
# QUAD MEDICAL LIMITED

## Risk Management Policy

Version 1.0
Updated 28/03/2022
Review Date 28/03/2023

# Incident Reporting Policy and Procedure

## Contents


| | Topic | Page Number |
|---|---|---|
| | Definitions | 3 |
| 1 | Introduction | 4 - 5 |
| 2 | Roles and responsibilities | 5 |
| 3 | Risk Management process | 6 |
| 4 | Scope, Context & Criteria | 7 |
| 5 | Risk assessment | 7 |
| 6 | Risk vs Incident | 7 |
| 7 | Articulating Risk | 7 |
| 8 | Identifying risk | 8 |
| 9 | Risk Grading & Consequence | 8 |
| 10 | Risk Matrix/Risk Scoring | 9 |
| 11 | Evaluating Risk Score | 10 |
| 12 | Risk Type Matrix | 11 – 12 |
| 13 | Risk Management | 13 |
| 14 | Risk Treatment | 13 – 14 |
| 15 | Identifying controls & Gaps | 14 |
| 16 | Action plans | 15 |
| 17 | Risk Monitoring and review | 15 |

| Appendices | Document |
|---|---|
| Appendix i | Risk register template |
| Appendix ii | Action plan frame work |

## Definitions

| Term | Definition |
|---|---|
| **Actions** | describe how you will address the gaps to reduce the risk identified. |
| **Action plan** | A collection of actions that are specific, measurable, achievable, realistic, and targeted (within a defined time) |
| **Consequence** | what the impact would be if the risk materialised. |
| **Controls** | are mitigations already in place to manage or monitor the risk |
| **Gaps** | are the issues that we need to address to control the risk fully |
| **Incident** | An incident is an adverse event that has already happened |
| **Probability** | the likelihood the risk will occur |
| **Risk** | A risk is an uncertain event that has not yet happened, but if it did, it could affect the achievement of an objective |
| **Risk matrix** | tools used to assign a value to consequence and probability of a risk occurring to provide a risk score |
| **Risk type matrix** | Matrix to assist in giving clearer consequence score based on type of incident i.e. complaint, compliance and regulatory, health and safety etc |

## 1. Introduction

1.1 Risk management is both a statutory requirement and a fundamental part of the total approach to quality. Recognising and mitigating risks is an essential part of the company's commitment to being a safe and responsive pre-hospital health care provider and a corner stone for our clinical governance. Ensuring that the process for recording and mitigating risk enables to company to discharge its duties to its clients and partners within the field of event medicine, as a provider of health services to the public and as an employer of staff.

1.2 The activities associated with caring for patients, employing staff, providing facilities and services, and managing finances are all, by their nature, activities that involve risk. These risks are present on a day-to day basis throughout the company. Whilst it may not always be possible to eliminate these risks, they can be managed to an acceptable level.

1.3 Good risk management is integral to the effectiveness of all of Quad Medical's activities and as such must be integrated into all functions day-to-day practice and embedded within the culture of the organisation. This enables appropriate risk-based decisions to be made by made managers and staff at all levels.

1.4 An effective Risk Management Policy enables Senior QML management team to determine the extent of risk exposure it currently faces regarding the achievement of its objectives. As a key component of the internal control framework, regular review and routine monitoring of this policy will also inform the company's end of year report.

1.5 Quad Medical Limited must demonstrate a commitment to the delivery of safe, effective, well lead, caring and responsive event medicine. Risk review and mitigation is undertaken in a cyclical process of Communication and consultation, monitoring and review and recording and reporting, to mitigate risks in the most effective way that is practicable.

1.6 Risks may be identified through regular review of practice by all staff.

1.7 All members of staff have a responsibility to report all concerns including but not limited to patient safety, delivery of care, issues with equipment, data protection or the working environment which have led to or have the potential to lead to service user harm or impact on business continuity. This must result in a written record being produced as per the incident reporting policy.

