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Portsmouth Hospitals University NHS Trust

Risk Management Policy

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Summary

Risk Management is the term used to describe the activities required to identify, understand and control exposure to uncertain events which may threaten the achievement of the Trust's delivery of Delivering Excellence Every Day (DEED) and the True North metrics.

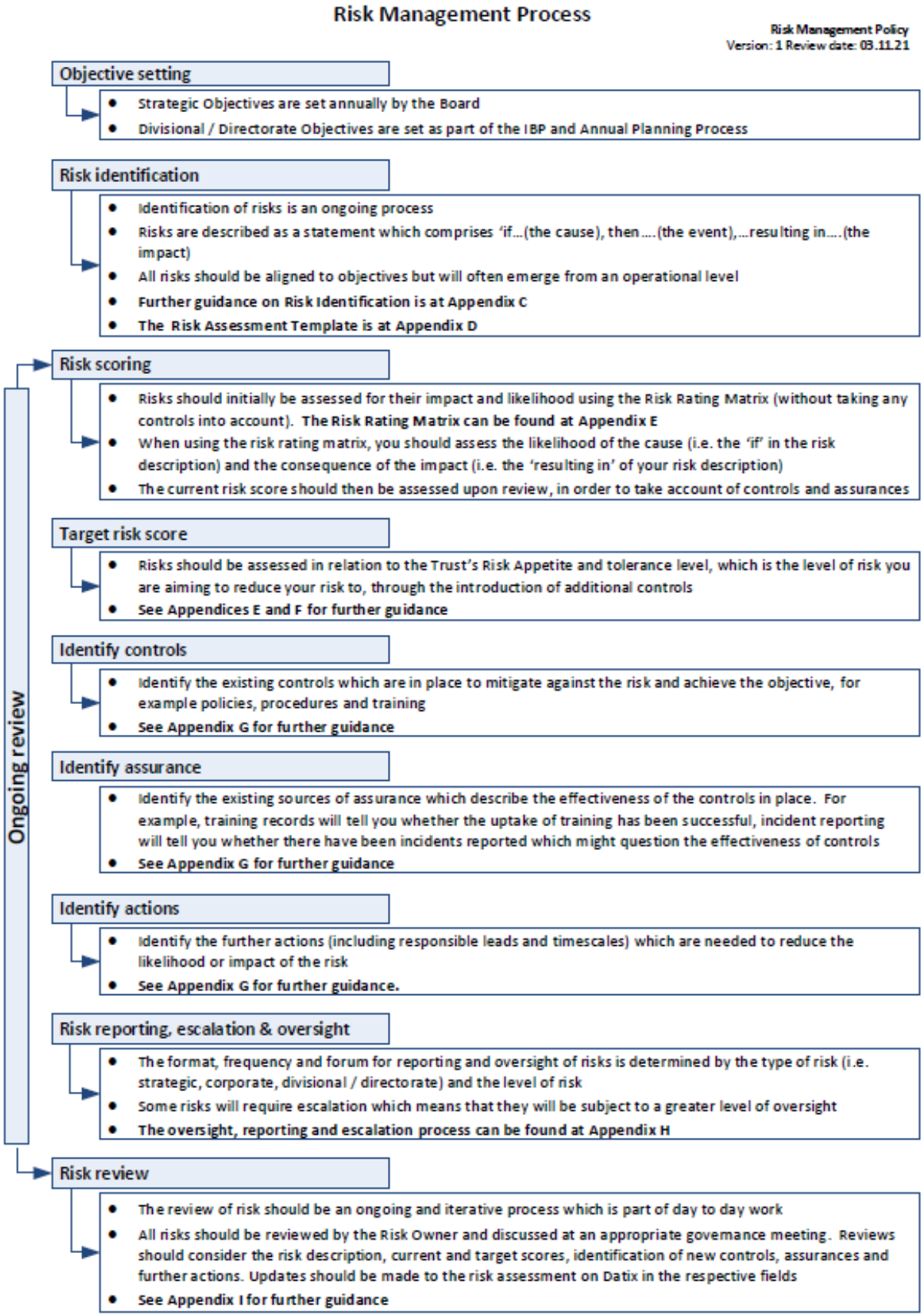
This policy provides the detail of how the Trust effectively manages and assesses risks and issues and includes specific responsibilities.

