

Risk Management

Policy Responsibilities and Authorisation

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Policy Review History

Version	Updated by	Date Updated	Summary of Changes
06	Judy Fitness	23-Jan-19	Formatting – new template Removal of detailed guidance on risk assessments into separate guideline

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Risk Management

1. Introduction

1.1 Purpose

The purpose of this policy is to provide direction in the management and reporting of risks within the Waikato District Health Board (DHB).

Risk management is dynamic and risk plans must be regularly updated, in line with the monitoring time frame matrix, as new risks emerge and existing risks are managed / closed.

1.2 Background

Risk management is an integral part of 'business as usual' and is included in project management processes. Risk management includes assessment of all organisational factors e.g. financial, human, cultural, environmental, etc.

This policy sets out the processes by which Waikato DHB will:

- Implement the SA/NZS HB436:2013 Risk Management Guidelines
- Implement the AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines Standard
- Ensure legislative compliance.

1.3 Scope

This policy applies to all persons working within Waikato DHB including staff, managers, contractors, students, external personnel and Board members.

1.4 Exclusions

Nil

2. Definitions

Assurance Framework	
Audit	Audit is the systematic collection and review of objective evidence to identify risks and opportunities for improvement.
Audit of External Parties	These audits are performed by Waikato DHB on other entities including its suppliers, contractors and agents to assess their compliance with Waikato DHBs requirements. Auditors may include Waikato DHB staff, HealthShare Limited, auditors contracted from an outside source to act on behalf of Waikato DHB.
Clinical Audit	Clinical audit is a quality assessment and improvement mechanism in which clinical practice is reviewed and compared against predetermined parameters or explicit criteria. Its primary focus is to achieve improvements in healthcare outcomes for the patient, and effectiveness and efficiency of clinical care provided.

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Controls	<p>A control is any measure or action that modifies risk. Controls include any policy, procedure, practice, process, technology, technique, method, or device that modifies or manages risk.</p> <p>Risk treatments become controls, or modify existing controls, once they have been implemented.</p>
External Audit	<p>Waikato DHB itself is subject to external audit by a variety of external agencies including but not limited to accreditation agencies, Designated Auditing Agencies for certification purposes, Ministry of Health, ACC, IANZ.</p>
HealthShare Limited	<p>HealthShare Limited plays a regional support role and supports clinical change by providing regional planning, clinical networks, workforce development and shared services. The Audit and Assurance service provides the region with a range of contract based audit services, that support DHB provider monitoring and quality improvement initiatives.</p>
Likelihood & Consequence	<p>Likelihood is the chance that something might happen.</p> <p>A consequence is the outcome of an event and has an effect on objectives. A single event can generate a range of consequences which can have both positive and negative effects on objectives.</p>
Just Culture	<p>"Just Culture" is a culture in which front-line operators and others are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but where gross negligence, wilful violations and destructive acts are not tolerated.</p>
Managers	<p>Chief Executive Officer (CEO), Chief Operating Officer (COO), Executive Leadership Team, Executive Directors, Directors, Clinical Directors, Clinical Unit Leaders, Clinical Nurse Directors, Charge Nurse Managers, Service / Business / Operations Managers, Team Leaders</p>
Monitoring	<p>Monitoring is the continual checking and review of performance to requirements.</p>
Policies and Guidelines	<p>Waikato DHB policies, procedures, protocols, guidelines and standing orders are important means of minimising risk through standardisation of activities based on best practice. Adherence to these documents will assist risk minimisation.</p>
Reporting	<p>The process of entering risks into Datix.</p>
Risk	<p>A risk is an uncertain event or condition that if occurs has a positive or negative effect on the ability of Waikato DHB to meet its objectives.</p>
Risk Management	<p>Risk management is the suite of activities undertaken to direct and control an organisation with regard to risk.</p> <p>Risk Management also refers to the architecture that is used to manage risk. This architecture includes risk management principles, a risk management framework (assurance framework), and a risk management process.</p> <p>Risk management is recognising which events may lead to harm in the future and working towards eliminating or at least minimising their likelihood and/or consequence.</p>
Self-assessment	<p>Self-assessment is the activity whereby managers and/or staff assess their level of compliance with internal or external standards.</p>

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3. Policy Statements

Risk management is implemented in accordance with the Standards framework outlined in AS/NZS ISO 31000:2009 - refer figure 1. Risk management is:

- an integral part of Waikato DHBs overall governance, management, decision-making, reporting processes, policies, philosophy and culture
- a key factor in the achievement of its strategy and objectives
- transparent and occurs at all levels in the organisation within a just culture that promotes learning and improving rather than blame; the need to manage risks systematically applies to all areas, individuals, functions and activities within Waikato DHB
- aligned with the organisation’s external and internal context and risk profile and occurs within the context of the whole organisation – not in isolation – to ensure consistency of risk prioritisation and level of response
- appropriate and timely involvement of stakeholders and, in particular, decision-makers at all levels of the organisation, ensures that risk management remains relevant and up-to-date; involvement also allows stakeholders including community, patient, family, whānau and employees to be properly represented and to have their views taken into account in determining risk criteria

Identified risks must have a risk treatment plan which includes treatment options and a timeframe for achieving resolution where practicable, or acceptance of a risk, and a risk status assigned. Refer [Risk Management Process](#) Guideline for detailed guidance on the management and reporting of risks within Waikato DHB.

All major campus and service redevelopment projects must have a risk register that is specific to the project and is approved by the Executive Group and the Board.

3.1 Roles and Responsibilities

All Staff are responsible for:

- identifying and reporting risks in Datix
- promoting a just culture that promotes learning and improvement rather than blame
- taking appropriate actions to eliminate or minimise the risk
- participating in risk management exercises e.g. education, completion of self-assessments
- participating in audit activities and acting on learnings and recommendations
- complying with organisational policies, procedures and protocols as specified in the Waikato DHB [Management of Policies and Guidelines](#) policy.

Managers are responsible for:

- encouraging their teams to identify and notify risks
- ensuring new risks are logged in Datix and a current risk rating assigned within 10 working days of their being logged

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- taking appropriate actions to address the risks
- informing staff of decisions made in relation to risks
- utilising Datix to implement their risk register action plans
- updating risks and actions taken to minimise them at a frequency commensurate with the risk rating (refer Appendix B)
- monitoring the effectiveness of risk management in their area
- managing risks and reporting on them within their Governance structure
- Reviewing Datix incidents, accidents and near misses in accordance with the Waikato DHB [Incident Management](#) policy, so that themes can be identified.

The Chief Executive (CE) is responsible for

- Ensuring that the DHBs risk management policy is being implemented, and reporting new high level risks to the Board.

The Executive Leadership Team – Te Roopu Whakahaere

- Maintains an overarching view of all risks.
- Allocates resource as required in order to minimise or eliminate risks.

The Board

- Maintaining oversight of key risks, making recommendations to the DHB to address these, and monitoring the effectiveness of actions taken to minimise risks.

Executive Directors / Directors

- Maintaining a view of all risks within their directorate.
- Ensuring all services in their directorate have logged their risks and that they are monitored at a frequency appropriate to the risk rating.
- Elevating to risks >= 15 to Board level.

Clinical Leaders

- Maintaining a view of all risks within their service.
- Ensuring all clinical services/departments under their guidance have identified their risks and that these are monitored at a frequency appropriate to the risk rating
- Identifying best practice within their clinical profession and providing advice to the professional groups

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Professional leads are responsible for:

- Elevating new and residual risks to the Executive Group as appropriate
- Utilising Datix to implement action plans for risks they have responsibility for.

The Strategy, Funding and Public Health Team is responsible for:

- Risk reporting, audit and monitoring in accordance with internal and external requirements
- Ensuring that Healthshare Limited carries out risk reporting, audit and monitoring in accordance with Waikato DHB requirements.

Quality and Patient Safety is responsible for:

- Development and review of the Waikato DHB Risk Management policy
- Provision of risk management education to staff, clinical leaders, managers, and executive as required
- Development of resources to assist staff to fulfil their risk management responsibilities
- Ensuring the robustness of the risk register process
- Providing risk management reports.

The DHB Hospital’s Advisory Committee

- shall review the Waikato DHB Risk Register quarterly to ensure risk controls and mitigations are appropriate and adequate.

3.2 Process

Waikato DHB uses a logical and systematic method of identifying the risk and establishing the context, analysing and evaluating, treating, monitoring, and reporting risks in a way that allows Waikato DHB to make decisions and respond in a timely way to risks and opportunities as they arise.

The risk management process is as follows:

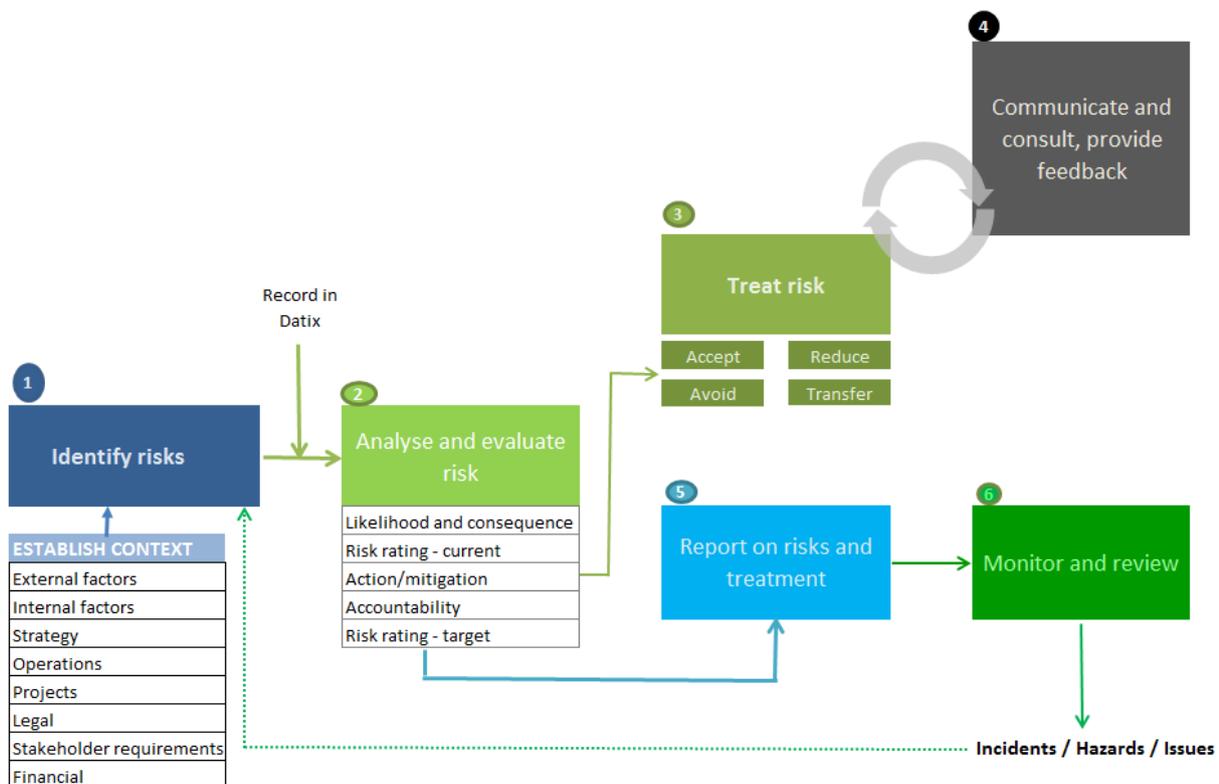
- Identify all relevant risk, assess risks adequacy of controls and identify and mitigate / minimise risk. Risk identification may occur through a variety of mechanisms e.g. incident reporting, consumer feedback, mortality and morbidity reviews, serious adverse event reviews, audit reports, etc: newly identified risks should be added to the risk register in Datix.
- any DHB staff member can enter a risk in Datix; reporters of risks will have visibility of the risk that they enter
- newly identified risks must be validated by the nominated line manager
Refer Figure 1 for risk management process

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- regular reviewing of risks will occur to ensure current controls are adequate and actions are being identified to further minimise or eliminate the risk at a frequency reflective of the risk rating of the risk - refer Appendix B
 - all risks with a current risk rating (i.e. risks which have been reviewed in Datix by the line manager) will be visible in Datix to all levels of managers
 - risks rated ≥ 12 are escalated to the Executive Leadership Team through reporting processes
 - all major projects should have their risks identified and regularly monitored by the project Board unless otherwise indicated

Figure 1: Risk management process



4. Audit

4.1 Indicators

- 100% of all risks are to be validated i.e. description of risk, risk controls, risk owner, current risk rating assigned within 10 working days of their being logged.
- 100% of all risks are to be reviewed in Datix by their given review date.
- 100% of risks ≥ 15 will be presented to the Board with the actions to mitigate them by the Executive Director / Director.

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4.2 Tools

- Datix reporting, Education slides, staff leaflet, matrix

5. Legislative Requirements

5.1 Legislation

- Waikato DHB has a duty at common law to provide services that meet an acceptable standard within a national health context. Waikato DHB must comply with relevant legislation.

5.2 External Standards

A variety of external agencies / standards specify risk management requirements, including:

- Ministry of Health funding arrangements require compliance with relevant standards, including the requirement to comply with SA /SNZ HB436: 2013 Risk Management Guidelines
- NZS 8134:2008 Health and Disability Services Standards
- ACC Legislation and contracts with Waikato DHB
- Enable New Zealand requirements of Waikato DHB
- Disability Support Services requirements of Waikato DHB.

6. Associated Documents

- Waikato DHB [Incident Management](#) policy (Ref. 0104)
- Waikato DHB [Management of Policies and Guidelines](#) policy (Ref. 0102)
- Waikato DHB [Risk Management Process](#) guideline (Ref. 5997)
- Waikato DHB [Serious Adverse Events](#) procedure (Ref. 5829)
- HB 228: 2001 Guidelines for managing risk in healthcare
- AS/NZS ISO 31000:2018 Risk Management Standard
- ISO 31000:2018 Risk Management Guidelines

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Appendix A Midland DHB Assessing the Level of Risk

1) **Measures of Consequence** – choose one of the descriptors below, consider each domain and section and judge what the most realistic scenario would be if the event occurred. The most serious consequence identified determines the score. Refer QPS [Risk management](#) intranet site for further information

		MEASURES OF CONSEQUENCE				
		For each identified risk determine the consequence/impact of the event				
		Extreme	Major	Moderate	Minor	Minimal
Risk Type	Patient Safety / Clinical	Generic Consequences				
		<ul style="list-style-type: none"> Death that is related to the process of care and differs from the expected outcome of that care. Homicide 	<ul style="list-style-type: none"> Permanent injury or harm or injury requiring major clinical intervention or unplanned admission to ICU, that is related to the process of health care and differs from the expected outcome of that care. 	<ul style="list-style-type: none"> Temporary incapacity, injury or harm requiring medical treatment e.g short term monitoring, additional treatment, that is related to the process of health care and differs from the expected outcome of that care. 	<ul style="list-style-type: none"> Minor injury that is related to the process of health care and differs from the expected outcome of that care. 	<ul style="list-style-type: none"> No apparent injury e.g. bruises/graze but no treatment required or refused treatment.
	Service/Business Continuity ie. Earthquakes, IS outage	Specific Consequences				
		<ul style="list-style-type: none"> Incident involving multiple people e.g. screening errors. Wrong consumer or wrong procedure with risk of or actual severe harm. Suicide as inpatient. Blood component given to wrong consumer. Retained item with delayed removal. Child/infant abduction or discharge to the wrong family. 	<ul style="list-style-type: none"> Grade 4 pressure injury. Increased length of stay >1week. Wrong consumer or wrong procedure with risk of or actual major harm. Retained item with immediate removal. Community suicide by current mental health consumer within 28 days of contact with the service. Missing person with a risk of serious harm to self or others. 	<ul style="list-style-type: none"> Grade 2/3 pressure injury. Increased length of stay <1week. Wrong consumer or wrong procedure with risk of or actual moderate harm. Fall resulting in fracture. And any of the following as a result of the incident: <ul style="list-style-type: none"> Transfer to higher level of care, including hospitalisation. Surgical or other significant intervention required. 	<ul style="list-style-type: none"> Wrong consumer or wrong procedure with risk of or actual minor harm. Additional monitoring, investigations or minor interventions as a result of the incident. 	<ul style="list-style-type: none"> Medication error with no harm.
	Financial	<ul style="list-style-type: none"> Permanent loss of core service or facility. 	<ul style="list-style-type: none"> Sustained loss of service with major impact. Major contingency plans invoked. 	<ul style="list-style-type: none"> Some disruption to service - non permanent loss of ability to provide service. Unacceptable impact on service user care. 	<ul style="list-style-type: none"> Short term disruption of services, minor impact on patient care. 	<ul style="list-style-type: none"> Interruption which does not impact on delivery of service.
		<ul style="list-style-type: none"> Loss of assets with replacement value due to damage, fire etc >\$1m. Loss of cash/investments/assets due to fraud, overpayment or theft >\$1m. Financial loss or cost overrun of 10% of budget. Loss of a significant revenue stream. 	<ul style="list-style-type: none"> Loss of assets with replacement value due to damage, fire etc \$100k to \$1m or 7-10% of budget. Major loss of cash/investments/assets due to fraud, overpayment or theft \$10k to \$100k. Major loss of or cost overrun of budget >\$2m or 7-10% of budget. 	<ul style="list-style-type: none"> Loss of assets with replacement value due to damage, fire etc \$50k to \$100k or 4-7% of budget. Loss of cash/investments/assets due to fraud, overpayment or theft >\$10k. Moderate reduction in budget or cost overrun >\$1m or 4-7% of budget. 	<ul style="list-style-type: none"> Loss of assets with replacement value due to damage, fire etc <\$50k or 2-4% of budget. Minor loss of budget, budget overrun or revenue reduction or \$1m or 2-4%. 	<ul style="list-style-type: none"> Small loss / cost overrun or reduction in revenue. No financial loss.
Organisation Reputation / Governance	<ul style="list-style-type: none"> Extended Ministerial enquiry. Major extended national media campaign. Loss of major contracts. Prosecution resulting in resignation of Chairman or CE. Non compliance with legislation resulting in indeterminate or prolonged suspension of service delivery (loss of certification). Severely critical report with possible major reputational or financial implications. 	<ul style="list-style-type: none"> Consumer unease and reduced consumer co-operation. High profile, adverse national media coverage. Systemic and significant breaches of informed consent or privacy. Non-compliance with legislation resulting in significant disruption to key services. Critical report or substantial number of significant changes. 	<ul style="list-style-type: none"> Major consumer concern. Adverse regional media coverage. Persistent complaints or breaches of informed consent/privacy. Non-compliance with legislation resulting in disruption to key services. Challenging recommendation made but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Widespread consumer complaints. Adverse local media coverage. Multiple events affect a significant number of consumers a year in total. Minor recommendations made from external audit which can be addressed by low level management action. 	<ul style="list-style-type: none"> Localised consumer complaints. Single event affects as individual or small group of consumers. Isolated breaches of informed consent/ privacy. Legislative change with minimal impact on service delivery. Small number of recommendations from external audit which focus on minor improvement issues and can be resolved at department level. 	
	Workforce i.e. recruitment, insufficient staff, skill mix, staff harm	<ul style="list-style-type: none"> Non delivery of service due to lack of staff. Death, suicide or Homicide of staff. Permanent psychosocial functioning incapacity. Hospitalisation of 3 or more staff. 	<ul style="list-style-type: none"> Serious ongoing problems with staffing levels leading to serious disruption in service delivery, adverse consequences to patient care. Serious errors resulting. Permanent injury or harm to staff. Long term staff sickness >4 weeks or impaired psycho-social functioning >6 months. Serious harm from workplace activities e.g. permanent loss of bodily function, or temporary severe loss of bodily function, hospitalization of 2 staff, or lost time or restricted duty or illness/hospitalization for 3 or more staff and up to 2 visitors related to incident/injury. 	<ul style="list-style-type: none"> Ongoing problems with staffing levels leading to delay/moderate disruption to service delivery/patient care. Minor errors resulting. Impaired psycho-social functioning >1month - <6months. Injury requiring >3days sickness. 	<ul style="list-style-type: none"> Ongoing low staffing levels resulting in minor disruption to service delivery/patient care. Minor injury. First aid treatment e.g laceration, sprain, <3days absence. 	<ul style="list-style-type: none"> Short term low staffing levels (equal or less than 1 day) where there is no actual disruption to service delivery/patient care. No apparent injury e.g bruise/graze but no lost time or treatment required or refused treatment.
Projects / Objectives		<ul style="list-style-type: none"> >25% over budget. Schedule slippage. Doesn't meet primary objectives. Reputation of the DHB seriously damaged 	<ul style="list-style-type: none"> 10-25% over budget. Schedule slippage. Doesn't meet secondary objectives. Major business interruption. Reputational risk, which may attract a penalty. 	<ul style="list-style-type: none"> 10% over budget. Schedule slippage. Reduction in scope/quality. Moderate business interruption. Reputational risk at local / regional / network level. 	<ul style="list-style-type: none"> <5% over budget. Schedule slippage. Minor reduction in scope/quality. No risk to reputation. 	<ul style="list-style-type: none"> Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope/quality. No risk to reputation.

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- 2) **Measures of Likelihood** – choose one of the descriptors below.
Consider how likely it is that the event will happen.

Step 2	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
	For each identified risk, determine the likelihood that the vent will occur, using the table below				
Likelihood	More likely to occur than not Likely to recur on many occasions e.g. at least once a day or probability of >50%	Will probably recur e.g. once a week or probability of 21-50%	Possibly will occur e.g. may happen once a month or probability of 6-20%	Don't expect the event to occur but may e.g. once a year or probability of 1-5%	Unlikely to occur – may occur only in exceptional circumstances e.g. or probability of <1% may happen every 10 to 30 years

- 3) **Identifying the Level of Risk - Risk Assessment Matrix (Consequence x Likelihood)**

This provides the overall risk score for this event.

Take your scores from the assessment of likelihood and consequence tables and plot them on the matrix below.

RISK ASSESSMENT MATRIX – LEVEL OF RISK

Likelihood	Consequence				
	Minimal 1	Minor 2	Moderate 3	Major 4	Extreme 5
Rare 1	1	2	3	4	5
Unlikely 2	2	4	6	8	10
Possible 3	3	6	9	12	15
Likely 4	4	8	12	16	20
Certain 5	5	10	15	20	25

Key:

Low Risk
1-3

Moderate Risk
4-6

High Risk
8-12

Extreme Risk
15-25

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4) Residual risk

Step 4		Residual Risk Matrix				
The consequence and likelihood for each risk are mapped on the residual risk matrix to ascertain the risk level (extreme, high, moderate or low) and the subsequent level of action required.						
Likelihood	Almost certain 5	25	20	15	10	5
	Likely 4	20	16	12	8	4
	Possible 3	15	12	9	6	3
	Unlikely 2	10	8	6	4	2
	Rare 1	5	4	3	2	1
		Extreme 5	Major 4	Moderate 3	Minor 2	Minimal 1
		Consequence				

5) Risk Level and Action Required.

Use this table for guidance about the preventative measures that should be taken to manage the incident and prevent it happening again.

Score		Risk Preventative Measures to be Taken or Planned
Service	1-3	Low Risk – manage by routine procedure. Implement any action that will eliminate the risk of the incident /risk occurring
	4-6	Moderate Risk – Management action must be specified. The departmental manager must devise, agree, and implement an action plan to reduce or eliminate the risk
Group Mgr	8-12	High Risk – Group Manager action needed. The Group Manager Executive Team must be aware and the Departmental Managers must devise and implement an action plan to reduce, control, or eliminate the risk. Risk must be on Group / General Manager risk register
Org-wide	15-25	Extreme Risk – Immediate action required. The Executive Management Team must be made aware and are responsible for ensuring an investigation and action plan is commenced immediately to reduce, control, or eliminate the risk. The Risk Manager and Executive Directors must be made aware. The risk must be on Board level Risk Register

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Appendix B Waikato DHB Monitoring the Level of Risk

Risk Profile with minimum timeframes: The following are the minimum recommended timeframes for review of progress with risk action plans. The review may occur more often based on professional judgement of need. Once an action has been completed, it is appropriate to review the risk rating – has the action has been effective? If yes, likelihood should be less and thus risk rating decrease. If not effective, what other actions are needed?

LIKELIHOOD (frequency)\	CONSEQUENCE (Impact / Severity) - Initial				
	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Minimal (1)
Almost Certain (5)	(25) Review progress with immediate actions within 2-3 days	(20) Review progress with immediate actions within 1-2 weeks	(15) Review progress with actions within 3-4 weeks	(10) Review progress with actions within 8-10 weeks	(5) Review progress with actions / risk annually
Likely (4)	(20) Review progress with immediate actions within 1-2 weeks	(16) Review progress with actions within 3-4 weeks	(12) Review progress with actions within 4-6 weeks	(8) Review progress with actions within 3 months	(4) Review progress with actions / risk annually
Possible (3)	(15) Review progress with immediate actions within 3-4 weeks	(12) Review progress with actions within 4-6 weeks	(9) Review progress with actions within 3 months	(6) Review progress with actions / risk 6-12 monthly	(3) Review progress with actions / risk annually
Unlikely (2)	(10) Review progress with actions within 3 months	(8) Review progress with actions within 3 months	(6) Review progress with actions / risk 6-12 monthly	(4) Review progress with actions annually	(2) Review progress with actions / risk annually
Rare (1)	(5) Review progress with actions / risk annually	(4) Review progress with actions / risk annually	(3) Review actions / risk annually	(2) Review actions / risk annually	(1) Review actions / risk annually

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