Mighty Men of Valour
Square Root Business Centre Windmill Road Croydon Surrey CR0 2XQ

Review Sheet

Last Reviewed 11 Mar 2025	Last Amended 11 Mar 2025	This policy will be reviewed as needs require or at the following interval: Annual

Business Impact:	**LOW** — Minimal action required. Circulate information amongst relevant parties.
Reason for this Review:	Client request
Changes Made:	Yes
Summary:	This Risk Management Policy and Procedure provides guidance and support on the measures and requirements in place at Mighty Men of Valour. It has been reviewed with no significant changes. Underpinning knowledge and further reading reference links have also been checked and updated.
Relevant Legislation:	• The Care Act 2014 • Care Quality Commission (Registration) Regulations 2009 • Children Act 2004 • Control of Substances Hazardous to Health Regulations 2002 • The Controlled Drugs (Supervision of Management and Use) Regulations 2013 • Employment Rights Act 1996 • Equality Act 2010 • The Hazardous Waste (England and Wales) Regulations 2005 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • Health and Safety at Work etc. Act 1974 • The Medical Devices (Amendment) Regulations 2012 • Medicines Act 1968 • The Misuse of Drugs (Safe Custody) Regulations 1973 • Health and Social Care (Safety and Quality) Act 2015 • Data Protection Act 2018 • The Control of Substances Hazardous to Health Regulations 2002 • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) • UK GDPR • Civil Contingencies Act 2004
	• Author: National Cyber Security Centre, (2025), The National Cyber Security Centre [Online] Available from: https://www.ncsc.gov.uk/ [Accessed: 11/03/2025]

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Underpinning Knowledge:	• Author: HSE, (2025), Sensible risk assessment in care settings [Online] Available from: https://www.hse.gov.uk/healthservices/sensible-risk-assessment-care-settings.htm [Accessed: 11/03/2025] • Author: CQC, (2025), Guidance and regulation [Online] Available from: https://www.cqc.org.uk/guidance-regulation [Accessed: 11/03/2025] • Author: CQC, (2023), Regulation 20: Duty of candour [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour [Accessed: 11/03/2025] • Author: HSE, (2022), Coronavirus (COVID-19) - Advice for workplaces [Online] Available from: https://www.hse.gov.uk/coronavirus/index.htm [Accessed: 11/03/2025] • Author: CQC, (2023), Regulation 12: Safe care and treatment [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment [Accessed: 11/03/2025] • Author: Government, (1999), The Management of Health and Safety at Work Regulations 1999 [Online] Available from: https://www.legislation.gov.uk/uksi/1999/3242/contents/made [Accessed: 11/03/2025] • Author: information commissioner's office, (2023), Understanding and assessing risk in personal data breaches [Online] Available from: https://ico.org.uk/for-organisations/advice-for-small-organisations/understanding-and-assessing-risk-in-personal-data-breaches/ [Accessed: 11/03/2025] • Author: HSE, (2025), Managing risks and risk assessment at work [Online] Available from: https://www.hse.gov.uk/simple-health-safety/risk/index.htm [Accessed: 11/03/2025]
Suggested Action:	• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due to regard to the need to eliminate lawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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1. Purpose

1.1 To identify and minimise risk in order to meet every individual employee's right to a healthy and safe place of work.

1.2 To identify and minimise risk to ensure that Service Users receive safe, effective care and support services, the delivery of which respects their needs and treats them with dignity and respect.

1.3 To identify, monitor and manage risk sufficiently including escalation and to safeguard all staff, Service Users and members of the public effectively.

1.4 To ensure that all current health and safety legislative and regulatory requirements, including best practice guidance, are included and factored into all workplace risk assessment and management systems.

1.5

Key Question	Quality Statements
CARING	QSC2: Treating people as individuals
RESPONSIVE	QSR4: Listening to and involving people
SAFE	QSS7: Infection prevention and control
SAFE	QSS1: Learning culture
WELL-LED	QSW5: Governance, management and sustainability
WELL-LED	QSW7: Learning, improvement and innovation

1.6 Relevant Legislation
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Children Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Employment Rights Act 1996
- Equality Act 2010
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- The Medical Devices (Amendment) Regulations 2012
- Medicines Act 1968
- The Misuse of Drugs (Safe Custody) Regulations 1973
- Health and Social Care (Safety and Quality) Act 2015

- Data Protection Act 2018
- The Control of Substances Hazardous to Health Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- UK GDPR
- Civil Contingencies Act 2004

2. Scope

2.1 Roles Affected:
- All Staff

2.2 People Affected:
- Service Users

2.3 Stakeholders Affected:
- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS
- Housing Provider Partners (Where applicable)
- Contractors
- Other Visitors

3. Objectives

3.1 To identify and manage risk within Mighty Men of Valour for the purpose of the prevention of accidents.

3.2 To provide assurance that risks at all levels of Mighty Men of Valour are appropriately assessed, prioritised, addressed and monitored.

3.3 To highlight a clear process where escalation may be required in order to effectively manage individual risk areas.

3.4 To learn from significant events that have occurred and been investigated in order to identify and minimise future risk.

Mighty Men of Valour will work within a framework of openness and honesty, and the duty of candour will be applied where applicable.

4. Policy

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4.1 The Registered Manager, Remi Adeyemi, and Nominated Individual, Frederick Clarke, of Mighty Men of Valour, have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at Mighty Men of Valour.

4.2 This policy supports Mighty Men of Valour with the identification of risk in order to keep staff members, Service Users, professionals from stakeholder organisations working at Mighty Men of Valour, and other visitors safe and free from harm by preventing accidents and adverse incidents, together with learning from significant incidents when they do occur, in order to minimise any future risks.

4.3 The management of identified risks within care, support and any clinical and nursing practices in relation to Service Users will form part of established governance systems and processes at Mighty Men of Valour.

4.4 Risk reports and findings from any care, support, clinical and non-clinical significant events will be used by Mighty Men of Valour to identify and learn from risks and to inform how they will be managed in the future to prevent harm.

4.5 Risk assessments will be carried out in each area of Mighty Men of Valour and reviewed on a regular basis as identified by an appropriate risk matrix.

Mighty Men of Valour will share the recorded results and actions taken where required.

Mighty Men of Valour will ensure appropriate training is provided to members of staff who carry out this activity.

4.6 All members of staff must:
- Be aware of and understand risk in its many forms, how it may present, and who could be harmed
- Be able to identify adverse incidents and significant events, understand how they occurred and what to change to prevent any recurrence
- Be able to assess the potential severity and harm of any risk posed to them, other members of staff, Service Users and visitors

4.7 Remi Adeyemi will designate a senior member of staff who is responsible for risk management, the risk register, recording risk assessments as well as recording and investigating significant events.

Remi Adeyemi will take overall responsibility for these areas and will work in partnership with any designated lead.

4.8 Mighty Men of Valour has the following key risk policies in place which are mandatory for all staff to read and confirm their understanding:
- Health and Safety Policy and Procedure
- Fire Safety Policy and Procedure
- Infection Control Policy and Procedure
- Suite of medication policies and procedures
- Business Continuity Plan Policy and Procedure
- Complaints, Suggestions and Compliments Policy and Procedure
- Accident and Incident Reporting Policy and Procedure
- Safeguarding Adults Policy and Procedure
- Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure
- Acute Respiratory Infections (ARI) (COVID-19) Policy and Procedure
- Duty of Candour Policy and Procedure
- UK GDPR, Data Protection Policies and Procedures

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This list is not exhaustive and Mighty Men of Valour will implement and signpost to additional policies and procedures that may be required.

4.9 Service User Risk management

Mighty Men of Valour has a suite of policies and procedures with additional documents, forms and processes in place to support Service Users to manage risks where they are able to do so.

Where Service Users are unable to manage their own risk, additional policies and procedures are in place to ensure that safety is paramount in providing care and treatment.

