Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Risk Management Policy

This procedural document supersedes CORP/RISK 30 v.5 – Risk Identification, Assessment and Management Policy

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 6	July 2025	Streamline and ensure guidance is aligned to the Trust Risk Appetite	T Evans-Phillips
Version 5	August 2023	Update to include new BAF process Categorization of overarching, standalone and dependant risks Clarification Trust Risk Register (TRR15+) as new terminology for Corporate Risk Register (CRR) Update to reference "risk management on a page document" for training and noticeboards	F Dunn
Version 4	June 2022	Changes to reflect new risk committee structure and reformatted Board Assurance Framework following review of process. Addition of Risk appetite, risk tolerance and updated scoring matrices.	F Dunn
Version 3	15 November 2017	Changes to reflect new committee structure and reformatted Board Assurance Framework	M Kane
Version 2	September 2015	Minor changes to reflect the implementation of the online integrated risk management system (Datix).	M Dixon
Version 1	11 August 2014	This is a new procedural document and replaces CORP/RISK 18 v.2 – Risk Assessment Policy (Clinical and Non-Clinical) and CORP/RISK 10 v.4 – Risk Management Strategy.	M Dixon

Risk: A Policy on a Page

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The management of risk is a key organisational responsibility.
It is the responsibility of all staff employed by the Trust

A risk is the chance of something happening that will have an adverse impact on the achievement of the Trust's objectives and delivery of high quality care

Risk management is about everyone working together to prevent risks from happening

Risk Management (Datix) Training available on ESR

Risk Appetite is the amount of risk that the Trust is willing to accept in the pursuit of its objectives

Risk Grade	Frequency of review
Extreme 15+ risks	Monthly
High 8-12 risks	Bi-monthly or Quarterly
Moderate 4-6 risks	Annually
Low 1-3 risks	Annually

Reviewing a Risk

- Is the risk still current?
- Has anything changed?
- Is the risk graded at the expected level?
- Is the risk within the review date?
- Does the risk have an action plan which is progressing within the timescales?
- Is the risk being managed appropriately and proportionately?
- Are there any new actions or controls that can be added?
- Update Datix

Risk Management Group
Reviews all 12+ risks providing score moderation, risk mitigation. Escalates to TLT

Trust Leadership Team
Reviews all 15+ Risks and approves for entry on the Trust Risk Register

The Board of Directors
Has overall responsibility for corporate governance, including risk management

Find out more about Risk and Datix on the Hive. Go to Risk Management under the A-Z section.

We care

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KEY POINTS FOR STAFF

Risk refers to any uncertainty that affects the Trust's strategic objectives, such as delivering safe, exceptional, and person-centred care. Effective risk management aims to:

- Identify, assess, and mitigate risks to patient safety, staff well-being, and service delivery
- Minimise harm and ensure high-quality healthcare by proactively addressing potential issues

We identify risks by considering historical performance, previous events, current challenges, and future scenarios that impact our strategic plan. Everyone must be open, honest, forward-thinking, and actively involved in this process.

Risk analysis estimates **severity** (impact on the Trust, staff, and patients) and **likelihood** (probability of occurrence). These scores combined provide an overall risk rating, helping prioritize and monitor risks. Colleagues should challenge assumptions using the Consequence and Likelihood Matrix to ensure risks stay within acceptable limits.

Risk is managed proactively through physical, procedural, and professional controls:

- **Physical** controls: Deterrents like access control, CCTV, and PPE
- **Procedural** controls: Policies, guidelines, training, and systems
- **Professional** controls: Performance monitoring, audits, alarms, and tests

Organisational learning helps continuously improve performance and reduce recurring issues. Controls are monitored and refined as part of an open and learning culture.

Risk management is everyone's responsibility and applies to all Trust employees, contractors, and volunteers.

1. INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) recognises that healthcare provision involves inherent risks. Effective risk management is essential and the responsibility of all staff. Poor risk management can lead to injury, reputational damage, financial loss, complaints, litigation, and negative publicity.

This policy covers all aspects of risk assessment and management within the Trust, integrating clinical, organisational, and financial risks with performance management and business planning.

