

Simple guides

Risk assessment and management

By its very nature, healthcare is a risky business and given this context, effective risk management is critical to ensuring we keep our patients and our staff safe.

A proactive approach to risk management, that helps us to understand the range of risks we face and the extent to which we can control these risks, is a prerequisite for the safe, high quality care we strive to offer.

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Introduction

Many of our risks are inherent in the work that we do, for example many operations run the risk of complications, these are typically well understood and our approach to care is one aimed at minimising the likelihood of these risks presenting.

Other risks may be transient whereby something happens that introduces a risk which we strive to eliminate and in the meantime aim to mitigate its impact, for example when a piece of equipment starts to falter before it can be replaced.

An important source of information about the risks the Trust carries is the knowledge we get from the incidents that staff report across the organisation; approximately 1,700 incidents are observed and reported every month, by our staff.

We are fortunate to have an integrated incident reporting and risk management system, Datix, which means lessons learned in one area of the organisation can be quickly shared with another area, such as when individual incidents are reviewed and an ongoing risk is identified because staff tell us that this incident could reoccur if action is not taken.

The vast majority of risks on our risk registers, however, come from staff who identify a risk through their day to day working. When a risk is identified the first step is for the risk to be assessed which includes a number of basic steps:

- Determine the nature of the risk – is it a risk to patient safety, quality of care, our workforce, our reputation or our finances for example
- Consider the impact that will arise if the risk were to actually happen – this is typically thinking about who will be affected and how; for example will it cause harm to a patient (safety) or will a patient's experience of care be adversely affected (quality)
- Decide how often the risk is likely to occur – this may range from something that is expected to happen every week to once in a lifetime

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The Trust provides training to support staff to develop the skills to become effective at risk management and each Division has someone who is “expert” in the area and can help individual staff members undertake risk assessments.

The following sections are designed to help you to assess, record and manage risks within the risk management system.

Training on risk management and our Datix system is available by going to the [risk management pages](#) on the intranet.

How do I score a risk?

ALWAYS ensure you use the Trust Risk Assessment Matrix when embarking upon the scoring of a risk. A copy can be located on the Trust's Document Management System.

Scoring a risk starts with defining the risk you have identified. Consider expressing your risk as "a risk of" or a "risk that" – avoid describing the cause of the risk or the problem that would arise if the risk presented.

One of the most important aspects of accurately rating your risk is to be clear under which of the nine different risk categories your risk falls – the vast majority of risks on the Trust risk register are patient safety or quality risks but others include health & safety, workforce, business, reputation, finance, environment and statutory.

The risk score is a combination of the likelihood of the risk occurring and its impact if it were to occur. The Trust uses the National Patient Safety Association matrix which uses a scale of 1 to 5 for each dimension thus the maximum score a risk could achieve would be 25 – this would represent a risk that is predicted to occur every week, with catastrophic consequences!

Risks should always be assessed based upon activity in your area, and you should attempt to assess the most likely as opposed to the worst case scenario. When thinking about the likelihood, consider your evidence for the rating – if scored a 5, do you have incident reports coming through every week?

Example 1

A patient has fallen on a ward and fortunately sustained no harm.

When risk assessing the situation at the time of the incident, or the potential risk of re-occurrence, many staff will say that falls happen on a daily basis in their department which equates to 5 – Almost Certain (daily occurrence) and sometimes they can result in a hip fracture requiring surgical intervention which would be classed as 4 – Major (major harm).

By doing the assessment of the 'worst case scenario' they have come up with a score of 20–Very High Risk, this is incorrect.

What should have been recorded is a likelihood of 5–Almost Certain (daily), but as the majority of falls on the ward result in little or no injury the consequence would be either 1–Negligible or 2–Minor, based upon previous incidents indicating which was the most likely outcome – a score of 5 or 10.

The risk assessment for a fractured neck of femur or pubic rami requiring surgical intervention would be a consequence of 4–Major but the likelihood would be 1–Rare or 2–Unlikely as these types of injuries happen very infrequently on the ward – a score of 4 or 8.

Example 2

It has been identified that there is a risk of loss of income for your service and you are reviewing the scoring of the risk.

The risk matrix guide is split into sections to give you examples of different types of risks. In this scenario you would refer to the Finance descriptors in the consequence table. You have been advised that the loss is likely to be up to 1% of the service's budget, from the matrix you can see this fits into the bracket of '0.5-1.0% of budget' which equates to 4–Major.

This risk has not actually occurred so you are unable to specify a frequency in this scenario, instead you look to the probability table. The risk description states there is a 5-10% chance that the risk will be realised which equates to a likelihood of 3–Possible.

There are lots of other examples, the important part to remember is to make sure you are scoring what you are describing and what you have selected in the 'Domain' field, i.e. don't use the safety descriptors in relation to a workforce risk or vice versa.

What's the difference between a control and an action – should I include both?

Quite simply, a control is something that is already in place and will mitigate a risk you have identified where as an action is something you intend to do which will limit the impact of a risk if it occurs or reduce the likelihood of it occurring.

Once complete an action is closed or if it is on-going will be closed and become a control. An example of a control might be a Standard Operating Procedure, which if followed would reduce the likelihood of a risk arising; an action might be to plan to train a group of staff in a procedure to reduce the likelihood of errors occurring.



Why do I need to complete the matrix three times?

Within Datix you are required to complete the matrix with the following three scores:

- › **Inherent Score:** the level of the risk if there were no measures in place to stop it happening. It will give an indication of what may happen if the controls you have to mitigate against your risk fail.
- › **Current Score:** the level of the risk taking into account the controls already in place to mitigate the risk.
- › **Target Score:** the expected level of the risk once any planned actions have been completed.

Why are there different risk registers in the Trust?

Risk should be managed at the lowest possible level, i.e. where the impact of the risk is likely to be felt and where the controls and actions can be overseen.

The majority of risks will sit at department or service level and be recorded on the relevant Departmental Risk Register. When a departmental risk is rated as HIGH or a risk affecting multiple departments is identified, it will be considered for inclusion on the Divisional Risk Register.

Divisional risks which are rated 15 or above (or 12 if a safety risk) in turn will be considered for inclusion on the Trust Risk Register – typically risks will be included on the Trust Risk Register when they are likely to affect delivery of a corporate objective, impact on the whole organisation, or have serious consequences for patients if they were to manifest.

i For more information:

- › Staff intranet: access the [risk pages](#) on the intranet.