1.8 To enable learning to take place, Quad Medical Limited seeks to promote a culture of honesty and openness and makes the risk register accessible to its entire staff. Risks will also be highlighted during staff induction and update days.

## 2. Roles and Responsibilities

**Every member of staff;** is responsible for identifying and managing risks within their day to day work, which includes:

- Maintaining an awareness of the primary risks within the company
- The identification and as far as possible the management of risks that they identify in the course of their duties
- Bringing to the attention of their line manager any risks that are beyond their ability or authority to manage

**Duty Managers/Venue leads;** are responsible for the consistent application of this Policy within their areas of accountability, which includes:

- Maintaining an awareness of the overall level of risk within the organisation
- The management of specific risks that have been assigned to them
- Promoting a risk aware culture within their teams and in the course of their duties (during briefings and inductions etc)

**Quality assurance manager/Clinical Director**: responsible for reviewing the established and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the companies activities. The quality assurance manager will provide assurance to the Managing Director that there are effective systems operating across the company.

**Senior Management team**: are responsible for the consistent application of this Policy within across the company, which includes:

- Making active use of the companies risk register and the processes described in this Policy to support the management of the company.
- The management of specific risks that have been assigned to them
- Promoting a risk aware culture within their teams and in the course of their duties
- Ensuring that as far as possible risk assessments are carried out within their service are based on reliable evidence
- Leading by example in creating a culture of risk awareness

## 3. Risk Management Process

The risk management process, which can be seen in Figure 1 below, involves the identification, analysis, evaluation, and treatment of risks. More importantly, the process provides a consequential series of steps, which when taken in a coordinated manner can support recognition of uncertain events which could lead to a negative outcome. This allows actions to be put in place minimise the likelihood (how frequent) and how badly (the consequence) of these risks occurring.


**Figure 1**: ISO 3100:2018 Risk Management Process

## 4. Scope, Context & Criteria

The company's prime objective is to provide high quality pre hospital care in the field of event medicine. This is achieved by using our regulators key line's of enquiry as a framework to provide strategic priorities. These are being;

1. **Safe**
2. **Effective**
3. **Caring**
4. **Responsive**
5. **Well led**

Risks are linked to the above priorities as failing to control risks may lead to the non-achievement of our company objective.

## 5.Risk Assessment

Risk assessment is an objective process and where possible, staff should draw upon evidence or qualitative data to aid assessment of risk. Where evidence or data is not available, assessors will be required to make subjective judgement into the impact of the risk.

## 6. Risk VS Incident

It is pertinent here to clarify that there is a difference between 'Risk' and an 'Incident'. Incidents are those that have already happened and are managed inline with the incident reporting policy and procedures document.

A Risk is an uncertain event that has not yet happened but if it did, could affect the achievement of the companies sole objective – to provide high quality patient care that is safe, effective, responsive and well led.

## 7. Articulating risk

To assist the risk management process, it is essential that risks are described in a way that allows them to be understood by all who read them. Articulating a risk in this way will enable effective controls, assurances and action plans to be put in place to mitigate the risk.

A risk can be described in three components:

1) **Cause/Source of risk**
2) **What the risk is**
3) **Consequence/ Impact of that risk one patients and staff**

## 8.Identifying risk

New risks and factors which increase a known risk may be identified at any time and by anyone within the organisation and can take many different forms. Some risks can be managed effectively by the person identifying them taking appropriate action themselves or within their immediate team. This is particularly true with types of safety risk, where identification and removal of the hazard will often be sufficient to manage the risk.

Every work activity that has a significant hazard should be assessed for risk. Identification using a systematic approach is critical because a potential risk not identified at this stage will be excluded from further analysis.

All risks, whether under the control of the company or not, should be included at this stage. The aim is to generate an informed list of events that might occur. Key sources that will inform this exercise include (but are not limited to):

- review of the incident reporting system on a quarterly basis within the management meetings.
- Feedback from staff
- Review of safety auditing
- Discussion with clients
- Complaints
- Compliance requirements by key stakeholders and regulators (such as the CQC and our clients)

## 9. Risk Grading and Consequence

The purpose of analysing and scoring a risk is to estimate the level of exposure which will then help inform how the risk should be managed.

When analysing the risk the following needs to be identified;

1. Who is affected and what is the potential consequence or impact on that person should the risk occur
2. Assess and score the level of exposure to that risk using the risk scoring process.

Analysing the risk requires the companies risk matrix. QML have adopted the 5X5 risk scoring matrix. The scores taking into account the likelihood of the risk occurring and the consequence of the risk occurring.

## 10. RISK MATRIX – Grading Consequence

### Likelihood Score

| Probability of hazard occurring | | |
|---|---|---|
| **Probability/likelihood** | **Description** | **Score** |
| Likely/foreseeable | Occurs repeatedly/ to be expected. | 5 |
| Probable | Will occur several times. | 4 |
| Possible | Conceivable (could occur sometimes) | 3 |
| Remote | Unlikely though still conceivable | 2 |
| Improbable | So unlikely that probability is close to zero. | 1 |

### Consequence scoring

| Consequence of hazard occurring | | |
|---|---|---|
| **Consequence** | **Description** | **Score** |
| Catastrophic | Death | 5 |
| Major | More than a seven day absence from work or permanent disability | 4 |
| Moderate | Up to three days absence from work | 3 |
| Minor | Minor injuries requiring first aid | 2 |
| Insignificant | No injury | 1 |

To calculate the risk score, multiply the consequence score with the likelihood score:

**CONSEQUENCE score x PROBABILITY score = RISK score**

| Hazard Risk Matrix<br>Consequence x Probability | | | | | |
|---|---|---|---|---|---|
| **Probability**<br>**Consequence** | **Likely (5)** | **Probable** (4) | **Possible** (3) | **Remote** (2) | **Improbable** (1) |
| Catastrophic (5) | High (25) | High (20) | High (15) | Medium (10) | Low (5) |
| Major (4) | High (20) | High (16) | Medium (12) | Medium (8) | Low (4) |
| Moderate (3) | High (15) | Medium (12) | Medium (9) | Low (6) | Low (3) |
| Minor (2) | Medium (10) | Medium (8) | Low (6) | Low (4) | Low (2) |
| Insignificant (1) | Low (5) | Low (4) | Low (3) | Low (2) | Low (1) |

## 11. Evaluating Risk Score

Once the risk analysis process has been completed, the risk score should now be compared with the level of risk criteria below which enables the company to measure the potential level of risk exposure and proceed to identify appropriate actions and management plans.

| LEVEL OF RISK | | |
|---|---|---|
| **Insignificant** | **2** | Very low level risk likely to be addressed locally |
| **Minor** | **3-7** | Low level risk. Resolved locally by the appropriate manager |
| **Moderate** | **8 – 14** | Moderate risk highlighting a number of issues around care (Poor general care/treatment/ poor attitude) |
| **Major** | **15-19** | Serious risk potentially resulting in adverse impact on company's reputation/ financial claim. Example: Patient suffers life changing impact as a direct result of poor care CQC likely to uphold complaint |
| **Catastrophic** | **20-25** | Very serious risk likely to result in significant claim / major adverse impact on company's reputation Example: patient has died as the result of poor care/treatment . CQC likely to uphold complaint |

Further guidance on level of risk can be taken in context of the aspect of business continuity or patient care that the risk affects as outlined in the Risk Type matrix (see point 12 of this document)

Each risk will be assigned 3 risk scores; initial, current and target. The risk scoring process above will be carried out three times for each score using the guidance below.

1. The initial risk score is when the risk is first identified, the risk analysis process for initial risk scores should be a measure of the consequence and likelihood before any controls/ mitigating actions are proposed. The initial risk score will not change for the lifetime of the risk.

2. The current risk score, the risk analysis process for current risks should be a measure of the consequence and likelihood once controls and mitigating actions are in place, considering the effectiveness of the controls added.

3. Target Risk Score The target risk score, the risk analysis process for the target risk should be a realistic measure of the consequence and likelihood once improved mitigating actions have been achieved and improved controls added.

## 12. Risk Type Matrix

| Type of Risk | Insignificant 1 | Minor 2 | Moderate 3 | Severe 4 | Catastrophic 5 |
|---|---|---|---|---|---|
| Complaint | Very low level complaint. Likely to be diffused without escalation | Low level complaint. Resolved locally by the appropriate manager | Moderate complaint highlighting a number of issues around care (Poor general care/treatment/ poor attitude) | Serious complaint potentially resulting in adverse impact on companies reputation/ financial claim.<br><br>Example: Patient suffers life changing impact as a direct result of poor care<br><br>CQC likely to uphold complaint | Very serious complaint likely to result in significant claim / major adverse impact on company's reputation<br><br>Example: patient has died as the result of poor care/treatment<br><br>CQC likely to uphold complaint |
| Compliance & Regulatory | No or minimal impact or breach of guidance/ professional duty/responsibilities | Single failure to meet internal standards | Repeated failure to meet internal standards | Non- compliance with regulators standards with significant risk to patients if unresolved | Total unacceptable level of quality/service or treatment |
| Health & Safety | Minimal injury requiring no/minimal intervention or treatment<br><br>No time off work | Minor injury or illness, first aid treatment needed<br><br>Requiring time off work <7days | Moderate injury requiring professional intervention<br><br>RIDDOR reportable requiring time off of work for 7 to 14 days | Major injuries or long term incapacity/disability<br><br>Requiring time off work for >14 days | Incident directly leading to death<br><br>Multiple permanent injuries or irreversible health effects |

| Type of Risk | Insignificant 1 | Minor 2 | Moderate 3 | Severe 4 | Catastrophic 5 |
|---|---|---|---|---|---|
| Information Governance | Potential or minor breach of confidentiality or non person identifiable data<br><br>Only a single individual affected | Potentially serious breach of confidentiality or loss of personal data loss. Between 2 and 20 people affected. | Serious breach of confidentiality or loss of personal data . Between 21 and 100 people affected | Serious breach in confidentiality or loss of data<br><br>Between 100 – 1000 people affected or information is a sensitive nature is lost eg sexual health information | Serious breach of confidentiality or data loss, over 1000 people affected potential for identity theft.<br><br>Loss of safeguarding information. |
| Operational | Minor operational issue – no effect on service provision | Significant operational issue resolved at local level minimal disruption to service provision<br><br>For example missing or unusable equipment | Some core compliance issues not met<br><br>Low staff morale<br><br>Poor staff compliance (Below 85%) /attendance with mandatory training | Numerous compliance issues not met<br><br>Very low staff morale<br><br>Poor staff compliance (Below 75%) with mandatory training | Multiple compliance issues failed<br><br>Failure to deliver key services<br><br>No staff attending mandatory training |
| Clinical (Patient Safety) | Minimal injury requiring no/minimal intervention or treatment | Minor injury or illness that required extra observation or minor treatment and caused minimal harm to one or more patient | Moderate injury which resulted in moderate or increased care or treatment that caused moderate but not permanent harm<br>Treatment or service has significantly reduced effectiveness | Major injuries or long term incapacity/disability<br><br>permanent harm to one or more patients<br><br>Mismanagement of patient care with long term effects | Incident directly leading to death<br><br>Multiple permanent injuries irreversible health effects<br><br>An event which impacts many patients |
| Reputation | Rumours<br><br>Potential for public concern | Local media coverage – short term reduction in confidence<br>Elements of public expectation not being met | Local media coverage – long term reduction in public confidence | National media coverage | National media coverage with service well below reasonable public expectation<br>Total loss of public confidence |

## 13. Risk Management

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified, analysed and that appropriate controls and responses are in place.

A risk register which shall be made accessible staff shall updated by the senior management team every quarter (at minimum) in line with the discussions at the quarterly management meeting. (See Appendix i). For identification tracking of risks, each risk will be given a coded reference starting with the venue initials where the issue was identified, the year of identification and the risk number for that year. For example a risk identified at Printworks in 2022 which is the first on the register will be recorded as PW2201

If the risk is not related to one specific venue or event the first initials shall read QML. For example a risk identified that may affect the general operations of the business, identified in 2022 and is the 3rd entry in the risk register that year would read; QML2203.

For a risk identified for festivals the prefix code will read FSTVL.

Assigning reference numbers to each risk will make it easily recognisable how long the risk has been on the register and where this risk lies i.e. in general operations or at a particular venue or festival. This will also ensure that risks and action plans can be married up.

## 14. Risk Treatment

Risk treatment a process to modify risk and the selection and implementation of measures to treat the risk. This includes as its major element, risk control/ mitigation, but extends further to the appropriate selection of a risk treatment option, these are outlined as follows:

<u>Treat the risk (remove or reduce it)</u>
Treat is the most widely used approach and will be the course of action to take for most risks within the company before any other course of action is considered.
Q. Can controls be established and embedded to reduce the likelihood of the risk occurring or its impact?

Accept and Tolerate risk

Where the ability to do anything about certain risks may be limited or the cost of taking any further action may be disproportionate to the potential benefit gained the risk can be accepted or tolerated. In these cases, the response is to manage the risk to as low as reasonably practicable.

This option can also be supplemented by contingency planning for handling the consequences that may arise if the risk is realised.

Where the status of the risk is to tolerate, the risk must be monitored and reviewed by the risk owner at least annually.

1.Can we accept the risk as it is with current mitigations and no further controls?
2. Would the cost of controlling the risk outweigh the benefits gained.

Terminate the risk (Suspend the risk situation/activity)

A decision will be made by the Managing director and Quality assurance manager if the risk should be terminated or not.

Q. Can we avoid or withdraw from the activity causing risk?

Transfer responsibility

Can we transfer or share, either totally or in part, by way of partnership or contract?

This course of action should only be taken following consideration and decision by the Managing Director and the Quality assurance manager.

## 15. Identifying Controls and Gaps

Controls are arrangements that are already in place to mitigate or manage the risk and these can include policies and procedures, monitoring, and audit. Every control should be relevant to the risk that has been described, it should be clear that the control directly impacts on managing the risk and the strength of the control should be considered when deciding the influence this will have on the risk score.

Despite having identified controls, where the company has established a risk exists, it is the uncontrolled issues that are articulated as gaps. Gaps are issues which are not controlled and directly affect our mitigation of the risk. Gaps require clear and proportionate actions to address them.

## 16. Action Plans

The purpose of risk action plans is to document how the chosen treatment options will be implemented. Information should include:

- A description of what the planned action is
- Expected benefit(s) gained
- Responsibilities (risk owners and action owners)
- Reporting and monitoring requirements
- Resourcing requirements
- Timing and scheduling

Please see appendix ii for the action plan framework

## 17. Risk monitoring and review

The monitoring process should provide assurance that there are appropriate controls in place. The frequency of ongoing monitoring and review depends upon the seriousness of the risk. As a minimum, this must be:

| Current risk score | Timescale for Review |
|---|---|
| 1-3 (Low) | Annually |
| 4-6 (Moderate) | 6 Monthly |
| 8-12 (High) | Quarterly |
| 15-25 (Significant) | Monthly |

## Appendix i. Risk register template

| RR Entry number | Date of entry | Risk identified | Consequence score | Probability score | Initial risk score & Date | Current risk score and date | target risk score and date | Risk treatment | Action plan Y/N |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## Appendix ii. Action plan template

| RR Entry number | Date of entry | Risk | Planned action | Expected benefits | Responsible persons | reporting/monitoring requirements | Resourcing requirements | Timing and schedule |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |