Brighton and Sussex
University Hospitals

NHS

NHS Trust

RISK MANAGEMENT POLICY

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Linked documents	• Risk Management Strategy • Incident Management Policy • Health & Safety Policy • Risk Assessment Process SOP

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1. INTRODUCTION

What is 'risk'?
Risk is defined as an uncertain event or set of events, which should it occur, will have an effect upon (i.e. threaten) the achievement of the Trust's objectives. Risk consists of a combination of the likelihood of the 'threat' happening and the impact of that threat happening.

What is 'Risk Management'?
Risk Management is the term used to describe the activities required to identify, understand and control exposure to uncertain events which may threaten the achievement of the Trust's objectives.

Why do we do it?
Risk Management is a key component of management and clinical practice as it aims to ensure that:

- Achievement of objectives is more likely
- Risks are managed in line with the organisation's appetite for risk
- Adverse (damaging) events are less likely
- Costly re-work and 'fire-fighting' is reduced
- Capital expenditure and revenue resources are utilised more efficiently and effectively
- Performance is improved (including quality, finance, operational and workforce)
- Decision-making is better informed
- Positive outcomes for patients, service users and stakeholders are increased
- Our reputation is protected and enhanced

2. PURPOSE

This Policy clearly sets out the expectations and requirements of individuals and meetings at each level within the Trust regarding the management of risk and the implementation of the Trust's Risk Management Strategy. It includes a number of useful templates as appendices to support the practical implementation of the Policy.

3. DEFINITIONS

There are a number of terms used when describing risk management. The following table sets out the key terms which are featured within this policy and are therefore applicable to our risk management process.

Key Term	Definition
Risk Management	Risk Management is the term used to describe the activities required to identify, understand and control exposure to uncertain events which may threaten the achievement of objectives.
Risk	Risk is described as the combination of: • Condition (Summary of the risk – this should be concise) • Cause (List all potential causes of the risk – what could make this risk happen?) • Consequence (resulting in – what is the impact?)
Control	Existing arrangements which are in place to assist in the mitigation of the risk and the achievement of an objective. For example, a policy, incident reporting or training programme.
Assurance	Assurance is the evidence which allows us to assess and scrutinise how effective our controls are. This is used to assess the controls of strategic risks reported via the Board Assurance Framework.
Risk Appetite	Sets out the levels of risk we are prepared to accept (and not accept) for each type of risk in achieving our objectives.
Risk Register	A record of all identified risks relating to a set of objectives, including their history, status and risk score. The purpose of a risk register is to evidence and drive risk management activities and it is used as a source or means of risk reporting.
Corporate Risk Register	A record of all risks identified in risk registers with a risk score of 12 or above or below 12 but with a consequence score of 5
Project / Programme Risks	Project and programme risks are managed in the same way as other risks in the Trust but there are slight differences in the approach. Risk registers or logs will be maintained for risks to programmes or projects and held as part of the project documentation by the Programme Management Office.
Board Assurance Framework	A document that provides details to the Board and its Committees regarding the strategic risks associated with the delivery of strategic objectives and includes information regarding the, effectiveness of the controls and assurances in place, gaps in controls and assurances and planned actions to address these gaps.

4. SCOPE

This policy identifies the lines of accountability for the management of risk throughout the Trust and is applicable to all staff (including temporary, permanent, voluntary and contractors).

5. POLICY STATEMENT

The Trust is committed to ensuring that the highest standards of service are provided and recognises the fundamental role that risk management has in enabling this.

6. RESPONSIBILITIES, ACCOUNTABILITY AND DUTIES

All staff have a responsibility for risk management; however, the following provides an overview of those with specific responsibilities to ensure the implementation of this policy.

Chief Executive is responsible for:
- Ensuring the Trust is able to control strategic risks and develop and provide appropriate levels of assurance that strategic risks are being controlled
- ensuring that the Trust has a Risk Management Strategy and Policy in place and that it is delivered
- Ensuring the Trust's Risk Management processes enable risk to be identified, scored, escalated and controlled in line with the Trust's Risk Management Policy and Strategy

Executive Directors are responsible for:
- ensuring risks are managed in order to enable the delivery of the Trust's strategic objectives
- identification, control, monitoring and reporting of the risks which may threaten achievement of strategic objectives
- maintaining accurate and up to date risk registers, relevant to their objectives
- ensuring the Board Assurance Framework is accurate and up to date and reflects the actions being taken to address gaps in control and assurance as relevant to their objectives

Group Company Secretary is responsible for:
- ensuring that there is an appropriate Risk Management Policy
- facilitating the reporting of appropriate risks to the Board and its Committees
- facilitating the provision of a Board Assurance Framework to the Board and its Committees

Head of Risk Management is responsible for:
- provision of education, support and expertise in relation to Risk Management
- provision of education and training on the Risk Management Policy
- provision of training of Datix Risk Management system
- facilitating the reporting of appropriate risks to Risk and Compliance Group
- monitoring and reporting compliance with the Risk Management Policy
- facilitating the reporting of appropriate risks to specialist corporate groups

Clinical and operational leaders within divisions (or equivalent for non-clinical corporate functions) are responsible for:
- leading and overseeing implementation of the Risk Management Policy at divisional level which includes the effective identification, recording, control, monitoring and reporting of the risks which may threaten achievement of divisional objectives
- facilitating the reporting and where necessary, escalation of appropriate risks to the Trust Executive Committee from the division
- maintaining accurate and up to date risk registers, relevant to their division

Clinical and operational managers within divisions (or equivalent for non-clinical corporate functions) are responsible for:

- facilitating implementation of the Risk Management Policy at divisional level which includes the effective identification, recording, control, monitoring, escalation and reporting of the risks which may threaten achievement of divisional objectives, in accordance with the procedure set out within this policy
- monitoring and reporting compliance with the Risk Management Policy at divisional level, as directed by the Head of Risk Management

'Risk Owners' including all Departmental / Ward / Service Managers are responsible for:

- the identification, assessment, recording, control, monitoring and reporting of the risks which may threaten achievement of business unit objectives, in accordance with the procedure set out within this policy
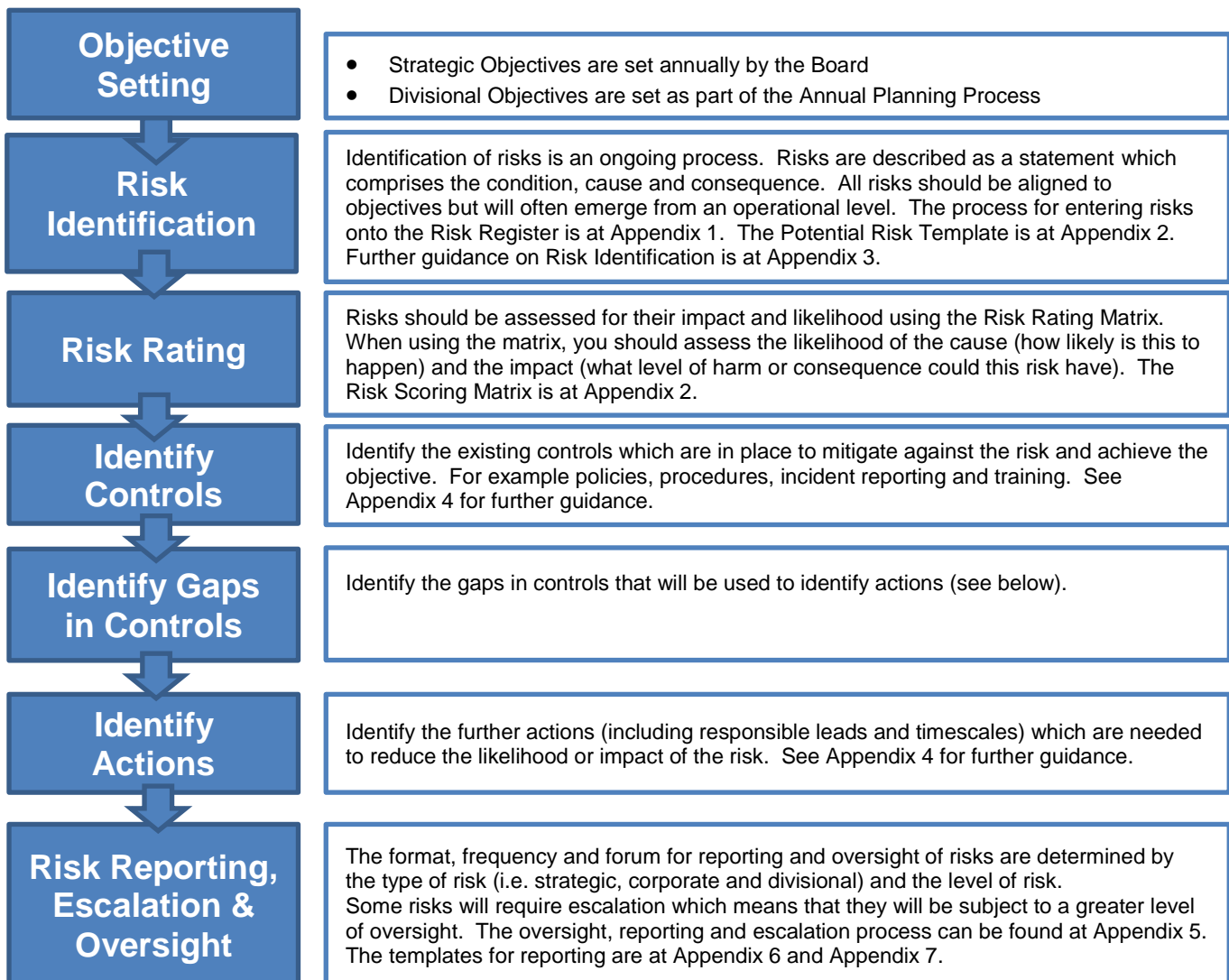- maintaining accurate and up to date risk registers, relevant to business unit objectives

Chairs of Specialist Management Groups are responsible for:

- identification, management and oversight of risks relevant to their specialist subject, ensuring appropriate action is taken to control risks
- reporting to the relevant Board Committee or Management Group as described in their Terms of Reference
- reporting and escalating risk, where appropriate, to the Trust Executive Committee

Trust Board, Committees, Sub-Committees and Groups
The responsibilities of Trust Board and its Committees, and the Trust Executive Committee and its Management Groups in respect of risk management are defined within the Risk Management Strategy. The governance structure for risk is at Appendix 8.

7. RISK MANAGEMENT PROCESS

Objective Setting	• Strategic Objectives are set annually by the Board • Divisional Objectives are set as part of the Annual Planning Process
Risk Identification	Identification of risks is an ongoing process. Risks are described as a statement which comprises the condition, cause and consequence. All risks should be aligned to objectives but will often emerge from an operational level. The process for entering risks onto the Risk Register is at Appendix 1. The Potential Risk Template is at Appendix 2. Further guidance on Risk Identification is at Appendix 3.
Risk Rating	Risks should be assessed for their impact and likelihood using the Risk Rating Matrix. When using the matrix, you should assess the likelihood of the cause (how likely is this to happen) and the impact (what level of harm or consequence could this risk have). The Risk Scoring Matrix is at Appendix 2.
Identify Controls	Identify the existing controls which are in place to mitigate against the risk and achieve the objective. For example policies, procedures, incident reporting and training. See Appendix 4 for further guidance.
Identify Gaps in Controls	Identify the gaps in controls that will be used to identify actions (see below).
Identify Actions	Identify the further actions (including responsible leads and timescales) which are needed to reduce the likelihood or impact of the risk. See Appendix 4 for further guidance.
Risk Reporting, Escalation & Oversight	The format, frequency and forum for reporting and oversight of risks are determined by the type of risk (i.e. strategic, corporate and divisional) and the level of risk. Some risks will require escalation which means that they will be subject to a greater level of oversight. The oversight, reporting and escalation process can be found at Appendix 5. The templates for reporting are at Appendix 6 and Appendix 7.

8. DISSEMINATION AND IMPLEMENTATION

This Policy was written by the Interim Group Company Secretary to the Trust and drafts were considered by Deputy Chief Executive, Risk Management Team, Risk and Compliance Group and Trust Executive Committee.

This Policy will be implemented throughout the Trust by all Divisions and Directorates.

9. TRAINING IMPLICATIONS

Type of Training	How to Access Training	Who Requires Training
Potential Risk Template completion	Step by Step Instructions included on the Potential Risk Template (appendix 2) Additional support is available from the Risk Management Department	Any staff member identifying a risk for inclusion on the Risk Register.
Risk Management Policy Training	Risk Management Department	• Divisional clinical leaders • Divisional operational leaders • Clinical and operational managers • Matrons • Non-clinical corporate functions risk leads
Datix Risk Register completion	Risk Management Department	As listed above, or any staff member with delegated authority from the above to input risks directly onto the risk register.
Health & Safety Risk Assessment Training	Health and Safety Department	As listed above, or any staff member with delegated authority from the above to undertake health and safety risk assessment.

10. MONITORING ARRANGEMENTS

Committee Assurance
- The Audit Committee is responsible for scrutinising and assessing the assurance provided by the Trust management that the Trust's systems of risk management are operating effectively.
- The Trust Executive Committee is responsible for monitoring compliance with the Risk management Policy

Audit
- The Risk Management Department will undertake regular reviews of compliance against this policy, including data quality elements and a range of key performance indicators, which will be reported as appropriate to the Trust Executive Committee.
- An annual audit of compliance will take place as part of the Internal Audit Programme and will be reported to the Audit Committee.

Review
This policy will be reviewed by the Group Company Secretary at least every three years post ratification, unless it is deemed necessary to do so sooner.

11. LINKS TO OTHER TRUST POLICIES

- Risk Management Strategy
- Incident Management Policy
- Health & Safety Policy

12. REFERENCES

None.

13. APPENDICES

- Appendix 1 – Process for Including Risks on the Risk Register
- Appendix 2 – Potential Risk Template and Risk Scoring Matrix
- Appendix 3 – Risk Identification
- Appendix 4 – Identifying Controls and Actions
- Appendix 5 – Risk Reporting, Oversight and Escalation
- Appendix 6 – Reporting Corporate Risks to Trust Executive Committee
- Appendix 7 – Reporting Divisional Risks to Divisional Governance Meetings

Appendix 1 – Process for Including Risks on the Risk Register

Risk Identified

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Potential Risk considered using the Potential Risk Template and Risk Scoring Matrix (Appendix 2).

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Potential Risk Template submitted for Divisional or Corporate Director review to consider inclusion on the risk register.

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If a decision has been taken to include the risk on the Risk Register this should be entered onto the Datix System.

Training and support for completing the Potential Risk Template is available from the Risk Management Department.

If a risk is submitted the Potential Risk Template can be shared with the Risk Management Department for advice.

Appendix 2 – Potential Risk Template and Risk Scoring Matrix

A. DESCRIPTION OF POTENTIAL RISK

Condition: (Risk Title)	
Cause:	
*Consequence:	

*when describing the 'consequence', consider the following:
- Impact on the safety of patients, staff or public (physical / psychological harm)
- Impact on Quality / Complaints / Audit
- Impact on Human Resources / Organisational Development / Staffing / Competence
- Impact on Statutory Duty / Inspections
- Impact on Adverse Publicity / Reputation
- Impact on Business Objectives / Projects
- Impact on Finance including Claims
- Impact on Service / Business Interruption / Environment

B. LIKELIHOOD AND IMPACT ASSESSMENT

Step 1: To assess the likelihood of your risk, you must focus on the cause of your risk description and determine the frequency that the cause might happen / recur.

