



# Family Nursing & Home Care

**Risk Management  
Policy and Procedures  
September 2022**

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| <b>Author</b>   | Claire White  |
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### Version control / changes made

| Date        | Version | Summary of changes made                      | Author   |
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| August 2022 |         | New policy<br>No previous version identified | C. White |
|             |         |  |          |
|             |         |  |          |

## CONTENTS

|  |    |
|--|----|
| 1. INTRODUCTION .....  | 4  |
| 1.1 Rationale.....   | 4  |
| 1.2 Scope.....   | 4  |
| 1.3 Role and Responsibilities .....                          | 4  |
| 2. POLICY .....  | 6  |
| 3. PROCEDURE.....  | 6  |
| 3.1 Risk Categorisation .....                                | 6  |
| 3.2 Risk Scoring.....  | 7  |
| 4. CONSULTATION PROCESS .....                                | 10 |
| 5. IMPLEMENTATION PLAN .....                                 | 11 |
| 6. MONITORING COMPLIANCE.....                                | 11 |
| 7. EQUALITY IMPACT STATEMENT .....                           | 11 |
| 8. GLOSSARY OF TERMS .....                                   | 12 |
| 9. REFERENCES .....  | 12 |
| 10.1 Appendix 1 Equality Impact Screening Tool.....          | 13 |
| 10.2 Appendix 2 Risk Matrix.....                             | 14 |
| 10.3 Appendix 3 Consequence Score.....                       | 15 |
| 10.4 Appendix 4 'How to Guide' – Assure Risk Assessment..... | 18 |

## 1. INTRODUCTION

### 1.1 Rationale

Family Nursing & Home Care (FNHC) is committed to providing safe, high quality care and services which are supported by systems and processes which promote continuous improvement, learning and assurance. Risk will always be present in organisational activities so it is important to ensure that risk is understood, recognised, reported, reviewed and managed to support the overall aims of the organisation.

Risk management is applicable at all levels; Board, service/department, team and individual and is approached proactively to:

- Identify the various activities of the organisation;
- Identify the hazards that exist within those activities and the risks associated with those hazards;
- Assess those risks for likelihood and potential severity;
- Eliminate risks where possible
- Reduce the effect of those risks that cannot be eliminated;
- Acknowledge risks that can be tolerated;
- Seek to engage with stakeholders to understand risks and explain tolerated risks.
- Regularly monitor and review all risks.

### 1.2 Scope

This policy applies to all FNHC employees, (including, volunteers, students and staff who are seconded or co-located to work for FNHC) and Board Trustees.

### 1.3 Role and Responsibilities

#### **Board of Trustees**

The Board has overarching responsibility for risk and are accountable for ensuring that there are systems and resources to manage risk effectively. The Board will review 15+ Risks at least twice per year.

#### **Governance Sub-Committee**

The Governance Sub-Committee is responsible for reviewing 12+ risks at quarterly meetings to provide assurance that risks are being appropriately scored and effectively managed.

## **Chief Executive Officer**

The Chief Executive Officer provides leadership and strategic direction to risk management and is accountable for ensuring that risk is being managed effectively across the organisation and escalated appropriately internally and externally where appropriate. The Chief Executive Officer is responsible for chairing quarterly Risk and Performance Meetings where 12+ risks from all services and departments will be reviewed to ensure appropriate scoring and effective management of risk. The Chief Executive Officer is responsible for overseeing and supporting Department Managers (who are direct reports) to maintain and review their risk registers during monthly 1:1 meetings.

## **Director of Finance**

The Director of Finance is accountable to the Board and Chief Executive Officer for FNHC's financial management risk activities. The Finance Director is responsible for ensuring that FNHC carries out its business within sound financial governance arrangements that are controlled and monitored through robust audit and accounting mechanisms that are open to public scrutiny on an annual basis. The Director of Finance is responsible for overseeing and supporting Department Managers (who are direct reports) to maintain and review their risk registers during monthly 1:1 meetings.

## **Director of Governance and Care**

The Director of Governance and Care is accountable to the Board and to the Chief Executive Officer for coordinating and supporting the management of clinical and non-clinical risk. The Director of Governance and Care is responsible for ensuring that FNHC carries out its business through sound governance arrangements that are controlled and monitored. The Director of Governance and Care is responsible for overseeing and supporting Operational Leads and Department Managers (who are direct reports) to maintain and review their risk registers during monthly 1:1 meetings.

## **Operational Leads/Department Managers**

Operational Leads/Department Managers are responsible for ensuring that they and their teams are fully aware of risk management processes and that procedures are fully implemented. Operational Leads/Department Managers are responsible for assessing risk, maintaining and reviewing their Risk Registers on a monthly basis and escalating risk appropriately.

## **Employees/Volunteers**

All employees and volunteers have a responsibility to:

- Ensure they work in accordance with all FNHC policies and procedures
- Remain up to date with mandatory and statutory training
- Report incidents, accidents and near misses in a timely manner

- Identify risks they feel exist within their department or service and escalate appropriately.
- Highlight identified risks to their manager where they are unable to manage the risk as part of their role responsibilities.

## **2. POLICY**

The policy should be read in conjunction with the following procedures: Incident Reporting and Learning Events Investigation. By providing a supportive risk management framework, FNHC will be enabled to develop and adopt a risk appetite, the benefits of which include:

- Supporting informed decision-making
- Reducing uncertainty
- Improving consistency across governance mechanisms and decision-making;
- Supporting performance improvement
- Focusing on priority areas within an organisation
- Informing spending review and resource prioritisation processes

It is expected that the policy will:

- Support the integration of risk management into activities across the organisation as well as policy making, planning and decision making processes.
- Help to minimise the impact of adverse incidents, risks and complaints by effective risk identification, prioritisation mitigation and management.
- Provide assurance to the Board of Trustees that strategic and operational risks are being managed.
- Develop risk management as an integral part of FNHC culture and encourage learning.
- Help to minimise risks associated with patient safety, health, safety & wellbeing of staff, service delivery and information security.
- Ensure clients are safeguarded using due process with escalation for cases and incidents which hold safeguarding risk as required.
- Help to improve outcomes for patients, clients and children
- Help to protect reputation, finances and business continuity through the process of risk identification, assessment, control and mitigation.

## **3. PROCEDURE**

FNHC uses Assure which hosts an electronic risk management system for assessing, monitoring, review and reporting of organisational risks.

### **3.1 Risk Categorisation**

Risks come in many forms. FNHC uses the following categories of risk which are listed on Assure:

- Clinical
- Health and Safety
- Premises
- Financial
- Information
- Reputation
- Legal
- Political
- Safeguarding

### 3.2 Risk Scoring

Each risk identified will be examined for its initial (gross) level of risk. That is assuming the absence of any controls.

The risk will then be re-evaluated for its residual (net) level of risk using the same factors but taking into account controls and mitigations already in place which affect the likelihood and impact. The net score (referred to as 'Final' on Assure) will be used for reporting and discussing risk.

The consequence and likelihood of risk occurrence will be assessed against the FNHC risk scoring matrix (Appendix 2). This matrix is based on best practice and supported by the National Patient Safety Agency. Risks will be recorded, reviewed, monitored and reported from the Assure Risk Module. Appendix 3 contains a guide to support consequence scoring.

### 3.3 Risk Escalation

Where there is an immediate risk to the health and wellbeing of patients/clients/employees/others, this must be escalated immediately. If outside of normal working hours, the risk must be reported to the on-call manager for assistance

| <b>Risk Score</b> | <b>Escalation and management</b>  |
|-------------------|---|
| 1-3 Low risk      | Risk should be managed at team/service level where appropriate. No escalation required.   |
| 4-6 Moderate Risk | Risk should be managed by Operational Lead/Department Manager. Discussed and reviewed at monthly 1:1 meetings with Line Manager.  |
| 8-12 High Risk    | Risk should be managed by Operational Lead/Service Manager. Director of Governance and Care to review upon notification of risk entered onto Assure. Consider further escalation. |
| 15+ Extreme Risk  | Risk should be escalated immediately to Director of Governance and Care for management and further escalation to the Chief Executive Officer and Board.                           |

### **3.4 Accountability for Risk/Risk Escalation**

Upon identification of risk, Operational Leads and Department Managers will complete a risk assessment on Assure.

