

RISK MANAGEMENT POLICY

Document Type:	Non Clinical Organisational Wide Policy
Ref:	RM 02
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Executive Sponsor:	Director of Corporate Governance
Approved By:	Health Board
Approval / Effective Date:	
Review Date:	
Version:	Version 5 - Draft

Target Audience:

People who need to know about this document in detail	Risk Handlers, Owners and Managers.
People who need to have a broad understanding of this document	All employees of the Health Board.
People who need to know that this document exists	All employees of the Health Board. Board Members, Stakeholders.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 20.11.2020 Outcome: No potential negative impact identified.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	23.11.2020
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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1. PURPOSE

- 1.1 The purpose of this Policy **is to lay the foundations for an effective risk management system and ensure that:**
- all risks that could cause harm are identified and that control mechanisms are implemented;
 - that satisfactory management arrangements are in place for assessing the risk;
 - staff know how to undertake a risk assessment and are able to identify and take action to mitigate risk;
 - all legal requirements are met.
- 1.2 This Policy sets out the approach to risk management in Cwm Taf Morgannwg University Health Board (CTMUHB).
- 1.3 The Policy aligns to all of the Health and Care Standards, however, specifically:
- Governance, Leadership & Accountability;
 - Standard 2.1 – Managing Risk and Promoting Health & Safety.
- ~~1.4 CTMUHB is committed to ensuring the highest level of safety for all patients, staff and visitors. The complexity of healthcare and the ever-growing demands to meet healthcare needs means that there will always be some element of risk.~~
- ~~1.5 The management of risk is the responsibility of staff at all levels within the organisation. Patients and the public also have an important part to play by proactively participating in their care and to alert staff to potential risks which may result in harm to others, e.g. water spillages.~~
- 1.6 In accordance with the Values and Behaviours of the organisation, CTMUHB will:
- *All work together as one team* to ensure that the culture of risk management is effectively promoted to staff ensuring that they understand that the **'risk taker is the risk manager'** and that risks are owned and managed appropriately;
 - embed both the principles and mechanisms of risk management into the organisation;
 - *We will listen and learn* and involve staff at all levels in the process;
 - *We will treat everyone with respect in the implementation and management of this policy.*

- ~~1.8 CTMUHB is committed to the principle that risk must be managed, and to ensure that:~~
- ~~• there is compliance with statutory legislation;~~
 - ~~• all sources and consequences of risk are identified;~~
 - ~~• risks are either eliminated or minimised;~~
 - ~~• damage and injuries are reduced, and people's health and well-being is optimised;~~
 - ~~• resources diverted away from patient care to fund risk reduction are minimised;~~
 - ~~• lessons are learnt from concerns (incidents, complaints and claims) in order to share best practise and prevent reoccurrence;~~
 - ~~• risks are reported in accordance with the Health Boards Risk Management Strategy [Click Here](#).~~

2. POLICY STATEMENT

- 2.1 CTMUHB recognises that no organisation can operate in a risk free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders.
- 2.2 CTMUHB will manage risks at all levels. Strategic risks will be identified by the Board and managed by the Executive Team, whereas operational risks will be identified and managed at the most appropriate level.
- 2.3 The organisation will maintain a risk management system which will enable and empower staff to identify, assess, manage and appropriately treat risks.
- ~~2.1 CTMUHB recognises its responsibility to introduce risk management systems within the workplace. It acknowledges that at the heart of the risk management process is risk assessment. Risk assessments are essential in identifying areas where the Health Board's staff, patients, visitors, premises and the business are exposed to risk. The preparation of action plans and risk registers are required for the prevention, reduction and prioritisation of risks to the organisation.~~
- ~~2.2 The Health Board recognises the need to ensure high level management commitment; professional competence and adequate resources are available.~~