Likelihood Descriptions		Likelihood Score	✓
Rare	This will probably never happen / recur. Not expected to occur for years.	**1**	
Unlikely	Do not expect it to happen / recur but it is possible it may do so. Expected to occur at least annually.	**2**	
Possible	Might happen or recur occasionally. Expected to occur at least monthly.	**3**	
Likely	Will probably happen / recur but it is not a persisting issue. Expected to occur at least weekly.	**4**	
Almost Certain	Will undoubtedly happen / recur, possibly frequently. Expected to occur at least daily.	**5**	

Step 2: To assess the impact of your risk, you must focus on the consequence of your risk description, using the Impact Score Matrix below.

It is possible that your risk may have more than one impact, for example financial loss, service disruption and patient safety. You should use this table to impact score each of these categories separately and then select the one that has the **highest impact.**

Impact Domains	Impact Score and Examples of Descriptions				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Extreme
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 / Equality / 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
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 No impact on other services	Loss/interruption of >8 hours Minor impact on environment Impact on other services within the Division	Loss/interruption of >1 day Moderate impact on environment Impact on services within other Divisions	Loss/interruption of >1 week Major impact on environment Impact on all Divisions	Permanent loss of service or facility Extreme impact on environment Impact on services external to the Trust
Information Security / Data Protection	Potential breach of confidentiality with less than 5 people affected Encrypted files	Serious potential breach of confidentiality with 6 – 20 people affected Unencrypted clinical records lost	Serious breach of confidentiality with 21 – 100 people affected Inadequately protected PCs, laptops and remote device	Serious breach of confidentiality with 101 – 1000 people affected Particularly sensitive details (i.e. sexual health)	Serious breach of confidentiality with over 1001 people affected Potential for ID theft

Step 3: To identify your risk score, you must take the result of your likelihood assessment and the result of your impact assessment and use the multiplication table below.

For example, if the likelihood score is '3' and the impact score is '4', when multiplied together, these you will give you a risk score of '12'.

		Impact Score				
		1	2	3	4	5
Likelihood Score	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

The numerical risk score will fall within a range as shown below, this will determine whether the risk is either, 'low, 'moderate', 'high' or 'extreme'.

Risk Score	
1 – 3	Low
4 – 6	Moderate
8 – 12	High
15 – 25	Extreme

Overall Risk Score (Likelihood x Impact)					
Likelihood:		Impact:		Score:	

Appendix 3 – Risk Identification

1. What is a risk and what is not a risk?

A risk is an **uncertain** event or set of events which, should it occur, will have an effect upon the achievement of objectives. Therefore:

Risk **is** 'uncertainty':	Risk **is not** 'certainty' which involves:
✓ an event that **might** happen because of a cause ✓ an event that **might** happen because of **current circumstances**	✗ an **incident**, which is an event which **has** happened ✗ an **issue** which **will** or **is** happening

2. How is a risk described?

A risk should be described with three components:

Condition	Cause	Consequence
This part of the description should focus on the **condition – what is the nature of the risk that** will occur if the cause happens. Start this part of the risk description with 'There is a risk that….'	This part of the description should capture the **cause** – what is it that is the underlying factor causing the risk Start this part of the risk description with because	This part of the description should describe the **consequence** of the event. For example, this may be: • Impact upon strategic objectives • financial loss • reputational damage • quality / patient is compromised • operational disruption • legal / regulatory action Start this part of the risk description with resulting in or leading to
Example		
There is a risk that patients may not be evacuated safely in the event of a fire	because all staff are not currently trained to use evacuation equipment	resulting in legal / regulatory action, compromised patient safety, service disruption and financial loss.