Mighty Men of Valour has the following key risk policies in place which are mandatory for all staff to read and confirm their understanding:

- Safeguarding
- Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure
- Medication administration policies and procedures
- Infection control including pandemic
- Mental capacity and deprivation of liberty safeguards
- Care Plans and risk assessments that include:
    - Capacity, consent and best interests process
    - Contracts and provisions for care and treatment/support
    - Mobility and falls management
    - Moving and handling including equipment and process
    - Specific health needs/conditions
    - Positive behaviour support
    - Deterioration of Service Users' health including mental health and/or behaviours
    - Restrictive practice
    - Specialist equipment
    - Nutrition and hydration including the 'MUST' assessment process
    - Risk and vulnerability including finances, use of equipment, lone workers
    - Positive risk taking

This list is not exhaustive and Mighty Men of Valour will implement and signpost to additional policies and procedures that may be required for the management of Service User risks.

4.10 Escalation Procedures

As part of an effective risk management strategy for key risk areas as outlined in sections 4.7 and 4.8, Mighty Men of Valour has policies and procedures in place that define any escalation procedures in order to manage risk safely at all times.

These processes outlined in the individual policies and procedures ensure that when risk meets certain criteria, escalation takes place. This includes but is not limited to multidisciplinary teams (MDT) and health professional partners, the health and safety team, commissioning team as well as Remi Adeyemi completing any legally required notifications and informing appropriate insurers (If applicable).

Remi Adeyemi is responsible on behalf of Mighty Men of Valour for ensuring appropriate escalations take place where required.

4.11 Risk management (and in particular, significant events) will be a standing agenda item for relevant good governance meetings, quality assurance meetings, team and Service User meetings at Mighty Men of Valour where up-to-date reports will be presented for discussion,

analysis and learning, and to inform operational planning alongside a process of continual improvement.

5. Procedure

5.1 Risk Register

All risks will be identified and assessed. Significant risks, or those which cannot immediately be resolved, will be added to the risk register at Mighty Men of Valour. The risk register will indicate the likelihood and severity of each risk type (care, support, clinical and non-clinical).

Standard forms will be available for reporting risk and all staff members will understand where to find these as well as how they must be submitted and to whom. Each risk will be reviewed regularly according to the risk score by Mighty Men of Valour and Remi Adeyemi to ensure and embed a safety culture.

5.2 Risk Management

Remi Adeyemi and any designated risk manager will check risk reports when they are received and regularly review all areas to:

- Identify risks

- Assess identified risks

- Evaluate identified risks

- Eliminate any identified risk, where appropriate

- Introduce control measures to reduce risks to the most acceptable level where possible

- Develop or locate and arrange delivery of appropriate training to reduce risk level where this is possible

- Provide an up-to-date risk report based on the risk register at Mighty Men of Valour

- Implement a process of monitoring and review of the current risk status and systems on a regular basis, including updated risk management systems following the implementation of workplace procedures

5.3 Risk Assessments

Mighty Men of Valour recognises that risk assessments are a critical element of risk management culture at Mighty Men of Valour for effective health and safety risk management.

Risk assessments are carried out and used to prevent accidents, incidents and ill health by identifying the hazards that exist and considering how best they can be managed.

Based on these assessments, Mighty Men of Valour understands what systems, environments and methods of work are safe, as well as ways to prevent the occurrence of health and safety issues.

5.4 Specific Risk Assessments

Specific risk assessments are required by certain health and safety guidance and regulations. These regulations may contain a specific reference to the requirement for a risk assessment or they may refer to statutory or regulatory compliance requirements.

Mighty Men of Valour has systems in place that will highlight requirements for any operational, Service User, individual employee or service-specific risk assessments that are

required and will ensure that these are in place, monitored and reviewed where applicable.

Specific risk assessments, where needed, will clearly define any escalation process required in order to manage the identified risk effectively.

