A simple guide to...

NHS
University Hospitals Bristol
NHS Foundation Trust

Risk assessment & 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 pre-requisite for the safe, high quality care we strive to offer.

How do I score a risk?

What's the difference between a control and an action?

Why do I need to complete the matrix three times?

Why are there different risk registers in the Trust?

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 to minimise 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 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

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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 something that is unlikely to happen in the near future.

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; to find out who this is contact your divisional patient safety or governance lead. If you are undertaking a Health & Safety Risk Assessment contact the Health & Safety Department who can guide provide guidance.

The four sections of this guide are designed to help you to assess, record and manage risks within the risk management system.

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/ consequence if it were to occur.

The Trust matrix 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 day, 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.

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.

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.

Training on risk management and our Datix system is available via eLearning and face to face sessions, details on how to access either are available from the Datix Connect Pages: *Connect / About Us / Corporate Governance / Risk Management / Datix*

What's the difference between a control and an action?

Quite simply, a *control* is something that is already in place to mitigate a risk, whereas an *action* is something you intend to do which will limit the impact of a risk in the future, or will reduce the likelihood of it occurring at all. Once complete an action may become a new control.

For example, a member of staff may have an *action* to produce a Standard Operating Procedure (SOP), which when followed would reduce the likelihood of a risk arising. Once the SOP has been produced and implemented it becomes a *control*. A further *action* might be to plan to train a group of staff in a procedure to reduce the likelihood of errors occurring, once the staff are trained this is then a *control*.

Controls and actions must be recorded on your risk form in **Datix**.

Why are there three 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 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 12 or above in turn will be considered for inclusion on the **Corporate Risk Register** – typically risks will be included on the Corporate Risk Register when they are likely to affect delivery of a corporate objective or impact on the whole organisation.

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 without controls. 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.

LOW RISK	1-3
MODERATE RISK	4-6
HIGH RISK	8-12
VERY HIGH RISK	15-25

LIKELIHOOD SCORE

a) Time Frequency Descriptor

LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY
Frequency How often might it/ does it happen	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily

b) Probability Descriptor

LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY
Probability Will it happen or not?	Less than 5% chance	5 – 25% chance	25 – 50% chance	50 – 75% chance	75 – 100% chance

RISK SCORE

LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	NEGLIGIBLE	MINOR	MODERATE	MAJOR	CATASTROPHIC
5 Very Likely	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

CONSEQUENCE SCORE (SEVERITY OF HARM)

* Relating directly to the incident rather than the natural course of the service user's illness or underlying condition.

** (e.g. Unplanned return to surgery, unplanned re-admission; prolonged episode of care; cancelling treatment; transfer to another area e.g. intensive care)

*** (e.g. Carpal Tunnel Syndrome, cramp of the hand or forearm, occupational dermatitis, hand arm vibration syndrome, occupational asthma, tendonitis)

**** (e.g. Fractures, amputations, loss of sight, crush injury, burn injury, scalping, loss of consciousness, injury arising from working in an enclosed space)

	Negligible	Minor	Moderate	Major	Catastrophic
Patient Safety	Minimal injury requiring no/minimal intervention or treatment. Category 1 pressure Ulcer	Minor injury or illness, requiring minor intervention Increase in length of hospital stay by 1-3 days Category 2 pressure Ulcer Prolongation of symptoms as a result of a delay	Moderate increase in treatment and significant but not permanent harm** Increase in length of hospital stay by 4-15 days or as an outpatient Category 3 pressure Ulcer An event which impacts on a small number of patients Psychological harm for continuous period of 28 days Increase in symptoms or need for increased medication or treatment as a result of a delay	Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions (including removal of wrong limb/organ or brain damage) * Fall requiring surgical intervention Category 4 pressure Ulcer Mismanagement of patient care with long-term effects Irreversible progression of the disease as a result of a delay	Death relating directly to the incident * Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients Death on the waiting list from index condition as a result of a delay
Health & Safety	Minimal injury requiring no/ minimal intervention or treatment No time off work required	An injury sustained at work requiring time off or reduced duties up to 7 days	An injury sustained at work requiring time off or reduced duties for over 7 days A Reportable Occupational Disease *** These incidents are RIDDOR reportable	An injury sustained at work requiring time off or reduced duties for over 7 days Regulation 4 Specified Injuries to Workers **** These incidents are RIDDOR reportable	An injury sustained at work leading to death A significant event which impacts on a large number of staff These incidents are RIDDOR reportable
Quality	Peripheral element of treatment or service suboptimal Informal inquiry	Overall treatment or service suboptimal Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Workforce	Lower than expected staffing level that temporarily reduces service quality for 1 day or less	Lower than expected staffing level that reduces the service quality for 1 day or more	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or skill mix (1 -5 days) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or skill mix (5 days or more) Loss of key staff Very low staff morale	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or skill mix Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory	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/ Critical report Low performance rating	Multiple breaches in statutory duty or Prosecution Complete systems change required Zero performance rating Severely critical report
Reputational	Rumors' Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation MP concerned questions Total loss of public confidence
Business	Insignificant cost increase/ schedule slippage Loss/interruption of service >1 hour	<5 per cent over project budget Minor schedule slippage <1 month Loss/interruption of service >8 hours	5–10 per cent over project budget Schedule slippage <2 months Loss/interruption of service >1 days	10–25 per cent over project budget Schedule slippage <3 months Loss/interruption of service >1 week	>25 per cent over project budget Schedule slippage >3 months Key objectives not met Permanent loss of service or facility
Finance	Small loss	Loss of 0.1 – 0.5 per cent of budget	Loss of 0.5 – 2 per cent of budget	Loss of 2 – 5 per cent of budget Uncertain delivery of key objective	Loss of >5 per cent of budget Non-delivery of key objective
Environment	Minimal or no impact	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment