**Risk and Issues Guidance Document**

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# Introduction

## Guidance statement

This guidance is provided to assist those individuals at Sheerwater Health Centre with responsibilities for managing risk to accurately maintain a record of risks and issues on what are commonly referred to as the risk register and issues log. It must be understood that, whilst this guidance contains information and explanations of some of the broader principles of risk, it is not intended to cover every aspect or circumstance.

For risk management to be effective there must be a consistent and committed approach that affords those with responsibility for the management of risks and issues to control and communicate risks and issues effectually.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this guidance might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this guidance document. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this document.

# Scope

## Who it applies to

This document applies to all staff at Sheerwater Health Centre. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

Furthermore, it also applies to employees who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS)[[1]](#footnote-1) in England.

## Why and how it applies to them

This document has been produced to provide staff at Sheerwater Health Centre with an overview of how the organisation can retain a record of risks and issues whilst giving the necessary level of information to understand how the process is undertaken and the benefits that can be gained for both the organisation and their patients.

# Definition of terms

## Risk

A potential event that may or may not happen and can impact the organisation positively or negatively[[2]](#footnote-2)

## Issue

An event that has already occurred2

## Risk register

A tool used to identify, record, monitor, review and archive risks

## Issues log

A tool used to identify, record, monitor, review and archive issues

# Recording risks and issues

## Overview

It will be of huge benefit to adopt a systematic approach to the identification, assessment and management of risks and issues. This will enable a much better understanding of what needs to be managed and to what extent.

The use of both a risk register and an issues log enables the senior management team at Sheerwater Health Centre to prioritise, manage and mitigate risks and issues in order to meet their duties and responsibilities detailed in the Health and Safety at Work etc. Act 1974 (HASAWA).[[3]](#footnote-3)

## Can a risk also be an issue?

A risk register will always relate to a risk and, whilst the issues log can also refer to a risk that has already occurred, it often refers to an action or workstream that is needed to be completed within the organisation. This can be to review policies, plan for a strategy meeting with the partners or conduct staff appraisals. It is often simply another name for a ‘to-do list’.

Whereas both risks and issues are distinctly different, often they may be used together as there are instances where a risk can also be an issue. An example of this is:

Scenario:

Following recent cold weather, a large pothole in the car park has appeared and a patient has just tripped.

Actions:

1. As this event has occurred this needs to be added to the issues log with an action for an asphalt company to fill this hole and any others within the car park.
2. Other actions may be to raise a significant event including NRLS should the patient have been harmed, will there be litigation etc.
3. Discuss this SEA within your PCN or wider PM group.
4. As further patients could also trip, this also needs to be added to the risk register as you will need to mitigate the risk by placing signs in the car park and reception advising staff to take care, provide better lighting etc.

Therefore, yes, a risk can also be an issue and vice versa. In this situation, both the risk register and the issue log should be updated and each should be cross referenced to the other.

## Risk and issue data collection

Risk registers and issues logs are only as good as the data contained within them. Therefore, it is essential to have a quality-based system for monitoring and reviewing risks and issues on a continual basis.

If the data is inaccurate, the descriptions poorly articulated or it is infrequently monitored and reviewed, then it is likely poor decision making and/or an increased risk profile will be the resulting outcome.

# Risk register

## The requirement of a risk register

One of the most important aspects of risk management is the risk assessment content and its annotation onto the risk register. To enable relative accuracy, it is always advised that risk assessments, irrespective of subject, should be data driven rather than opinion driven.

An organisation may have a single, generic risk register or have multiple registers to cover different aspects such as business or COSHH. Whilst each practice risk will still need to be compared and contrasted with other risk(s) within the practice, if separate registers are used then this may require a higher level of organisation.

In view of this, there may be advantages to having a single register.

## Methodology

Guidance for risk assessments can be sought from the following:

1. [Risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/)
2. [Business risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/business-risk-assessment-guidance-document.1550/)
3. [COSHH risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/coshh-risk-assessment-guidance-document.1529/)

## Prioritising risk registers

Whatever methodology is used to conduct a risk assessment, once annotated in the risk register, each individual risk is to be prioritised by its numerical value, as illustrated by the examples in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk description** | **Relative priority** | **Risk Rating** | **Numerical priority** |
| Key equipment breakdowns due to ineffective maintenance resulting in failing to deliver core healthcare services.  | Red | 16 | 1 |
| Failing to meet CQC expectations due to having poor management systems resulting in loss of service provision. | Red | 15 | 2 |
| Interacting with aggressive patients/visitors | Amber | 12 | 3 |
| Increase in volume of ‘quality complaints’ due to lack of due diligence and/or process failureresulting in reputational damage. | Amber | 12 | 4 |
| Failing to maintain appropriate core staffing levels in a key business area due to limitations of local resources resulting in poor service delivery/increased locum costs | Amber | 12 | 5 |
| Failing to develop skills of existing staff due to lack of investment resulting in disincentivised staff with ongoing retention issues  | Amber | 12 | 7 |
| Increasing DNA rates at practice and locally | Yellow | 6 | 8 |
| Long term development within catchment area | Green | 3 | 9 |

## Populating the risk register

Risk registers are a documented method used to maintain oversight of all risks at Sheerwater Health Centre.