Some risks will affect the whole organisation, the risk assessor will be responsible for managing and reviewing the risk on Assure. However, where appropriate, may action others to take measures to control/mitigate the risk.

Where a risk has a different impact upon different services/departments then a separate risk assessment should be carried out specific to the service/department under its Organisational Unit.

Assessors are responsible for reviewing their risks on a monthly basis.

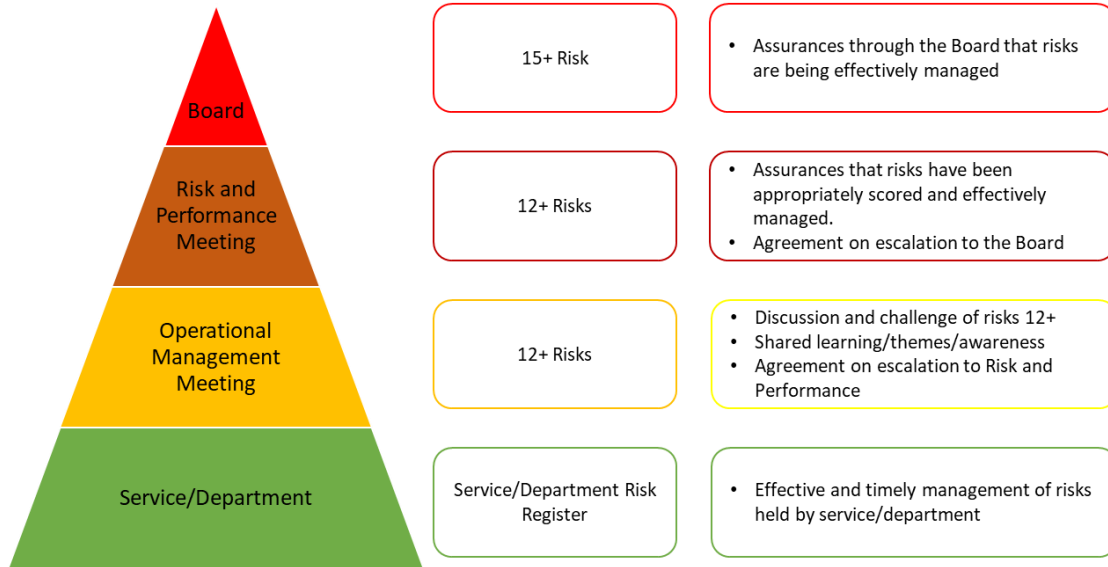
Risks that score 12+ should be discussed at monthly Operational Managers Meetings, for challenge, to agree scoring, share learning, ensure effective management and agree escalation.

Risks that score 12+ will be discussed and reviewed at quarterly Risk and Performance meetings to ensure effective management and escalation to the Board will be agreed where necessary.

The Governance Sub-Committee will review risks 12+ at quarterly meetings to be assured of effective management of risk.

The Board will review risks 12+ at least twice per year, or as necessary and will be made aware of any 15+ risks so that these may be reviewed, scored and managed effectively in a timely manner.





### 3.5 Tolerable Risk

It is recognised that it is not possible to eliminate all risks, either because of the high costs of elimination in comparison to the potential severity of the risk, other priorities or external factors.