3. POLICY COMMITMENT

- 3.1 CTMUHB is committed to the effective management of risk throughout the organisation, and will develop and maintain the appropriate systems to allow such management.
- 3.2 The organisation will lay out clearly the roles and responsibilities of all staff when it comes to the management of risk, and these can be found both here and in the Risk Management Procedure, or where appropriate in the relevant process document.
- 3.3 All staff are required to understand their role and responsibilities and to comply with the requirements of both this policy and all relevant processes.
- 3.4 All staff will be expected to use the appropriate corporate systems for risk management. At the time of developing this policy, risk is managed through the Datix platform and the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks.
- 3.5 Whilst there is no specific mandatory training requirement for staff in Risk Management, those staff who have specific responsibilities will have the appropriate training in order to allow them to carry out the roles.
- ~~3.1 Good risk management awareness and practice at all levels is a critical success factor for any organisation. The aim is to ensure that risk is managed continuously and addressed in a systematic and consistent manner.~~
- ~~3.2 It is the policy of CTMUHB to integrate health and safety into risk management and risk management into day to day operational management through having in place measures and processes to enable continuous improvements relating to identification and treatment of risk. In order to achieve this, it is necessary to bring together the various governance processes in order to help to create the environment necessary to identify and then manage the risks that are inherent in the everyday life of the organisation.~~

4. INTRODUCTION

- 4.1 This policy introduces the CTMUHB position and expectations in relation to risk management. The document outlines the Board

responsibilities and expectations, describes the way CTMUHB categorises risk and the risk architecture of the organisation. For more detail in the procedures to be followed for managing risk, please refer to the associated document 'Risk Management Procedure'.

5. SCOPE/ AIMS AND OBJECTIVES OF POLICY

Scope

5.1 This is a Policy which is intended to cover the identification, assessment and management of risk in all forms. The policy and associated procedures relating to risk will apply to all staff, contractors and visitors. In the interests of brevity, the term staff is used throughout this document to refer to staff, contractors, agency staff, volunteers, secondees and visitors.

~~5.2 This Policy complements the Risk Management Strategy and applies to all premises and employees of CTMUHB.~~

5.3 Organisations hosted by CTMUHB e.g. Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and the **National Imaging Academy for Wales**, are responsible for ensuring that structures and reporting mechanisms are in place to implement the requirements of this Policy.

~~5.4 All activities that are undertaken must be risk assessed, these will include clinical, business, environmental, security, health and safety and others that are workplace based. Operational or departmental policies should align with the requirements of this Policy.~~

~~5.5 For independent contractor services the responsibility for identifying and managing risk lies with them.~~

5.6 Due to CTMUHB's contractual relationship with independent contractors, e.g. General Practitioners, dentists, optometrist etc. the Health Board clinical governance processes will provide assurance to the Board that these services are safe and meet set standards.

5.7 Contractors and Contracted Services: before contracts are finalised, the competence of contractors will be assessed in relation to health and safety as detailed in CTMUHB's Control of Contractors Policy. ~~All hazards on CTMUHB sites that could affect contractor personnel should be clearly defined and controlled. The interests of staff, patients and visitors must be protected before and during contracted work.~~

Aim

5.8 The aim of this document is to outline the high level arrangements within which CTMUHB will achieve a holistic and effective approach to risk management.

Objectives

5.9 This policy will:

- Explain the role and expectations of the Board in relation to risk management;
- Detail the high level responsibilities for implementing this policy;
- Signpost the specific policies and procedures which CTMUHB will publish to ensure that all staff understand what is required of them;
- Explain the arrangements for complying with all relevant legislation.

6. STRATEGIC CONTEXT

6.1 CTMUHB has developed and agreed Strategic Goals which Strategic/Principal risks have been set against

6.2 In order to deliver against the Strategic Goals and Strategic Priorities, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of delivering them. This is why an effective Risk Management System is necessary. Risk Management starts at the top of the organisation, with the Board setting our direction and our risk appetite, and then permeates down through every level.

7. ROLES AND RESPONSIBILITIES

The Board

7.1 In order for the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure delivery of its mission and objectives. The principle assurance tools for the Board are the Board Assurance Framework Report and the Organisational Risk Register.

7.2 The Board will scrutinise the Board Assurance Framework Report at all routine meetings for the purpose of challenge and receiving assurance.