Risks can be identified reactively or proactively and the risk register is a comprehensive tool aimed at reducing the possibility of adverse outcomes. As such, the following are considered key components of the register:

* Reference number
* Risk category
* Risk description
* Likelihood
* Consequence
* Risk rating
* Approach
* Description of mitigating actions/control measures
* Residual likelihood
* Residual consequence
* Residual risk rating
* Owner
* Date added
* Date updated
* Numerical priority (current risks)
* Date closed (retired risks)
* Issue log reference number (where appropriate)

|  |  |
| --- | --- |
| **Component** | **Description** |
| Reference number | Generated internally, typically sequential, i.e. 01/20 meaning risk one of 2020 |
| Risk category examples (this list is not exhaustive) | **HRM –** Training and development, travel and lone working, training matrix management, personal development reviews (PDRs), recruitment and retention, health, safety and welfare, professional registration and competencies, consultation, coordination, communication and cooperation**Patient related** – Records, communication, contact and safety**Premises** – Infrastructure, equipment servicing/maintenance (gas safety, water, electricity etc.), external technical assessments/reports (fire and asbestos etc.), service providers/suppliers, contractors (third party cleaning services, maintenance etc.)**Systems** – Policies and procedure, quality improvement, IT, data protection, confidentiality, compliance, governance and assurance, H&S.**Planning** – Succession plans, business continuity plan, fire and emergency evacuation plan**Other** – Political, Economic, Social, Technological, Legal and Environmental (PESTLE analysis) |
| Risk description | Using the X, Y, Z methodology: **X** – briefly describes the problem**Y** – gives an illustrative reason the event might occur**Z** – indicates an anticipated outcome For example: **X** – inability to fully comply with new COVID-19 requirements**Y** – due to physical space restrictions within the premises**Z** – resulting in limitations being placed upon service delivery |
| Likelihood | The likelihood of an incident occurring. Use the risk matrix to select the likelihood score |
| Consequence | The impact of an incident occurring. Use the risk matrix to select the consequence score |
| Risk rating | Again, calculated using the risk matrix and graded as follows:Low:1 – 3Moderate: 4 – 6High: 8 – 12Extreme: 15 – 25 |
| Approach | This describes the four Ts response to risk:**Tolerate:** The risk is effectively mitigated by control measures**Treat:** The risk is present but actions are being taken to reduce the risk to an acceptable level**Terminate:** Removing the risk entirely**Transfer:** The risk (or aspects of it) are transferred to a third party, i.e. insurers, CCG – permission must be sought before transferring the risk(s)It should be noted that transferred risks should remain on the organisation’s risk register as they still pose a risk.  |
| Mitigating actions and/or control measures | The objective is to reduce risk to as low as is reasonably practicable (ALARP)Summarise what actions have been taken to reduce or mitigate the risk |
| Residual likelihood | The remaining likelihood of an incident recurring after all control measures have been implementedUse the risk matrix to select the likelihood score |
| Residual consequence | The remaining impact of an incident recurring after all control measures have been implemented. Use the risk matrix to select the likelihood score |
| Residual risk rating | Calculated using the risk matrix and graded as follows:Low: 1 – 3Moderate: 4 – 6High: 8 – 12Extreme: 15 – 25 |
| Owner | Enter the name of the team member who owns the risk |
| Date added | The date the risk was added to the register  |
| Date updated | Every time an additional control measure is added or an action completed, enter the date this took place |
| Numerical priority (Current only) | Details the order of precedence that the organisation should consider the risksi.e. Limited staff training has been conducted during lockdown and this is now currently the highest risk at this practice  |
| Date closed (Retired only) | Enter the date the risk was closed i.e. it is no longer a risk as it has been terminated |
| Issue log reference | If the risk is linked to an issue enter the corresponding reference number here |

## Examples of risks

The following are examples of risks that may be found in practice. Note that this list is not exhaustive and is for illustrative purposes only.