When all reasonable control measure have been put in place some residual risk might remain and this level of risk can be accepted if the risk:

- is minor in nature, with minimal potential for financial loss or damage to structure, persons, equipment or property; or
- will occur rarely and might cause serious harm, damage or loss but which would take disproportionate resources to eliminate or reduce

Where risks are deemed ‘tolerable’ with no further action to be taken, they should still be reviewed in case circumstances have changed. The frequency of review will depend upon the level of risk. The minimum review frequency for accepted risks is set out below:

| Risk Score | Level of Risk | Review Frequency |
|------------|---------------|------------------|
| 1-3        | Low risk      | Yearly           |
| 4-6        | Moderate risk | Yearly           |
| 8-12       | High risk     | Quarterly        |
| 15+        | Extreme risk  | Monthly          |

All risks that score 15 or above can only be deemed 'tolerable' by the Board. All risks which score 15 or above must be reviewed at least monthly, irrespective of whether they are deemed 'tolerable'.

Where risks have been eliminated, the risk assessment will be updated and archived.

### 3.6 Risk Assessment on Assure

Training will be provided to Operational Leads and Department Managers on the use of the Assure Activity Risk Assessment. Appendix 4 contains instructions on using the Activity Risk Assessment tool on Assure.

### 3.7 Confidentiality

Where risks concern specific patients/clients/employees and contain confidential information they must not be added to the Assure risk management system in order to avoid breaching confidentiality. Such risk assessments must be stored in the patient / client's health record, or employee personnel folder as per organisational policy and procedures.

## 4. CONSULTATION PROCESS

Identify who has been involved and when including service users and partner agencies

| Name                | Title                                      | Date     |
|---------------------|--|----------|
| Rosemarie Finely    | Chief Executive Officer                    | 10/08/22 |
| Elaine Walsh        | Director of Finance                        | 10/08/22 |
| Tia Hall            | Operational Lead - Adults                  | 10/08/22 |
| Clare Stewart       | Operational Lead – Out of Hospital         | 10/08/22 |
| Teri O'Connor       | Home Care Registered Manager               | 10/08/22 |
| Jenny Querns        | Safeguarding Lead                          | 10/08/22 |
| Michelle Cumming    | Operational Lead – Child and Family        | 10/08/22 |
| Justine Le Bon Bell | Education and Development Lead             | 10/08/22 |
| Elsbeth Snowie      | Clinical Effectiveness Facilitator         | 10/08/22 |
| Claire Whelan       | Head of Information Governance and Systems | 10/08/22 |
| Michael Gardner     | Head of Finance                            | 10/08/22 |
| Amanda de Freitas   | Head of Human Resources                    | 10/08/22 |

## 5. IMPLEMENTATION PLAN

| Action  | Responsible Person   | Planned timeline                      |
|---|--|---------------------------------------|
| Upload policy and questions to Virtual College and send link to all staff | Education and Development Department                             | September 2022                        |
| Send all user email   | Secretary/Administration Assistant (Quality and Governance Team) | Within 2 weeks following ratification |
| Place on the Procedural Document Library                                  | Secretary/Administration Assistant (Quality and Governance Team) | Within 2 weeks following ratification |

## 6. MONITORING COMPLIANCE

Risks will be monitored on a monthly basis as part of the procedures.

## 7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

### Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions

- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

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

## 8. GLOSSARY OF TERMS

### **Hazard**

A hazard is something that can cause harm

### **Risk**

Risk is the chance that a hazard will cause harm

### **Risk Matrix**

A risk matrix is used to evaluate risk – plotting the likelihood of harm occurring from an identified hazard against the severity of the impact should it occur.

### **Tolerable Risk**

Tolerable risks are those that people are prepared to live with, where the risk has been controlled as far as reasonably possible and the residual risk is minimised.

## 9. REFERENCES

Ripley, M. (2021) *Risk Appetite Guidance Note*, Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1012891/20210805 - Risk Appetite Guidance Note v2.0.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012891/20210805 - Risk Appetite Guidance Note v2.0.pdf)

NHS England, (2021) *An operational risk management strategy for trusts*, Available from: <https://www.england.nhs.uk/publication/an-operational-risk-management-strategy-for-trusts/>

Health and Safety Executive, (2022) *managing risks and risk assessment at work*, Available from: <https://www.hse.gov.uk/simple-health-safety/risk/index.htm>

## 10.1 Appendix 1 Equality Impact Screening Tool

| Stage 1 - Screening   |                 |   |                                      |
|---|-----------------|---|--------------------------------------|
| Title of Procedural Document: Policy  |                 |   |                                      |
| Date of Assessment  | 10/08/22        | Responsible Department  | Governance                           |
| Name of person completing assessment  | C. White        | Job Title   | Head of Governance, Quality and Care |
| Does the policy/function affect one group less or more favourably than another on the basis of :  |                 |   |                                      |
|   | Yes/No          | Comments  |                                      |
| • Age   | No              |   |                                      |
| • Disability<br>Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia                              | No              |   |                                      |
| • Ethnic Origin (including hard to reach groups)  | No              |   |                                      |
| • Gender reassignment   | No              |   |                                      |
| • Pregnancy or Maternity  | No              |   |                                      |
| • Race  | No              |   |                                      |
| • Sex   | No              |   |                                      |
| • Religion and Belief   | No              |   |                                      |
| • Sexual Orientation  | No              |   |                                      |
| <b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b> |                 |   |                                      |
| Stage 2 – Full Impact Assessment  |                 |   |                                      |
| What is the impact  | Level of Impact | Mitigating Actions<br>(what needs to be done to minimise / remove the impact) | Responsible Officer                  |
|   |                 |   |                                      |
| Monitoring of Actions   |                 |   |                                      |
| The monitoring of actions to mitigate any impact will be undertaken at the appropriate level.   |                 |   |                                      |

## 10.2 Appendix 2 Risk Matrix

| Risk Matrix <span style="float: right;">✕</span> |                   |                    |                    |                    |                    |                     |
|--|-------------------|--------------------|--------------------|--------------------|--------------------|---------------------|
|  |                   | Likelihood         |                    |                    |                    |                     |
|  |                   | 1<br>Rare          | 2<br>Unlikely      | 3<br>Possible      | 4<br>Likely        | 5<br>Almost Certain |
| Consequence                                      | 1<br>Negligible   | 1<br>Low Risk      | 2<br>Low Risk      | 3<br>Low Risk      | 4<br>Moderate Risk | 5<br>Moderate Risk  |
|  | 2<br>Minor        | 2<br>Low Risk      | 4<br>Moderate Risk | 6<br>Moderate Risk | 8<br>High Risk     | 10<br>High Risk     |
|  | 3<br>Moderate     | 3<br>Low Risk      | 6<br>Moderate Risk | 9<br>High Risk     | 12<br>High Risk    | 15<br>Extreme Risk  |
|  | 4<br>Major        | 4<br>Moderate Risk | 8<br>High Risk     | 12<br>High Risk    | 16<br>Extreme Risk | 20<br>Extreme Risk  |
|  | 5<br>Catastrophic | 5<br>Moderate Risk | 10<br>High Risk    | 15<br>Extreme Risk | 20<br>Extreme Risk | 25<br>Extreme Risk  |

### 10.3 Appendix 3 Consequence Score

Use the table below to determine the risk consequence. Choose the most appropriate domain from the left hand side of the table then work along the columns in the same row to assess the consequence.

|                                 | <b>Consequence score and examples of descriptors</b>                                     |   |  |   |   |
|---------------------------------|--|---|--|---|---|
|                                 | <b>1</b>   | <b>2</b>  | <b>3</b>   | <b>4</b>  | <b>5</b>  |
| <b>Domains</b>                  | <b>Negligible</b>  | <b>Minor</b>  | <b>Moderate</b>  | <b>Major</b>  | <b>Catastrophic</b>   |
| <b>Patient and staff safety</b> | Minimal injury requiring no / minimal intervention or treatment.<br><br>No time off work | Minor injury or illness, requiring minor intervention<br><br>Requiring time off work for >3 days  | Moderate injury requiring professional intervention<br><br>Requiring time off work for 4-14 days.<br>RIDDOR reportable incident<br><br>An event which impacts on a small number of patients  | Major injury leading to long-term incapacity / disability<br><br>Requiring time off work for >14 days<br><br>Mismanagement of patient care with long-term effects                           | Incident leading to death<br><br>Multiple permanent injuries or irreversible health effects<br><br>An event which impacts on a large number of patients   |
| <b>Quality</b>                  | Peripheral element of treatment or service suboptimal<br><br>Informal complaint/ inquiry | Overall treatment or service suboptimal<br><br>Formal complaint<br>Local resolution<br>Single failure to meet internal standards<br>Minor implications for patient safety if unresolved<br><br>Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness<br><br>Local resolution (with potential to go to independent review)<br><br>Repeated failure to meet internal standards<br><br>Major patient safety implications if findings are not acted on | Non-compliance with national standards with significant risk to patients if unresolved<br><br>Multiple complaints / independent review<br><br>Low performance rating<br><br>Critical report | Unacceptable level or quality of treatment / service<br><br>Gross failure of patient safety if findings not acted on<br><br>Inquest / ombudsman inquiry<br><br>Gross failure to meet national standards |

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <p><b>Human Resources / Organisational Development</b></p>                      | <p>Short-term low staffing level that temporarily reduces service quality (&lt; 1 day)</p> | <p>Low staffing level that reduces the service quality</p>  | <p>Late delivery of key objective/ service due to lack of staff</p> <p>Unsafe staffing level or competence (&gt;1 day)</p> <p>Low staff morale</p> <p>Poor staff attendance for mandatory/key training</p> | <p>Uncertain delivery of key objective/service due to lack of staff</p> <p>Unsafe staffing level or competence (&gt;5 days)</p> <p>Loss of key staff</p> <p>Very low staff morale</p> <p>No staff attending mandatory/ key training</p> | <p>Non-delivery of key objective/service due to lack of staff</p> <p>Ongoing unsafe staffing levels or competence</p> <p>Loss of several key staff</p> <p>No staff attending mandatory training /key training on an ongoing basis</p> |
| <p><b>Consequence score (incident severity) and examples of descriptors</b></p> |  |   |  |   |   |
|   | <p><b>1</b></p>  | <p><b>2</b></p>   | <p><b>3</b></p>  | <p><b>4</b></p>   | <p><b>5</b></p>   |
| <p><b>Domains</b></p>   | <p><b>Negligible</b></p>   | <p><b>Minor</b></p>   | <p><b>Moderate</b></p>   | <p><b>Major</b></p>   | <p><b>Catastrophic</b></p>  |
| <p><b>Statutory duty / inspections</b></p>                                      | <p>No or minimal impact or breach of guidance/ statutory duty</p>                          | <p>Breach of statutory legislation</p> <p>Reduced performance rating if unresolved</p>                                      | <p>Single breach in statutory duty</p> <p>Challenging external recommendations / improvement notice</p>  | <p>Enforcement action</p> <p>Multiple breaches in statutory duty</p> <p>Improvement notices</p> <p>Low performance rating</p> <p>Critical report</p>  | <p>Multiple breaches in statutory duty</p> <p>Prosecution</p> <p>Complete systems change required</p> <p>Zero performance rating</p> <p>Severely critical report</p>  |
| <p><b>Adverse publicity / Reputation</b></p>                                    | <p>Rumours</p> <p>Potential for public concern</p>   | <p>Local media coverage – short-term reduction in public confidence</p> <p>Elements of public expectation not being met</p> | <p>Local media coverage – long-term reduction in public confidence</p>   | <p>National media coverage with &lt;3 days service well below reasonable public expectation</p>   | <p>National media coverage with &gt;3 days service well below reasonable public expectation. MP concerned (questions in the House)</p> <p>Total loss of public confidence</p>   |




|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>Business Objectives</b>   | Insignificant cost increase / schedule slippage                             | <5 per cent over project budget<br>Schedule slippage             | 5–10 per cent over project budget<br>Schedule slippage                       | Non-compliance with national 10–25 per cent over project budget<br>Schedule slippage<br>Key objectives not met  | Incident leading >25 per cent over project budget<br>Schedule slippage<br>Key objectives not met   |
| <b>Finance</b>   | Small loss Risk of claim remote   | Loss of 0.1–0.25 per cent of budget<br>Claim less than £10,000   | Loss of 0.25–0.5 per cent of budget<br>Claim(s) between £10,000 and £100,000 | Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget<br>Claim(s) between £100,000 and £1 million<br>Purchasers failing to pay on time | Non-delivery of key objective/ Loss of >1 per cent of budget<br>Failure to meet specification/ slippage<br>Loss of contract / payment by results<br>Claim(s) >£1 million |
| <b>Service / business interruption</b><br><br><b>Impact on environment</b> | Loss/interruption of >1 hour<br><br>Minimal or no impact on the environment | Loss/interruption of >8 hours<br><br>Minor impact on environment | Loss/interruption of >1 day<br><br>Moderate impact on environment            | Loss/interruption of >1 week<br><br>Major impact on environment   | Permanent loss of service or facility<br><br>Extreme impact on environment   |



## 10.4 Appendix 4 'How to Guide' – Assure Risk Assessment

The following sets out how to complete a risk assessment using Assure, most of the sections are self-explanatory, however the following notes will provide support:

### Org Unit and Risk Description:


 Create record using the **Save** button at the bottom of the page then use tabs above to navigate the form.

**Assessment Details**


**Org Unit**   

**Reference\***   System Assigned

**Is This Confidential**

**Project Risk Assessment Reference**  

**Publish To Portal**


**Description\***

**Org Unit** is the service/department that is affected by the risk. It may be appropriate that some risks will affect the whole organisation, the risk assessor will be responsible for managing and reviewing the risk on Assure, however, where appropriate may action others to take measures to control/mitigate the risk.


Where a risk has a different affect/impact upon different services/departments then a separate risk assessment should be carried out specific to the service/department under its Org Unit.

This should be a brief description of the risk (further details will be entered later).

### Activity Description


 The relevant Jersey Care Commission Standards should be entered then further detail about the risk.


### Hazards and Control Measures:


 Click Add to open


+ Add Turn On Sort Mode

| Hazard Category*   | Hazard Sub Category*  | Persons At Risk | How Is Person At Risk | Control Measures | Initial Risk Factor | Additional Control Measures | Final Risk Factor  |
|--|---|-----------------|-----------------------|------------------|---------------------|-----------------------------|--------------------|
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Clinical</div> <p style="font-size: small;">Select the most relevant from the list of risk categories</p> | <p style="font-size: small;">Add any other risk categories</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;">Select</div> | Click To Edit   | Click To Edit         | Click To Edit    | 0<br>Click To Edit  | Click To Edit               | 0<br>Click To Edit |

 Initial risk factor is in the absence of any controls

 Select the most relevant from the list of risk categories

 Add any other risk categories

 Final risk factor is after the control measures are factored in (this may reduce further when 'additional control measures' have been carried out)

## Tolerable Risk:

### Conclusion

Is This A Tolerable Risk?

Click if a tolerable risk

Assessment Conclusion

Where risks are deemed 'tolerable' with no further action to be taken, they should still be reviewed in case circumstances have changed. The frequency of review will depend upon the level of risk. The minimum review frequency for accepted risks is set out below:

| Risk Score | Level of Risk | Review Frequency |
|------------|---------------|------------------|
| 1-3        | Low risk      | Yearly           |
| 4-6        | Moderate risk | Yearly           |
| 8-12       | High risk     | Quarterly        |
| 15+        | Extreme risk  | Monthly          |

## Record Review:

### Record Review

Do you want to set a Review?

Tick this box and when the assessment is saved it will prompt a review. Please ensure you specify the assessor and date or review in line with policy