POLICY

Risk Management

Position responsible: Director of Operations
Approved by: ELT

Issue Date : March 2020
Review Date : March 2024

Related Documents	Significant Event and Reporting Policy Clinical Governance Policy Medicines Management Policy
Further information	Health & Safety at Work Act 1974 NPSA model matrix

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1.0 Background

1.1 Magpas recognises that there is risk associated with its operations and daily activities, and aims to reduce this to as low as reasonably possible through its risk management procedures.

1.1.1 Magpas has a duty under health and safety legislation to assess risk in the workplace. It is also required to have sound risk management processes in place and to be aware of the 'risk profile' across the whole of the organisation.

1.1.2 An important process in managing risk is to complete regular, formal risk assessments. This policy provides guidance on the completion of such assessments.

1.2 Roles and responsibilities

1.2.1 Board of Trustees

The Trustees are responsible for:

- Reviewing and approving the policy
- Defining the term 'extreme risk';
- Reviewing the Risk Register
- Considering reports on any 'high or extreme risks' faced by Magpas;
- Taking decisions on risk treatment options on high and extreme risks and communicating their decisions.

1.2.2 Executive Leadership Team (ELT)

The ELT is responsible for:

- Reviewing the Risk Register on a regular basis
- Creating and reviewing risk assessments related to charity and fundraising functions.
- Consider reports on moderate and high risks escalating to Executive committee if required.
- Verifying decisions on risk treatments options

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1.2.2 Clinical Governance Committee (CGC)

The CGC is responsible for:

- Reviewing the Risk Register on a regular basis
- Creating and reviewing risk assessments related to clinical activities.
- Consider reports on moderate and high risks escalating to Executive committee if required.
- Verifying decisions on risk treatments options

1.2.2 Operations Management Meeting (OMM)

The OMM is responsible for:

- Reviewing the Risk Register on a regular basis
- Creating and reviewing risk assessments related to operational activities.
- Consider reports on moderate and high risks escalating to Executive committee if required.
- Verifying decisions on risk treatments options

1.2.3 Managers

The CEO, Medical Director, Director of Operations and Director of Fundraising are responsible for:

- Implementing this policy within their area of management responsibility;
- Either personally, or through delegation to a competent individual, ensuring that regular assessments are undertaken for all significant work place hazards and they are reviewed as appropriate;
- Maintaining the risk register which details clinical, non-clinical, financial and organisational risks;
- Ensure that staff, including new staff, as part of local induction, are aware of the results of risk assessments and the control measures that are in place.
- Ensure that the risk assessments are available to all staff and team members.

1.2.3 Director of Operations and Medical Director

In addition, the Director of Operations in conjunction with the Medical Director, is responsible for:

- Dealing with 'alert letters' in accordance with Department of Health guidelines a copy of which can be found at https://www.gov.uk/government/organisations/department-of-health-and-social-care
- Receiving and acting upon Medical Device Alerts (MDAs) from the Medical Devices Agency and reporting relevant matters, such as failure/accidents in connection with medical devices
- Receiving and acting upon MHRA drug alerts information from the Medicines Control Agency and reporting relevant incidents

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For further advice and guidance on reporting a relevant incident refer to https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

1.2.4 Individual Members

Individual members (both employees and volunteers) must:

- Actively participate in the risk assessment process;
- Comply with any control measures implemented as a result of risk assessments;
- Report to their manager any changes which might affect the assessment.

2.0 The Five Steps to Risk Assessment

2.1 To assess risks within the organisation, it is necessary to undertake the following five steps:

i Identify the hazards;
ii Decide who might be harmed and how;
iii Evaluate the risks and decide whether any existing precautions are adequate or whether more should be done;
iv Record the findings;
v Review the assessment and revise it if necessary.

2.2 For the purposes of this document, the following definitions apply:

2.2.1 Hazard: anything with the potential to cause harm to staff, volunteers, patients, relatives, visitors, or to the organisation as a whole.

2.2.2 Risk: the chance, high or low, that harm will be caused by the hazard.

2.3 Step 1 - identifying the hazards

The following are examples of activities suitable for identifying hazards:

2.3.1 Workplace inspection

Walk around the workplace and look at what could reasonably be expected to cause harm. Ignore the trivial and concentrate on significant hazards that could result in serious harm or affect several people. This is known as a Workplace Inspection.

In the context of pre-hospital emergency care, the 'workplace' may at first appear to be totally unpredictable. Whilst there is no doubt that a wide range of potentially uncontrolled hazards may exist in the pre-hospital environment, many of these are still predictable whether the incident is a road traffic collision or cardiac arrest in a private home. The principles of workplace inspection are still applicable. There may however need to be some reference to historical experience, operational activity analysis as well as wider thinking.

Ensure that members are involved in the process. It is sometimes helpful to involve members from other work areas and take advice from other services and organisations who share common activities and responsibilities (e.g. the NHS Ambulance Service).

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2.3.2 Safety audit

Review departmental significant event reports and complaints. This is known as a safety audit. These provide valuable evidence on workplace hazards and ensure that we learn from our previous experiences.

Pay particular attention to:

- Hazardous substances;
- Moving and handling operations;
- Activities that involve the use of electrical, workplace and personal protective equipment (PPE);
- The use of display screen equipment (PCs, terminals etc);
- Hazards likely to cause slips, trips and falls;
- Health hazards;
- Use of 'sharps' and clinical waste;
- Safety and security issues.

2.3.3 Clinical Hazards

Review any significant event reports and complaints relating to clinical issues and consider these and other areas that may be relevant. These might include:

- High-risk clinical procedures;
- Medication errors;
- Complications following treatment;
- Communications failures;
- Unsatisfactory records;
- Opportunities for inappropriate access to confidential information (via case notes or inappropriately sited computer terminals).

2.3.4 Financial and strategic hazards

Although financial and strategic hazards will generally be considered at Executive Committee level, it is important that operational risk assessment processes consider issues that might represent financial risk for Magpas or which may adversely affect the charity's strategic direction.

2.3.5 Other hazards

Review any significant event reports and complaints related to non-clinical hazards. These might include:

- Factors that may initiate violence and aggression;
- Factors that may influence the delivery of patient care and other services e.g. inappropriate training, problems with recruitment and retention of volunteers.

2.4 Step 2: Deciding who might be harmed and how

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The risk assessment process is designed to identify and assess the risks to groups and individuals that may be affected by our activities, or to Magpas itself. It is not necessary to list individuals by name.

2.4.1 Magpas' members

Pay particular attention to additional risks that may be associated with young workers/trainees, new or expectant mothers, lone workers, staff or volunteers with disabilities or others who may be at particular risk.

2.4.2 Patients

Remember that although particular attention should be paid to this group with respect to clinical and care issues, hazards relating to the 'workplace' can present the same risks to patients as they do to staff.

2.4.3 Visitors and other members of the public

Consider members of the public who may be visiting Magpas premises or be present at the scene of an incident (e.g. as an approved observer).

2.4.4 The organisation

Think about hazards that could also provide risk to Magpas' finances or reputation. These might relate to issues that could have legal implications following negligence, accidents or breaches of confidentiality or which might result in adverse publicity for the organisation.

2.5 Step 3: evaluating the risks

For each hazard identified, consider how likely it is that the hazard could cause harm and whether any precautions have already been taken to:

- meet standards set by a legal requirement;
- comply with a recognised standard;
- represent good practice;
- reduce risk as far as is reasonably practicable.

Also check that where appropriate, the following are provided:

- adequate information, instruction or training;
- adequate systems or procedures;
- adequate equipment.

If so, then the risks may be adequately controlled, but it is still necessary to record the control measures that are in place. Where a risk is not adequately controlled, decide what more needs to be done. The aim is to make risk as small as possible, by adding to existing controls as necessary.

Even after all control measures have been introduced, some risk usually remains. For each significant hazard, it is necessary to decide whether the remaining risk is high, significant, moderate or low. A method for doing this is described in section 2.6.1.

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2.6 Step 4: recording the findings

Record findings in a risk assessment form (appendix 1). It is important that all significant findings and their assessments are properly recorded. It is acceptable to refer to other documents such as policies, procedures or manuals where these exist. It is not necessary to reproduce the information on the assessment form.

2.6.1 Using the risk grading matrix

When risks have been identified, it is helpful to assign a risk grading to them. This will help prioritise further actions that may be required and identify the degree of urgency that needs to be assigned to the actions.

Assigning a risk grading involves looking at the likelihood of the risk being realised and the severity of any harm or likely harm that will result. Magpas uses the NPSA model matrix (appendix 2) to determine the severity grading. Both categories (likelihood and severity) have a score of 0 to 5. Multiplying the scores together gives the risk grading.

For guidance, the following risk grading can be used to prioritise actions:

Score	Priority	Action
0	No Risk	No action required
1 – 3	Low	No action, or action within 1 year
4 – 6	Moderate	Action within 1 - 3 months. Enter on to risk register
8 – 12	High	Action within 1 week. Forward to the CEO or Medical Director and include on the Risk Register
15 – 25	Extreme	Immediate action. Inform the CEO and Medical Director

2.6.2 Level of detail

Provide enough detail for the assessment to be 'suitable and sufficient'. Assessments need to show that:

- a proper check was made;
- the assessment recognised who might be affected;
- all obvious significant hazards were dealt with, taking into account the number of people who could be involved;
- the precautions implemented are reasonable and the remaining risk is low;
- where some moderate or significant risk remains, confirmation that the matter has been referred to the CEO and/or Medical Director any specific advice or guidance from any specialist advisors, is included in the assessment.

2.6.3 Risk register

- a copy of all risk assessments should be included on the risk register;
- all completed risk assessments form part of the risk register, developed by retaining all risk assessments in chronological order. It is suggested that a summary of all risk assessments is maintained to identify review dates and actions.

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Tell all the existing members about the findings pertinent to their area of responsibility, and ensure that new staff and volunteers are informed as part of their induction and training.

2.7 Step 5: reviewing the assessment

It is good practice to review the assessment to ensure that the precautions are still working effectively. Assessments should be reviewed at regular intervals as defined on the assessment or when there are changes in the workplace (e.g. new equipment, or new procedures) or in the way services are provided, that may affect the assessment. It is necessary therefore to:

- set a date for review of the assessment;
- on review, check that the precautions for each hazard still adequately control the risk; if they do not, indicate the action needed;
- note the outcome;
- if necessary, complete a new risk assessment form;
- when existing risk assessments are reviewed .a copy should be uploaded to the online working group (Basecamp) for review by members of the appropriate committee.

2.8 Administration

See appendix 3 for further details on how the risk register and risk assessments are processed.

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Appendix 1 – Risk Assessment form

Magpas AIR AMBULANCE
With you, we save lives

Risk assessment no	
Department	
Type	
Review due	
Risk grade	

Risk Assessment Summary

Description of activity

People/property at risk

	Identified hazards (further details in assessment)
1	
1.1	
1.2	
2	
2.1	

Patrons:
The Lord Fairhaven KstJ JP DL
Dr Neville Silverston MBE
Christopher Vane Percy
Sir Keith Peters GBE FRS FMedSci FRCP FRCPE FRCPath FLSW

Magpas Air Ambulance is a Registered Charity No: 1119279 Registered as a company limited by guarantee in England and Wales No: 6062176

Registered with FUNDRAISING REGULATOR

Risk Assesment: [enter description of activity]

Risk assessment no [no]

	Hazard	Controls in place	Initial risk L x S = R	Acceptable	Action required? Y/N	Notes/deadline or reason for non-implementation	Residual risk L x S = R
1							
1.1		•					
1.2		•					
2							
2.1		•					

Check risk register for update on action completion.

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Assessor details (add new line for each review)	**Assessment date**

Highest risk grade with existing controls/agreed actions				
Likelihood of recurrence [ ] X Severity of impact [ ] = [ ]				
Score	**Risk reviewed/accepted by**	**Signed**	**Date**	**Review date**
1-3 Low risk	Local assessor/ assessor's line manager	Replace with name of signatory		
4-6 Moderate risk	Director of Department/ Deputy Medical Director	Replace with name of signatory		
8-12 High risk	CEO/Medical Director	Replace with name of signatory		
15-25 Extreme risk	Trustee board	Replace with name of signatory		

Use this table to calculate the risk grade (R) of the incident

				SEVERITY (S)				
		Severity (impact) Harm or potential harm resulting directly from the situation		Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood (L)	Rare	In exceptional circumstances only	1	1	2	3	4	5
	Unlikely	Unlikely to occur/recur but if so, not more than yearly	2	2	4	6	8	10
	Possible	Likely to occur/recur but not more than monthly	3	3	6	9	12	15
	Likely	Likely to occur/recur but not more than weekly	4	4	8	12	16	20
	Almost Certain	Will occur/recur at least weekly; continuous exposure to risk	5	5	10	15	20	25

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Appendix 2 - NPSA Model Matrix

