support. The table below shows the Operations to Board escalation route.

Corporate Directorates

Escalation From	Escalation To
Team/ Department	Directorate Senior Management Team
Directorate Senior Management Team	Executive Leadership Committee
Executive Leadership Committee	Board of Directors

Service Delivery Directorate

Escalation From	Escalation To
Level 1 Meeting	Level 2 Meeting
Level 2 Meeting	Level 3 Meeting
Level 3 Meeting	Level 4 Meeting
Level 4 Meeting	Directorate Senior Management Team
Directorate Senior Management Team	Executive Leadership Committee
Executive Leadership Committee	Board of Directors

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The diagram below defines the 'Assurance and Escalation Pyramid' and demonstrates the route of assurance and escalation takes.

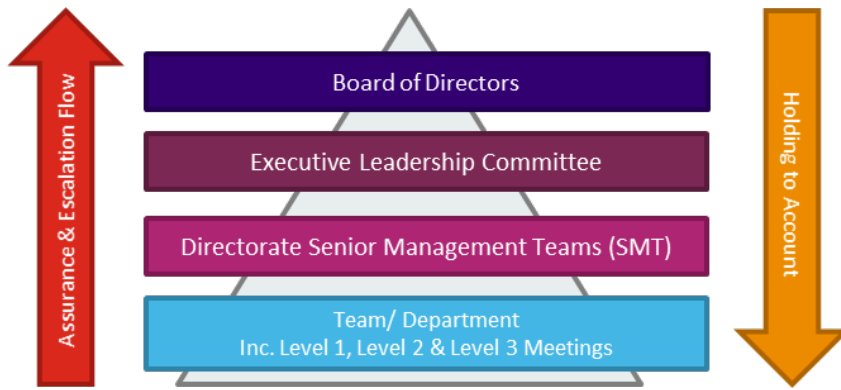


Figure 2: NWAS Assurance and Escalation Pyramid

8 Executive Oversight

All risks held on the Datix Cloud IQ system scored 15 and above are automatically reviewed by the Corporate Risk Team and the below steps are followed to ensure the Executive Leadership Committee have oversight of all risks which are deemed as significant to the organisation.

- All risks scored 15 and above are reviewed and analysed by the Corporate Risk Team weekly
- Risks are discussed with Risk Owners and Executive Lead to explore the risk in further detail and ensure risk scoring is accurate
- Corporate Risk Register is submitted to Executive Leadership Committee monthly for review and discussion

9 Risk Management Governance Structure

Risks are overseen at various levels throughout the Trust as per the table below:

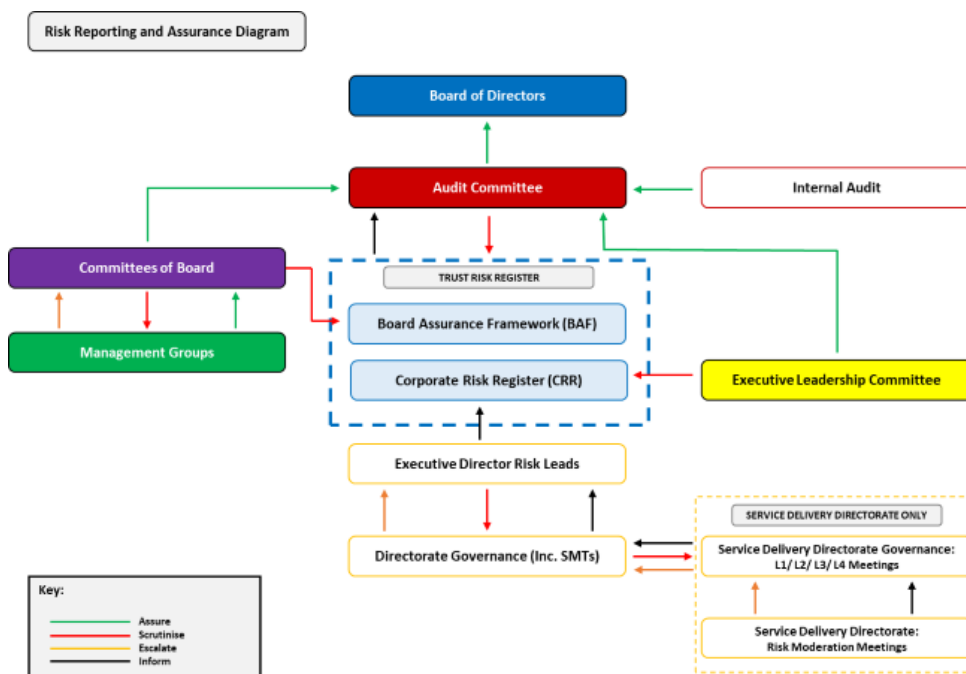
Meeting	Type of Risk	Report Type	Risk Cycle
Board of Directors	Risks identified against delivery of strategic objectives	Quarterly Board Assurance Framework Corporate Risk Register Commercially Sensitive Risk Register	4 times per financial year
Board Committees	Risks identified against delivery of strategic objectives relevant to their area of focus	Committee Board Assurance Framework Report	At least 6 time per financial year