1. Inability to maintain a COVID-secure environment due to limited space within the premises resulting in limitations being placed on service delivery
2. Staff member uses low steps to access high shelves, overreaches for an item resulting in a fall and potentially injury
3. Ripped carpet within reception due to wear and tear resulting in a trip/fall and potentially injury
4. Practice manager’s office window does not close properly due to a faulty catch resulting in a potential security breach
5. Lack of robust governance procedures due to poor management resulting in a poor outcome at a CQC inspection
6. Poor prescription security due to lack of policy resulting in the potential theft of prescriptions

Reminder:

The **above examples of risks are those that may or may not occur.**

## Reviewing risks

Risk registers afford the senior management team the opportunity to maintain effective control of all risks at Sheerwater Health Centre in line with their relative priority.

The most effective way to ensure that risks and issues are monitored is to embed them as standing agenda items at management and practice meetings, ensuring whole team awareness is maintained. Issues should be reviewed and discussed daily or weekly at most, whereas risks are to be reviewed periodically; for the latter it is suggested weekly or monthly.

A review of the risk register is to include, but is not limited to:

* Review of progress to date to determine if control measures/actions are on target
* Risks being regraded to incorporate control measures (residual risk has been annotated)
* Assessment of the effectiveness of the risk reduction
* Comments being discussed and further control measures/actions determined and agreed
* Risks being archived where applicable
* The identification of new risks

If challenged by the HSE or other regulatory bodies, Sheerwater Health Centre and/or the responsible person will have to justify the periodicity for reviewing the register and effectiveness of such reviews.

If it cannot be evidenced that a review was undertaken then it did not happen.

## Retiring or terminating a risk

Risks are not normally retired as, by their nature of being a risk to occur, they normally remain upon the risk register and are periodically reviewed along with the risk assessment.

However, in certain circumstances a risk may be retired, for example if the risk has been removed. An example of this could be that the building used to have asbestos within its infrastructure but, following a building asbestos survey, it was agreed to have all of this removed. Once the works have been completed then the risk is redundant as it cannot reoccur. In this instance retiring or ‘terminating’ the risk would be appropriate.

It should be noted that should any risk be transferred to another organisation, for example if the building is owned by NHS Infrastructure, then for the same example, whilst it is their responsibility to conduct an asbestos survey, you still have an obligation to ensure that this occurs.

Therefore, in this instance, ‘transferred’ risks would remain on the active risk register.

# Issues log

## The requirement of an issues log

An issue log should have two sections, those that are current and those that have been completed (retired). It is a ‘live document’, meaning that it should be continuously updated and one that managers can use when they meet with their teams.

As most of these meetings are informal and no minutes are taken, the issues log can be used as a substitute for minutes at these informal meetings as activities, deadlines and ownership can be agreed upon and updated ‘there and then’ allowing management to detail and monitor all activity.

All evidence from the log is useful following a partner question, CQC preparations or confirmation that a member of the team deserves a pay rise at their annual appraisal as you have evidence of workstreams completed.

The issue log does not need to be limited to a single log within the organisation as practices may wish to have sub-departmental logs to allow each area to report and then feed their required actions into the main log that is maintained by the practice manager.

## Populating the issues log

The issues log, being a ‘live document’, will need almost daily updates and considerations and should contain the following key components:

* Reference number
* Issue category
* Issue description
* Issue score
* Actions
* Owner
* Date added
* Date action required by
* Comment(s)
* Risk register reference number (where appropriate)

Each of the above components of the issues log are explained in detail:

|  |  |
| --- | --- |
| **Component** | **Description** |
| Reference number | Generated internally, typically sequential, i.e. 01/20 meaning issue one of 2020 |
| Issue category examples (this list is not exhaustive) | **HRM** – Training and development, travel and lone working, training matrix management, personal development reviews (PDR’s), recruitment and retention, health, safety and welfare, professional registration and competencies, consultation, coordination, communication and cooperation**Patient related** – Records, communication, contact and safety**Premises** – Infrastructure, equipment servicing/maintenance (gas safety, water, electricity etc.), external technical assessments/reports (fire and asbestos etc.), service providers/suppliers, contractors (third party cleaning services, maintenance etc)**Systems** – Policies and procedure, quality improvement, IT, data protection, confidentiality, compliance, governance and assurance, H&S**Planning** – Succession plans, business continuity plan, fire and emergency evacuation plan**Other** – Political, Economic, Social, Technological, Legal and Environmental (PESTLE analysis) |
| Issue description | X, Y, Z methodology: **X** – briefly describes the problem**Y** – gives an illustrative reason the event might occur**Z** – indicates an anticipated outcome For example: **X** – inability to fully comply with new COVID-19 requirements**Y** – due to physical space restrictions within the premises**Z** – resulting in limitations being placed upon service delivery |
| Issue score | Score the issue based on priority: Low, Medium or High which enables the filtering of the issues log so those issues with the highest priority are dealt with first |
| Actions required | Summarise required actions to address the issue |
| Owner | Enter the name of the team member who owns the issue |
| Date added | The date the issue was added to the log  |
| Date action required by | Enter a target date for completion  |
| Comment(s) | Detail how the issue was resolved, whether it was related to another issue or risk and the likelihood of recurrence etc.  |
| Risk register reference | If the issue is linked to a risk enter the corresponding reference number here |