Audit & Risk Committee

- 7.3 The role of the Committee is to provide the Board with assurances that appropriate arrangements for effective internal control, and for the identification and management of risk.
- 7.4 In order to undertake this role the Audit & Risk Committee receives routine risk reports in accordance with the organisations Risk Management Strategy.
- 7.5 The functions and membership of the Committee is set out in the terms of reference and standing orders.

Other Board Committees / Board Sub Committees

- 7.6 Board Committees and Board Sub Committees will receive routine reports on risks assigned to them as the assuring committee.
- 7.7 The functions and membership of the Committee is set out in the terms of reference and standing orders.

Chief Executive

- 7.8 The Chief Executive as Accountable Officer of the Health Board has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, finance, and organisational control and governance.
- 7.9 The Chief Executive has overall accountability and responsibility for:
- ensuring the Health Board maintains an up-to-date Risk Management Strategy and Board Assurance Framework endorsed by the Board;
 - promoting a risk management culture throughout the Health Board that is in-line with our organisational values;
 - ensuring that there is a framework in place which provides assurance to the Health Board in relation to the management of risk and internal control;

- putting in place and maintaining an effective system of risk management and internal control.

7.10 The Welsh Government requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

7.11 Operationally, the Chief Executive has designated responsibility for implementation of this policy and associated procedure to the Director of Corporate Governance.

Director of Corporate Governance

7.12 The Director of Corporate Governance with the support of the Assistant Director of Governance & Risk will:

- work closely with the Chair, Chief Executive, Chair of the Audit and Risk Committee and Executive Directors to implement and maintain the Risk Management Strategy and Board Assurance Framework and related processes, ensuring that effective governance systems are in place;
- work with the Board of CTMUBH to develop a shared understanding of the risks to the Health Board's strategic objectives;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- develop and oversee the effective execution of the Board Assurance Framework and ensure effective processes are embedded to rigorously manage the risks therein;
- monitor the action plans and reporting to the Health Board and relevant Committees.

Executive Directors / Other Board Level Directors

7.13 Executive Directors are accountable and responsible for ensuring that their areas of responsibility are implementing this Strategy and related policies. Each Director is accountable for the delivery of their particular area of responsibility and will therefore ensure that the

systems, policies and people are in place to manage, eliminate or transfer the key risks related to the Health Board's strategic objectives.

7.14 Specifically they will:

- act as strategic risk owner for risks within their remit escalated to the Organisational Risk Register;
- ensure that a forum for discussing risk and risk management is maintained within their area which will encourage the proactive management of risk;
- co-ordinate the risk management processes which include: risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- provide reports or contribute to reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.

All Staff

7.15 All members of staff are accountable for maintaining risk awareness, and identifying and reporting risks as appropriate to their line manager.

7.16 In addition, they will ensure that they familiarise themselves and comply with all the relevant risk management strategies and procedures for CTMUB and attend/complete risk management training as appropriate.

7.17 They will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the Health Board's business;
- report all incidents/accidents and near misses;
- comply with the Health Board's incident and 'near miss' reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed; and
- Be aware of the Health Board's Risk Management and Board Assurance Framework and processes and the local strategy and procedures and comply with them.

Line Managers

~~4.5 The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks, within a structured risk management framework.~~

~~4.6 Managers at all levels of the Organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/area operates. Managers must ensure that their staff understand and implement this Strategy and supporting processes, ensuring that staff attend relevant mandatory and local training programmes;~~

~~4.7 Managers must be fully conversant with the Health Board's approach to risk management and governance. They will support the~~

~~application of this Strategy and its related processes and participate in the monitoring and auditing process.~~

~~Locality Directors~~

~~4.8—Locality Directors are responsible for the implementation of the Risk Management Strategy and relevant policies which support the Health Board's risk management approach.~~