The Board of Directors is responsible for corporate governance and ensuring robust risk management processes. The Trust uses DATIX, an online system, to record, report, and escalate risks, promoting a proactive risk management culture.

All employees and contractors must comply with this policy. Strategic risks are monitored by the Board, while operational risks are managed daily by colleagues. The Board Assurance Framework and Trust Risk Register centralise the principal risks.

DBTH is committed to good governance and effective risk management, essential for maintaining a safe environment.

2. PURPOSE

2.1 This policy aims to identify, assess, manage, and monitor risks related to patient safety, staff well-being, service delivery, property, sites, equipment, and financial sustainability.

- Protect patient safety by identifying and mitigating clinical risks.
- Ensure compliance with legal, regulatory, and NHS standards.
- Support governance through structured risk oversight and accountability.
- Promote a safety culture by encouraging reporting, learning, and continuous improvement.
- Safeguard resources by managing financial, operational, and reputational risks.

2.2 This policy ensures high-quality care and legal/regulatory compliance:

a. Health and Safety at Work Act 1974
Employers must safeguard employees' health, safety, and welfare.

b. **Care Quality Commission (CQC) Regulations**
NHS hospitals must follow the Health and Social Care Act 2008 for safe care, governance, and incident reporting.

c. NHS Constitution for England
NHS organisations must adhere to the NHS Constitution commitments on safety, quality, and accountability.

d. NHS Provider Licence
NHS foundation trusts must meet governance and risk management conditions set by NHS England.

e. NSE Guidance (HSG65)
Provides best practices for managing healthcare risks.

3. RISK MANAGEMENT

3.1 **Risk management is everyone's responsibility.** Risk management is the responsibility of all DBTH colleagues. All staff members are expected to actively participate in risk management. The policy applies to all Trust staff as referred to in section 4.

A risk is: "the chance of something happening that will have an adverse impact on the achievement of the Trust's objectives and the delivery of high quality care"

Risk Management includes identifying, classifying, and controlling events that the Trust might face. See Appendix 3 for related definitions.

3.2 Principles of Risk Management

- Recognises that risk exists at all levels.
- Shares risk management responsibility among all staff and representatives.
- Manages risk proportionately and cost-effectively, aiming to mitigate or eliminate exposures.
- Acknowledges some risks cannot be fully eliminated.
- Strives to control identified risks.
- Promotes controlled risk-taking within authorised limits for service enhancement.
- Applies the risk management policy across all risk categories.
- Adopts best practices and develops tailored arrangements as needed.
- Ensures transparency, accountability, and serves the public interest in activities.

3.3 Benefits of Risk Management

- Supports Trust objectives
- Mitigates risks
- Promotes cost efficiency
- Ensures compliance
- Manages external changes
- Encourages innovation

3.4 Escalation and De-escalation

If a Division or Directorate cannot manage a risk (reduce its score below 12 or achieve the target rating despite mitigation efforts), the issue is referred to the Risk Management Group (RMG) via the Risk Manager. The RMG assesses the situation and may recommend additional mitigation actions or decide whether to escalate the risk to the Trust Leadership Team (TLT) for potential inclusion in the Trust Risk Register or return it to the originating Division/Directorate for ongoing management. Risks may also be de-escalated if effective mitigation lowers their severity.

4. DUTIES AND GOVERNANCE FOR RISK MANAGEMENT

Effective risk management relies on clear leadership, defined roles, and fostering risk awareness through openness and local ownership. Board support is vital to ensure robust systems for managing and escalating risks.

4.1 Chief Executive Officer

The Chief Executive Officer is accountable to the Board of Directors for effective risk management, compliance with regulations, and preparing the Annual Governance Statement. Implementation of this policy is delegated accordingly.

4.2 Executive Medical Director

The Executive Medical Director, a Board member, oversees risk management and supports Directors in fulfilling responsibilities under this policy. The Risk Management Group, led by the Executive Medical Director, facilitates this process.

4.3 Associate Director Strategy, Partnership, Governance / Company Secretary

The Associate Director ensures the Board Assurance Framework and Trust Risk Register are accessible for oversight by the Board and committees.