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Audit Committee	Risks identified against delivery of strategic objectives	Quarterly Board Assurance Framework	4 times per financial year
Executive Leadership Committee	New risk(s) scored 15 and above which indicate a significant/increased risk or where support is requested by the Directorates in the management of risk Trust-wide profile of risk Enterprise Risk Management Report	Quarterly Board Assurance Framework Corporate Risk Register Commercially Sensitive Risk Register Trust-wide Risk Management Report Enterprise Risk Management Lessons Learnt Report	4 times per financial year Monthly Monthly Monthly At least 4 times per financial year
Management Groups	Visibility of risks scored 15 and above relating to the management groups area of focus	Management Group Board Assurance Framework Report	At least 4 times financial per year
Directorate Senior Management Team Meetings	Risks identified on the Directorate Risk Register	Directorate Risk Management Report	At least 4 times per financial year

10 Risk Reporting and Assurance Diagram

The risk reporting and assurance diagram highlights how the Trust aims to assure, scrutinise, escalate and inform on risk management from floor to Board.



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Figure 3: North West Ambulance Service NHS Trust; Risk Reporting and Assurance Diagram

11 Assurance

A key element of the Trust’s risk management system is providing assurance. Assurance provides evidence that risks are effectively managed by ensuring the effectiveness of controls and actions being put in place are making a positive impact and mitigating risks appropriately.

12 Risk Registers

A risk register is a centralised repository of identified risks that may threaten the delivery of services. A risk register should be live, dynamic and populated through the risk assessment and evaluation process. Risks are recorded using the Datix system; Risk Register module.

13 Corporate Risk Register

The Corporate Risk Register allows the Executive Leadership Committee to have oversight of particular risks where:

- Risk owners have communicated the need for additional support;
- The risk has a current risk score of 15 and above; and/or;
- The risk indicates a significant/ increased risk;
- The risk has the potential to significantly impact a strategic objective

Risks held on the Corporate Risk Register continue to be managed at their current level, with input and support from the Executive Leadership Committee where appropriate.

14 The Board Assurance Framework (BAF)

The Board Assurance Framework is a key document used to record and report the Trust’s key strategic objectives, risks, controls and assurances to the Board of Directors. The Board Assurance Framework takes in account the recommendations from Audit, Executive Leads and Committees of the Board as to what should be included, amended or removed. The Board Assurance Framework is updated and approved by the Board of Directors four times per year.

Audit Committee

As outlined in the HFMA Audit Committee Handbook, the Audit Committee’s primary role in relation to the BAF is to provide assurance that the BAF itself is valid. The role of the Audit Committee is not to manage the processes of populating the BAF but to satisfy itself that the systems and processes surrounding the BAF are working as they should. This includes whether:

- The format of the BAF is appropriate and fit for purpose
- The way in which the BAF is developed is robust
- The objectives in the BAF reflects the Boards’ priorities
- Key risks are identified

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- Adequate controls are in place and assurance are reliable
- Actions are in place to address gaps in controls and assurances.

Board Assurance Committee

Board Assurance Committees have the following responsibilities pertaining to the BAF risks pertaining to their areas of focus:

- Review of the BAF to ensure the Board of Directors receive assurance that effective controls are in place to manage strategic risk;
- Report to the Audit Committee/ Board of Directors on any significant risk management and assurance issues.

Sub-Committees/ Management Groups

Sub-Committees/ Management Groups have the following roles regarding the BAF risks pertaining to their areas of focus:

- Review of the BAF to ensure their parent Board Assurance Committee receives assurances that effective controls are in place to manage strategic risks;
- Review the management of the operational risks pertaining to the Sub-Committee/ Management Groups areas of focus;
- Report to their parent Board Assurance Committee of any significant risk management and assurance issues.

15 Annual Governance Statement

The Chief Executive is responsible for ‘signing off’ the Annual Governance Statement, which forms part of the statutory Annual Report and Accounts.

To provide this statement, the Chief Executive needs to demonstrate that the Board of Directors has been properly informed via the corporate governance framework of the totality of risks carried by the Trust, not just financial, and the Chief Executive has arrived at their conclusion based on all the evidence presented. The organisation’s Board Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with NHS Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes (i.e. the organisation’s system of internal control). This is achieved through a risk based plan of work, agreed with senior managers of the Trust and approved by the Audit Committee, which should provide a reasonable level of assurance. The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. As such, it is one source of assurance that the Chief Executive takes into account when making their Annual Governance Statement.

16 Clinical Risk Management

Clinical risk management can be defined as:

“The continuous improvement of the quality and safety of healthcare services by identifying the factors that put patients at risk of harm and then acting to control/ prevent those risks.”

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Clinical risk is identified through the analysis of patient safety incidents, clinical negligence claims, and complaints, identified areas of sub-optimal care, clinical audit and non-compliance with clinical policies, guidance and training.

17 Risk Governance and Internal Audit

The Executive Leadership Committee and the Audit Committee continually review and monitor all aspects of the Trust's risk management system and play a key role in the standardisation and moderation of risks that are added to the Trust-wide risk register.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) provides an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisations' risk management, control and governance processes.

18 Training and Support

Risk management training, guidance and advice is provided through the Corporate Risk Management Function.

Risk management training is made available for staff as per the below table.

Staff/ Group	Type of Training	Type of Delivery	Frequency of Training
All staff	Risk Awareness Training	E-Learning	3 Yearly
All staff who require access Risk Register Module	DatixWeb Risk Register Module Training	E-Learning	Once
First line, Middle & Senior Managers	Risk Management Training	Face to Face/ Virtually	3 Yearly
Board of Directors	Risk Management and Assurance Training (Board Development)	Face to Face/ Virtually	Annually

19 Implementation

Taking into consideration the implications associated with this policy, it is considered that a target date of *01 March 2021* is achievable for communications about changes in this Policy, with any specific training being implemented on an ongoing basis. This will be monitored by the Executive Leadership Committee and the Audit Committee through the review process. If at any stage there is an indication that the target date cannot be met, then the Policy author will implement an action plan.

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20 Equality and Diversity

The Trist is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. The Equality Impact Assessment can be viewed in **Appendix 3**.

21 Monitoring Compliance

Monitoring of compliance with this policy will be undertaken on a day to day basis by the Corporate Risk Management Function, discussing any issues with the relevant team/ department/ Directorate and, if necessary, reporting to the Director of Corporate Affairs and relevant Executive Director Leads. The monitoring matrix can be viewed in **Appendix 4** for further information.

22 Consultation and Review

This is an existing policy which has had major changes that relate to operational and/ or clinical practice therefore requires a full consultation process. The Head of Risk and Assurance has consulted with the Director of Corporate Affairs, Internal Audit and Local Counter Fraud to invite any comments or suggestions with regard to this policy.

The policy will be presented to the Executive Leadership Committee, Audit Committee; as the assurance committee for Trust-wide risk management for ratification and onward reporting to the Board of Directors for approval.

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APPENDIX 1: Risk Management Definitions

APPENDIX 2: Consequence Scoring Table

APPENDIX 3: Equality Impact Assessment

APPENDIX 4: Monitoring Compliance

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Appendix 1: Risk Management Definitions

Term	Definition
Action	A response to control or mitigate risk
Action Plan	A collection of actions that are specific, measurable, achievable, realistic and targeted
Assessment	Means by which risks are evaluated and prioritised by undertaking the 4 stage risk assessment processes
Assurance	Confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are achieved
Board Assurance Framework	A document setting out the organisations strategic objectives, the risks to achieving them, the controls in place to manage them and the assurance that is available
Consequence (Impact)	The effect on the Trust if a risk materialises
Control	Action taken to reduce the likelihood and or consequence of a risk
Gaps in Control	Action to be put in place to manage risk and achieve objectives
Frequency	A measure of rate of occurrence of an event
Internal Audit	An independent, objective assurance and consulting activity designed to add value and improve organisations' operations
Initial Risk	The score on identification before any controls are added
Likelihood	Evaluation of judgement regarding the changes of a risk materialising, established as probability or frequency
Mitigation	Actions taken to reduce the risk or the negative impact of the risk
Current Risk Score	The score with controls/ actions in place
Risk Appetite	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives
Risk Matrix	A grid that cross references consequence against likelihood to assist in assessing risk
Risk Owner	The person responsible for the management and control of all aspects of individual risks
Risk Rating	The total risk score worked out by multiplying the consequence and likelihood scores on the risk matrix
Risk Register	The tool for recording identified risks and monitoring action plans against them
Risk Tolerance	The degree of variance from the Risk Appetite that the Trust is willing to tolerate
Strategic Risk	Risks that represent a threat to achieving the Trusts' Strategic Objectives
Operational Risk	Risks which are a by-product of the day to day running of the Trust

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Appendix 2: Consequence Scoring Table

Domain	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Adverse Publicity/ Reputation/ Public Confidence	Rumours No public/ political concern	Local media area interest – short-term reduction in public confidence Local public/ political concern Elements of public expectation not being met	Local media interest – reduction in public confidence Damage to reputation Extended local/ regional media interest Regional public/ political concern	Regional/ national media interest with less than 1 day service well below reasonable public expectation Loss of credibility and confidence in organisation Independent external enquiry Significant public/ political concern Significant damage to reputation	National media interest with more than 1 day service well below reasonable public expectation MP concerned (questions in Parliament) Full public enquiry Total loss of public confidence in organisation Major damage to reputation
Business Programmes/ Projects	Temporary defects causing minor short term consequences to time and quality	Poor project performance shortfall in area(s) of minor importance (Performance may be related to time, cost & quality – either singularly or in combination of)	Poor project performance shortfall in area(s) of secondary importance (Performance may be related to time, cost & quality – either singularly or in combination of)	Poor performance in area(s) of critical or primary purpose (Performance may be related to time, cost & quality – either singularly or in combination of)	Significant failure of the project to meet its critical or primary purpose
Confidentiality/ Security	Patient information or other confidential information left unattended or was visible to unauthorised staff Computer left logged into a person account but no one was using the computer NWAS network receive minor 'hacking' attempts that are safely blocked	Staff involved in a patient care overheard in a public area on Trust grounds speaking about a patient using the patients name Staff communicated excessive patient information to a third party as part of the care of that person, consent not having been specifically denied by the patient Computer logged into an account, but being used by a person other than the account holder. No patient information data entry, email usage or internet usage was performed	Staff communicated confidential and/ or sensitive information to other members of the Trust as part of 'gossip' Patient record is missing and cannot be found within a week Trust site security is breached and intruders could have had access to confidential information Computer logged into an account, being used by a person other than the account holder. Patient information data entry, email usage or internal usage was performed	Inappropriate/ accidental communication of obviously confidential information by staff to a third part unaware that the patient or the Trust specifically denied consent to disclose Multiple patient records go missing due to deliberate actions of intruders on Trust sites Trust networks security is breached but no confidential information or email account were accessible Diaries/ laptops/ computers with confidential information staff or patient are lost, stolen or missing	Deliberate disclosure to third party by a staff member who was aware that the patient or the Trust specifically denied consent to disclose Publication of any patient information or confidential information that was not specifically authorised by the patient or the Trust Trust network security is breaches and confidential or email accounts were accessible

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Domain	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Clinical Audit <i>(Provision of Clinical Information)</i>	No or limited/ single disruption to the provision of timely and accurate clinical information across NWS Meets local clinical audit standards	Minor disruption to the provision of timely and accurate clinical information on an individual CBU/ business area Minor discrepancy with local clinical audit standards	Reduction in the provision of timely and accurate clinical information in CBU's/ business areas Moderate discrepancy with meeting local clinical audit standards	Inconsistent production of timely and accurate clinical information across all CBU's/ business areas Non-compliance with local clinical audit standards agreed by NWS Delay in participation with national and local quality frameworks	Failure to produce clinical information or participate within any local or national quality frameworks Non-compliance with national clinical and standards
Clinical: Medication Error	Incorrect medication dispensed but not taken	Wrong drug or dosage administered, with no adverse effects	Wrong drug or dosage administered with potential adverse effects	Wrong drug or dosage administered with adverse effects	Unexpected death or permanent incapacity Incident leading to long-term health problems
Delayed Response	Response Inside Long Wait Criteria: Cat 1: 15 minutes Cat 2: 60 minutes Cat 3: 180 minutes Cat 4/5: 240 minutes With clinical review whilst waiting with minor or no consequence to patient outcome Late transport causing minimal disruption Referral to incorrect PCS with no consequences	Response meets Long Wait Criteria: Cat 1: 15 minutes Cat 2: 60 minutes Cat 3: 180 minutes Cat 4/5: 240 minutes With clinical review whilst waiting with minor or moderate consequence to patient outcome Delayed PCS response (speak to/ contact within 6 hour disposition < 60 mins) Late transport causing distress and/ or loss of appointment Non-arrival of transport leading to missed appointment	Response meets Long Wait Criteria: Cat 1: 15 minutes Cat 2: 60 minutes Cat 3: 180 minutes Cat 4/5: 240 minutes Without clinical review whilst waiting with minor or moderate consequence to patient outcome Delayed PCS response (speak to within 1 hour/ contact within 2 hour disposition < 60 mins) Delayed PCS response (speak to/ contact within 6 hour dispositions > 60 mins)	Response meets Long Wait Criteria: Cat 1: 15 minutes Cat 2: 60 minutes Cat 3: 180 minutes Cat 4/5: 240 minutes With clinical review whilst waiting with severe consequence to patient outcome Delayed PCS response (speak to within 1 hour/ contact within 2 hour dispositions > 60 mins)	Response meets Long Wait Criteria: Cat 1: 15 minutes Cat 2: 60 minutes Cat 3: 180 minutes Cat 4/5: 240 minutes Without clinical review whilst waiting with severe consequence to patient outcome
Environmental Impact	Minimal or no impact on the environment (Small spillage or escape of non-clinical or non-harmful material on Trust premises)	Minor impact on environment (Spillage or escape of clinical or toxic waste with effects contained within unit or department)	Moderate impact on environment (Spillage or escape of clinical or toxic waste affecting an entire building)	Major impact on environment (Significant spillage or escape of clinical or toxic waste with effects contained to Trust property)	Catastrophic impact on environment (Significant discharge or escape of clinical or toxic waste with widespread effects beyond Trust property)
Financial Inc. Claims	Small loss Risk of claim remote (£0-£5,000)	Loss of 0.1-0.25% of budget Claim less than (£5,000-£10,000)	Loss of 0.25-0.5% of budget Claim(s) between (£10,000-£100,000)	Uncertain delivery of key objective Loss of 0.5-1.0% of budget Claim(s) between (£100,000-£1 million) Purchase failing to pay on time	Non-delivery of key objective Loss of >1% of budget Failure to meet specification/ slippage Claim(s) (>£1 million) Loss of contract/ payment by results