3. How risks should not be described

Failure of the Objective	Objective: To expand into more geographical territories Risk: Not expanding into new territories
Questioning the Objective	Expanding into more geographical territories could place us in competition with other providers in those areas.
Composite Risks (i.e. using 'or')	Appropriate facilities may not be available **or** there may be resistance **or** we may not be able to recruit sufficient staff.
One-word risks	'Fraud', 'Fire', 'Reputation'
Statement of fact	There is a risk that projects may fail
Failure to…	Failure to recruit enough staff / failure to control costs
Incident	Due to the computer system crashing
Issue	Because we don't have enough staff…. / when the new legislation is introduced…
Whinge	We've been told that a new computer system is being introduced, but nothing has been done to provide training to the staff
Essay	When the computer service centre was moved three years ago, various changes were made to working practices. Break times were extended, section leaders were appointed, cross training was provided as a back-up for absence. Now more changes are underway, so we are likely to have short term additional staffing costs. We are also spending more than planned on support for the new IT system, which may necessitate us to cut back in other areas, leading to an adverse impact on staff morale, lower service levels and damage to our reputation.

Appendix 4 – Identifying Controls and Actions

1. Identifying Controls

Generally speaking the purpose of control is to constrain risk rather than to eliminate it. Control relates to any action, taken to manage risk. These actions may be taken to manage either the impact if the risk is realised, or the frequency of the realisation of the risk. When you are identifying controls, these must already be in place. The introduction of additional new controls that would further constrain risk once they are in place should be described within your action plan. Once in place, they become a control.

Examples of controls can include:
- Policies and procedures
- People, for example, a person who may have a specific role in delivery of an objective
- Training
- Processes / practices, for example, a specific process which ensures the delivery of an objective

2. Identifying Actions

Once you have identified your controls and gaps in controls, you will need to identify what further actions need to be taken to achieve your objective / reduce the risk if possible, including timescales and responsible person for each action.

3. Amending Risk Score

Once you have delivered actions that subsequently result in the risk score being reduced to the acceptable target level, then reporting of the reduced risk score to the relevant Division or Corporate Director for a decision to agree the reduced risk score or closing of the risk.

Appendix 5 – Risk Reporting, Oversight and Escalation

1. Risk Reporting

Risks should be reported in the form of a Risk Register (except where this policy defines an alternative format in the table under section 2 below). A risk register is simply a record of all identified risks relating to a set of objectives, including their history and their status.

A risk register is a tool designed to help managers achieve their objectives and to drive and provide evidence of risk management activities.

To ensure risk reporting is meaningful and effective, a Risk Register Report should be accurately completed within Datix.

2. Risk Oversight Framework

Risks are overseen at various levels throughout the Trust. The table below sets out the levels at which risks must be reported and overseen:

Level of Escalation / Oversight		Level / Types of Risk	Role and Purpose of Oversight	Style of Report
CORPORATE OVERSIGHT	**Board**	Risks identified against Strategic Objectives	• Scrutiny of the effectiveness of the assurances received that strategic risks are being effectively controlled. • Holding responsible persons to account for the action being taken to address gaps in control or assurance. • Assurance from the Audit Committee that the process is working effectively	Board Assurance Framework (BAF)
	Finance and Investment Committee / Quality Assurance Committee	Risks identified against Strategic Objectives – relevant to their area of focus	Scrutiny of the robustness of the assurances received on strategic risks identified, identifying gaps in assurance or control and holding responsible persons to account for the action being taken to address the identified gaps.	Board Assurance Framework (BAF)
	Audit Committee	Risks identified against Strategic Objectives	Scrutinising the assurances received that the Trust's risk management process is working effectively	Board Assurance Framework (BAF) Corporate Risk Register Internal Audit report
	Trust Executive Committee	A summary of corporate level risks identified by each Division and corporate Directorate	Management of the Trust's Risk Management Process and implementation of the Risk Management Strategy and Policy. Development of assurance that it is operating effectively	Report from each Division using template at appendix 6
	Specialist Groups	All 'corporate' risks relevant to their area of specialism.	Identification, management and oversight of risks relevant to their specialist subject, ensuring appropriate action is taken.	Corporate Risk Register