~~4.9—Specifically they will:~~

- ~~• Promote a culture within the Locality which encourages open and honest reporting of risk with local responsibility and accountability and is in line with our organisational values;~~
- ~~• Use the Datix Risk Management system for recording and reviewing risk.~~
- ~~• ensure a forum for discussing risk and risk management is maintained within their Locality which will encourage integration of risk management;~~
- ~~• co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;~~
- ~~• ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;~~
- ~~• Update Management Board on the management and mitigation of risk for their area;~~
- ~~• Escalate service risks graded 15 and above to the Strategic Risk Owner for consideration and review at the Management Board for escalation to the Organisational Risk Register and Board Assurance Framework.~~
- ~~• provide reports to the appropriate Committee of the Board that will contribute to the organisational monitoring and auditing of risk;~~
- ~~• ensure staff attend relevant mandatory and local training programmes;~~
- ~~• ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.~~

~~Locality Heads of Quality and Safety~~

~~4.10 The Locality Heads of Quality and Safety will assist and support the Locality Directors in the implementation of the Risk Management Strategy.~~

~~4.11 Specifically they will:-~~

- ~~• Promote a culture within the Locality Service Groups and its staff that encourages open and honest reporting of risk with local responsibility and accountability;~~
- ~~• Ensure that staff and key stakeholders are aware of their individual and collective responsibilities to identify, report, manage and escalate risks effectively and in accordance with CTMUHB policies, procedures and processes;~~
- ~~• Ensure that the Locality's participation in Risk Management events and initiatives, eg external inspections, audits, policy development, training etc is effectively co-ordinated and represented;~~
- ~~• Monitor Locality compliance to the Risk Management Strategy and its associated procedures and processes;~~
- ~~• Ensure that DATIX is used as a repository for evidence of risk assessment and mitigating actions;~~
- ~~• Assure Locality Directors on the robustness of the risk management arrangements within the Locality and its services, and alert them to any deficits and arising mitigation required;~~

~~System Group Directors~~

~~4.12 System Directors are responsible for the implementation of the Risk Management Strategy and relevant policies which support the Health Board's risk management approach.~~

~~4.13 Specifically they will:-~~

- ~~• promote a culture within the system groups which encourages open and honest reporting of risk with local responsibility and accountability and is in line with our organisational values;~~
- ~~• use the Datix Risk Management system for recording and reviewing risk.~~
- ~~• ensure a forum for discussing risk, risk management and organisational learning is maintained within their system group area of responsibility;~~
- ~~• co-ordinate the risk management processes which includes~~

~~risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;~~

- ~~• ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;~~
- ~~• update Management Board on the management and mitigation of risk for their area;~~
- ~~• provide reports to the Management Board and appropriate Committee of the Board that will contribute to the organisational monitoring and auditing of risk;~~
- ~~• ensure staff attend relevant mandatory and local training programmes.~~
- ~~• ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.~~

~~Clinical Service Group Directors/Leads~~

~~4.14 Responsible for the implementation of the Risk Management Strategy and relevant policies which support the Health Board's risk management approach.~~

~~4.15 Specifically they will:~~

- ~~• promote a culture within the system groups which encourages open and honest reporting of risk with local responsibility and accountability and is in-line with our organisational values;~~
- ~~• use the Datix Risk Management system for recording and reviewing risk.~~
- ~~• ensure a forum for discussing risk, risk management and organisational learning is maintained within their system group area of responsibility;~~
- ~~• co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;~~
- ~~• ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in~~

~~this document;~~

- ~~• update Management Board on the management and mitigation of risk for their area;~~
- ~~• provide reports to the Management Board and appropriate Committee of the Board that will contribute to the organisational monitoring and auditing of risk;~~
- ~~• ensure staff attend relevant mandatory and local training programmes;~~
- ~~• ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.~~

~~Director of Corporate Governance~~

~~4.16 The Director of Corporate Governance with the support of the Assistant Director of Governance & Risk will:~~

- ~~• work closely with the Chair, Chief Executive, Chair of the Audit and Risk Committee and Executive Directors to implement and maintain the Risk Management Strategy and Board Assurance Framework and related processes, ensuring that effective governance systems are in place;~~
- ~~• work with the Board of CTMUHB to develop a shared understanding of the risks to the Health Board's strategic objectives;~~
- ~~• develop and communicate the Board's risk awareness, appetite and tolerance;~~
- ~~• develop and oversee the effective execution of the Board Assurance Framework and ensure effective processes are embedded to rigorously manage the risks therein;~~
- ~~• monitoring the action plans and reporting to the Health Board and relevant Committees.~~