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Domain	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Infection Control and/or Ill Health	Exposure to blood/ body fluids/ other sources of infection with no risk	Exposure to blood/ body fluids/ other sources of infection with minimal risk/ no sickness Outbreak involving 3 or more people Physically unwell – GP treatment or treated by staff	Exposure to blood/ body fluids/ other sources of infection resulting in short term sickness (minimum 3 days) Outbreak causing disruption to service or short term closure (days/ weeks) Physically unwell – planned admission/ attendance at A&E (not blue light) or transfer to general medical ward Inoculation contamination with no infection	Exposure to blood/ body fluid/ other sources of infection resulting in very serious infection, long term sick leave Outbreak causing medium term closure (weeks/ months) Physically unwell – emergency admission to general hospital Inoculation contamination from infected person	Sudden or unexpected death (including where evidence may be related to exposure to infection) Outbreak causing long term closure or termination of service Inoculation contamination causing life threatening disease or death
Information Risks	Minimal or no loss of records containing person identifiable data. No significant reflection on any individual or body Media interest very unlikely Only a single individual affected	Loss/ compromised security of one record (electronic or paper) containing person identifiable data Damage to a team's reputation/ some local media interest that may not go public Serious potential breach and risk assessed high. For example, unencrypted clinical records lost – up to 20 people affected	Loss/ compromised security of 2-100 records (electronic or paper) containing confidential/ person identifiable data Damage to a services reputation/ low key local media coverage	Loss/ compromised security of 101+ records (electronic or paper) containing confidential/ person identifiable data Serious breach with particular sensitivity Damage to organisation's reputation/ local media coverage	Compromised security of a local application/ system/ facility holding person identifiable data (electronic or paper) Compromised security of an organisation/ Trust wide application/ system/ facility holding person identifiable data (electronic or paper) Damage to NHS reputation/ national media coverage Serious breach with potential for ID theft or over 1000 people affected.
Moving/ Manual Handling Inc. Slips, Trips & Falls	Malfunction/ fault with equipment Slipping, falling with no injuries	Minor injury as a result of moving or handling Short term staff sickness/ absence (less than 3 days off work) Slipping, falling with minor injuries requiring first aid only Short term staff sickness/ absence (less than 3 days off work)	Moderate injury to staff as a result of moving or handling Staff sickness – more than 7 days off work (RIDDOR reportable) Slip/ trip/ fall resulting in injury such as a sprain, requiring medical attention Staff sickness – more than 7 days off work (RIDDOR reportable)	Serious injury to staff resulting in long term damage Long term staff sickness (RIDDOR reportable) Slip/ trip/ fall resulting in injury such as dislocation/ fracture/ head injury, requiring medical attention and hospitalisation Long term staff sickness (RIDDOR reportable)	Unexpected death or permanent incapacity Incident leading to long-term health problem Unexpected death or permanent incapacity Incident leading to long-term health problem

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Domain	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Patient Safety <i>(Harm to patients and/ or public, including physical and/or psychological harm)</i>	Minimal injury requiring no/ minimal intervention or treatment. For example, delay in routine transport for patient Minor injury not requiring first aid or no apparent injury	Minor injury or illness, requiring minor intervention Increase in length of hospital stay or treatment by 1-3 days Minor injury or illness, first aid treatment needed 1-2 people affected	Moderate injury requiring professional intervention. For example, vehicle carrying patient involved in RTC Increase length of hospital stay or treatment by 4-15 days An event which impacts on small number of patients Some permanent harm up to a year 3-15 people affected Possible RIDDOR/ MHRA/ StEIS Reportable Incident	Major injury leading to long-term incapacity/ disability Increase in length of hospital stay or treatment by >15 days Serious mis-management of patient care with long-terms effects 16-50 people affected Potentially StEIS reportable	Death/ life threatening harm Serious mis-management of patient care leading to death/ lfe threatening harm/ permanent injuries/ long term incapacity or disability or irreversible health effects A significant event which impacts on a large number of patients – more than 50 people affected StEIS reportable
Physical Violence/ Aggression Inc. Hostage Situation	Minimal or no impact	Physical attack/ assault such as pushing, shoving, pinching, slapping, hair pulling etc. Causing minor injury (not requiring immediate medical assessment or treatment) Threats to prevent staff member leaving property but is persuaded and allows exit	Assault on patients, public or staff which may have physical health/ psychological implication on the victim Injury may require A&E or GP assessment but no further treatment Deliberate delay in the departure of staff using minor threats or physical obstruction	Serious assault resulting in physical injuries that require hospital treatment Deliberate delay in the departure of staff using significant threats or physical obstruction	Homicide or attempted homicide resulting in death or serious prolonged injury or disability Staff member held hostage using physical force
Service/ Business Interruption	Loss of ability to provide services (Interruption of >1 hour)	Loss of ability to provide services (Interruption of >8 hours)	Loss of ability to provide services (Interruption of >1 day)	Loss of ability to provide services (Interruption of >1 week)	Permanent loss of service or facility
Staff Competence	Staff are adequately equipped with the appropriate skills, knowledge and competence to undertake their duties Staff attendance at mandatory/ key training Insignificant effect on delivery of service objectives due to failure to maintain professional registration (less than 10 staff)	Minor error due to a lack of appropriate skills, knowledge and competence to undertake duties Insignificant staff attendance at mandatory/ key training (Within 5%) Minor effect on delivery of service objectives due to failure to maintain professional development or status (between 11-50 staff)	Moderate error due to limited skills, knowledge & competence to undertake duties Poor staff attendance for mandatory/ key training (6 – 10%) Moderate effect on delivery of service objectives due to failure to maintain professional developments or status (between 51-100 staff)	Serious error or due to limited skills, knowledge & competence to undertake duties Regular poor/ low attendance at mandatory/ key training (11 – 20%) Major effect on delivery of service objectives due to failure to maintain professional development or status (between 101-250 staff)	Critical error due to limited skills, knowledge & competence to undertake duties Significant/ inconsistent low uptake of attendance at mandatory/ key training (>21 or 2 months+) Significant effect on delivery of service objectives due to failure to maintain professional development or status (more than 250 staff)

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Domain	Insignificant	Minor	Moderate	Major	Catastrophic
	1	2	3	4	5
Staff Safety <i>(Harm to staff and/or contractors, including physical and/or psychological harm)</i>	No time off work Minor injury not requiring first aid or no apparent injury	Minor injury, illness, Mental Health issue or first aid treatment needed Requiring intervention Short term staff sickness/absence (less than 3 days off work)	Moderate injury, illness, Mental Health issue requiring hospital treatment/ outpatient appointments/ assessment of social care needs Staff sickness – more than 7 days off work Possible RIDDOR/ MHRA/ StEIS reportable incident	Major injury, illness, Mental Health issue requiring long term treatment or community care intervention Long term staff sickness More than 15 staff affected Post-traumatic stress disorder	Death Life threatening injury or illness or harm Permanent injury/ damage/ loss of limb/ long term incapacity or disability StEIS
Staffing Levels	Short-term low staffing levels that temporarily reduces service quality (less than 1 day)	Low staffing levels that reduces the service quality (1-5 days)	Late delivery of key objective/ service due to lack of staff/ capacity Unsafe staffing level (1-2 weeks) Staff Turnover	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level (more than a month) Loss of key staff Staff Turnover	Non-delivery of key objective/ service due to lack of staff Constant ongoing unsafe staffing levels or competence Loss of several key staff
Statutory Duty/ Inspection	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

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**North West Ambulance NHS Trust
Equality Impact Assessment Form (EIA) - Policies & Procedures**

Name of policy or procedure being reviewed: Risk Management

Equality Impact Assessment completed by: Head of Risk and Assurance

Initial date of completion: 24 December 2020

It is anticipated that this EIA will be reviewed throughout the lifecycle of the policy or guidance. Relevant documentation should be maintained relating to the review. Please also record any stakeholders who input into this now or in the future. There is a longer version of this form for assessing the impact of strategy and major plans.

