BrisDoc Patient care by people who care

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Risk Management Policy

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Contents

Introduction **4**

Definition and Scope **4**

Risk Management Framework **4**

Risk Tolerance 5

Risk Management Process 5

Roles and Responsibilities **6**

BrisDoc Boards 6

Combined Board 6

Finance Committee Responsibilities 6

People Committee Responsibilities 7

Clinical and Quality Committee 7

Senior Leadership Team (Operational Delivery) 8

The Leadership and Operational Boards 8

Services 9

Commercial and Finance Director 9

Director of Nursing, Allied Health Professionals and Governance 9

Risk Owners 10

All BrisDoc Staff 10

External reporting of significant risks **10**

Reporting of Learning Events **11**

Risk Assessment **11**

Introduction to Risk Assessment 11

Identifying the risk 11

Describing the risk 12

Assessing the risk and calculating risk scores 12

Scoring the severity of the consequences: 12

Scoring the likelihood: 13

Scoring the risk: 13

Managing the risk **13**

Reviewing the risk **14**

Risk Score Analysis, Recording and Reporting.....14

Operational risk escalation must be undertaken in line with the risk tolerance thresholds and acceptance criteria defined within this policy. 14

Strategic risk escalation will be determined by the relevant Executive Committee, based on the organisation's risk appetite and the nature of the risk. Escalation decisions will reflect the relevant risk domain and thresholds, which are approved annually by the Board as part of the organisation's risk appetite framework. 14

Assurances 14

Appendices 15

Appendix One - Risk Management Process.....15

Appendix Two - Risk Assessment Form.....16

Change Register 16

Introduction

This policy provides a framework to enable BrisDoc and its staff to identify, assess, prioritise, manage, monitor, reduce and report risk. Effective risk management supports BrisDoc in achieving agreed standards, reducing costs, increasing patient and staff safety, and maintaining and enhancing the services it provides. It also enables BrisDoc to meet its core objectives.

The BrisDoc Combined Board assesses business risks in the context of the organisation's core values and corporate objectives. When determining its appetite for taking on new risks, the Combined Board will ensure that BrisDoc can continue to provide safe, effective and high-quality patient care that delivers on key performance indicators, while also considering financial, health, ethical, social, environmental and information governance considerations.

BrisDoc's capacity to take risk is supported by robust and comprehensive risk management being embedded in everyday working practices and processes.

Definition and Scope

A hazard is a situation that has the potential to cause harm or pose a threat to life, health, property, service delivery, business objectives or the environment. Risk is defined as the probability or likelihood that harm will occur, measured in terms of the severity of consequence and the likelihood of occurrence. An issue is a realised risk—one that is already happening. Any adverse events arising from hazardous situations are referred to as learning events.

When a hazard is identified, the first step is to attempt to eliminate it. If this is not possible, control measures must be implemented to reduce, transfer or manage the risk of harm.

Risks may arise from:

- Services provided by BrisDoc
- Procurement of goods, equipment and services
- People employed by or visiting BrisDoc
- Management systems
- Buildings occupied by BrisDoc
- Commissioned, contracted or partnership services
- Strategic policy decisions
- Projects and research activities
- Construction, renovation or demolition works

This policy applies to all BrisDoc employees and co-owners, as well as bank, agency and locum staff, volunteers and trainees.

Risk Management Framework

The risk management framework encompasses the systematic application of management policies, procedures and practices to identify, assess, manage, monitor and report risks.

Within the risk management framework, BrisDoc will:

- Encourage and support staff to identify, analyse, record and review risks, and incorporate controls to avoid, adopt, reduce or transfer the risk
- Use best practice and expertise to reduce risk
- Encourage the reporting of hazards using BrisDoc's learning event reporting process
- Review BrisDoc's policies and procedures in line with the risk management framework
- Analyse statistical information and audit to learn from errors and reduce future risk
- Maintain an organisational risks and issues register, as well as a risk assessment log
- Ensure audit and monitoring performance procedures are in place
- Comply with health and safety legislation
- Understand and manage the interdependency of any new hazard identified with other risks.

Risk Tolerance

Risk tolerance represents the minimum and maximum level of risk the organisation is willing to accept, aligned to the risk appetite themes approved by the Board.

Escalation Pathway

Score	Domain	Meeting Level
≤ 8	All Risks	Leadership and Operational Boards
9 < x ≤ 12	All Risks	Senior Leadership Team
12 < x ≤ 16	Clinical	Clinical and Quality Committee
12 < x ≤ 16	People	People Committee
12 < x ≤ 16	Finance	Finance Committee
>16	All Risks	Combined Board

In further detail, risks with these scores would be managed as below:

- **≤ 8** – Managed locally by project/BU.
- **9–12** – Escalated to Senior Leadership Team for oversight and awareness.
- **12–16** – Escalated to the relevant specialist committee based on domain:
  - Clinical → Clinical & Quality Committee
  - People → People Committee
  - Finance → Finance Committee
- **>16** – Escalated to Combined Board for review.

Committee Role

Committees will assess whether further escalation to the Combined Board is required, applying the risk appetite framework as part of their decision-making.

Risk Management Process

BrisDoc's approach to managing risks is an ongoing process embedded within the management of the organisation, services and projects and includes:

- Early identification and proper assessment and scoring of risks
- Comprehensive identification, definition and evaluation of appropriate mitigation routes to adopt, avoid, transfer or reduce risks
- Regular monitoring, review and updating of risk assessments
- Clearly defined policy, standards, processes and procedures

- Proper documentation and storage of information (risk assessments and risk registers) for audit and quality purposes

The process for risk management is consolidated in a flow chart in Appendix One.

Roles and Responsibilities

BrisDoc Boards

Combined Board

The Board is accountable for ensuring that the organisation has an effective approach to strategic risk management. The Board is responsible for:

Strategic Direction & Risk Appetite

- Approving the organisation's Risk Management Policy and Strategy.
- Setting the organisation's risk appetite across key domains.
- Approving the strategic risks to the achievement of corporate objectives.

Oversight of Committees

- Receiving assurance from Board Committees on their respective areas of delegated responsibility.
- Ensuring gaps in control or assurance escalated by committees are addressed.

Accountability for Governance

- Ensuring the organisation maintains an effective and integrated system of governance, internal control, and risk management across clinical and non-clinical domains.
- Considering the wider strategic implications of risks and taking a corporate approach to strengthen risk management maturity.

Finance Committee Responsibilities

The committee delegates responsibility to the Finance Committee for providing assurance over financial and corporate governance risks. The Committee is responsible for:

Financial Governance & Risk

- Reviewing financial risks on the Corporate Risk Register (CRR), ensuring controls and mitigations are adequate.
- Testing the strength of assurances related to financial sustainability, cost pressures, income risks, efficiency plans, and major investments.

Internal Control & Assurance

- Reviewing the adequacy of internal controls relating to financial management, procurement, and statutory financial duties.

- Reviewing financial reporting processes and recommending improvements.

Escalation

- Escalating gaps in control or assurance to the Board where material financial risk is identified.
- Challenging the impact of any significant financial audit findings or external assurance concerns on the CRR.

People Committee Responsibilities

The committee delegates responsibility to the People Committee for providing assurance over workforce-related risks. The Committee is responsible for:

Workforce Risk & Assurance

- Reviewing people-related risks on the CRR, including workforce supply, capability, culture, wellbeing and leadership.
- Testing assurances relating to mandatory training, appraisal, workforce planning, recruitment, retention and safeguarding workforce culture.

Internal Control & Reporting

- Reviewing people-related reporting processes and statutory disclosures (e.g., WRES, WDES, Gender Pay Gap, Staff Survey outputs).
- Ensuring appropriate controls and action plans are in place to mitigate workforce risks.

Escalation

- Escalating gaps in workforce-related control or assurance to the Board.
- Challenging the impact of workforce risks on organisational performance and patient-facing services.

Clinical and Quality Committee

The committee delegates responsibility to the Clinical Committee for providing assurance over clinical quality, safety, and patient-related risks. The Committee is responsible for:

Clinical Governance & Risk

- Reviewing clinical risks on the CRR to ensure controls and mitigations are robust.
- Testing assurances relating to the safety, quality and effectiveness of clinical care, including safeguarding, incident management, pathways and clinical workforce risk.

Quality Systems & Assurance

- Reviewing the integrity of clinical quality reporting, including mandated submissions and patient safety-related disclosures.
- Ensuring the organisation maintains an effective internal control system for clinical quality and safety.

Escalation

- Escalating clinical risks where gaps in control or assurance may compromise patient safety or regulatory compliance.

Senior Leadership Team (Operational Delivery)

The Senior Leadership Team (SLT) is responsible for ensuring effective operational risk management and the embedding of risk processes across services. It provides assurance upward into committees and the Board via the management structure.

Operational Risk Management

- Identifying, evaluating and managing operational and service-level risks across integrated urgent care pathways.
- Ensuring local and corporate risk registers are current, accurate, consistently rated and effectively managed.
- Ensuring operational controls are implemented and monitored, and that improvement actions are delivered.

Risk Register Development

- Reviewing the Corporate Risk Register and contributing to the development.
- Identifying gaps in control or assurance and assigning actions with realistic delivery timescales.
- Recommending significant risks to be escalated to Board Committees or the Board.

Governance, Quality & Performance Integration

- Reviewing assurance from operational, clinical, financial and performance systems to test robustness of internal controls.
- Promoting a positive risk culture and continuous improvement approach across operational teams.

Escalation

- Escalating operational risks, delays in control actions, and emerging themes to relevant Board Committees and the Board.

The Leadership and Operational Boards

The Leadership and Operational Board (LOB) managers are responsible for risk management implementation. The LOB will review its risks monthly, to assure itself that risks are being identified and managed effectively. The LOB has delegated responsibility (from the SLT) to assess and manage operational risks at the thresholds set by the appetite position of the organisation.

Escalation

- Escalating operational risks, delays in control actions, and emerging themes to relevant Board Committees and the Board.

Services

Within each service, the Service/Practice Manager or Lead Clinician is the owner of their service risks and is responsible for ensuring that risk assessments are completed, recorded on BrisDoc's Risk Register, and reviewed regularly. Service, Practice and Team Managers are accountable for compliance with this Risk Management Policy and for ensuring that appropriate remedial action is taken wherever key risks are identified within their area of responsibility. Their responsibilities include:

- Ensuring that all staff complete statutory and mandatory training to improve knowledge and understanding of hazard and risk management
- Ensuring that risk assessments are undertaken, reviewed and resulting action plans are implemented
- Ensuring that learning events are reported and appropriate action is taken to prevent or minimise recurrence
- Ensuring that service risks are regularly reviewed and updated via the Risk Register
- Providing an overall project risk score for inclusion in the Corporate Risk Register for the duration of any project
- Ensuring that residual risks from completed projects are transferred to the Risk Register where appropriate
- Undertaking an annual review of risk assessments within their service area

Commercial and Finance Director

The Commercial & Finance Director is responsible for:

- Leading the organisation's risk management strategy, ensuring a comprehensive approach to identifying, assessing, and mitigating corporate and strategic risks
- Advising the Board and Executive Team on the organisation's risk appetite across all business areas, ensuring alignment with strategic objectives and regulatory requirements
- Embedding risk management principles into strategic planning, operational decision-making, and performance monitoring
- Providing guidance on risk mitigation strategies for financial, operational, compliance, and reputational risks

With delegated responsibility to the governance and risk management team for:

- Maintaining the corporate risk register and ensuring integration with departmental risk registers
- Preparing and presenting risk-related reports to the relevant Committees, Boards, and other governance bodies
- Supporting colleagues across the organisation in understanding risk management processes, and compliance with internal controls and external regulations

Director of Nursing, Allied Health Professionals and Governance

The Director of Nursing, Allied Health Professionals and Governance is responsible for:

- Developing and implementing the risk management strategy, the risk assessment tool and the learning event reporting process
- Providing support and advice to all staff about risk management processes including risk assessment and incident reporting
- Ensuring suitable training on all aspects of risk management is available to key colleagues

With delegated responsibility to the governance team for:

- Maintaining the corporate risk register
- Maintaining the risk assessment log
- Providing reports to the relevant committees
- Providing support to all staff regarding health and safety matters
- Providing support and advice to all staff about security matters

Risk Owners

Risk owners are responsible for:

- Routinely reviewing and updating their risk controls, actions and ratings no less frequently than quarterly
- Notifying new risks to the Director of Nursing, AHPs and Governance for inclusion in the register following assessment of that risk.

All BrisDoc Staff

It is the responsibility of all staff to consider risk and take steps to achieve the objectives of this strategy and policy.

All staff have the responsibility to:

- Demonstrate their understanding of risk and BrisDoc's processes to manage such
- Immediately report hazards, learning events and near misses
- Complete risk assessments as appropriate
- Action risk mitigation strategies
- Take reasonable care for their own health and safety and of others
- Follow policies, procedures, and guidelines
- Not intentionally or recklessly interfere with or misuse any equipment provided for the protection of health and safety
- Be aware of the emergency procedures relating to relevant work locations
- Attend induction, mandatory and statutory training to ensure continued competence
- Identify any additional training areas at their individual performance and development review
- Take immediate action when a hazard is identified to reduce the risk of an incident.

External reporting of significant risks

Significant risks must be reported to external agencies where required. The appropriate agency will depend on the nature of the incident. External reporting may include, but is not limited to, notification to:

- Health and Safety Executive (HSE) under RIDDOR – for incidents involving death, major injury, over 7-day injury, dangerous occurrences (near misses), or occupational diseases
- Medicines and Healthcare products Regulatory Agency (MHRA) – for adverse reactions to medicines or incidents involving defective or unsafe medical devices
- NHS England (formerly NHS Improvement/National Patient Safety Agency) – for incidents that could or did result in harm to a patient
- Care Quality Commission (CQC) and/or Commissioners – for Serious Untoward Incidents (SUIs) resulting in, or with the potential to result in, serious harm or death
- NHS Resolution or relevant insurance provider – for incidents that may give rise to a claim or potential legal action

Notifications will generally be managed by the governance team unless specific circumstance dictate otherwise.

Reporting of Learning Events

A hazardous situation from which an adverse event arises will be reported as a learning event in accordance with BrisDoc's Learning Event PSIRP Policy. Risk management processes do not replace investigation of events and implementation of learning.

Risk Assessment

Introduction to Risk Assessment

BrisDoc has an assessment matrix that provides a framework for assessing and measuring identified risks. A risk assessment is a careful examination of what could cause harm to people, the environment, the organisation etc., to enable a review of whether enough precautions are in place or whether more can and should be done to prevent harm.

BrisDoc has a legal responsibility to identify and categorise risks and either eliminate or reduce them to the "lowest level that is reasonably practicable".

The 5 steps in the risk assessment process are:

1. Identify the hazard
2. Decide who or what might be harmed and how
3. Evaluate the risks and take action to prevent them where possible
4. Record your findings on the Risk Assessment Form and communicate the risks and control measures to those who need to know, including adding details to the Risk Assessment Log
5. Review the assessment

Identifying the risk

Some examples of when it is appropriate to undertake a risk assessment are:

- Before introducing new equipment i.e., cars or computer systems
- Before a change in environment i.e., new treatment centre, renovation or relocation
- When developing a new service or changing an existing one
- When making strategic policy decisions
- When initiating a project

- Following a near miss or adverse event
- Following an incident or learning event
- Following a complaint
- In line with monthly Health and Safety checks on equipment and rooms to ensure equipment and premises are safe to use. This particularly involves electrical and sanitary equipment. A health and safety checklist is available for this purpose
- For any new starter as part of their induction.

Describing the risk

Failure to describe the risk can be a problem in risk management. Consider describing the risk in terms of cause and effect or using the following sentence structure: “There is a risk that... This is caused by… And would result in…Leading to an impact upon …”

Assessing the risk and calculating risk scores

The level of risk associated with each hazard is assessed in accordance with the Risk Scoring Matrix. Hazard scores are calculated based on the likelihood of occurrence multiplied by the severity of consequence. The aim of the risk scoring is to systematically establish relative priorities.

Using the definitions staff need to decide how they will score the severity of the incident either from 1 (negligible) to 5 (catastrophic) and its likelihood of re-occurring from 1 (rare) to 5 (almost certain). Multiplying the numbers together will give the risk score.

For every risk identified, the Line or Service/Practice Manager will undertake a risk assessment (Appendix 1) and will include a record of such on the Risk Assessment Log and a headline on the Risk Register by contacting the Corporate Administrator (corporate.administrator@nhs.net).

Scoring the severity of the consequences:

Description	Score	Risk to patient, staff, business
Catastrophic	5	Incident leading to death, non-delivery of business objectives, event which impacts on large number of patients/staff, multiple breeches to statutory duty, prosecution, national media coverage/total loss of public confidence, >25% over project budget/loss of >1% of budget, loss of contract, 1day loss of service.
Major	4	Major injury leading to long term incapacity, significant harm to patient, >14days off work, uncertain delivery of business objectives, enforcement action/multiple breeches of statutory duty, uncertain delivery of service due to lack of staff, national media coverage, 10-15% over project budget/loss of 0.5-1% of budget, >12hrs interruption to service.
Moderate	3	Moderate injury requiring professional intervention, some harm to patient, 4-14days off work, unsafe staffing level, single breech of statutory duty, local media coverage/long term reduction in public confidence, >8hrs interruption to service, 5-10% over project budget/0.25-0.5% loss of budget, late delivery of business objectives.
Minor	2	Minor injury, minimal harm to patient, low staffing reduces service quality, breech of statutory legislation, local media coverage/short-term reduction in public confidence, >1hr interruption to service, <5% over project budget/loss of 0.1-0.25% of budget, minor impact on business objectives, >3days off work.
Negligible	1	Minimal injury, no harm to patient, no time off work, no/slight impact on business objectives, insignificant cost increase/financial loss, rumours, <30mins interruption to service, <1 day shortage of staff, no/minimal breech of statutory duty.

Scoring the likelihood:

Descriptor	Probability	Score	Frequency
Almost certain	81% -100% likelihood of occurrence	5	Will undoubtedly happen/recur, possibly frequently
Likely	51% - 80% likelihood of occurrence	4	Will probably happen/recur but is not a persisting issue
Possible	21% - 50% likelihood of occurrence	3	Might happen or recur occasionally
Unlikely	6% - 20% likelihood of occurrence	2	Do not expect it to happen/recur but possible it may do so
Rare	0% - 5% likelihood of occurrence	1	This will probably never happen

Scoring the risk:

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

The risk score = severity x likelihood

Managing the risk

Having identified, assessed and scored the risk, the next stage is to determine what will be done in response to the risk and who will be responsible. Risk management converts the risk assessment into an action plan. This information is then recorded in the Risk Register and Risk Assessment Log.

There are four possible responses to manage a risk:

- Avoid the activity causing risk
- Adopt the risk if it is considered tolerable, e.g., if the risk score is within the risk appetite or whether BrisDoc's ability to mitigate or avoid the risk is constrained
- Reduce the risk by taking mitigating action and implementing controls
- Transfer the risk to another party, e.g., a risk identified by BrisDoc may be transferred to the Integrated Care Board

The Risk Assessment encourages the identification of actions to manage the risk. **Once these actions have been completed, a residual risk score may be calculated**. The residual risk score is the threat that remains after efforts have been made to control and manage the risk. A reduced risk score will come about because the likelihood or consequence of the risk has been reduced through actions and controls. There may also be further actions to undertake, and these should be recorded in the 'further action required' column, and the above process can be repeated once these have also been actioned, in hopes of bringing down the risk score further.

Once the Risk Assessment is complete, the assessor/owner needs to inform the Corporate Administrator (corporate.administrator@nhs.net), so that they can update the Risk Assessment Log and include a headline on the Risk Register.

Reviewing the risk

A robust monitoring and review system is essential to ensure actions are followed through and risks are effectively managed. Risk management is therefore an ongoing process and must be embedded into normal management processes. When undertaking the assessment, the date of the next review must be recorded. For annual Risk Assessments, this will be one year later. For ad hoc Risk Assessments, such as for projects, the review date will need to be appropriately set dependent on the nature of the associated risks and timescale of the work.

Risk Score Analysis, Recording and Reporting

Regardless of score, all Risk Assessments must be stored and a headline risk added to the Risk Register.

Operational risk escalation must be undertaken in line with the risk tolerance thresholds and acceptance criteria defined within this policy.

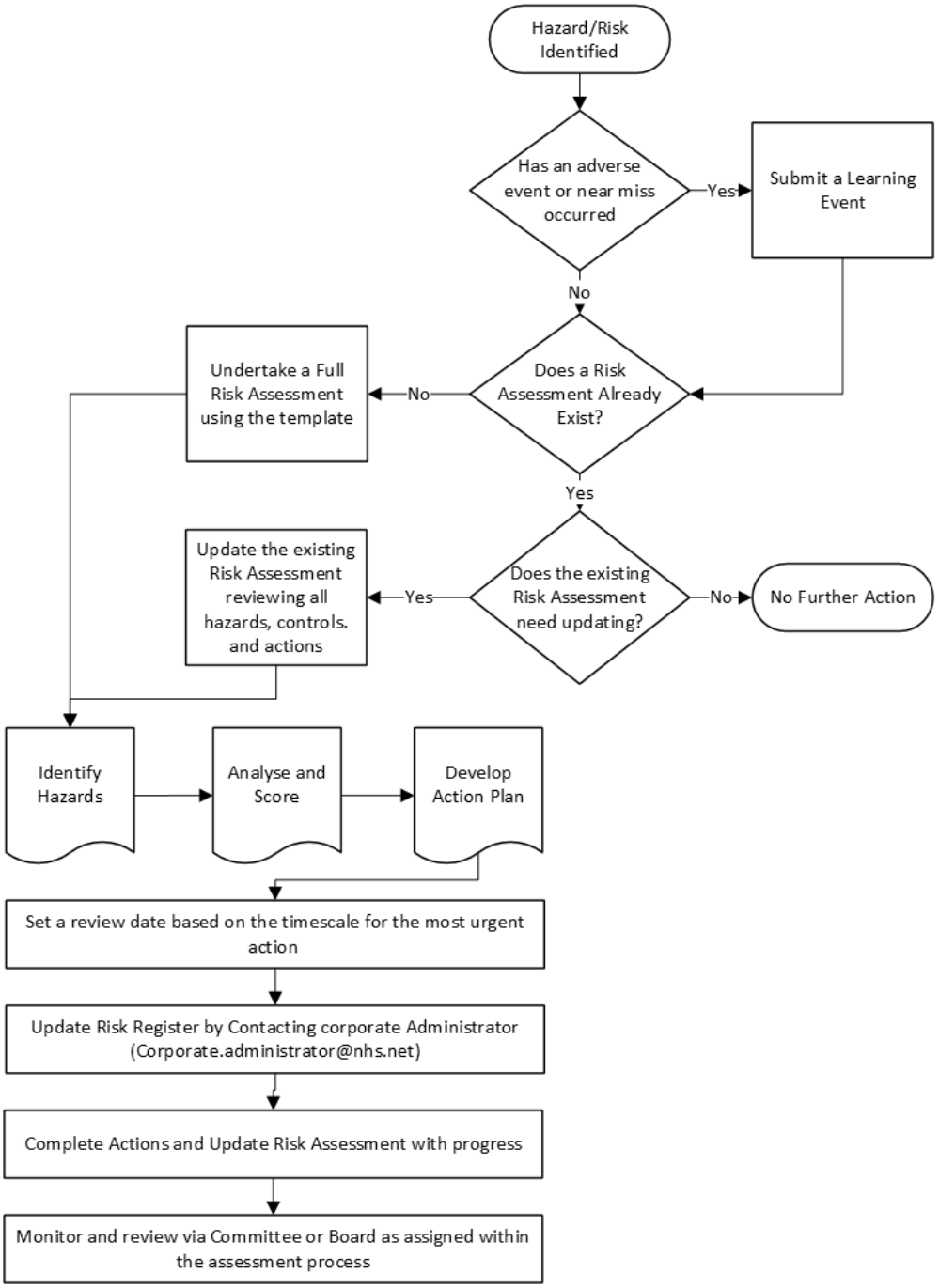
Strategic risk escalation will be determined by the relevant Executive Committee, based on the organisation's risk appetite and the nature of the risk. Escalation decisions will reflect the relevant risk domain and thresholds, which are approved annually by the Board as part of the organisation's risk appetite framework.

Assurances

BrisDoc ensures that its risks are effectively managed, escalated, and reviewed through various governance meetings and delegated responsibilities. The Risk Assessment Log and Risk Register are used as key management tools in accordance with this policy. To support the risk management strategy, BrisDoc has internal audit functions in place. Additionally, an external audit of risk management is conducted Audit South West as part of an independent review process.

Appendices

Appendix One - Risk Management Process



Appendix Two - Risk Assessment Form

RISK ASSESSMENT FORM

BrisDoc
Patient care by people who care

Name of Assessor(s)		Business Unit	Service	Review Board
Date of Assessment				
Title		Practice* Urgent Care Corporate	BMC* HHS CKMP IUC Osprey Workforce Governance Finance Digital Rota Facilities All Practices All Services	CLB* IUCLOB PSLOB Quality IG People Finance
Risk Assessment ID	Available from corporate.administrator@nhs.net			

*Select one from each

Description of the Hazard *NB: Include what/who is at risk and justify score*	Existing Controls	Risk Score			Action taken	Residual Risk Score			Further Action Required	Timescale for Action
		Severity	Likelihood	Total		Severity	Likelihood	Total		
Assessor to assess whether there may be a risk to : Patient/Staff impact. Financial implications. Reputational damage. Regulation breach. Service interruption. Digital Risk. Wellbeing.										

You must send all completed Risk Assessments to corporate.administrator@nhs.net.

Change Register

Date	Reviewed and amended by	Revision details	Issue number
25/10/16	CLN	Inclusion of new values slide, role of the Leadership Board, Financial Governance Board, risk assessment log, reporting to insurers. Change of risk register review to quarterly.	4.1
31/01/20	Clare-Louise Nicholls, Cecilia Price, Sarah Forde	Update to reflect the new governance structure, revised risk matrix ratings to creating alignment for Severnside IUC and inclusion of issues and risk owners' responsibilities, update of aims and objectives, risk assessment section.	4.2
04/08/22	Millie Collins	Full review of policy	4.3

13/10/2026	Sarah Pearce, Rhys Hancock, Lewis Scandle	Full review – Updated to refer to new board and committee structure, updated risk assessment templates and processes.	4.4
26/10/2026	Lewis Scandle	Minor edit to refer to risk appetite paper via board rather than explicit risk appetite thresholds for each domain to avoid confusion.	4.5