4.4 Executive/Corporate Directors

Executive and Corporate Directors oversee risks in their areas, with patient care and quality handled by the Executive Medical Director and Chief Nurse, and financial risk managed by the Director of Finance. Risk assignments are outlined in the Trust Risk Register and Board Assurance Framework.

4.5 Chief Operating Officer/Accountable Emergency Officer

The Chief Operating Officer, as a Board member and the Trust's designated Accountable Emergency Officer, oversees Emergency Preparedness, Resilience and Response (EPRR) risks, providing strategic oversight and supporting their management and mitigation within the Trust.

4.6 Board of Directors

The Board of Directors ensures robust internal controls and management systems are in place, reviewed through governance committees (see section 4.6).

For the Annual Governance Statement, the Board must confirm it has been informed of significant risks via the Board Assurance Framework and base its conclusions on presented evidence.

4.7 Board (Assurance) Committees

The Audit and Risk (ARC), Finance and Performance (F&P), People (PEO) and Quality (QC) Committees ensure internal controls and risk management systems meet organisational objectives. They report any significant issues to the Board of Directors.

Each committee reviews the risks outlined in the Board Assurance Framework and Trust Risk Register. The ARC oversees risk management across committees and ensures financial statement integrity, while the QC monitors clinical governance standards.

4.8 Trust Leadership Team (TLT)

The Trust Leadership Team reviews the Risk Register monthly, noting and acting on escalations from the Risk Management Group.

4.9 Risk Management Group (RMG)

The Risk Management Group (RMG) meets monthly and includes Divisional and Directorate Directors and other Trust members to address overdue risk reviews and actions and ensure risk moderation. Divisional Directors ensure that low, moderate, and high risks (rated 12 and below) are actively managed. RMG reviews risks rated 12 and above, escalating unresolved or severe risks to TLT.

4.10 Risk Manager

The Risk Manager oversees daily risk management, offering tools, training, and advice. They ensure risks are clearly scored, maintain the risk register, and report key issues to the Risk Management Group and committees.

4.11 Senior Information Risk Owner (SIRO)

The Trust's SIRO, the Chief Information Officer, ensures information risks are effectively identified, managed, and assured.

4.12 The Health and Safety Committee Risks

The Health and Safety Committee manages operational risks, including buildings and environment. Risks graded 8 or higher are logged in Datix, while lower risks are recorded locally using the Trust's Health and Safety Risk Assessment.

4.13 Emergency Preparedness, Resilience and Response (EPRR) Group

The Trust EPRR Group oversees risks related to Emergency Preparedness, Resilience and Response (EPRR), following standard Trust procedures for risk management.

4.14 Emergency Preparedness, Resilience and Response (EPRR) Department

The EPRR Department manages the identification, assessment, and control of EPRR risks, ensuring effective risk management systems for the Trust on behalf of the Chief Operating Officer/Accountable Emergency Officer.

4.15 Divisional / Directorate Directors, Deputies, Managers or Head/Manager of Service

Divisional/Directorate Directors, Deputies, Managers or Head/Manager of Service are responsible for identifying, controlling, and managing risks within their areas, ensuring staff understand the risk policy and their duties. They must demonstrate leadership in risk management, foster a positive culture, and manage operational, clinical, and emergency planning risks.

- Identify, assess, and report risks following Trust processes
- Promote openness and learning from adverse events
- Ensure effective governance of risk management
- Manage risk registers and share updates regularly
- Ensure compliance with risk management training
- Provide assurance to the Risk Management Group (RMG)

4.16 Employees

All employees, regardless of role, including learners, are responsible for maintaining a safe environment and adhering to Trust policies. Key duties include:

- Ensuring personal and others' safety as per legal requirements
- Following local policies, guidance, and safe work systems
- Understanding roles within the risk management framework
- Identifying and addressing risks immediately
- Conducting risk assessments and informing line managers of concerns
- Keeping risk management training up to date

5. BOARD ASSURANCE FRAMEWORK AND RISK REGISTERS

Risk ratings are assessed using a standardised framework to prioritise scenarios based on the "most likely" outcomes rather than the "worst case." This approach evaluates impacts on finance, reputation, business continuity, and safety.

