

RISK MANAGEMENT STRATEGY & OPERATIONAL POLICY

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INTRODUCTION

The Countess of Chester Hospital NHS Foundation Trust is committed to delivering high levels of safe and effective patient care. In order to achieve this, the management of risk continues to be an integral component of the Trust's corporate and patient safety agendas.

The purpose of this strategy and the underpinning operational policy is to ensure that the Trust identifies, assesses and appropriately manages all risks to people, structures, reputation and any other issues which could impact on or compromise the ability of the Trust to carry out its normal duties and continue to deliver high levels of safe and effective health care.

It is acknowledged that risk is inherent in all aspects of the Trust's activities including the treatment and care we provide to our patients, the determining of our service priorities, the projects and developments we manage, the equipment we purchase, the decisions we take on our future strategies and in deciding when no action is to be taken.

The Trust recognises that effective risk management requires commitment from all staff in order to ensure that risks are identified and managed effectively.

AIMS

The aims of the strategy are to ensure that:

- The Trust continues to recognise risk management as a key element of all activities
- Risk management systems and processes are embedded locally across all Divisions and Departments
- All risks are identified that may have a potential adverse effect on the quality of care, safety and well-being of patients, staff, volunteers and visitors, and on the business, performance and reputation of the Trust
- The Trust maintains a co-ordinated approach in managing risks through a systematic process of identification, assessment, control and management of risk.

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Medical Director

The Medical Director supports the implementation of the risk management strategy and has the responsibility for all medical staff.

Deputy Director of Nursing and Quality

Deputy Director of Nursing and Quality, on behalf of the Director of Nursing and Quality will support the implementation of the risk management strategy and is responsible for raising awareness/profile of risk management.

Divisional Directors

Responsible for implementing risk management within their Divisions. They are responsible for the development and ongoing maintenance of Divisional Risk Registers which in turn will inform the overall Executive Risk Register and the Board Assurance Framework.

Divisional Medical Directors

The Divisional Medical Directors have delegated responsibility for the implementation of risk management strategy have the responsibility for all medical staff. They are responsible for engaging all medical staff in the risk management process and are responsible for ensuring that medical staff receive the necessary level of risk management training.

Head of Nursing/Midwifery

- Responsible to ensure that there is effective risk management processes are in place within departments for the identification, management or escalation of risks.
- Responsible for ensuring that their staff receive the necessary level of risk management awareness/training in order to ensure that they are competent to identify, assess and manage risk within their working environment.
- Responsible for ensuring that there are adequate systems in place for the maintenance, monitoring and follow up of attendance records

Head of Risk and Patient Safety

The Head of Risk & Patient Safety has the delegated responsibility for maintaining the Executive Risk Register.

The Head of Risk & Patient Safety also advises the organisation on patient safety and risk issues, enabling the organisation to achieve key governance and risk objectives.

Head of Estates

The Head of Estates has delegated responsibility for the management of the estates. The Head of Estates has corporate responsibility for Fire and Health and Safety providing advice help and support on requirements to comply with civil and statutory Health Safety and Fire obligations, use of best practice to further improve standards and a pro-active approach to ensure continuous improvement.

Head of Security (Local Security Manager Specialist)

The Head of security has direction from the NHS Counter Fraud and Security Management Service [CFSMS].

APPENDIX C HOW ALL RISKS ARE ASSESSED

How all risks are assessed

The Trust has 2 key processes that facilitate the management of risks throughout the organisation:

1. Risk Assessment Process (outlined below)
2. Risk Register Process (outlined in the Risk Management Policy)

Risk Assessment Process

Risks are identified through feedback from many sources, such as, incident reports, risk assessments, trends, clinical audit data, complaints, legal claims, patient and public feedback, stakeholders/partnership feedback and internal and external assurance assessments, significant risks from directorate risk registers.

The Trust has adopted the Health & Safety Executive's (HSEs) '5-Steps to Risk Assessment' model which is supported by the NPSA. The '5-Steps to Risk Assessment' uses a numerical principle based on a 5x5 matrix. To calculate and assess all types of risk the following formula and matrix is utilised in incident reporting, risk assessments and risk registers:

Risk Scoring Matrix

Likelihood	SEVERITY/IMPACT RATING				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 - Almost Certain 1/10	5	10	15	20	25
4 - Likely 1/100	4	8	12	16	20
3 - Possible 1/1000	3	6	9	12	15
2 - Unlikely 1/10,000	2	4	6	8	10
1 - Rare 1/100,000	1	2	3	4	5

RISK	 Very low	 Low	 Moderate	 High
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How risk assessments are conducted consistently

Under the HSE Regulations, risk assessments only have to be repeated when there is either a significant change or reason to believe that the assessment is no longer valid, however it is recommended that all risk assessments are reviewed annually.

The minimum dataset for risk assessments for this Trust are:

Workplace Risk Assessment	All areas
Clinical Risk	All clinical Areas