

Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 4739

Please reply to: FOI Administrator Trust Management Maidstone Hospital Hermitage Lane Maidstone Kent ME16 9QQ

Email: mtw-tr.foiadmin@nhs.net

12 June 2018

Freedom of Information Act 2000

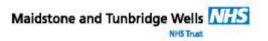
I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to the Trust risk register.

You asked:

- 1. Do you use an electronic system to store and manage your risk register (i.e. spreadsheet, software such as Datix) and if so what do you use.
- 2. How many risks in total are on your risk register? Please break these down into risk grading (i.e. low, moderate, high)
- 3. Please may you provide a copy of your risk register?
- 4. Please provide a copy of documentation provided to staff to assist with managing risks on the risk register (i.e. how to guides, policy etc)
- 5. Who manages the risk register on behalf of the organisation? (I do not need to know the individual, just the team and job title)

Trust response:

- 1. The risk register is stored, input and updated using Datix
- 2. 90 risks in total, broken down as follows; 22 High, 48 Mod, 20 Low
- 3. The information requested is exempt from disclosure under the Freedom of Information Act 2000 Section 36 as the Trust is not required to provide information in response to a request if the information would prejudice or would be likely to prejudice "the effective conduct of public affairs."
- 4. See attached.
- 5. The Risk & Compliance Manager oversees the register but is also populated and managed by individual directorate risk leads



MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Guidance on Risk Register Administration and Review

Policy link: Risk Management Strategy

Requested/

Required by: Quality and Safety Committee

Main author: Risk and Compliance Manager

Document lead: Risk and Compliance Manager

Contact Details: Jeff Harris (01622 224581)

Directorate: Quality & Governance

Specialty: Risk and Compliance

Supersedes: Guidance on Risk Register Administration and Review

(Version 4.0, January 2014)

Approval by: Trust Secretary (March 2015)

Associate Director of Quality & Governance Consultation with Trust Management Executive

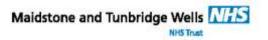
Consultation with key staff

Review date: March 2018

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The master copy is held on Q-Pulse Document Management System

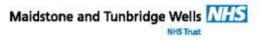
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Document history

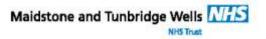
Requirement	The purpose of this guidance is to:		
for document:	Provide a guide and a check list for Risk Register Administrators and Managers.		
	Be a training guide for Risk Register Administrators and Managers.		
	Introduce the principles of risk management and describe the risk management process.		
	Describe the function and structure of the Trust's Risk Register.		
Cross references:			
Associated documents:	Maidstone and Tunbridge Wells NHS Trust. Risk Management Policy and Strategy [RWF-OPPPCS-NC-CG13]		
	2. Maidstone and Tunbridge Wells NHS Trust. <i>Risk Assessment Policy and Procedure</i> [RWF-OPPPCS-NC-CG6]		
	3. Maidstone and Tunbridge Wells NHS Trust. <i>Health & Safety Policy</i> [RWF-OPPPCS-NC-CG1]		
	4. Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]		
	5. Datix help function within the Datix database		
	6. Datix website with FAQ's and e-mail data request forum		

Version Control:		
Issue:	Description of changes:	Date:
1.0	First version of document	May 2006
2.0	Guidance reviewed and updated	July 2007
2.1	Guidance reviewed and minor changes made	May 2009
2.2	Guidance reviewed and updated	May 2010
3.0	Guidance reviewed and updated	November 2011
4.0	Guidance reviewed and updated	January 2014
5.0	Guidance reviewed and updated with minor changes	March 2015



Guidance on Risk Register Administration and Review

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1.0 INTRODUCTION AND SCOPE

This guide is designed to be used as a working and training guide for Risk Register administrators and managers:

- It introduces the principles of risk management and describes the risk management process.
- It describes the function and structure of the Trust's Risk Register.
- It defines the Corporate Risk Register and the concept of separate registers defined by level, directorate and department.
- It describes the process by which risk registers are to be developed, managed, monitored and audited.
- It is a working guide and check list for Risk Register administrators and managers.

The Chief Executive and Board of the Maidstone and Tunbridge Wells NHS Trust recognises that identified risks should be managed at the appropriate level and decisions on whether to act or otherwise are taken within an appropriate timescale.

This will be achieved by the generation of local risk registers, managed and monitored by department managers. Risks that can not be mitigated or accepted at departmental level can be transferred to the higher, Directorate level, and be managed by the Directorate committees. Ultimately, extreme risks and risks needing Board attention will comprise the Corporate Risk Register. The Trust Board will assure itself on the mitigation and management of those risks and will allocate risks to the appropriate Board Committee for scrutiny and monitoring.

2.0 RISK MANAGEMENT (including definitions)

The function of risk management is to:

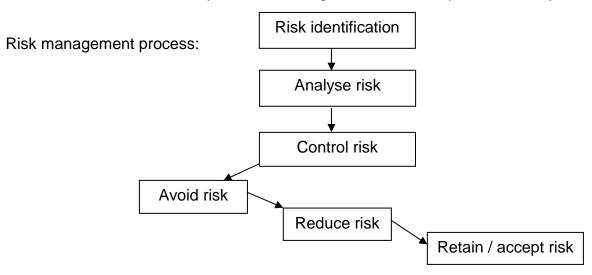
- Identify unwanted and uncertain future events and consider their impact on the Trust, its staff and its patients
- Devise strategies for dealing with those events and evaluate their costs
- Relate them to the decision making process of the Trust

The risks faced by a Trust are numerous and varied (see **Appendix 4**). They will include:

- Harm to patients (patient safety incidents clinical risks)
- Health, safety and fire accident and incident prevention and investigation (should include damage accidents and near misses)
- Failure to meet internal and external objectives, standards and targets (operational risk)
- Financial risks
- Business interruption and emergency situations (civil contingency)
- Security, fraud and data protection (governance risks)
- Staff recruitment, retention, competency and training (HR Risks)
- Technical breakdown and failure of plant and devices
- Prosecution and litigation
- Reputation of the Trust (governance risks)

For the purposes of this guidance, the following definitions will apply:

- **Risk management:** The identification, measurement and economic control of the risks which threaten the operation of the Trust
- **Hazard:** Anything that has the potential to cause harm, loss, damage or other unwanted outcome to individuals, services, the organisation or the environment
- **Risk:** The likelihood of any hazard causing harm and the impact or severity of that harm



Risk management consists of several simple steps:

- Firstly, identify the risk through various means including proactive activities such as risk assessment and observation, and reactive means such as incident investigation, complaints etc.
- Secondly, analyse the risk. Risk is made up of two components; the consequence and the likelihood. These components are each scored on a scale of 1 to 5 and this scoring is described in the Trust's categorisation matrix (**Appendix 5**). The Risk rating is defined as the consequence multiplied by the likelihood. The risk rating is taken from the 5x5 matrix which also gives a colour (level). The rating and level is used in the determination of the importance and priority given to the risk.
- Thirdly, control the risk. This is undertaken in three stages:
 - Wherever possible, avoid the risk by eliminating the hazard.
 - Reduce the risk (mitigation), by the introduction of control measures.
 - Retain the risk (accepting a tolerable risk).

Risk can never be completely mitigated. A residual risk will always remain even after control measures are put in place. Most Health and Safety legislation requires the employer to do what is reasonably practical. A decision needs to be made on what is reasonable and when a risk can be accepted. In deciding what is reasonable a balance has to be made between the risk score, and the resources required to mitigate the risk.

Accepting a risk is an important decision and therefore must be made by the appropriate level of management. It should be justified, recorded and accountable. If the residual risk is still red this decision may have to be made at Board level. If the residual risk is blue or green, this decision can be made at local level. However, there is no definitive rule; each risk must be assessed on its merits.

3.0 DUTIES

Risk management is a line management responsibility and hence every manager is responsible for the management of risks within their department. The duties roles and responsibilities for risks are described in the Trust's Risk Strategy (reference 1).

Role of the Risk Register administrator

Each department within the Trust will have access to a Risk Register administrator (usually the directorate risk lead). There will be at least one nominated per Directorate. The training is short and all managers across the Trust are encouraged to become their own risk register administrators. All risk leads should undertake the training. The administrator undertakes the following tasks:

- Enters risks on to the register with the manager or from completed risk entry forms (**Appendix 6**).
- Assist managers in monitoring their risks on the register, to ensure that actions are being carried out within the review date (managers are responsible for risk within their departments).
- Assist managers in updating risks on the register as required.
- Produce reports for managers and the directorate risk lead as required.
- Close risks at direction of the manager when actions complete or the risk has been accepted.

4.0 TRAINING AND COMPETENCIES REQUIREMENTS

The training requirements for all key staff are described in the Trust's Risk Strategy (reference 1). The Risk Register Administrators are trained by the DATIX Facilitator or the Risk and Compliance Manager. The DATIX Facilitator and the Risk and Compliance Manager will provide practical training and backup support to all staff if needed.

5.0 THE RISK REGISTER PROCESS

5.1 Risk Register Purpose

The risk register is a key element in the way the Trust manages risk. The purpose of the risk register is to provide a comprehensive, prioritised database of recognised risks that potentially threaten the Trust, its patients, staff and services.

The register is a record of unresolved risks and not a record of risk assessments carried out. Not every risk assessment will identify unresolved risks and some will identify several unresolved risks. The register will:

- Describe the risk and determine its priority through the risk score.
- Identify who owns the risk and is responsible for its mitigation.
- Record key information to allow trends to be identified.
- Contain a milestone action plan.
- Record review and completion dates.
- Records links to incidents, complaints, claims etc.
- Record the controls introduced and the mitigation of the risk.
- Provide the evidence and reason for the closure of the risk.



5.2 Administration

The Trust uses the 'Datix Risk Management System' to create and manage the Risk Register. The system is managed by the 'Datix Facilitator'. Risks are entered by 'Risk Register Administrators' and each Directorate will need to ensure that they define suitable resource allocations for Risk Register Administrators. There should be at least one administrator per directorate (see reference 1).

Risks are placed on the register by Trust Managers assisted by their Risk Register Administrators. The Manager will own the risk and be responsible for its management, review and closure. The administrator makes changes once instructed by the manager.

Ideally the Manager and Administrator would administer the system together. However, this is not always possible so to assist in this process a template has been devised for Managers to complete (see **Appendix 6**)

5.3 Priority

All risks placed on the risk register must be assessed against the Trust's risk categorisation matrix (**Appendix 5**) to give a risk score and colour. Health and Safety legislation requires that the time and resources given to mitigating a risk is proportionate to the risk score.

5.4 Reviewing the Register

When a risk is entered the manager responsible for monitoring the risk must be identified (compulsory field). Local managers should review their local risk register to ensure that actions are completed on time and in full. They should ensure that mitigated risks are closed. If managers move post, the register must be updated and their risks must be transferred to their replacement. The manager should be satisfied that the risk has been mitigated or accepted before closing the risk. If the risk has been accepted at a higher level the manager responsible must be informed and the decision justified.

Risks placed on the register must have a review date (compulsory field). Risks placed on the register remain live until a manager instructs an administrator to close the risk. All risks should be mitigated and closed quickly.

Directorate Risk Leads should review their Directorate risk registers to ensure that Managers are managing and reviewing their risks. Leads will directly manage the directorate level risks and report on progress to the Health and Safety Committee. The names of Directorate Risk Leads and Risk Register Administrators are on Q-Pulse and published on the Trust's intranet site (risk page). In most cases the Risk Lead is also the risk register administrator.

http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP678

There is a box on the Datix screen where the risk can be tagged for annual review (compulsory field). This should be completed to indicate which risks will need annual review. Some risks once closed will not require review but for others controls may need to be checked to ensure they are effective.

5.5 Closing a risk

There are two situations under which risks can be closed.

- The risk has been mitigated to an acceptable risk score or no-longer applies.
- The Trust decides to accept the risk without mitigation (see **Section 2**). Accepting the risk is an important decision and therefore it should be justified, recorded and accountable.

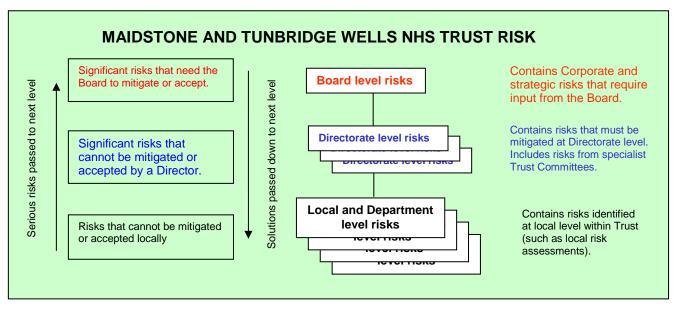
5.6 Feedback

If risks are mitigated or accepted at Directorate or Board level, the local managers should be informed. Local managers should then inform their staff. It is the responsibility of the Directorate Risk Lead to ensure local managers and the original reporter are informed.

5.7 Risk Level

Risks must be entered on to the system at one of four different levels (compulsory box):

- Department Level Risks are risks identified at local level within departments. The
 majority of risks will be mitigated locally within a department and the risk closed. If
 the department is unable to mitigate a significant risk due to lack of resources, the
 mitigation is out of their control, or they do not have the authority to accept the risk,
 then the risk should be raised to the Directorate level.
- Directorate Level Risks are risks identified at directorate level, risks from Trust committees and significant risks passed up from local and department levels. Many risks will be mitigated within the directorate and the risk closed. If the directorate is unable to mitigate the risk due to lack of resources, the mitigation is out of their control, or they do not have the authority to accept the risk, then significant risks must be raised to Board level.
- Board Level Risks are significant risks passed up from the Directorate and Divisional levels and risks identified by the Board or by a Specialist Risk Committee. These risks need to be considered by the Board and will be sponsored by the relevant Director. If the Board is unable to mitigate the risk, the mitigation is out of their control, or they are unable to accept the risk, then the risk can be taken to the Strategic Health Authority, Department of Health etc.



5.8 Monitoring the Risk Register

The Trust's risk register is monitored and audited by the Risk Manager for consistency, accuracy and to ensure the register is being locally managed. To assist in this key performance indicators may be used to bench mark and assess Directorates, administrators and managers. The indicators will be determined by the Risk Manager and agreed by Committee. The indicators that have been used and may be used in future are:

- Total number of live (open) risks on the register.
- Percentage of those with overdue review dates.
- Percentage of risks tagged for annual review
- Percentage of risks that are over two years old.
- The turnover of risks in a 2 month period.

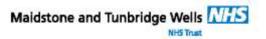
The Risk Manager audits directorate performance every two months and reports on progress to the 'Health and Safety Committee'. Board Committees review their respective Board level risks and report key issues to the Board as part of the established reporting process between Committees and Board (see Corporate Risk Register).

The Risk Manager generates risk registers for Committees to review. These include the Board level (corporate) risk register (see **Appendix 9**) and the organisation wide risk register (see **Appendix 10**). They follow a common structure which includes:

- The risks unique identifying number (id)
- Date opened
- Level (Departmental, Directorate or Board level)
- Risk title
- Speciality (Directorate)
- Manager's name
- Reviewing committee
- Initial, uncontrolled risk score
- Description of the risk
- Controls in place
- Current risk score (residual risk score)
- Changes in the risk score in the previous 2 months
- Action plan
- Risk review date
- Controlled risk on completion (target risk score)

The organisation wide risk register would be over wieldy because of its size so the committee, the uncontrolled risk score, action plan and target risk scores are omitted from the reports to committees. However, the risk Leads have access to all the data.

Each year Directorates will be asked to review their closed risks to ensure that controls are still efficient and the risk remains mitigated. This process is initiated, monitored and reported by the Risk Manager.



RISK REGISTER GUIDANCE

6.1 ESCALATION (Decision Tree)

Having identified a risk, an individual (or team) should use the following decision tree (**Appendix 7**):

- Can the hazard be managed so that the risk is mitigated or reduced to an acceptable level by taking immediate action? If so, the remedial action should be taken at local level. This can be sufficient.
- If the risk can not be immediately reduced to an acceptable level it should be brought to the attention of the local manager. A risk assessment should be carried out to determine the reasonable control measures required to mitigate the risk. If the risk can be mitigated within the local area in a department with present resources it should be entered on to the risk register as a department level risk.
- If the risk covers more than one department or the learning needs to be shared across several departments it should be entered on to the risk register as a directorate level risk and the Directorate Risk Lead informed. The Directorate Risk Lead will then ensure that the risk is discussed at directorate management meetings. The directorate management committee will decide to mitigate or accept the risk.
- If the risk can not be mitigated within the Directorate, the management team can raise it to Board level on the risk register. Board level risks are referred to the relevant Board Committee and hence the Board by the Risk Manager.
- Once a risk has been mitigated or accepted the risk can be "closed" on the register.
 If a risk is accepted at Directorate or Board level the originator should be informed and the decision explained.

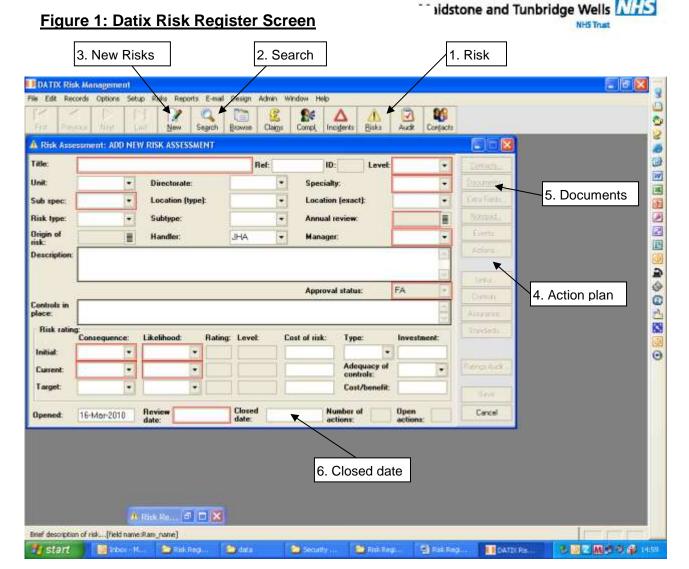
6.2 Guidance on entering or updating a risk on the Risk Register

Ideally the manager and administrator should meet to add a risk to the register. However, this is not always possible so a risk entry form (**Appendix 6**) can be used.

- The Risk Register administrator will receive a risk entry form from a manager within their own directorate.
- The Risk Register administrator should check that all details for compulsory fields have been completed on the form as Datix will not save a record without these. The compulsory fields include title, level, speciality, manager, risk ratings (at this stage 'current' will be the same as initial), annual review tag and review date.
- The Risk Register administrator will then enter the details from the risk entry form on to Datix. The login user name and password may be obtained from the Datix Facilitator if forgotten.

Need to ensure the risk is not already on the system by **running a search**:

- Make sure that the Risk module is chosen, if necessary by clicking on 'Risk' from the menu bar at the top of the screen (1 fig 1).
- Click on 'Search' (2 fig 1) and enter suitable key words or other information (see
 Appendix 8 for help on search symbols) followed by "start".



If the risk is not on the system then enter as a **new risk**:

- Click on 'New' (3. fig1) from top menu bar.
- A new record will appear on screen as displayed in figure 1.
- The Risk Register administrator should then enter all compulsory fields first (red outlines fig 1), so that the record may be saved if the Administrator is distracted or can not complete form straight away. The rest of the fields may then be added.

All risks must have an **action plan** added. This may be monitored as a key performance indicator. The system is not user friendly so only key milestones need to be added, backed by a separate detailed action plan:

- Click on the "action" box (4 fig 1) and the action plan entry box appears.
- Add a brief summary statement. This does not constitute an action plan, there must be at least one line of the plan completed.
- Click on the insert button and a line in the plan will be highlighted.
- Add the action to the line, as a minimum the action, "to" (owner), start and due dates must be completed.
- When completed click on "save". Further actions can then be added.
- When the action plan is complete click on "close" to return to the risk.
- The "action" box will now be blue indicating the presence of a plan. The plan will need to be updated when the risk is reviewed.

The mitigation of risks may have to be evidenced. This may require **documents** to be saved such as committee minutes, detailed action plans etc. Documents can be saved as part of the Datix record:

- Click on the "document" box (5 fig 1) and the document entry box appears.
- Click on "insert" and a browsing box will appear. Locate and select the document.
- Complete the document entry box and click on "save". Further actions can then be added.
- Hard paper copies of documents may be scanned and added as pdf files using the "WP" field (word processor) within the documents box. If a scanner is unavailable, documents can be sent to the Datix facilitator for scanning and inclusion.
- Click on "close" to return to the risk. The "document" box will now be blue indicating the presence of attached documents.

6.3 Guidance on closing a risk on the Risk Register

- A risk should be closed once all the actions are complete and a risk has been reduced to an acceptable level (target risk score).
- A risk should also be closed if no further action can be taken and the manager wishes to accept the Risk. The justification for the decision to accept a risk must be recorded in the register. The individual or committee (including the Board) must also be recorded. Documents evidencing the decision should be attached.
- The Risk Register Administrator closes the risk by placing the date in the closed date field (6. fig1).

7.0 THE CORPORATE RISK REGISTER

7.1 Definition

The Corporate Risk Register (Board level risk register) consists of all the board level risks. These will comprise strategic risks identified by Directors and the Trust's risk committees. It will also contain risks raised from directorate level. The criteria for a risk to be raised to the Corporate Risk Register are:

- A risk that cannot be addressed at local management level or by a single directorate.
- A risk that has been discussed at directorate management meetings and a recommendation has been determined. The Board could be asked to either:
 - Take a decision or action.
 - Be made aware.
 - Accept a red risk on behalf of the Trust.
- A risk that can not be addressed without the authority of the Board.
- A risk that can not be addressed without considerable input of resources (financial, people, time etc).
- A risk that may impact on the Trust as a whole and indirectly hinder corporate objectives.