Regular risk moderation ensures risks are scored correctly against strategic objectives, providing assurance that the Trust's risk profile reflects key threats. Moderation follows a standard format using the NRLS Risk Matrix Descriptors, accessible via the HIVE, Datix Matrix page and in the diagrams below.

Domains and Consequence Scoring

	Consequence score (severity levels) and examples of descriptors				
Domains ↓	1 -Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - 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 less than 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 - 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. 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.
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 breach of guidance / statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendation / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches 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% over project budget. Schedule slippage.	5–10% over project budget. Schedule slippage.	10–25% over project budget. Schedule slippage. Key objectives not met.	>25% over project budget. Schedule slippage. Key objectives not met.
Finance including claims	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10k.	Loss of 0.25–0.5% of budget. Claim(s) between £10k and £100k.	Uncertain delivery of key objective /Loss of 0.5–1% of budget Claim(s) between £100k and £1m Purchasers failing to pay on time	Non-delivery of key objective / Loss of >1% of budget. Failure to meet specification /slippage. Loss of contract / payment by results. Claim(s) >£1m.
Service / business interruption	Loss /interruption of >1 hour.	Loss /interruption of >8 hours.	Loss /interruption of >1 day.	Loss /interruption of >1 week.	Permanent loss of service or facility.
Environmental impact	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.

Likelihood Scoring

	Description of Likelihood Scale Based on time/broad description & probability					
Frequency – How often might it / does it happen	Likelihood	1	2	3	4	5
	Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
	Operational risks **Timed and Board descriptor**	This risk will probably not materialise, and it is not thought that it will materialise within the next 12 months	This risk is not expected to materialise but there is potential that it may occur within the next 12 months	It is thought that there is a 50/50 chance that this risk may materialise, and it could be reasonably expected that it will occur within the next quarter	It is expected that this risk will materialise, and it could be reasonably expected that it will occur within the next month	This risk will undoubtedly materialise, potentially on multiple occasions, and it could be reasonably expected that it will occur this week or next week
	Probability for projects & Business	1-5% predicted chance of materialisation	6-30% predicted chance of materialisation	31-70% predicted chance of materialisation	71-90% predicted chance of materialisation	>90% predicted chance of materialisation

5.1 Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) helps Trust Boards manage key risks to achieving strategic goals, linking them to controls and assurance measures. It ensures strategic risks align with objectives and operational inputs, aiding oversight and decision-making.

5.2 Trust Risk Register

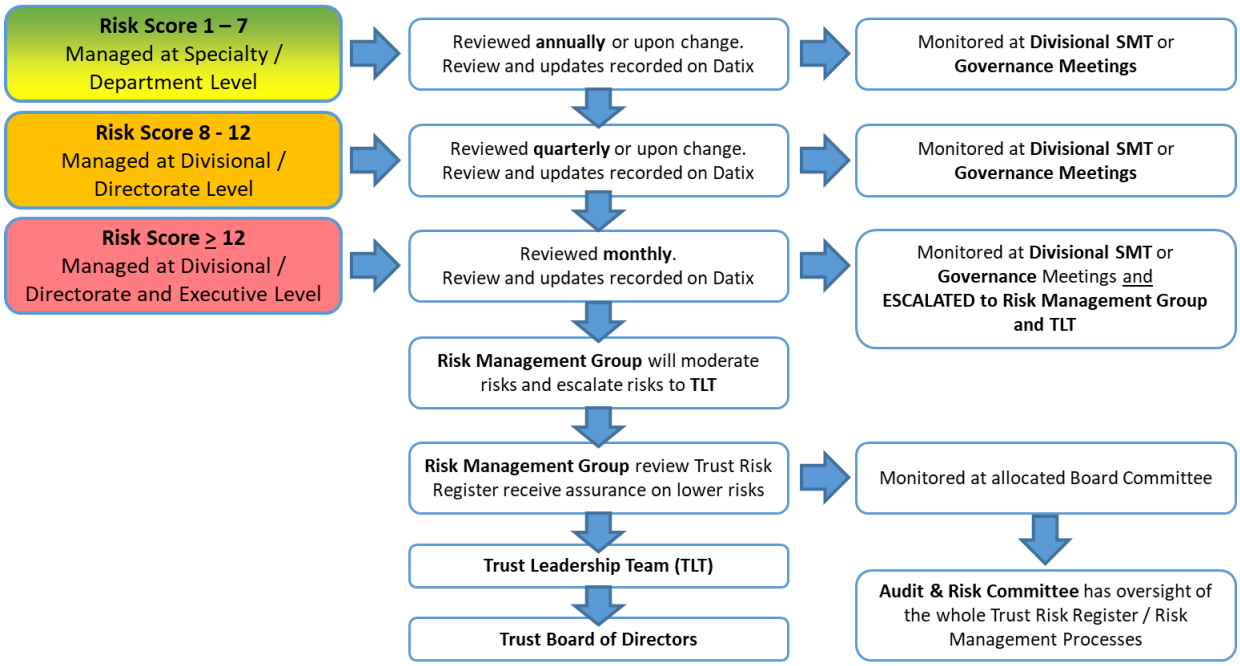
The Trust Risk Register tracks significant operational risks, detailing causes, impacts, controls, and mitigation plans. Unlike the Board Assurance Framework, it focuses on day-to-day risks, ensuring these align with the Trust's risk management policies.