Section 1 – Overview

What kind of policy/procedure is this – eg clinical, workforce?

This 'Corporate' policy is to ensure a structured and systematic approach to risk management is implemented throughout the Trust.

Who does it affect? (Staff, patients or both)?

This policy is intended to cover ALL employees of the Trust, bank staff, and agency staff, all self-employed NHS Professionals, trainees, student placements working for NAWAS (herein known as NAWAS staff). In addition, all volunteers are expected to adhere to this policy.

How do you intend to implement it? (Trust wide communications plan or training for all staff)?

The policy will be placed on the Green Room for all staff to access.

Section 2 – Data and consultation

In order to complete the EIA it may be useful to consider the following:-

- What data have you gathered about the impact of policy or guidance on different groups?
- What does it show?
- Would it be helpful to have feedback from different staff or patient groups about it?

Please document activity below:

Equality Group	Evidence of Impact
Age	The policy includes litigation risks; this will incorporate any risks in relation to Equality legislation and other standards relating to the needs of people with protected characteristics. The Trust has staff and systems in place to identify equality related risks.
Disability – considering visible and invisible disabilities	

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Gender	
Marital Status	
Pregnancy or maternity	
Race including ethnicity and nationality	
Religion or belief	
Sexual Orientation	
Trans	
Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	

Section 3: Impact Grid

Having considered the data and feedback through consultation, please detail below the impact on different groups (Age, Disability – considering visible and invisible disabilities, Gender, Marital Status, Pregnancy or maternity, Race including ethnicity and nationality, Religion or belief, Sexual Orientation, Trans, Any other characteristics for patient or staff e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee):

Equality Group	Evidence of Impact	Is the impact positive or negative?
All groups	This is a corporate policy relating to the application of Risk Management across the Trust for all staff equally.	Neither

Section 4 – Action plan

At this point, you should prepare an action plan which details the group affected, what the required action is with timescales, and expected progress. You may still be seeking further information as part of your plan. You can use the table 3 above to detail any further action.

Section 5 – Monitoring and Review

You should document any review which takes place to monitor progress on the action plan or add any information through further data gathering or consultation about the project. It is sensible for the review of this to be built into any plans. More information about resources can be found on the greenroom.

Further information about groups this policy may affect can be found here pages 10-11.

<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

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Appendix 4: Monitoring Compliance

Monitoring	Monitoring Lead	Reported to Person/ Group	Monitoring Process	Monitoring Frequency
Identifying Risk <i>Effective use of Datix risk form</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Monthly review of risks on Datix	Monthly
Assessing Risk <i>All new risks will be reviewed for completeness and quality of information against guidance in Policy</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Weekly review of risks on Datix	Monthly
Assessing Risk <i>All risks will be scored and graded according to consequence and likelihood using the Trust Risk Matrix</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Monthly review of risks on Datix	Monthly
Managing Risk <i>New risks with a current risk score of 15 and above will be discussed, managed and presented to Executive Leadership Committee on a monthly basis</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Weekly review of risks on Datix	Monthly
Reviewing Risk <i>Risks will be reviewed by Directors consistently against guidance in Policy</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Monthly review of risks on Datix	Monthly
Reviewing Risk <i>All tolerated/ accepted risks will be reviewed annually</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Executive Leadership Committee	Monthly review of risks on Datix	Monthly
Reviewing Risk <i>Strategic risks will be reviewed each quarter with the appropriate Executive Director and recorded on the BAF</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Board of Directors	Board Assurance Framework	Quarterly

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Risk Management Process <i>Annual review of the Trust risk management process undertaken by Internal Audit</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Audit Committee	Internal Audit Review	Annually
Risk Management Process <i>Annual review of the BAF process undertaken by Internal Audit</i>	Head of Risk and Assurance	Director of Corporate Affairs/ Audit Committee	Internal Audit Review	Annually

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