Version tracking

Version	Date Ratified	Brief Summary of Changes	Author
1	03.11.2021	Total review and rewrite therefore previous Risk Management Policy archived	Deputy Director of Governance and Risk

CONTENTS

Risk Management process



Risk Assessment guidance

Risk Assessment Guidance

Risk Management Policy
Version: 1 Review date: 03.11.21

Risk Assessments must be entered onto the Datix Risk Management Module.
This includes identifying up-to-date controls, assurances and future actions.

A Risk Analysis Template to help inform discussions can be found within the Risk Management Policy at Appendix D

Risk description

Risk is uncertain. There should only be one cause and one event, but the risk may have multiple effects

Cause: the trigger leading to the event → Event which may happen (what are you worried about?) → Effect

If..... → *Then.....* → *Resulting in.....*

Consider the impact on:
* *Clinical*
* *Staffing*
* *Health and Safety*
* *Service delivery*
* *Quality and Performance*
* *Financial*
* *Reputation*
* *Legal*

Likelihood and Impact Assessment

To assess the likelihood of the risk, focus on the 'if...' section of the risk description

Likelihood Descriptions		Likelihood Score
Rare	This will probably never happen / recur.	1
Unlikely	Do not expect it to happen / recur but it is possible it may do so.	2
Possible	Might happen or recur occasionally.	3
Likely	Will probably happen / recur but it is not a persisting issue.	4
Almost Certain	Will undoubtedly happen / recur, possibly frequently.	5

To assess the impact of the risk focus on the 'resulting in...' risk description, using the Impact Score Table

It is possible that the risk may have more than one impact, for example financial loss, service disruption and patient safety. Use the Impact Score table to impact score each of these categories separately and then select the one that has the highest impact

To identify the initial risk score multiply the result of the likelihood assessment and the result of the impact assessment. This score is to be calculated before the introduction of any controls, and remains unchanged once calculated

For example, if the likelihood score is '3' and the impact score is '4', when multiplied together, these give a risk score of '12'

The numerical risk score will fall within a range as shown, this will determine whether the risk is either, 'low, 'moderate', 'high' or 'extreme'

Risk Score	
1 – 3	Low
4 – 6	Moderate
8 – 12	High
15 – 25	Extreme

Existing controls and assurances

Consider what existing controls and assurances are in place.

Existing controls — *Should make a risk less likely to happen and/or reduce the impact if it does happen. Controls can also be a contingency to be enacted should the risk happen*

Existing assurances — *Assurances provide information or evidence about the effectiveness of the controls. An assurance description needs to state what the source of assurance is and more importantly information the assurance is providing and if possible, the time period to which it relates*

Identify your current risk score (likelihood x impact as described above), taking into account existing controls and assurances and whether the controls have reduced the likelihood or impact of the risk

To identify the target risk score, firstly identify the Trust's Risk Appetite, using the Risk Appetite Matrix

Consider the different sub-categories of risk and choose the most appropriate for the risk

Depending on the tolerance assigned to that sub-category, consider the target likelihood and impact which would achieve a score within that range

For example, if the risk score tolerance is between 4 and 6, the likelihood of the risk could be reduced to 2 and the impact to 3, achieving a score of 6. NB. It may not always be possible to reduce the impact of the risk therefore consider what actions could be taken to reduce the likelihood, before deciding on the target likelihood score

Further actions

If assurance demonstrates that the controls are not working as effectively as planned, or the target risk score has not been reached, identify future actions which could be put in place to reduce the likelihood and/or impact and reduce the risk score to the acceptable range

Review

Review the risk assessment, in order to close any actions, articulate new controls and up to date assurances. Recalculate the risk score, taking these into account. If the assurance is negative, or if the risk score has not yet been reduced to a 'tolerable' level, in line with the Trust's Risk Appetite, identify further actions

1. INTRODUCTION

The business of healthcare is, by its nature, a high-risk activity and the process of risk management is an essential control mechanism. Effective risk management processes are central to providing Portsmouth Hospitals University NHS Trust's (the Trust) Board with assurance that services are delivered safely, effectively and in line with corporate strategic objectives, driver and watch metrics.

The Trust recognises that complete risk control and/or avoidance is impossible, but that risks can be minimised by making sound judgments from a range of fully identified and assessed options.

The Trust's aim, therefore, is to promote a risk awareness culture in which all risks are identified, assessed, understood and proactively managed. This will promote a way of working that ensures risk management is embedded in the Trust's culture and becomes an integral part of the Trust's strategy and approach to DEED, plans, practices and management systems.

Effective Risk Management is a key component of general management practice as it aims to ensure that:

- Achievement of objectives is more likely
- Adverse (damaging) events are less likely
- Costly re-work and 'fire-fighting' is reduced
- Capital and resources are utilised more efficiently and effectively
- Performance is improved (including quality, finance for example)
- Decision-making is much better informed
- Positive outcomes for stakeholders are increased
- Reputation is protected and enhanced

For a list of definitions, refer to Appendix B.

2. SCOPE

All Trust staff (including permanent, locum, secondee, students, agency, bank and voluntary), the Ministry of Defence Hospital Unit, Joint Hospitals Group South (Portsmouth) and Retention of Employment (ROE) staff must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

The Trust is committed to promoting a culture founded on the values and behaviours which will bring us closer to achieving our vision of working together to drive excellence in care for our patients and communities. All staff are expected to uphold the Trust Values of **Working Together: For Patients, With Compassion, As One Team, Always Improving** and all leaders are expected to display and role model the behaviours outlined in the Trusts Leadership Behaviours Model.

This policy should be read and implemented with the Trust Values and Leadership Behaviours in mind at all times.

3. PROCESS

Please refer to the process diagrams and Appendices contained within this policy.

4. TRAINING REQUIREMENTS

Type of Training	How to Access Training	Who Requires Training
Level 1: Risk Assessment Template completion	• Step by Step Instructions included on the Risk Assessment Guidance chart in the policy • ELearning • Additional support available from the Governance and Risk team on request	• Any staff member identifying a risk for inclusion on the Risk Register.
Level 2: Risk Management Training	• Step by Step Instructions included on the Risk Assessment Guidance chart in the policy • ELearning • Training from the Governance and Risk team	• As listed above, or any staff member with delegated authority from the above to input risks directly onto the risk register.
Level 3: Senior Risk Management Training	• External provider of training initially • Additional support and training as required from the Governance and Risk	• Executive team • Divisional Director • Divisional Operations Director • Divisional Nurse or Clinical Professions Director • Clinical Directors • Clinical Governance Leads (Medical, Nursing and Clinical Professions) • Matrons • Care Group Managers • Corporate Leads

5. REFERENCES AND ASSOCIATED DOCUMENTATION

Extensive research undertaken via the Internet reviewing multiple sources and policies.

6. EQUALITY IMPACT SCREENING

The Trust 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.

This procedural document has been assessed accordingly. The assessment document is held centrally and is available by contacting the Governance and Risk Department via TrustPolicy.ManagementInbox@porthosp.nhs.uk

7. MONITORING COMPLIANCE

This procedural document will be monitored to ensure it is effective and to provide assurance of compliance.

Element to be monitored	Lead	Tool	Frequency of Report	Reporting arrangements	Executive Lead
Audit of compliance will take place as part of the Internal Audit Programme	Director of Governance of Risk (if indicated and the Trust External Auditor	tbc	Annual	Audit Committee	Director of Governance and Risk

Appendix A: Roles and Responsibilities

All staff have a responsibility for risk management and compliance with this policy, including awareness of the risks within their working environment, how their role impacts on those risks and taking reasonable steps to reduce the risk if possible.

The following provides an overview of those with specific responsibilities to ensure the implementation of this policy.

The **Chief Executive** has overall responsibility for risk management. As Accounting Officer, the Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives in achievement of the DEED programme, whilst safeguarding public funds and departmental assets. Responsibilities in respect of risk management include:

- reviewing the strategic objectives linked to the DEED framework of the organisation with the Board
- ensuring that the Trust has an effective structure and system in place to manage risks within the organisation
- ensuring that employees and the public are properly protected against exposure to risks arising out of or as a result of the Trust's activities
- signing the Annual Governance Statement in the annual report and accounts

Executive Directors are responsible for:

- ensuring delivery of the strategic objectives linked to the DEED framework
- identification, control, monitoring and reporting of the risks which may threaten achievement of strategic objectives
- maintaining accurate and up to date risk registers, relevant to their objectives and in addition report through the Board Assurance Framework
- providing oversight of operational risks which have been escalated to the Trust Risk Register

The **Governance and Risk Department** is responsible for:

- development and review of the Risk Management Policy
- provision of education, support and expertise in relation to Risk Management
- provision of training on the Risk Management Policy
- monitoring and reporting compliance with the Risk Management Policy
- facilitating the reporting of appropriate risks to the Board, Committees and Executive Groups

Divisional Triumvirates, Associate/ Deputy Directors, Deputy Chief Nurses (or equivalent for non-clinical divisions) and Clinical Governance Leads are jointly responsible for:

- leading and overseeing implementation of the Risk Management Policy at Divisional level which includes effective identification and ongoing review of, controls, monitoring and reporting of the risks which may threaten achievement of Divisional objectives
- facilitating the reporting and where necessary, escalation of appropriate risks to the Divisional Board and the Executive Groups
- maintaining accurate and up to date risk registers, relevant to their Directorate / service objectives linked to the DEED framework

Divisional/ Care Group Governance Leads (or equivalent nominated person for non-clinical divisions) are responsible for:

- facilitating implementation of the Risk Management Policy at Divisional level which includes the effective identification and ongoing review of, control, monitoring and reporting of the risks which may threaten achievement of Divisional objectives, in accordance with the procedure set out within this policy
- monitoring and reporting compliance with the Risk Management Policy at a Divisional level, as identified by the Corporate Governance Department

'Risk Owners' including all Departmental / Ward / Service Managers are responsible for:

- identification and ongoing review of, control, monitoring and reporting of the risks which may threaten achievement of Directorate objectives, in accordance with the procedure set out within this policy
- maintaining accurate and up to date risk registers, relevant to Directorate objectives

Chairs of Committee's, Specialist Corporate Groups (i.e. Safeguarding, Safe Medications Group, Falls Steering Group etc.) are responsible for:

- identification, management and oversight of risks relevant to their specialist subject, ensuring appropriate action is taken
- reporting, where appropriate to the Executive Group

Appendix B: Definitions

There are a number of terms used when describing risk management. The following table sets out the key terms which are featured within this policy and are therefore applicable to the Trust risk management process.

Key Term	Definition
Risk Management	Risk Management is the term used to describe the activities required to identify, understand and control exposure to uncertain events which may threaten the achievement of objectives.
Risk	Risk is defined as an uncertain event or set of events, which should it occur, will have an effect upon (i.e. threaten) the achievement of objectives. Risk consists of a combination of the likelihood of the 'threat' happening and the impact of that threat happening and is described as the combination of: • Cause: If…(something happens) • Event: Then…(this may occur) • Effect: Resulting in….(the impact)
Issue	An issue is an event or set of events that have already occurred. These can be added to the Datix system for highlighting, monitoring and escalating where needed by selecting "issue" instead of "risk". Issues should be managed as per risks noting planned actions, mitigations, review dates and target date for closure and should be discussed at Care Group and Divisional Governance and Corporate Meetings
Control	Actions in place to assist in the mitigation of the risk and the achievement of an objective, by reducing the likelihood or impact. For example, a policy or training programme.
Assurance	Assurance is the evidence which describes how effective the controls are. For example, a report summary of incidents may tell us that we have very few patient falls, therefore suggesting that our controls to prevent falls are working effectively.
Risk Appetite	Sets out the levels and types of risk we are prepared to accept, tolerate, or be exposed to at any point in time, in pursuance of our objectives.
Risk Tolerance	The amount (risk level/score) prepared to take to achieve strategic and operational goals.
Risk Register	A record of all identified risks relating to a set of objectives, including their history, status and risk score. The purpose of a risk register is to evidence and drive risk management activities and it is used as a source or means of risk reporting.
Project / Programme Risks	Project and programme risks are managed in the same way as other risks in the Trust but there are slight differences in the approach. Risk registers or logs will still be maintained for risks to programmes or projects, but these are held as part of the project documentation held within the Programme Management Office. However, this project documentation may be referred to as a source of control and/or assurance, within related risks held on the Risk Register.
Strategic Risks	These are reported via the Board Assurance Framework. These include strategic risks which concern the Trust's main purpose and could impact the achievement of key objectives (e.g., data loss, leadership capability as well as big external events/perils and how the Trust can become more resilient e.g. economic downturn, terrorist attack, extreme weather or cyber-attacks).
Cross-cutting Operational Risks	Reported via the Corporate Risk Register. These include big cross-cutting internal risks over which the Trust has full or partial control and/or that can be managed through internal controls e.g., fraud, health and safety, capacity and capability and data security.
Directorate / Divisional Risks	These are reported via the Divisional Risk Register. These include local/delivery risks that could impact the achievement of directorate business plans.

Appendix C: Risk Identification

1. What is a risk and what is not a risk?

A risk is an **uncertain** event or set of events which, should it occur will have an effect upon the achievement of objectives. Therefore:

Risk **is** 'uncertainty':	Risk **is not** 'certainty' which involves:
✓ an event that **might** happen	✘ an **incident**, which is an event which **has** happened and is managed through the Trust Management of Safety Learning Events, including Serious Incidents Requiring Investigation Policy ✘ an **issue** which **will** or **is** happening.

2. How is a risk described?

A risk should be described with three components, articulating the **'future risk'**:

If…..	**Then…..**	**Resulting in…..**
…capture the **cause**. *There should only be **one** cause.*	…focus on the **event** which will occur if the cause happens. *There should only be **one** event.*	…describe the **effect** of the event. For example: • Impact upon strategic objectives • financial loss • reputational damage • quality / patient is compromised • operational disruption • legal / regulatory action
Example		
If there is a fire	**then** patients may not be evacuated safely	**resulting in** legal / regulatory action, compromised patient safety, service disruption and financial loss.

3. How risks should <u>not</u> be described

Failure of the Objective	Objective: To expand into more geographical territories Risk: Failure to expand into new territories
Questioning the Objective	Expanding into more geographical territories could place us in competition with other providers in those areas.
Composite Risks (i.e. using 'or')	Appropriate facilities may not be available **or** there may be resistance, **or** we may not be able to recruit sufficient staff.
One-word risks	'Fraud', 'Fire', 'Reputation'
Statement of fact	There is a risk that projects may fail
Incident	Due to the computer system crashing
Issue	Because we don't have enough staff.. / when the new legislation is introduced…
Moan	We've been told that a new computer system is being introduced, but nothing has been done to provide training to the staff
Essay	When the computer service center was moved three years ago, various changes were made to working practices. Break times were extended, section leaders were appointed, cross training was provided as a back-up for absence. Now more changes are underway, so we are likely to have short term additional staffing costs. We are also spending more than planned on support for the new IT system, which may necessitate us to cut back in other areas, leading to an adverse impact on staff morale, lower service levels and damage to our reputation.

Appendix D: Risk Analysis Template

Risk analysis			
Objective		**Owner**	
Risk description	***If……***		
Risk event	***Then……***		
Risk impact(s)	***Resulting in……***		
Current controls			
Methods of assurance on current controls			
Current ratings	**Likelihood**	**Impact**	**Combined** (Likelihood x Impact)
Target ratings	**Likelihood**	**Impact**	**Combined** (Likelihood x Impact)
Further control actions			

Appendix E: Risk Assessment Impact Score table

Risk Grading Matrix	IMPACT				
LIKELIHOOD	**Insignificant**	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain: Will undoubtedly happen	5	10	15	20	25
Likely: Will probably happen	4	8	12	16	20
Possible: Might happen occasionally	3	6	9	12	15
Unlikely: Do not expect it to happen	2	4	6	8	10
Rare: This will probably never happen	1	2	3	4	5

Appendix F: Risk Appetite Statement and Matrix

The following Risk Appetite Statement makes clear the Trust Board's expectations in relation to the category of risks they expect management to identify and the level of such risk that is acceptable. If the organisation's collective appetite for risk is unknown, it may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate.

The statement is based on the premise that the lower the risk appetite, the less the Board is willing to accept in terms of risk and consequently the higher levels of controls that must be put into place to manage the risk.

The higher the appetite for risk, the more the Board is willing to accept in terms of risk and consequently the Board will accept business as usual activity for established systems of internal control and will not necessarily seek to strengthen those controls. Risk appetite will therefore be set at one of the following levels:

LEVELS OF RISK APPETITE	
Avoid **Risk Score Tolerance 0**	This risk will not be accepted.
Minimal **Risk Score Tolerance 1 – 3**	There is acceptance that risks will not be able to be eliminated, therefore these should be reduced to the lowest levels, with ultra-safe delivery options, recognising that these may have little or no potential for reward/return.
Cautious **Risk Score Tolerance 4 – 6**	There is acceptance of some low levels of risk, while maintaining overall performance of safe delivery options, recognising that these may have restricted potential for reward/return.
Open **Risk Score Tolerance 8 – 12**	Accept that all potential delivery options, recognising that these may provide an acceptable level of reward.
Seek **Risk Score Tolerance 15 - 25**	There is an eagerness to be innovative, choosing options with the potential to offer higher business rewards.

Categories of risk

Risks at an operational level will be considered under the following categories:

- Clinical
- Staffing
- Health and Safety
- Service delivery
- Quality and Performance
- Financial
- Reputation
- Legal

Appendix G: Risk Appetite Matrix

If the organisation's collective appetite for risk is unknown, it may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate.