7.2 Function

The Corporate Risk Register is key to the development of Trust's objectives and the Trust's Assurance Framework.

The Corporate Risk Register is a valuable tool in enabling the Trust to:

- Identify strategic and principal risks and influence the Trust's Assurance Framework.
- Produce implementation plans which accurately reflect its priorities.
- Plan and allocate its finances.
- Identify and address significant development needs.
- Identify and address processes that require review.
- Clearly identify Board level ownership.

7.3 Monitoring

The Board level Risk Register is taken from the Datix database every 2 months by the Risk Manager. Each risk is discussed with its lead manager to determine:

- If the risk is fully described, scored and recorded.
- If the risk has been discussed at Directorate level meetings.
- What is required of the Board. The Board could be asked to:
 - Be aware of the risk.
 - Take a decision or action.
 - Accept a red risk on behalf of the Trust.

The Risk Manager places the risks in a table (**see appendix 9**). Most information is transferred from Datix but the reviewing committee and statement for the Board is added by the Risk Manager. The Register is divided in to sections corresponding to the Trust's key risk committees.

The document is headed by a summary page that consists of:

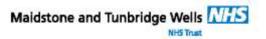
- The number of risks opened and closed in the previous 2 months.
- The number of risks increasing and decreasing.
- The number of red, amber and green risks.
- Risks closed in the previous 2 month period.

7.4 Reporting

The Board level Risks are reviewed by the relevant Board committee at each meeting. The Trust Management Executive Committee is the Board committee with overarching responsibility for integrated risk.

Board Committee reports to the Board (at the next scheduled Board meeting following the Committee meeting) will include the highlighting or escalation of risk issues to the Board as necessary.

The Board level Risk Register is also presented directly to the Board for discussion.



8.0 THE ORGANISATION WIDE RISK REGISTER

8.1 Definition

The full Risk Register including all Specialties and all levels is described as the organisation wide risk register. The Risk Manager prepares a register of all open risks every 2 months (see appendix 10).

8.2 Function

The organisation wide risk register should consist of about 100 to 150 open risks. This allows for an average of 7 risks in each of the 19 Directorates. This is therefore a large document and has limited use. It does give the Board a view on the range of risks within the Trust.

8.3 Monitoring and reporting

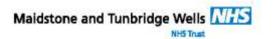
The organisation wide Risk Register is taken from the Datix database every 2 months by the Risk Manager. They are sorted by Speciality and then opening date.

The Organisation Wide Risk Register is presented to the Board for information and discussion.

9.0 FURTHER INFORMATION

For further advice, information and assistance please contact:

The Risk Manager – Jeff Harris 24581 The DATIX Facilitator – Josie Briggs 25771



APPENDIX ONE

Process requirements

1.0 Implementation

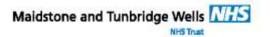
- Approved through consultation with the Trust Management Executive committee.
- Shared directly with Directors and key risk management staff.
- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- Implementation will be progressed through a process of continuous improvement. This
 will continue to ensure that once an acceptable standard is reached, it is maintained
 and improved. The KPI's and targets used will be set by the relevant committees.

2.0 Review

This guidance document will be reviewed at a minimum of once every three years; however, process reviews will be undertaken with greater frequency, to coincide with the development of the Trust annual framework document and in response to the annual audit undertaken by internal audit. The Risk and Compliance Manager will review the guidance and, even when alterations have not been made, undertake the consultation process as detailed in **Appendix 2 (Consultation)**.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.



APPENDIX TWO

CONSULTATION ON: Guidance on Risk Register Administration and Review

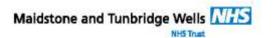
Consultation Process – Use this form to give the approving committee assurance that the consultation has been adequate for the purpose.

Please return comments to Mr J Harris, Risk Manager (iharris2@nhs.net)

By date: 1-3-2015 (all documents must undergo 2 weeks consultation)

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2-15		
0.45		
	2-15 2-15	

The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.



APPENDIX THREE

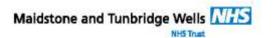
Equality Impact Assessment

In line with race, disability, and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups. They are also required to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.

Title of Policy or Practice	GUIDANCE ON RISK REGISTER ADMINISTRATION	
	AND REVIEW	
What are the aims of the policy or	Guidance for Managers and risk register	
practice?	administrators	
Identify the data and research used to	Risk Management Strategy	
assist the analysis and assessment	Risk Assessment Policy and Procedure	
Analyse and assess the likely impact	Is there an adverse impact or potential	
on equality or potential discrimination	discrimination (yes/no).	
with each of the following groups.	If yes give details.	
Males or Females	No	
People of different ages	No	
People of different ethnic groups	No	
People of different religious beliefs	No	
People who do not speak English as a	No	
first language		
People who have a physical disability	No	
People who have a mental disability	No	
Women who are pregnant or on	No	
maternity leave		
Single parent families	No	
People with different sexual orientations	No	
People with different work patterns (part	No	
time, full time, job share, short term		
contractors, employed, unemployed)		
People in deprived areas and people	No	
from different socio-economic groups		
Asylum seekers and refugees	No	
Prisoners and people confined to closed	No	
institutions, community offenders		
Carers	No	
	is it minimal and justifiable and therefore does not	
require a stage 2 assessment?		
When will you monitor and review	March 2018 or earlier if guidance reviewed.	
your EqIA?		
Where do you plan to publish the	Published as Appendix 3 of this guidance and	
results of your Equality Impact	available to all staff on the Trust Intranet.	
Assessment?		



FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Common sources of information that can be used to populate the Risk Register	RWF-OWP-APP452
5	Risk categorisation matrix	RWF-OWP-APP51
6	MTW Risk Register entry form	RWF-OWP-APP454
7	The Risk Register Decision Tree	RWF-OWP-APP455
8	Datix search symbols	RWF-OWP-APP456
9	The latest version of the Board level Risk Register is available on Q-Pulse:	RWF-QG-CG-RISK-BRREG1
10	The latest version of the Trust (Organisation Wide Risk Register is available on Q-Pulse:	RWF-QG-CG-RISK-OWRREG1



MTW RISK REGISTER ENTRY FORM

This form is to enable managers to record the information required to enable a risk to be placed on the risk register by a Risk Register Administrator. (m= mandatory field).

Note: The organisation wide risk register is regularly presented to the Board and is part of the Board papers. The Controls in Place box should contain a progress statement to inform the Board. It is important that the language and entries are suitable for the public domain. Names should not appear in the action plan, title, description or controls fields.

(m)				
	Pick			
	list			
Level (m)	1			
Unit	2			
Speciality	3			
Sub-speciality	3			
Location type	4			
Location exact	-			
Risk type	5			
Risk sub-type	5			
Origin of risk	6			
Annual review (m)	Y/N			
Handler	-			
Manager (m)	-			
D	T			
Description				
Controls in place				
(should include a				
progress statement)				
,				
Initial risk (m)	Consequence		Likelihood	
Current risk (m)	Consequence		Likelihood	
Review date (m)	202240023			
11311311 2213 (111)	1	J.		

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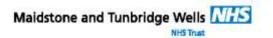
Title



Contacts (m) (including manager)	
Links (IR1s / e-reports, complaints, claims etc)	

Milestone action plan:				
Summary of the detailed, time based action plan de	avalanad fra	m the rick as	coccmont	
Action	Owner	Start date	Due date	Complete
ACTION	Owner	Start date	Due date	Complete

Risk Manager March 2015



MTW RISK REGISTER ENTRY FORM: PICK LISTS

(m) = mandatory field.

Pick list 1: Level (m)

Department • Directorate

Pick list 2: Unit

 Maidstone H 	ospital
---------------------------------	---------

- Tunbridge Wells Hospital at Pembury
- Tonbridge Cottage Hospital
- Medway Hospital
- Kent and Canterbury
- Other trusts (including Acute)
- Other trusts Non-Acute

- PCT
- Community
- Patient's home
- Trust wide
- Horder Centre
- Homeopathic
- Paddock Wood medical records
- Sevenoaks Hospital
- East Grinstead Hospital
- Crowborough Hospital
- Other HIS sites
- .

Pick list 3: Speciality (m) and sub-speciality

Estates and Facilities

- Car Parking and Grounds
- Catering
- Domestics
- Laundry
- Maintenance
- Medical Equipment
- Non-Patient Transport
- Patient Transport
- Portering
- Postal Services
- Projects
- Security
- Staff Accommodation

Financial Audit

- Counter Fraud
- External Audit
- Internal Audit

Financial Services

- Materials Management
- Payroll
- Purchasing/Supplies
- Strategic Finance

Information Technology

- Clinical Coding
- Clinical Information
- Information Technology
- Switchboard

Kent HIS

Kent HIS

Corporate

- Communications
- Corporate
- Emergency Planning
- Fire safety
- Media interest
- New Hospital Development
- Reconfiguration

Nursing

- Nursing
- Patient Affairs
- Patient Experience
- Professional Standards

Clinical Governance and Quality

- Clinical audit
- Customer services
- Governance
- Legal Services
- Moving and Handling
- Patient safety
- Research and development
- Risk team
- PALS

Human Resources

- Chaplaincy
- Education and Training
- Human Resources
- Library
- Occupational Health

Planned Care

- Choose and Book
- Medical Records
- Planned Care

Outpatients

Outpatients

External Agencies

- Dermatology
- External Trusts
- PCT
- Social Services

A&E

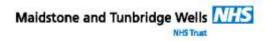
A&E

Site Management

- Administration
- Bed Management

Medicine

- General Medicine
- Stroke Service
- Elderly Care
- Blood Borne diseases
- Cardiology
- Diabetics
- Endocrinology
- Gastroenterology
- Neurology
- Rehabilitation
- Respiratory
- Rheumatology



Surgery	Theatres, Anaesthetics	Pathology
Breast Care	and Chronic Pain	Blood Transfusion
Colorectal	Anaesthetics	Cellular pathology
Day Surgery	Chronic Pain	Biochemistry
General Surgery	Outreach	Cytology
Neuro Surgery	Endoscopy	Haematology (Laboratory)
Surgical Aids	High Dependence Unit	Histopathology
Surgical Aids	Intensive Care	Microbiology
	Theatres	Mortuary
Urology	Oncology (Cancer)	Pathology
Urology	Chemotherapy	Dharman
Head and Neck	General Oncology	Pharmacy
Audiology	Haematology Services	Pharmacy
Ear Nose and Throat	Medical Physics	Therapies
Maxillo Facial	Nuclear Medicine	Chiropody
Ophthalmology	Palliative Care	 Dietetics
Orthoptics	Radiotherapy	Occupational Therapy
Trauma and Orthopaedics	radiotricrapy	Physiotherapy
Orthopaedics	Gynae-Oncology	 Speech and Language
Trauma	Gynae-Oncology	
- Tradifia	Radiology (Imaging)	Infection Control
Gynaecology	CT Scan	Infection Control
Gynaecology	Mammogram	Paediatrics
Obstetrics	MRI	Paediatrics
Midwifery / Obstetrics	Nuclear Medicine	SCBU / NNU
,	Ultrasound imaging	
Sexual Health	X-Ray	Voluntary Services
Genito-urinary	- Artay	■ Voluntary Services



Pick list 4: Location (type)

Administration 0 Admissions 0

Accident & Emergency Dept. 0

Ante Natal unit **Appliance Department** 0 Anaesthetic Room

Arrivals and Discharge Lounge 0

Audiology

Bereavement Office 0 Birthing Centre

Biochemistry 0 Blood sciences Boiler house 0 Cardiology 0

Car Park and security Office 0

Cashier 0 Catering 0 Cardiac Cath Lab 0

Clinical Administration Unit 0

CCU Ward

Central Delivery Suite 0 Charles Dickens Ward 0

Chapel 0 Chaucer ward 0 Chest Unit 0

Children's Outpatients 0 Chronic Pain Unit 0 Clinical coding 0 0 Colorectal Unit Colposcopy clinic 0 **Common Spaces** 0 Community

Cornwallis Ward 0 Car Park

0

0

Crowborough Hospital

CT Scanner 0 Culpepper Day Assessment Unit 0

Day Care Services Decontamination services 0

Delivery suite 0 Dermatology 0 Diabetic Centre Discharge Lounge 0 **Domestics Department**

Doctors Mess 0 **ECG** Department 0

EEMU 0

Emergency Gynae Assessment 0

EME Department 0 Endoscopy 0 Engineers Workshop 0 **EPR and IM&T Training** 0

Estates Office 0 **Estates Workshop** 0

Eve Unit 0

Facilities Management 0 Fetal Assessment Unit 0 Foster Clark Ward 0 Finance Department 0 League of Friends Shop

Gastroenterology 0 Generator

Genital Urinary Medicine 0

General Office

Gynaecological Inpatients 0

Haematology-Oncology day unit 0 HDR Theatre, Control area

High Dependency Unit

Document Issue No. 5.0

Risk Register Entry Form Written by: Risk Manager, Jeff Harris Review date: March 2018

HIS 0

0

Hedgehog Ward 0 Histopathology 0 Homeopathic Clinic Hope Bulter Suite 0

Hospital Grounds Hospital Wide 0 **HUB** rooms Human Resources 0

Hutchinson Suite/Chronic Pain

unit **HSDU** 0 ICT Office 0 Infection Control 0 Intensive Care Unit 0 Jefferson Unit/Suite John Day Ward 0

Jonathan Saunders Ward 0 Kent and East Sussex Weald 0

Hospital Ltd

0 Kent and Medway Adolescent

Unit Laboratory 0 Labour Ward 0 Library 0 Linen 0

0

Liquid Oxygen Compound Lord North Ward 0 Loading Bay 0 Materials Management 0 Medical Assessment Unit Medical Directors Office 0 Medical day Unit Medical Records 0 Medical Staff Bureau

Medical Elective Decision Unit 0

Medical Gas Store Medical Physics 0 Mercer Ward 0 Microbiology 0 Monckton Ward 0 Mortuary

0 Maidstone Orthopaedic Unit 0

MRI Unit 0 Mould Room 0 Multi Faith centre 0

Nursing Management Offices 0

Nuclear Medicine 0 Occupational Therapy 0 Occupational Health 0 Oncology Pharmacy
Oncology Outpatient Clinic area 0

0

Oncology Research Unit 0 Outpatient clinic 0 Ophthalmology Day Care 0 Outpatients ENT clinic 0

Outpatients Fracture Clinic 0 **Outpatients Oral and** 0

Orthodontics clinic Outpatients Surgical clinic 0 Outpatients Opthalmic 0

Ophthalmology Ophthalmic Theatre 0 **Opticians Department**

Orthodontics 0 Orthopaedics

Orthoptic Department 0

Pacing Room 0 Pain Clinic 0 Patient's Home Pathology

Parkwood Laundry

Peale Ward 0

Peggy Wood Breast Unit 0

Pharmacy Physiotherapy 0 Plant room Plaster room 0 Post Natal unit Post graduate centre 0

Post Room Pre-assessment clinic 0 Primary Data centre Public Place/Street 0

Practice Development Nurses Office 0

Pye Oliver Ward 0 Radiology department Radiotherapy 0

Radiotherapy Treatment

Machines

Residential Care Home/Group 0 Home/NHS Nursing Home

Receptions, Waiting and Changing areas Respiratory clinic 0 Riverbank Unit 0 Recovery Room 0 Rheumatology Clinic Romney Community Ward 0 0 Satellite Therapy unit Security Control Room 0 Special Care Baby Unit

Sewing Room 0 Sports and Social Staff Education 0 Staff Accommodation Short stay Surgery unit 0

Social services

Stores 0

Stroke Rehab Unit Secondary data Centre 0

Switchboard Theatres 0

In Transit (Ambulance)