5.3 Divisional and Directorate Risk Registers (all risks in a division scored <15)

Divisional and Directorate risk registers record risks scored 12 and below, managed locally through assessments, incidents, and complaints. Risks scored 12 or higher are escalated to the Risk Management Group for moderation and potential inclusion in the Trust Risk Register. These registers are reviewed regularly and discussed at governance meetings for oversight.

5.4 Risk Review Periods and review process

The diagram shows the suggested review periods for risks based on their scores and the appropriate forums for discussion. Risks with scores of 12 or higher follow an escalation process to ensure alignment with the Trust's strategic priorities.



6. ORGANISATIONAL RISK PRINCIPLES

The Board has agreed on the following principles on risk:

1. All decisions and information will consider risk, including:
    a. Risks of inaction
    b. Potential rewards
    c. Links to Trust strategy, values, and culture
    d. Risk management and controls
    e. Escalation processes
    f. The Trust's risk profile and capacity
2. The Board will ensure it has sufficient risk information by:
    a. Seeking external advice when needed.
    b. Securing management assurance on risks and controls.
3. Risk surveillance and triangulation will feature in Board discussions.

7. RISK ASSESSMENT PRINCIPLES

Risk assessment involves identifying, measuring, and recording risks, evaluating control measures, and raising awareness of potential issues. The risk assessment process can be broken down into steps, please see Appendix 1

Its goal is to ensure control measures are adequate and promote a better understanding of risks.

Training to gain competence in risk assessment principles and risk management is provided in Section 10.

8. LEARNING FROM RISK

Effective risk management is not only about identifying and mitigating threats but also about fostering a culture of continuous learning and improvement. The Trust is committed to being a learning organisation, where risks, incidents, complaints, and near misses are systematically analysed to extract lessons that inform safer and more effective care.

Organisational learning is embedded through:

- **Structured feedback loops** from incidents, claims, complaints and audits
- **Mandatory and role-specific training**, including e-learning modules and sessions for senior leaders and Board members
- **Open culture** that encourages staff at all levels, including learners, to report risks and share insights without fear of blame
- **Integration of learning** into policy updates, risk registers and strategic planning, ensuring that improvements are sustained and visible across the organisation

This approach ensures that DBTH not only manage risk, but also evolves through them – strengthening resilience, accountability, and quality of care

9. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

DBTH prioritises service safety, patient care, and staff wellbeing during emergencies, led by the Emergency Preparedness, Resilience and Response (EPRR) Department, which oversees planning, training, and resilience measures.

The Trust's **Resilience Risk Register** records risks tied to its duties as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004, incorporating threats identified via:

- The UK Government's National Security Risk Assessment (NSRA),
- The South Yorkshire Local Resilience Forum's Community Risk Register,
- NHS England's EPRR Risk Register, and
- Local risks specific to DBTH.

This register is reviewed quarterly by the EPRR Group, with significant risks escalated to the Trust-wide Risk Register. Strategic EPRR risks are discussed quarterly at the Risk Management Group.

EPRR risks are assessed using a **Reasonable Worst-Case Scenario (RWCS)** methodology, aligned to:

- The Civil Contingencies Act 2004,
- NHS Core Standards for EPRR, and
- Other government or NHS guidance.

Procedures for resilience risk management are detailed in the **Managing Resilience Risks SOP**, ensuring structured and accountable practices across the organisation.

10. TRAINING/ SUPPORT

Effective implementation of this policy ensures high-quality service, with training to enhance risk prevention, control, and containment measures.

The Trust's Risk Learning Needs Analysis, which is reviewed annually with action plans, ensures training incorporates data from incidents, claims, complaints, and external assurances. This training sits within the Role Specific Training (ReST) category of the DBTH training framework and the Risk Manager oversees training content in collaboration with the Health and Safety Advisor for risk assessment processes.

The Risk Manager as topic lead, monitors organisational compliance while the Education Department reports on training completion and highlights any gaps. Divisions promote attendance at local courses. The Trust provides:

- Access to this policy and e-learning on risk management and assessment.
- Risk awareness training for new employees and senior managers as part of induction, accessible via the Hive.
- Biannual risk training for Board members and management teams.

Assessors must be competent, trained internally, knowledgeable about mitigation strategies, and able to recognise their limits. Competency combines skills, experience, and sound judgement.

The Health and Safety Advisor and Risk Manager offer support for assessing risks.

11. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Risk escalation in the Trust has been reviewed by internal auditors and will continue being assessed.

Aspect Monitored	Responsible Party	Frequency	Review Process
Risk assessments	Risk Owners and Risk Handlers	Each Governance meeting	Reviewed at SMT/Clinical Governance meetings
Overdue action plans for assessments	Risk Owners and Risk Handlers	Monthly reporting	Reviewed at SMT/Clinical Governance meetings
Risk register (division/directorate)	Risk Owners and Risk Handlers	Monthly reporting	Reviewed at SMT/Clinical Governance meetings
Risk Register	Risk Manager	At least 10 times per year	Reported to Risk Management Group
BAF & Trust Risk Register	Audit & Risk Committee	At least four times per year	Reported to Trust Board

12. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 12)

13. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Claims Handling Policy - CORP/RISK 5
- Patient Safety Incident Response Policy (PSIRF) - CORP/RISK 36
- Maternity Service Risk Management Strategy - CORP/RISK 16
- Incident Management Policy – CORP/RISK 33
- Complaints Handling Policy (Including concerns)- CORP/COMM 4
- Equality Analysis Policy – CORP/EMP 27
- Freedom to Speak Up Policy 'Speak up to make a difference' CORP/EMP 14
- Health and Safety Policy - CORP/HSFS 1
- Security Policy – incorporating Bomb Threat / Suspect Packages - CORP/HSFS 15
- Fraud, Bribery and Corruption Policy and Response Plan – CORP/FIN1 D
- Emergency Preparedness Resilience Response Policy – EPRR - 001

14. RISK MANAGEMENT RESOURCES (HIVE)

The Trust's Hive includes risk management resources such as:

- Group responsibilities
- Describing and grading risks
- NPSA moderation tools
- Controls and mitigating actions
- Risk review guidance

Access via A-Z or this link:

Risk Management – The Hive

The Risk Management (Datix) e-learning module is available via the Hive link and included in ESR profiles for Band 7 and above. While not mandatory for Band 6 and below, those requiring access to the risk register should complete the training to understand risk management and Datix compliance.