## Examples issues

The following are examples of issues that may be found in practice. This list is not exhaustive and is for illustrative purposes only.

1. Staffing shortages due to poor recruitment processes resulting in a reduction in appointment availability
2. Not all annual appraisals completed due to no HRM policy resulting in poor staff morale and retention
3. Not all policies have been reviewed/updated due to a lack of process resulting in out of date policies
4. No responses to negative/positive Google reviews due to lack of ownership resulting in reputational damage
5. No responses to NHS feedback comments due to lack of ownership resulting in reputational damage
6. Backlog in summarising due to staff shortages resulting in a compromise of patient safety

It should be reminded that t**he above examples of issues are those that have in fact occurred.**

## Reviewing issues

Issues logs afford all within management the opportunity to maintain effective control of all issues at Sheerwater Health Centre. Having an issues log promotes understanding of workstreams and these can all be established using SMART objectives or as a tool to [manage by objectives](https://practiceindex.co.uk/gp/forum/resources/management-by-objectives.1010/).

The issues log is a working document, meaning that it should ordinarily be updated daily as more workstreams are agreed. This may only be a prompt to be fully completed when agreed at the weekly management meeting.

When dealing with departmental leads and managers, only issues relating to that area need be discussed. At Sheerwater Health Centre issues are discussed [weekly] at the management meeting between team leaders as this allows [insert name and role] to have oversight of all ongoing issues within the practice.

During the management meeting, all the issues discussed will be assigned a lead person who will complete the activity plus an agreed deadline. This timescale ordinarily will not change although, should it not be met, the departmental lead will need to explain mitigating reasons. Additionally, when any timescale is not met, the cell *‘Action required by’* should be turned RED as a marker to review against performance. As part of the management responsibilities, trends should be considered and acted upon should a member of the team regularly miss any deadline.

The practice manager will brief the partners on all activity upon the issues log on a [monthly] basis to ensure that they are fully briefed upon current activity.

The issues log supports management and staff to remember the spectrum of actions that have been agreed and the timescales considered as being appropriate.

A review of the issues log is to include, but is not limited to:

* Comments discussed and further actions determined and agreed
* Review of progress to date to determine if actions are on target
* Assessment of the effectiveness of employees and departments
* Issues archived where applicable
* The identification of new issues

This is a management tool but, whilst it is ordinarily used within the organisation, evidence of compliance and activity can be proven to external bodies. [Insert name and role] is responsible for maintaining the log and will be required to justify activities when reviewing with partners and/or external bodies.

If it cannot be evidenced that an Issue was undertaken then it did not happen.

## Retiring an issue

Following review within the management meeting, it may be decided that the issue has now been completed and the respective issue is to be ‘retired’ into the retired issues log.

Retiring any issue is an important activity as this keeps an ongoing log of timescales achieved. In addition to the benefits of producing evidence of completion, it can also be used in consideration towards the following:

1. Performance management
2. Bonus awards
3. Key Performance Indicators (where given)
4. Evidence when considering pay rises

This log will, over a period, become quite lengthy so it could be archived annually although not deleted as it can be used as evidence and may need to be referred to at a later stage.

# Summary

Risk registers and issue logs are tools which enhance effective risk management at Sheerwater Health Centre. They ensure a consistent approach to risk management (including issues), demonstrate commitment to manage risk from the wider practice team, facilitate communication of risks and issues (internally and externally) and afford those in a position with responsibility control of the risk and issue management process.

1. [Network contract Directed Enhanced Service (DES) Contract Specification 2020-21](https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf) [↑](#footnote-ref-1)
2. [Risks vs. issues: Sankararajan, D. & Shrivastava, N. K. (2012). Risks vs. issues. PM Network, 26(6), 28–29](https://www.pmi.org/learning/library/risks-vs-issues-project-failure-2328) [↑](#footnote-ref-2)
3. [Health and Safety at Work etc Act 1974](https://www.hse.gov.uk/legislation/hswa.htm) [↑](#footnote-ref-3)