5.5 Operational Health and Safety Requirements

Mighty Men of Valour will:

- Alongside Remi Adeyemi, a competent person or persons will be appointed to carry out risk assessments, recording their details on the displayed Health and Safety Law poster or in individual leaflets supplied

- Carry out suitable and sufficient risk assessments of all business areas and activities at Mighty Men of Valour

- Identify and undertake specific risk assessments that Mighty Men of Valour is legally required to carry out

- Carry out detailed risk assessments on hazardous activities

- Implement the control measures, further actions including escalation and monitoring required to reduce risks identified in risk assessments

- Bring the significant findings of the risk assessments to the attention of those affected and record these on the risk register for action with any interim mitigation possible

- Amend risk assessments when changes occur and review them regularly to ensure that they are kept up to date

- Ensure that staff members receive appropriate induction, mandatory/specialist/any role-specific training, and any associated competency assessments in the principles of risk assessment, in particular, the identification of hazards and the implementation of control measures to remove or reduce the risk

- Communicate applicable Service User safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the Central Alerting System (CAS) to Remi Adeyemi on receipt, and retain a record of all Service User safety alerts received and any associated actions taken

- Ensure that there is a Business Continuity Plan in place that sets out the emergency plan in place to comply with:
  - The Civil Contingencies Act 2004
  - Data Protection and Cyber Security
  - Pandemic Planning (including COVID-19)
  - Any other identified risk that may have a significant impact on business continuity

5.6 Incident Analysis

Incident reports will be presented for discussion at the relevant governance and quality assurance meetings, with actions recorded and a named person responsible for undertaking and completing agreed actions within a set timescale to reduce the likelihood of any similar recurrence.

It is important to remember that significant events may take many forms, for example, adverse events, accidents and near misses, or examples of both good and bad practice, performance or feedback received.

5.7 Areas of Risk

Other general areas of risk which must be reviewed include, but are not limited to:
- Business continuity, including emergency preparedness
- Governance, including Service User safety, clinical and support interventions
- Environmental

- Finance, including insurance
- Governance
- Human resources
- Information governance, including cyber attacks
- Legal and regulatory
- Medicines
- Operations
- Premises
- Strategic
- Technology

5.8 Processes which May Identify Risks

Mighty Men of Valour may identify risks from one or more of the following:
- Adverse incident trends (available from analysis or incident reports)
- Serious incident requiring investigation
- Proactive risk assessment (in preparation for a major project)
- Audit, support, clinical, financial, process, internal or external
- Reports from assessments or inspections by external bodies
- Feedback from Service Users, surveys or questionnaires
- Complaints, concerns and compliments
- Claims reporting
- National and regional safety alerts
- Asset registers or maintenance backlog
- NICE and other professional guidance from regulatory bodies
- Observation or supervision

5.9 Major Incidents - Business Continuity Plan including policy and procedures

Contingency plans for major incidents set out in the Business Continuity Plan will be kept up to date and kept in line with local and national guidance.

Business continuity plans will be subject to regular testing, monitoring and review as required.

5.10 Reporting Accidents and Near Misses
- In the event of an accident/incident that causes injury, staff members must ensure that the injured person is being appropriately cared for by suitably qualified staff
- When the injured person has been treated and is safe, the full details must be reported to Remi Adeyemi or a nominated team member to formally record in the accident book
- The record will be regularly inspected by a designated risk manager and Remi Adeyemi
- Accident, incidents and events will be reported to the respective authority, e.g. Croydon or the Care Quality Commission as required and when necessary. This process may include implementation of the Duty of Candour policy and procedures
- Any 'near miss' incident which occurs must also be reported using the appropriate process and to the most senior person on duty, as well as to Remi Adeyemi. It must also be reported as an incident for investigation and analysis using the usual method and for onward discussion at the appropriate governance meetings
- All completed incident events will form part of an annual (or more frequent) significant events report to be approved and signed off by Remi Adeyemi for organisational

governance and continuous improvement purposes

5.11 Escalation Procedure

Mighty Men of Valour will ensure through governance and audit systems that, where escalations are required, these take place and this includes to regulatory bodies, legal representatives and, where appropriate, Mighty Men of Valour Insurers where a requirement is in place to notify them of certain incidents/events that take place.