Access the module here: Risk Management TRAINING – The Hive

15. REFERENCES

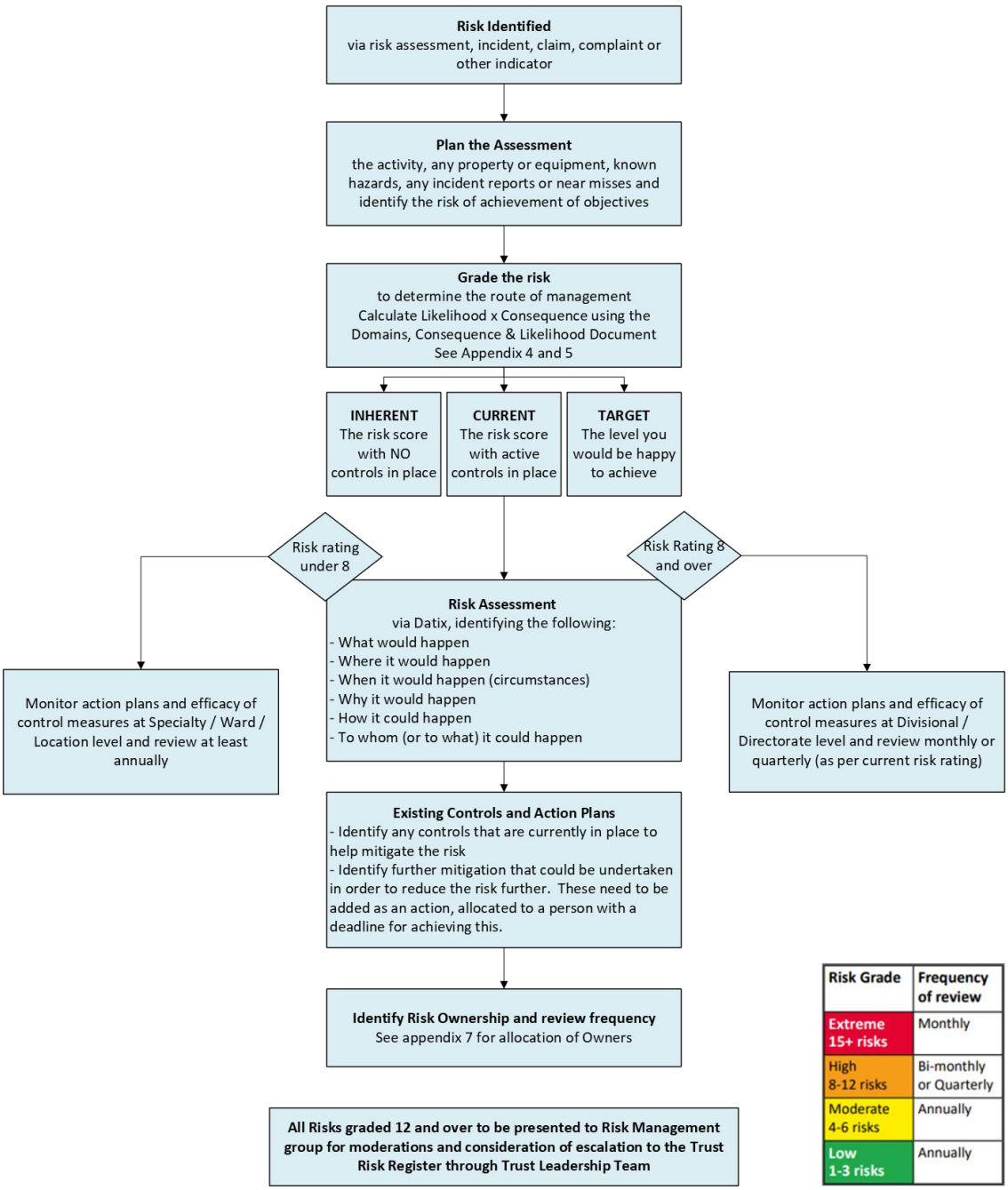
- Civil Contingencies Act 2004
- Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005
- Control of Asbestos Regulations 2012
- Control of Lead at Work Regulations 2002
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Data Protection Act 1998
- Health and Safety at Work etc Act 1974
- Health and Safety (Display Screen Equipment) Regulations 1992
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Ionising Radiation Regulations 1999
- Management of Health and Safety at Work Regulations 1999 (SI No 3242).
- Management of health and safety at work - Approved Code of practice and Guidance (L21 - HSE)
- Manual Handling Operations Regulations 1992
- NHS Core Standards for Emergency Preparedness, Resilience and Response
- Noise at Work Regulations 2005
- Personal Protective Equipment at Work Regulations 1992

APPENDIX 1 – RISK ASSESSMENTS AND REVIEW PROCESS

This diagram outlines a flowchart illustrating how risks are identified, assessed, managed, and reviewed based on their severity within the trust.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

RISK ASSESSMENT AND REVIEW PROCESS



Risk Grade	Frequency of review
Extreme 15+ risks	Monthly
High 8-12 risks	Bi-monthly or Quarterly
Moderate 4-6 risks	Annually
Low 1-3 risks	Annually

APPENDIX 2 – GLOSSARY OF COMMON TERMS USED IN RISK MANAGEMENT

Action Plan	A plan outlining additional strategies/activities or mitigating actions the Trust needs to develop, and implement should the risk level be at a level that cannot be tolerated. after controls are applied. An action plan should be specific to the risk and SMART (Specific, Measurable, Attainable, Relevant and Time bound) to evidence how the risk score can be reduced.
Assurance	Evidence that risks are being effectively managed.
Consequence (Impact)	The result of a particular threat or opportunity should it occur.
Control(s)	Existing strategies and processes currently in place such as systems, policies, procedures, standard business processes and practices to manage the likelihood or consequence of a risky practice.
Trust Risk Register (TRR15+)	A record of the risks identified through internal process that will impact on the Trust's business objects or major programmes and so are scored 15+.
Current Risk	Risk likelihood, consequence and total score with the current controls in place to manage the risk.
Gaps in Controls or assurances	Where an additional system or process is needed, or evidence of effective management of the risk is lacking and needs to be put into place.
Hazard	A potential source of risk/threat. Eg Damage or harm.
Incident / Issue	An event that has happened, was not planned, requires a management action, and be reported as appropriate and where required in line with the Incident Reporting Policy and Procedure.
Initial Risk (Inherent Risk)	The risk score where there are no controls in place to manage the risk.
Likelihood	A measure of the probability or chance that the threat or opportunity will happen including a consideration of the frequency with which it may arise.
Mitigating Actions	Actions taken to reduce the likelihood or Consequence of the risk. Mitigating actions should be specific to the risk and SMART (Specific, Measurable, Attainable, Relevant and Time bound) to be able to measure the impact of the action and evidence how the risk score can be reduced.
Operational Risks	These risks are by-products of the day-to-day running of the Trust and include a broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks should be managed by the department or directorate which is responsible for delivering services.
Opportunity	An uncertain event that would have a favourable impact on objectives or benefits if it occurred.

Risk	An uncertain event or set of events that have not occurred, but should it occur, will have an effect on the achievement of business, project or programme objectives. A risk can be a threat or an opportunity.
Risk Appetite	The phrase used to describe where Trust considers itself to be on the spectrum ranging from willingness to take or accept risk through to an unwillingness or aversion to taking some risks.
Risk Assessment	The process used to evaluate the risk and to determine whether controls are adequate or more should be done to mitigate the risk within the organisations risk appetite.
Risk Management	This is about the Trust's culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse events. The risk management process covers all processes involved in identifying, assessing and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
Risk Registers	These are repositories for electronically recording and dynamically managing risks that have been appropriately assessed. Risk Registers are available at different organisational levels across the Trust.
Strategic risks	These risks are those that represent a threat to achieving the Trust's strategic objectives or to its continued existence. They also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder. Strategic risks must be reported to the Board of the Directors and should be managed at executive level, directly or by close supervision.
Target Risk	The risk score the Trust aims to get achieve with sufficient and effective controls in place.
Threat	An uncertain event that could have a negative impact on the delivery of objectives or benefits, should it occur.

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Risk Management Policy	Chief Executive	Tracy Evans-Phillips	Existing Policy	June 2025

1) Who is responsible for this policy? Deputy Chief Executive Directorate

2) Describe the purpose of the service / function / policy / project/ strategy? To provide a framework for risk management

3) Are there any associated objectives? Legislation, targets national expectation, standards No

4) What factors contribute or detract from achieving intended outcomes? Compliance with the policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] N/A

6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

Date for next review: June 2028

Checked by: Rebecca Allen **Date:** June 2025