Transport 0 Ultrasound

Urology Investigation Unit 0

Ward 22 (Elderly care) 0 Ward 22 (ASU) 0

Ward 30 0 Ward 31 0

Ward 32 (Wells suite) 0 Ward Eight 0 Whatman Ward 0 Whitehead Ward 0 WH Smith 0

Women's Health centre

X-Ray

Pick list 5: Risk type and risk sub-type

Pick list 5: Risk type and risk sub-type	
Clinical Services	Corporate and Strategic
Ambulance Services	Emergency Preparedness
Clinical Audit Arrangements	Government/Regional Policy
Clinical Governance Structures	Health and Safety
Consent and Patient Information	Legislation
Health and Safety	Partnership Working
Informed Consent	Reputation
Integrated Care	Risk Management System and Strategy
Management/Communication	Strategic Planning
Maternity Care	Targets
Management of Clinical Care	Trust Management
Mental Health and Learning Difficulties	Health and Safety
Equipment and Suppliers	Estates and Facilities
Accuracy	Access
Control of Contracts and Contractors	Buildings
Cleaning and Storage	Condition of Estates
Fitness for Purpose	Fire Safety
Health and Safety	Health and Safety
Maintenance	Land
MDA Reports	Location of Estate
Medical Devices	Security
Plant and Equipment	
Reliability	
Training	
Utilization	
Finance	Human Resources
Budgetary Control	Availability of Skills
Capital Investment	Competencies/Accreditation
Clinical Service Contracts	Education
Commissioners/Purchasers	Induction and Training
Fraud/Probity	Improving Working Lives
Internal Controls	Occupational Health Services
SFI's	Recruitment
0.10	Sickness and Absence Levels
IM & T	Local Issues
Contingency/Disaster	Health and Safety
IM and T	Security
Infrastructure	
Interfaces	
Records Management	
Recovery	
Security	

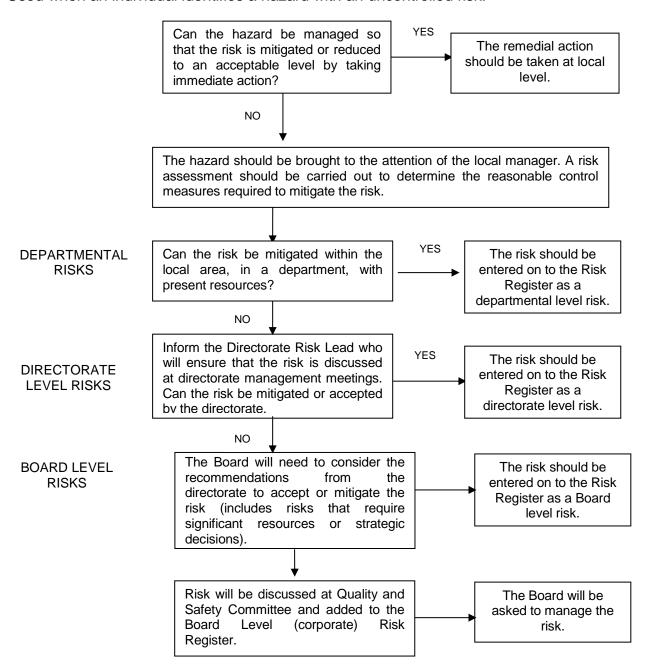
Pick list 6: Origin of risks (m)

IAI	Internal Adverse Incidents and Claims (DIF 1 reports)
CAS	External Safety Alerts (CAS)
EAI	External Agency inspections and standards (CQC/HSA/NHSLA etc
COM	Complaints
SCA	Internal Audit (South Coast Audit)
CA	Clinical Audit
LRS	Local Risk Assessment (Department and Directorate)
SRS	Strategic Risk Assessment (Division and Board)
BPS	Best practise Standards (NICE, NSF's, Confidential enquiries etc)
SUR	Surveys



RISK REGISTER DECISION TREE

Used when an individual identifies a hazard with an uncontrolled risk.

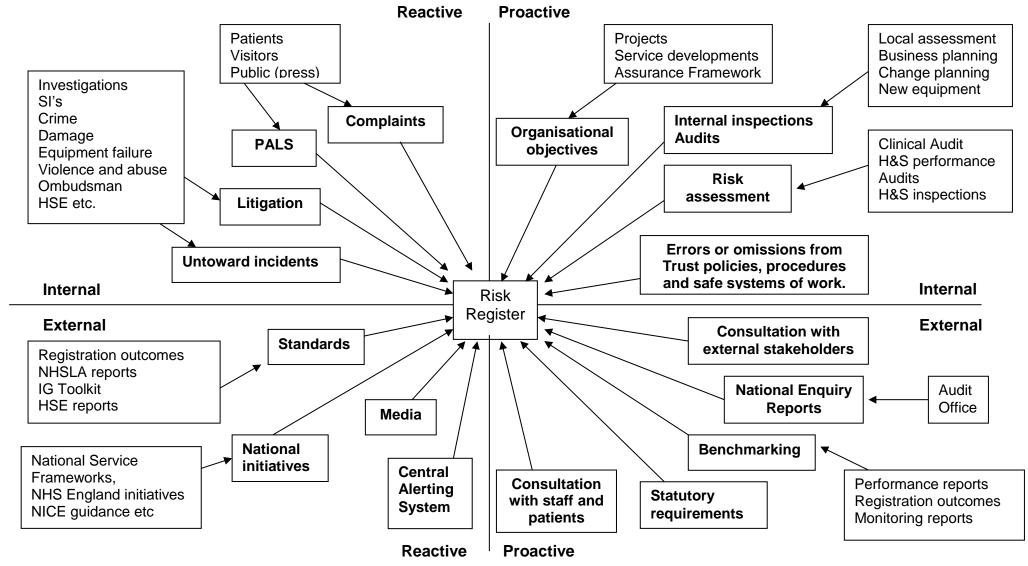


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Common sources of information that can be used to populate the Risk Register



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Source: Guidance on Risk Register Administration and Review (reference 5)