POLICY DOCUMENT

Policy Title:	Risk Management Policy
Policy Group:	Whole Organisation
Policy Owner:	Chief Executive
Issue Date:	May 2021
Review Period:	Annual review
Next Review Due	May 2022
Author:	T Bailey
Cross References:	All policies and Staff Handbook.
Evidence:	Fundamental Standards of Quality and Safety, NHS Litigation Authority Risk Management Standard
How implementation will be monitored:	Annual Report to Advisory Committee and review by Management Team
Computer File Ref.	O: new policy book: whole organisation
Policy Accepted by MT	19th May 2021
Sign-off by CEO	

Statement of purpose:

This policy sets out the approach taken by the Hospital to manage the risks associated with all aspects of patient care and its day to day operations.

Policy Statement:

The Hospital's objective is for its staff to provide high quality services in a safe way for all involved, and which meet the needs of its patients, their families and purchasers. The effective management of risk is an important part of ensuring that this objective is met.

1. **Management responsibilities and structure**

The responsibility for day-to-day management is delegated by the Trustees of the Charitable Company to the Chief Executive. The Hospital's management structure defines risk management responsibility and accountability as follows:

a) Chief Executive is responsible for the implementation of an effective risk management system and for allocating resources for this purpose. The Chief Executive reports on risk management to the Advisory Committee, including identifying matters of importance to the safe running of the Hospital and an annual summary of any significant changes to the risk management system. The Finance Manager is responsible for monitoring the implementation of the policy and for reporting on this to the Chief Executive.

b) There is a timetable for regular review by the owners of all Hospital Policies included within the Risk Management Framework (see section 2), and Management Team reviews and approves all such policies to ensure that they are adequate to manage the risks associated with the policy. It also maintains awareness of risk assessment in all of its discussions and decisions.

c) Other managers and senior staff are responsible for implementing the systems and controls set out in the relevant policies as being necessary to manage the risks in their own areas, and for reporting within the line management structure and to Management Team on the effectiveness, or otherwise, of those systems and controls.

d) Qualified Medical Staff have their own professional responsibility for the management of clinical risk. Medical Staff report to the Chief Executive on all organisational matters while remaining accountable within their profession for their clinical judgements and actions. These arrangements are set out in Practising Privileges documents and service level agreements. The Medical Advisory Committee provides a forum in which medical staff review clinical risk management with senior managers.

e) Clinical risk management is the responsibility of the Clinical Governance Committee, chaired by the Director of Clinical Services. The Committee maintain and manage all of the relevant clinical policy documents and procedures. Reports are given to Management Team, to the Medical Advisory and Advisory Committees. Clinical risks relevant to individual patients are recorded and assessed in the pre-admission assessment and the Patient's Care Plan.

f) Health and Safety risk is managed and monitored by the Health and Safety Committee, chaired by the Chief Executive and convened and attended by the Health and Safety Competent Person, along with representatives of management from all departments. The Health and Safety Policy requires that risk assessments are regularly carried out in a systematic way, with the assessments including a risk scoring based on likelihood and severity measures. The Policy sets out the actions and reporting required according to the outcome of the risk assessment and scoring, which may include reporting to the Advisory Committee for the more serious risks. Occupational Health issues are referred to the Occupational Health Service provided by the University of Surrey, and the service also provides advice to management and staff.

g) Infection Prevention and Control Group, led by the Director of Nursing Services, is responsible for Infection Prevention risk management, including review of evidence of infection, ensuring best practice is followed and making recommendations for improvement in facilities or practice.

h) Risk assessment and management arising in the context of catering services are set out in the Catering Policy, and carried out using the Hazard Analysis Critical Control Point framework, as required by regulation.

i) A Construction Design and Management Co-ordinator is appointed to manage risks arising from new construction or major works.

j) Information Management risk is managed and monitored by the Information Management Group, which oversees the implementation of the

Information Management and the Health Records Policies and reports on risks and action required as well as recommendations for changes or investment in new technology.

2. **Risk Management Framework**

The following 4 high-level risk categories are used as the basis for the Risk Management Framework:

a) Clinical Management

b) Estate, Facilities and Supplies

c) Workforce

d) Governance

These 4 high-level categories provide the structure within which all of the specific risk headings (currently 25) are identified and managed. Each of the risk headings has at least one policy document associated with it, which sets out the specific risks arising, the systems, controls and procedures by which the risks are managed, who is responsible for this and the reporting procedures to be followed. Manager job descriptions also include details of all specific risk management responsibilities.

There are special arrangements, set out in the Health and Safety Policy and the Fire Policy, for assessing health and safety risks and fire risks.

3. **Risk Register**

The Management Team will update a monthly Register of Risks. In doing so, it will take account of recent Incidents, Accidents and Near Misses, as well as emergent risks as they become known. The reporting aligns with the categories within the Risk Management Framework at point 2 above. The Register will identify Risk Areas which may affect Business Continuity.

4. **Competent Advisors**

Management Team recognises the need for advice from qualified persons in certain areas. At present they include the following:

Health and Safety	H&S Consultant & Competent Person
Finance and Investment	Accountants & Auditors
Employment and personnel	HR Consultant
Occupational Health	Occupational Health Service
Medicines and pharmacy	Contract pharmacy
Buildings and plant	Architects, Surveyors and Insurance Broker
Litigation and regulatory risks	Solicitors

5. **Externally Cascaded advice**

A number of external agencies provide important risk information regarding the safety of patients and staff. Information is available from insurers, insurance brokers and government bodies such as MHRA, NHS Improvement, HSE, Care Quality Commission and from the internet. Suppliers are also able to offer professional advice in such areas as pharmacy, information technology, nutrition, medical equipment. (See Procedures at end of this policy)

6. **Training**

The Hospital recognises the importance of training to ensure that managers and staff have the knowledge and skills to perform their work correctly and safely, and to make good judgements and assessments regarding risk. Training is planned accordingly, including ensuring that staff are familiar with the policies relevant to their area of work.

7. **Management of Incidents**

Training is given to all staff in the policy and procedure for reporting accidents or other untoward incidents. All such reports are investigated, recorded and recommendations made to prevent recurrence. The reports are reviewed at the meeting of senior managers, and the relevant policies are reconsidered in the light of the information and amended as required. Any accidents or incidents judged to be serious are reported to Management Team and to the Advisory Committee, along with the management actions.

Management Team recognises the requirement to report certain specified untoward events to the Care Quality Commission (Regulation 18), Health and Safety Executive and to any relevant external funding body, and the relevant arrangements are set out in the Management of Serious Incidents Policy. Formal complaints are handled in accordance with the Compliments and Complaints Policy.

8. **Responding to Emergencies**

The Fire Policy and Procedure sets out the arrangements for dealing with a fire emergency. The Health and Safety Committee reviews the risk of an emergency situation developing as a result of other circumstances. At present the risks are not considered to be sufficiently high or specific enough to require any additional policy. The responsibility for taking action, such as calling emergency services, in the absence of the Chief Executive and/or the Director of Nursing Services, rests with the Senior Nurse on duty.

9. **Protecting and Safeguarding Adults and Children**

The Hospital is committed to the protection of adults and children at risk of harm and has therefore developed specific policies giving details of the measures to achieve this and the procedures for dealing with any instances of abuse that come to light. Training is provided to all staff and volunteers who are in contact with adults at risk or children in the course of their work.

10. **Review**

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

APPENDIX - PROCEDURES

A. Review and reporting

At any time, this policy may be reviewed and amended on the authority of the Chief Executive, following consultation with Management Team. Any significant alterations will be brought to the attention of the Advisory Committee at its next meeting, and all staff updated as required.

The Chief Executive reports regularly on risk management to the Advisory Committee. At least annually, this will include a summary of the main risks under management, the Hospital policies and any other measures in place to manage those risks, and any significant changes since the last report. The report will also contain a summary of all serious incidents reported under section 6 of this Policy, of risks identified by the Health and Safety Committee as serious (see section 1f), of any significant failures of systems and controls, and details of the management actions taken in response.

B. Risk documentation

Full and complete records are kept of all accident and incident reports (see section 6), in accordance with Hospital policy.

The Health and Safety Policy requires that certain Health and Safety Risks are recorded by detailed assessments, and a list of such assessments is maintained together with review dates. The same applies to Fire Risk Assessments which deal with all buildings individually. The General Manager is responsible for ensuring that the required risk assessments are completed, recorded, shared and updated as necessary and that relevant staff members are involved in the process.

Clinical risks for every individual in-patient are separately assessed by trained clinical staff and recorded in their individual care plans. The care plans are discussed and reviewed as required at the weekly MDT meetings, as part of the weekly review by the Consultant and doctors, and updated whenever the patient's medical condition changes.

C. Information from external agencies

The main external agencies that provide risk information, along with the details of the type of information, how it is received and our procedures for action are set out in the table below.

	Type of information received	How information is received	Procedure for action
Medicines and H/care Regulatory Agency (via GOV.UK)	Alerts and recalls for medical devices	Via email to DNS	DNS to take action as required, including sharing information with other departments as necessary. Details of action noted at H&S Committee if required
DH Estates Alerts	DH Estates provide updates on non-medical equipment, engineering plant, services and building fabric	GM regularly reviews website for most recent alerts	GM will action relevant alerts and report any action taken in Facilities Management Report
Hettle Andrews ONE Client Hub	Provides a database of documents plus regular briefings on risk related matters	Access to documentation available for a fee with access to online chat facility or email response to queries.	GM will bring any relevant briefings to either IDM or H&S Committee meeting
Health & Safety Executive	Health and safety advice and alerts tailored to areas of interest and relevance	Email alerts received by GM with changes to regulations and updates on H&S generally	GM will bring any relevant alerts or information to either IDM or H&S Committee meeting
IOSH	Occupational health and safety advice and alerts	Email alerts received by GM of changes to regulations and updates on H&S generally	GM will bring any relevant briefings to either IDM or H&S Committee meeting
Professional Body Alerts, including General Medical Council and Nursing and Midwifery Council	Confidential notices regarding registration status of individual professional staff	email alerts to CEO and DNS	CEO forwards to HR Manager, DNS and DCS for information and action if required.
Medicines and H/care Regulatory Agency (via GOV.UK) + Ashtons Pharmacy	Alerts and recalls for drugs	E mail alerts to DNS	DNS (as Accountable Officer) to implement actions as required.
Infection Prevention Society	National IPC alerts	E mail to DNS	DNS to action and report as required