Sub Category of Risk		Risk Appetite	Risk Score Tolerance
Impact on Quality	Patient Safety (e.g. patient harm, infection control, pressure sores, learning lessons)	Cautious	Mod 4 – Mod 6
	Effectiveness (e.g. outcomes, delays, cancellations or operational targets and performance)	Open	High 8 – High 12
	Service User and Carer Experience and the ability to manage quality (e.g. complaints, audit, surveys, clinical governance and internal systems)	Open	High 8 – High 12
Impact on Regulation & Compliance	Statutory Regulation and Requirements (e.g. Information Commissioner, Care Quality Commission, Health and Safety Executive, Professional Regulatory Bodies such as General Medical Council, Nursing & Midwifery Council, external certifications such as JAG and ISO).	Cautious	Mod 4 – Mod 6
	National Guidance and Best Practice (e.g. National Institute for Health and Care Excellence, GIRFT)	Open	High 8 – High 12
Impact on Reputation	Day to day activity (e.g. standards of conduct, ethics and professionalism and delivery of services)	Cautious	Mod 4 – Mod 6
	Risk as a result of protecting and improving the safety of patients	Seek	Ext 15 – Ext 25
Impact on Workforce	Staff recruitment (e.g. compliance with regulations such as visa requirements, Equal Opportunities and Diversity, that ensure staff are recruited fairly and competent to deliver services)	Cautious	Mod 4 – Mod 6
	Employment practice	Cautious	Mod 4 – Mod 6
	Staff retention (e.g. attractiveness of Trust as an employer of choice)	Open	High 8 – High 12
Impact on Infrastructure	Estates Infrastructure	Cautious	Mod 4 – Mod 6
	Security (e.g. access and permissions to systems and networks)	Cautious	Mod 4 – Mod 6
	Control of Assets (e.g. purchase, movement and disposal of ICT equipment)	Cautious	Mod 4 – Mod 6
	Business continuity (e.g. cyber-attack, maintenance of networks, alternative solutions)	Cautious	Mod 4 – Mod 6
	Data (e.g. integrity, availability, confidentiality and security, unintended release)	Cautious	Mod 4 – Mod 6
Impact on Finance & Efficiency	Value for money and sustainability (including cost saving)	Cautious	Mod 4 – Mod 6
	Standing Financial Instructions (SFI's) and financial control	Cautious	Mod 4 – Mod 6
	Fraud and negligent conduct	Minimal	Low 1 – Low 3
	Contracting	Seek	Ext 15 – Ext 25
Impact on Partnerships / Collaboration	Partnerships	Open	High 8 – High 12
Impact on Innovation	Innovation (e.g. new ways of working, new products, new and realigned services, new models of staffing and realignment of services, international recruitment, new ICT systems and improvements)	Seek	Ext 15 – Ext 25
	Financial Innovation (e.g. new ways of working, new products, new and realigned services)	Open	High 8 – High 12

Appendix H: Identifying Controls, Assurances and Actions

Identifying Controls

The purpose of control is to constrain risk rather than to eliminate it. Control relates to any **action** taken to manage risk. These actions may be taken to manage the impact if the risk is realised, or to reduce the likelihood of the risk occurring. When identifying controls, these must already be in place.

Any controls to further to constrain risk which are not in place should be addressed within the action plan. Once these additional actions are in place, they become a control.

Examples of controls can include:

- Policies and procedures
- People, for example, a person who may have a specific role in delivery of an objective
- Training programmes
- Processes / practices, for example, a specific process which ensures the delivery of an objective

Identifying Assurances

Assurances provide information or evidence about the effectiveness of the controls. Assurances can be from a range of sources and will include internal assurances (for example a clinical audit) and / or external assurance (for example a report from a regulatory body).

Assurances can be positive or negative, meaning that the assurance can indicate whether the controls are working well or whether further improvements are required.

For example:

- A report on training uptake will indicate whether training uptake is reaching those intended
- A report on adverse incident reports will indicate whether policies, procedures and processes are working effectively and without incident
- An audit will inform whether there is compliance with relevant requirements (which could be local policies or a national mandate)

Describing Assurances

How to describe assurances:	How not to describe assurances:
State what the source of assurance is and more importantly what the assurance is saying and if possible, the time period to which it relates, e.g. • Incident report monitoring during Quarter 1 20/21 has confirmed that there have been very few adverse incidents of pressure ulcers.	Should not simply feature a list of documents as this does not provide sufficient information on the effectiveness of the controls, e.g. • Adverse incident reports • Minutes of meetings • Report to Patient Safety Forum

Identifying Actions

Once controls and assurances and have been identified, identify any further actions required to achieve the objective / reduce the risk if possible. These actions are sometimes referred to as risk control and usually fall under the following categories:

Types of Risk Control	
Adequate	Controls are satisfactory to mitigate the risk
Tolerated	Controls are sufficient to manage the risk
Inadequate	Controls do not manage the risk to an adequate or tolerated level
Accepted	Controls are adequate and the risk will be accepted and reviewed annually

When identifying actions ensure that each action has a designated person responsible for completing the action and a due date by which the action will be completed.

Appendix I: Risk Reporting, Oversight and Escalation

Risk Reporting

For the purposes of the Board Assurance Framework, strategic risks will be reported in a standalone format and presented to Boards and Committees.

ID	The unique identifier for the risk assessment, automatically generated by Datix.
Risk owner	The person responsible for identification and management of the risk.
Risk impact	Identifies the main category of risk as recorded on Datix – Clinical, Staffing, Health and Safety, Service delivery, Quality and Performance, Financial, Reputation, Legal
Title	The short title which describes the subject of the risk.
Risk description	The risk description should include a risk description in line with the guidance set out within appendix C. The risk description should include a composition of 'if…then…resulting in…'
Controls and mitigations	To identify the actions being taken to manage the risk and achieve the objective (as set out within appendix H).
Assurances	To describe the sources of assurance and what those assurances say in terms of the effectiveness of the actions taken (as set out within Appendix H).
Initial risk score	To confirm the risk score which was calculated when the risk assessment is first completed, without any controls/assurances in place. This remains unchanged once calculated.
Current risk score	To confirm the risk score which was calculated when reviewing the risk assessment taking into account controls and assurances. This is recalculated each time the risk assessment is reviewed.
Target risk score	To confirm the target risk score in line with the Trust's Risk Appetite Statement which should reflect the level of risk reduction required by introducing additional controls.
Actions	To identify the further action required.
Person responsible	To identify who is responsible for carrying out the action and review updates.
Target date	To identify when the action will be completed.
Closed date	To confirm the date that the action has been completed.

Risk Escalation to the Board Risk Register

Risk escalation to the Board Risk Register is where a risk is specifically drawn to the attention of an Executive Group for inclusion on the Board Risk Register.

Although the Executive Lead will make a decision on those risks which will be included on the Board Risk Register, these will, in most circumstances be:

- Emergent risks which span across multiple divisions and are not already subject to Board oversight
- Risks where the action required does not fall within the full control of the Division
- Risks which are overseen by the Specialist Corporate Groups due to their nature

Appendix J: Review of Risk

Risk Review

The Trust recognises that risk management should be embedded throughout the organisation. The review of risk should be an ongoing and iterative process which is part of day-to-day work. Risks should be reviewed by the Risk Owner in order to:

- enable key controls to be identified
- identify whether the risk score is increasing, by articulating current assurance regarding the effectiveness of the controls
- identify and implement actions for further mitigation
- enable the opportunity to escalate risks
- monitor implementation of actions and whether additional controls have had an impact on reducing the likelihood and/or impact
- identify whether the actions taken have reduced the risk to a 'tolerable' level

Frequency of Reviews

Risks should be reviewed on a basis that is proportionate to the current risk rating. All risks should be reviewed by the Risk Owner and discussed at the appropriate governance meeting. Reviews should consider the risk description, current and target scores, identification of new controls, assurances and further actions. Updates should be made to the risk assessment on Datix in the respective fields.

NB. It is recognised that Progress Notes are utilised in some areas for providing updates on risks. It is imperative that information in relation to actions taken and current assurances are included within the controls, assurances and action planning fields. Progress Notes should therefore only be utilised to contain information not able to be provided within an existing field.

Risk Rating	Frequency of Review
Risks that have been closed but have a recurring theme	Annually
Risks scoring 3 or below	Six monthly
Risks scoring between 4 and 6	Quarterly
Risks scoring between 8 and 12	Bi-monthly
Risks scoring between 16 and above	Monthly