DIVISIONAL OVERSIGHT	**Divisional Governance Group Meetings**	All risks scoring 8 or above	• Challenge, review and monitoring of all risks scoring 8 or above. • Escalation of risks to the Trust Executive Committee. • Agreement to close risks that have reached their target level	Divisional Risk Report (using template at appendix 7)
	Directorate Governance Group Meetings	All risks	• Scrutiny, challenge, review and monitoring of all Directorate risks • Escalation of risks to Divisional Governance Board	Risk Register
	Operational Groups	All relevant risks	• Scrutiny, challenge, review and monitoring of all Operational risks • Escalation of risks to Directorate Governance Group	Risk Register

3. Risk Escalation to the Corporate Risk Register

Risk escalation to the Corporate Risk Register is where a risk is specifically drawn to the attention of the Trust Executive Committee for inclusion on the Corporate Risk Register.

Although the Trust Executive Committee will make a decision on those risks which will be included on the Corporate Risk Register, these will, in most circumstances be:

- Emergent risks which span across multiple Divisions and are not already subject to corporate oversight
- Risks where the action required does not fall within the full control of the Division
- Risks which are overseen by Specialist Groups due to their nature
- Risks that risk score 12 or above or where the risk score is below 12 but the consequence score is 5

Appendix 6 – Reporting Corporate Risks to Trust Executive Committee

Corporate Risks
Date:

Report to: Trust Executive Committee

Division:

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

Risk Flag	Risk Ref.	Risk Description	Current Risk Score			Target Risk Score			Key Current Action(s)	Date(s) for Completion
			I	L	T	I	L	T		

Risk Flag – codes to use above
N – New corporate risk
R – Remove as a corporate risk
I – Increase risk score
D – Discussion required

Risk Scores – abbreviations
I – Impact
L – Likelihood
T – Total
Using 5 x 5 scoring matrix

Definitions
Corporate Risk – those risks for which the current total risk score is 12 or over or for which the current impact risk score is 5 and likelihood is 2 or above
Risk Ref. – the DATIX system risk register reference
Key Current Action(s) – those actions agreed at Divisional level

Appendix 7 – Reporting Divisional Risks to Divisional Governance Meetings

Divisional Risks

Date:

Report to: Divisional Governance Meeting

Division:

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

Risk Flag(s)	Risk Ref.	Risk Description	Current Risk Score			Target Risk Score			Key Current Action(s)	Who is Responsible for Action(s)	Date(s) for Completion
			I	L	T	I	L	T			

Risk Flag – codes to use above
N – New divisional risk
R – Remove as a divisional risk
I – Increased risk score
D – Discussion required
C – Corporate Risk

Risk Scores – abbreviations
I – Impact
L – Likelihood
T – Total
Using 5 x 5 scoring matrix

Definitions
Corporate risks – those risks for which the current total risk score is 12 or over or for which the current impact risk score is 5 and likelihood is 2 or above
Risk Ref. – the DATIX system risk register reference
Key Current Action(s) – those actions agreed at Divisional level

Appendix 8 – Governance Structure for Risk Reporting

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│        Directorate Governance Group       │
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│         Division Governance Group          │
└─────────────────────────────────────────┘
        │                         │
        ▼                         ▼
┌───────────────────────┐   ┌───────────────────────┐
│ Specialist Sub-        │──▶│  Trust Executive        │
│ Committee or Group     │   │  Committee              │
└───────────────────────┘   └───────────────────────┘
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        ▼                         ▼
┌─────────────────────────────────────────┐
│              Board Committees               │
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│                Trust Board                  │
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