Examples of issues that may require escalation include:
- Certain accidents, incidents or near miss events
- Complex behaviours such as acts of violence in the workplace or threats to members of staff
- Deterioration of the health/mental health of Service Users; this may include those with a forensic history
- Complaints/concerns that may trigger safeguarding or health and safety thresholds
    - Remi Adeyemi will liaise with the Safeguarding lead - Remi Adeyemi
- Workplace health and safety conditions
    - Remi Adeyemi will liaise with the Safety Officer - Registered Manager
- Conflicts of interest
- Information/data protection breaches
    - Remi Adeyemi will liaise with the Data Protection Officer - Frederick Clarke

This list is not exhaustive and staff should refer to individual risk management policies that identify when escalation is required, detail the arrangements for who staff have to escalate to and within what timescales.

5.12 Significant Events

The recognition, recording, analysis and responsive or remedial actions associated with significant events must be used to inform service planning and development and to improve quality and performance.

The learning from significant events will be used in a positive way for the benefit of Service Users and staff members - not to identify individuals and apportion blame. Any disciplinary matters will be addressed and worked through in accordance with the relevant policies and procedures at Mighty Men of Valour.

From time to time, significant events may act as catalysts and bring about major change to the practices at Mighty Men of Valour, to Service User outcomes, such as to the staff team structure. The details of this type of significant event and its effects may assist other organisations when presented or shared wider than the team at Mighty Men of Valour.

Any sharing of information will be carried out in line with the requirements of UK GDPR, and data protection policies and procedures at Mighty Men of Valour.

5.13 Learning From Incidents - Operational, Governance, Quality Assurance Meetings

To ensure that learning from incidents is open, transparent and focused on continuous improvement and outcomes, Mighty Men of Valour will ensure that:
- All staff members and stakeholders will be involved in order to have the opportunity to share and learn from incidents and significant events
- It is important for everyone to be able to participate as much as possible by giving and receiving information about the content of the meeting. For example, a breakdown of the event and learning so far, thoughts and recollections before the meeting and questions or other points to explore about remedial actions

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- Prepare and plan how any planned meeting is to be conducted to ensure that everyone has an equal chance to contribute to the discussion and the outcome

- Utilise investigation reports, notifications and professional feedback to inform the learning and decision-making process

- Invite people from outside of Mighty Men of Valour when, or if, this is appropriate (for example, people with specific sector or product knowledge, Service User representatives, the wider multidisciplinary health and social care team, Croydon, CQC)

- Produce a lessons learnt report and any associated time-limited action plan for remedial actions

6. Definitions

6.1 CAS
- The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care

6.2 MHRA
- Medicines and Healthcare products Regulatory Agency which operates the Central Alerting System and issues CAS alerts

6.3 Governance
- The management systems, processes and behaviours by which Mighty Men of Valour leads, directs and controls its functions to achieve its organisational objectives, to achieve safety and quality, and the way in which it relates to Service Users and carers, the wider community and partner organisations

6.4 Risk Scoring/Rating
- Risk score involves the use of the 5x5 risk matrix, with impact and likelihood being multiplied to reach the risk score. The scoring system allows individual risks to be prioritised. Risk scores are not intended to be precise mathematical measures of risk, but are a useful tool to help in the prioritisation of action plans for the treatment of risk

6.5 Risk Controls
- These are the management systems and processes that Mighty Men of Valour has in place to manage risks. Examples include policy guidance, staff training, appropriate skill mixes and staff numbers, for example

6.6 Actions
- A specific, measurable, achievable, relevant, and time-specific piece of work that is to be completed, that will address an identified gap in control or assurance

6.7 Risk Assurance
- Evidence that supports the measurement of controls in place to ensure they are operating effectively and that the desired outcome is being achieved

7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- It may be possible to avoid risk by understanding the causes and taking appropriate actions. It is not always possible to eliminate risks entirely, but risk control measures can be introduced that reduce the likelihood of an adverse event. These include policies and procedures, Service User Care Plans, risk assessments

- The effectiveness of the various approaches used to identify, analyse and treat a risk must be subject to regular review. Mighty Men of Valour has a culture that includes, where appropriate, a wider multidisciplinary, stakeholder approach to the analysis of risks and significant events using a 'blame-free' culture that enables people to feel sufficiently safe and supported to provide honest opinions, input and feedback without repercussions or reprisals of any kind

- People often think that all risks can be avoided but this is unrealistic. It is important to remember that risk is constantly present. However, risks can be minimised by planning ahead and following a four-step risk management procedure

- There is clear evidence of escalation procedures documented, followed and reviewed in response to adverse incidents

- Once a risk has been identified, it must be analysed to determine what action needs to be taken to eliminate or reduce it. The potential likelihood of harm must be considered

- The importance of near misses, in which potentially harmful events are considered, is that these events usually identify underlying problems with aspects of service provision, such as cursory procedures or insufficient training. Prompt, remedial action at this stage can prevent future adverse events

- The first step is to identify the risk. An effective way of doing this to undertake significant event analysis. This identifies risks after an event has occurred. It involves reflecting on past events that have caused harm or have been identified as having the potential to cause actual harm

- Mighty Men of Valour and all its employees have professional and regulatory responsibilities to identify, report, and action risks (within own scope of practice) to ensure the safety of themselves, that of their team members, Service Users and members of the general public

8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:
- Risk management is a process by which staff at Mighty Men of Valour help identify factors which may prevent them from providing excellent, safe, efficient and effective care

- Risk can occur in a variety of ways, for example, as a result of changes in how services are provided or organised or where they are delivered. The promotion of Service Users' independence can create risk. Mighty Men of Valour will support you to be as independent as possible with a Care Plan that takes into account your wishes and positive risk taking

- The aim of risk management is to ensure that risks are identified early, assessed to explore and implement the most effective ways to manage or control them and to reduce their potential adverse effects

- Broader risk management includes planning for emergencies that might affect or interrupt services you receive. The Business Continuity Plan at Mighty Men of Valour is kept up to date to reduce any disruption to services, keep them running and keep you safe in the event of a major incident, for example, a local power failure or a large-scale event such as flooding

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Further Reading

HSE - Emergency procedures:

https://www.hse.gov.uk/workplace-health/emergency-procedures.htm

HSE - Managing Risks and Risk Assessment at Work:

https://www.hse.gov.uk/simple-health-safety/risk/index.htm

HSE - Health and Safety Risk Assessment and Management (2 min video):

https://www.youtube.com/watch?v=xyANahuhGs0&feature=emb_title

Institute of Risk Management (IRM) - Considerations for business and risk managers during the Coronavirus/COVID-19 outbreak:

https://www.theirm.org/news/considerations-for-business-and-risk-managers-during-the-coronaviruscovid19-outbreak/

QCS Podcast (8mins) - The Importance of Near Miss Reporting (Napthens):

https://www.qcs.co.uk/importance-of-near-miss-reporting/?utm_campaign=coschedule&utm_source=linkedin_company&utm_medium=Quality%20Compliance%20Systems&utm_content=Quality%20Compliance%20Systems%20and%20Napthens%20agree%20health%20and%20safety%20partnership

Mighty Men of Valour Key Policies and Procedures:
- Health and Safety Policy and Procedure
- Fire Safety Policy and Procedure
- Infection Control Policy and Procedure
- Suite of medication policies and procedures
- Business Continuity Plan Policy and Procedure
- Accident and Incident Reporting Policy and Procedure
- Patient Safety Incident Response Framework (PSIRF) Policy and Procedure
- Acute Respiratory Infections (ARI) (COVID-19) Policy and Procedure
- Duty of Candour Policy and Procedure

This list is not exhaustive and Mighty Men of Valour will implement and signpost to additional policies and procedures that may be required.

Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:
- The wide understanding of the policy is enabled by proactive use of the QCS App
- All members of Mighty Men of Valour understand that risks can rarely be completely eliminated. They can, however, be mitigated and anticipated, and identifying risks and adverse events should be used as learning, development and service improvement opportunities in a blame-free environment

- Thorough and robust risk assessments are carried out on a regular basis with outcomes shared and implementation of all resulting actions monitored
- All risks identified are reported and recorded and, together with analysis and remedial action, then discussed in governance meetings for learning and development as well as information
- All identified risks are acted upon with the process for exploring, agreeing and implementing the actions shared throughout Mighty Men of Valour and with stakeholders
- All staff are aware of how to identify and report a risk as well as how to report significant events, for example, accidents, incidents and near misses

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Significant Event Assessment (SEA) - HS38	To document and report a significant event.	QCS
Risk Register - HS38	To hold a list of identified risks and actions.	QCS
Risk Reporting Form - HS38	To report an identified risk.	QCS
Risk Scoring Matrix - HS38	To assess the likelihood and consequence of the risk.	QCS
The Key Stages to the Risk Management Lifecyle - HS38	To display the risk management cycle.	QCS

Significant Event Assessment (SEA) - HS38

Sample Significant Event/Complaint Date:

Describe the critical event or complaint
Why did it occur?
What lessons have you learnt? What was done well? What went wrong?
What could you do to stop it happening in the future? Draw up an action plan.

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Risk Register - HS38

No.	Risk Title	Risk Description	Cat.	Consequences	Likelihood	Priority	Action	By Whom	By When

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Risk Reporting Form - HS38

1. Give a number for identification.

2. Give a title to aid identification.

3. Describe the risk.

4. Category – Equipment, premises, clinical, etc.

5. Describe possible consequences.

6. Assess Likelihood and Severity for the Register.

No.	Risk Title	Risk Description	Cat.	Consequences	Likelihood	Severity

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Risk Scoring Matrix - HS38

Risk Scoring Matrix

	5 Catastrophic		5	10	15	20	25
	4 Major		4	8	12	16	20
	3 Moderate		3	6	9	12	15
Consequences	2 Low		2	4	6	8	10
	1 Negligible		1	2	3	4	5
		1 Extremely Unlikely	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
	. Likelihood					

Likelihood Guidance

Likelihood Score	Descriptor	Frequency	Probability
1	Extremely Unlikely	Will probably never happen/recur Not expected to occur for years	< 20%
2	Unlikely	Not expected to happen/recur but possible Expected to occur at least annually	20% - 40%
3	Possible	Might happen or recur occasionally Expected to occur at least 1-2 months	40% - 60%
4	Likely	Will probably happen/recur but not a persisting issue/chance Expected to occur at least weekly / monthly	60% - 80%
5	Almost certain	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily	> 80%

Risk Review:

The frequency of review of risks, dependent on their risk score, is as follows:

- Red will be reviewed monthly
- Amber risks will be reviewed monthly if they score 10 or more

o Risks scoring below 10 will be reviewed bi-monthly

- Yellow risk will be reviewed at least quarterly
- Green risks will be reviewed at least every six months

The Key Stages to the Risk Management Lifecycle

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┌─────────────────────────────────┐
│          Identify Risk          │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│     Mitigate and Control Risk   │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│       Assess / Reassess Risk    │◄──────┐
└─────────────────────────────────┘       │
                │                          │
                ▼                          │
┌─────────────────────────────────┐       │
│           Review Risk           │       │
└─────────────────────────────────┘       │
                │                          │
                ▼                          │
          ◇─────────────◇           ┌──────┐
         ◇  Risk Eliminated? ◇──────►│  No  │
          ◇─────────────◇           └──────┘
                │
                ▼
            ┌───────┐
            │  Yes  │
            └───────┘
                │
                ▼
┌─────────────────────────────────┐
│           Close Risk            │
└─────────────────────────────────┘
```