~~Executive Directors~~

~~4.17 Executive Directors are accountable and responsible for ensuring that their areas of responsibility are implementing this Strategy and related policies. Each Director is accountable for the delivery of their particular area of responsibility and will therefore ensure that the systems, policies and people are in place to manage, eliminate or~~

~~transfer the key risks related to the Health Board's strategic objectives.~~

~~4.18 Specifically they will:~~

- ~~• Act as strategic risk owner for risks within their remit escalated to the Organisational Risk Register;~~
- ~~• Use the Datix Risk Management system for recording and reviewing risk;~~
- ~~• communicate to their staff the Health Board's strategic objectives and ensure that Locality, System Group, Clinical Service Group and Corporate Departments and individual objectives and risk reporting are aligned to these;~~
- ~~• ensure that a forum for discussing risk and risk management is maintained within their area which will encourage the proactive management of risk;~~
- ~~• co-ordinate the risk management processes which include: risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;~~
- ~~• ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;~~
- ~~• provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;~~
- ~~• ensure staff attend relevant mandatory and local training programmes;~~
- ~~• ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting; and~~
- ~~• ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.~~

- ensure that the Board Assurance Framework and the risk management reporting timetable are delivered to the Health Board.

Chief Executive

4.19 The Chief Executive as Accountable Officer of the Health Board has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, finance, and organisational control and governance.

4.20 The Chief Executive has overall accountability and responsibility for:

- ensuring the Health Board maintains an up to date Risk Management Strategy and Board Assurance Framework endorsed by the Board;
- promoting a risk management culture throughout the Health Board that is in line with our organisational values;
- ensuring that there is a framework in place which provides assurance to the Health Board in relation to the management of risk and internal control;
- putting in place and maintaining an effective system of risk management and internal control.

4.21 The Welsh Government requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Audit & Risk Committee

4.22 The role of the Committee is to provide the Board with assurances that appropriate arrangements for effective internal control, and for the identification and management of risk.

~~4.23 In order to undertake this role the Audit & Risk Committee receives routine risk reports in accordance with the organisations Risk Management Strategy.~~

~~4.24 The functions and membership of the Committee is set out in the terms of reference and standing orders.~~

Health Board Meetings

~~4.25 The Organisational Risk Register will routinely be received at all Health Board Meetings.~~

Safety Representatives

~~4.26 Safety representatives are entitled to:~~

- ~~• make representation to managers on general matters affecting the health, safety or welfare at work of any employee;~~
- ~~• represent employees in consultations at the workplace with inspectors of the Health and Safety Executive, or with any other enforcing authority, in relation to health and safety matters affecting any employee;~~
- ~~• undertake training and receive accreditation from the Health Board;~~
- ~~• investigate potential hazards, dangerous occurrences, causes of incidents and complaints by employees, at the workplace;~~
- ~~• carry out inspections of the workplace in accordance with Regulations 5, 6 and 7 of the Safety Representative and Safety Committee Regulations 1977;~~
- ~~• be represented at, or attend meetings as appropriate e.g. the Health, Safety and Fire Sub Committee.~~

Internal Audit

7.18 Internal Audit Services, provided by NHS Wales Shared Services Partnership will, through a risk based programme of work, provide the Health Board with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards and good practice. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the Audit and Risk Committee as appropriate.

8. CATEGORIES OF RISK

- 8.1 **Strategic/Principal Risks:** are significant risks that have the potential to impact upon the delivery of Strategic Objectives and are reviewed and monitored by the Strategic Leadership Group (SLG) Management Board, Board Committees and the Board.
- 8.2 **Organisational Risks:** are risks that are mainly operational in nature and arise from the CTMUHB's day-to-day activities.

9. CORE ELEMENTS OF RISK MANAGEMENT

- 9.1 **Risk Management** is the assessment, analysis and management of risks. It is simply a way of recognising which events (hazards) may lead to harm in the future, and minimising their likelihood of occurrence (how often?) and consequence(s) (how bad).
- 9.2 **Acceptable / tolerable risk** is defined based on the following principles:
- tolerability does not mean acceptability. It refers to a willingness to live with risk to secure certain benefits, but with the confidence that it is being properly controlled. To tolerate risk does not mean to disregard it, but rather that it is reviewed with the aim of reducing further risk;
 - no person should knowingly be exposed to serious risk unless they agree to accept the risk;
 - it is reasonable to accept a risk that under normal circumstances would be unacceptable if the risk of all other alternatives, including nothing is even greater.
- 9.3 Given that acceptable risk is defined as:
"A risk is deemed acceptable when there are adequate control mechanisms in place and the risk has been managed as far as is considered to be reasonably practicable. The potential benefits should outweigh the potential harm."
- 9.4 **Identification and reporting of risk:** the identification of risk within CTMUHB must be addressed in a proactive as well as a reactive way. The proactive approach to the identification of risk

relies upon robust risk assessment and a comprehensive dynamic organisational risk register. Risks must be reported via the Datix Risk Management System. The organisation relies upon the accurate reporting of incidents by all its staff. The data analysis of this source of risk identification will continue to be a crucial part of monitoring progress and lessons learnt from incidents. Evaluation, audit, service reviews, complaints and litigation must also be utilised as a source of data for the identification and reporting of risk.

- 9.5 CTMUHB must ensure that the **processes to identify and report risk are open and accessible to all staff, patients and public**. This may result in an increase in the number of incidents identified within the Health Board. Any media interest will be managed in a positive way, by reassuring the public that increased reporting is essential to the prevention of serious incidents and the increase in incident reporting is a major step forward in improving the quality and safety of patient care.
- 9.6 The **Risk Assessment Procedure** sets out the process to be followed. The Risk Assessment Procedure will support this Policy by explaining:
- when to undertake a risk assessment;
 - how to undertake a risk assessment;
 - what is a generic risk assessment;
 - the principles of risk assessment; and
 - the risk assessment process.
- 9.7 **Learning lessons** from risk identification and other concerns (incidents, claims and complaints) is key to preventing and minimising the likelihood of reoccurrence. Please refer to the Health Board's Being Open Policy. Lessons learned can be shared using the newly established Shared Listening and Learning Forum with the Health Board which supports the values of CTMUHB that *We Listen, Learn and Improve* and *We Treat everyone with Respect*. This will mean that staff feel reassured that the investigation of incidents will be undertaken in a fair and open way.

9.8 As part of a **Just and Learning Culture**, on occasion there may potentially be a serious breach of professional practice, or possible criminal activity revealed, indicating the need for further investigation under the Health Board's Disciplinary or Capability Policies (agreed at an all Wales level). All such cases will be considered individually, however, formal disciplinary action may result where:

- an individual persists in unsafe practice;
- there is a deliberate failure to report, or attempt to cover up an incident;
- there have been repeated unreported errors or violations;
- there is evidence of malicious activities (including malicious reporting of untrue allegations against a colleague);
- there has been an act of gross misconduct (e.g. treating patients whilst under the influence of drugs or alcohol);
- a breach of the criminal law (e.g. theft or assault) or professional conduct has occurred.

9.9 **Communication with staff, patients and public** – it is important that communication relating to risk management is both transparent and effective for staff and patients. The communication of risk management issues will be available through the Health Board and Board Committee papers available on the Health Board's website [Click Here](#). The patients and the public have an important role to play in the identification and reduction of risk. Further work will be undertaken to build on the current involvement of patients and public in service development. Gaining their perspective and involvement in risk management will support the identification and reduction of risk throughout the organisation.

9.10 CTMUHB works with a number of **external partners** including Social Services and the Voluntary Sector. It is important that a clear process for communication with these partners regarding risk is implemented. Healthcare Inspectorate Wales (HIW), Welsh Risk Pool (WRP), Health and Safety Executive (HSE), South Wales Fire & Rescue Service, Internal Audit and External Audit have a role in the monitoring and evaluation of organisational risk issues. CTMUHB will continue to work

collaboratively with these agencies in the continuous improvement of risk management and risk reduction.