National Patient Safety Agency

Model matrix

For the full *Risk matrix for risk managers*, go to www.npsa.nhs.uk

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution 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 (stage 2) complaint Local resolution (with potential to go to independent review) 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

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Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) 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 competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours 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 in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

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Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

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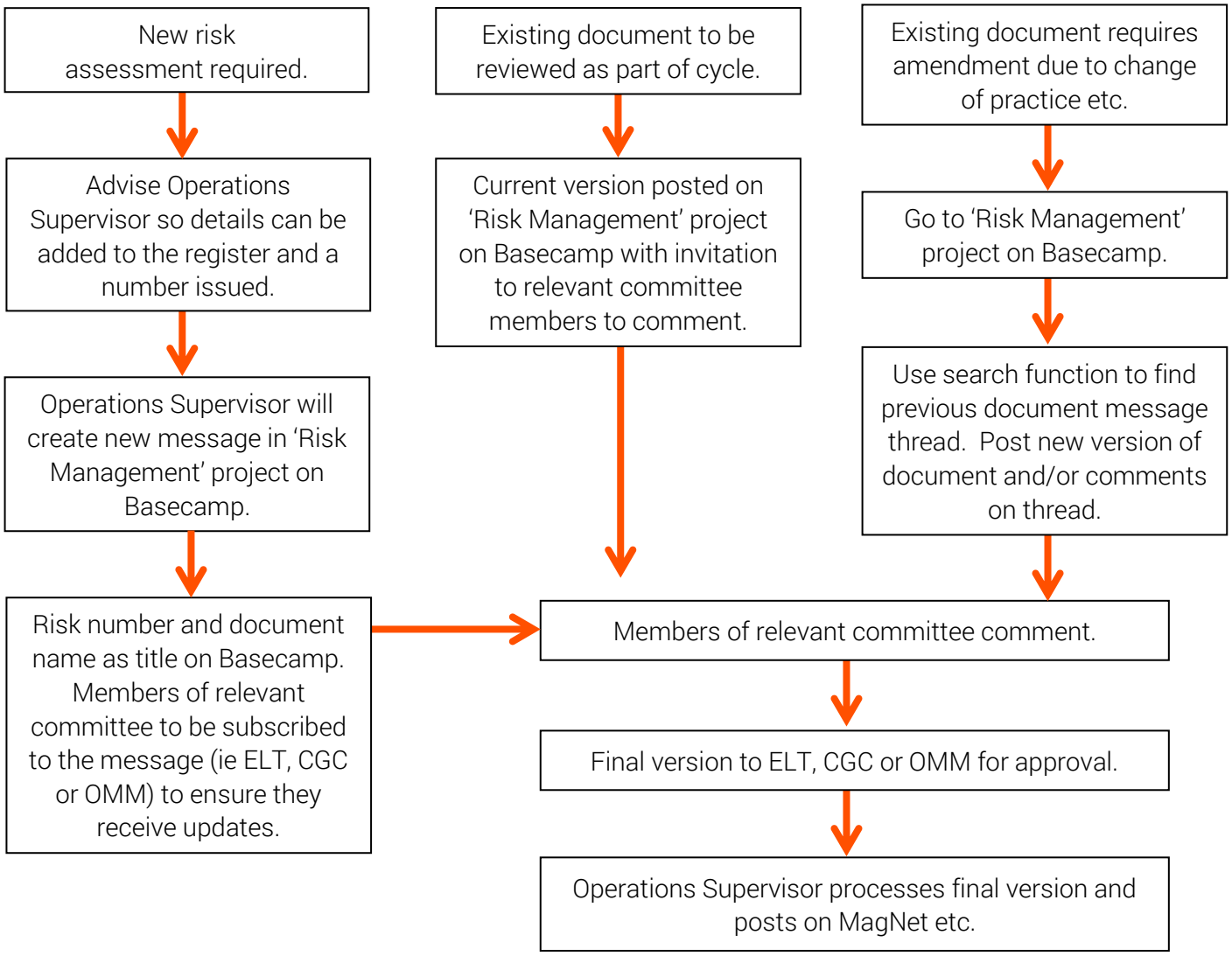
Appendix 3 – Processing risk assessments



Where the risk assessment is completed by someone who is not a member of a committee or Basecamp, the Operations Supervisor will liaise with them to update the register and Basecamp as required.

All risk assessments are reviewed via the Basecamp site in order to keep a record of past versions and discussions. For further information contact the Operations Supervisor.

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