- 9.11 **Partnership Working** - Risk management does not exist in isolation and is one of the enabling systems within Governance frameworks. The risk management processes must continue to enable the organisation to identify unacceptable risks, these can then be minimised to meet high quality care for patients.

10. LEGISLATIVE REQUIREMENTS

- 10.1 The risk assessment provision of the Management of Health and Safety at Work Regulations (1999) requires employers to assess the risks created by their undertaking, so as to identify the measures they need to have in place to comply with their duties under health and safety legislation.
- 10.2 As such, the assessment provision of the Management of Health and Safety at Work Regulations are superimposed over all other workplace legislation including the general duties in the Health and Safety at Work Etc. Act 1974.
- 10.3 This Policy is the overarching document for implementing the Risk Management Strategy and is intended to meet all legal and internal requirements.

11. IMPLEMENTATION/POLICY COMPLIANCE

- 11.1 There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Workforce and Organisational Development policy.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

- 12.1 This policy has been screened for relevance to Equality. No potential negative impact has been identified.
- 12.2 Advice and guidance should be sought from the Equality Team prior to implementing any risk management measures that could have a potential impact on equality.

13. TRAINING IMPLICATIONS

- 13.1 The effectiveness of managing risk within CTMUHB relies upon the knowledge of staff, patients and public regarding risk identification and reporting.
- 13.2 It is important that all staff are aware of their responsibilities regarding risk management. The identification and management of risk must be a core competency of the annual personal review and appraisal process.
- 13.3 A range of training and education relating to risk management is available aimed at the specific needs of staff members. Where required the education and training programmes can also be extended to our independent contractor colleagues to support their responsibilities in the management of risk and safety.
- 13.4 All Managers must ensure:
- that all members of staff receive sufficient training to fulfil their individual duties, to ensure compliance with this policy, and to understand the importance of identifying and controlling risks;
 - that adequate risk assessment training is given to appropriate members of staff in their specific duties as defined within the Risk Management Strategy. It is essential that risk assessments are completed by competent members of staff, who have sufficient experience of the working procedures and have received the appropriate training.

14. REVIEW AND MONITORING ARRANGEMENTS

- 14.1 All Departmental Heads will regularly monitor to ensure that measures to control risks are being fully implemented and remain effective. They will arrange for managers to continually review risk assessments and risk registers, in accordance with the frequency set out in the Risk Assessment Procedure and Risk Management Strategy.
- 14.2 This Policy will be formally reviewed every three years or sooner should there be any service or legislative changes that require an earlier review to be undertaken.

15. GETTING HELP

15.1 Risk Management support and guidance is available from:

Assistant Director of Governance & Risk:

Cally.Hamblyn2@wales.nhs.uk

Or visit:

<http://ctuhb-intranet/dir/HealthandSafety/default.aspx>

16. RELATED POLICIES

16.1 This policy should be read in conjunction with the following policies and procedures:

- Risk Management Strategy;
- Risk Management Procedure;
- Health & Safety Policy;
- Incident Reporting Policy;
- Being Open Policy.

17. REFERENCES

- Bateman, Mike. (2006) Tolley's Practical Risk Assessment Handbook. Elsevier.
- Control of Substances Hazardous to Health Regulations 2002.
- Controls Assurance and Corporate Governance Agenda.
- Corporate Manslaughter Act 2007.
- Display Screen Equipment Regulations 1992.
- Financial controls documentation.
- Health and Safety at Work Etc. Act 1974.
- Health and Safety Executive. (2006) Five Steps to Risk Assessment.
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- Health and Safety Executive. (2000) Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance L21. HSE Books.
- Health and Safety Executive. (1998) Successful Health and Safety Management HSG65. HSE Books.
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- Noise at Work Regulations.
- Personnel Protective Equipment Regulations 1992.
- Provision and Use of Work Equipment Regulations 1998.
- Regulatory Reform Act.
- Health and Care Standards.
- Statutory duty of quality in the NHS by meeting the requirements of the Clinical Governance agenda.
- Welsh Risk Management Standards.
- Workplace (Health, Safety & Welfare Regulations) 1992.

These references are not exhaustive and may be subject to change and amendment.