

Appendix 1: Risk Management Survey - NHS Trusts in UK (April 2005)

Section A: Details of Organisation

A1 Please tick the box that most accurately reflects your organisation.

Acute Trust	<input type="checkbox"/>	Primary Care Trust	<input type="checkbox"/>	Mental Health Trust	<input type="checkbox"/>	Ambulance Trust	<input type="checkbox"/>	Foundation Trust	<input type="checkbox"/>
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Other, please specify.....

A2 Number of employees (full time & part time) - please tick the box.

Less than 1000	<input type="checkbox"/>	Less than 2500	<input type="checkbox"/>	Less than 4000	<input type="checkbox"/>	Less than 6000	<input type="checkbox"/>	More than 6000	<input type="checkbox"/>
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A3 Number of sites within the Trust - please tick the box

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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More than 5 please specify

A4 Personal Details - please complete

Name of individual completing the questionnaire:

Job Title:.....

Section B: Risk Management Processes

Please tick yes, no or don't know as appropriate throughout this section, providing further detail as requested.

B1 Does the organisation have a documented Trustwide Risk Management Strategy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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B2 Does the organisation have a documented process for (a) assessing risk?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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B2 (b) If no please identify the types of risk that can be identified and Executive lead:

Health & Safety	<input type="checkbox"/>	Executive Lead:
Clinical	<input type="checkbox"/>	Executive Lead:
Financial	<input type="checkbox"/>	Executive Lead:
Corporate	<input type="checkbox"/>	Executive Lead:
Operational	<input type="checkbox"/>	Executive Lead:
Human Resources	<input type="checkbox"/>	Executive Lead:
Occupational Health	<input type="checkbox"/>	Executive Lead:

B3 Has the Trust identified a member of the Board with (a) Executive Responsibility for all aspects of risk ?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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B3 (b) If so please list job title

B4 (a) Is there a specific named individual identified responsible for the implementation of risk assessment and risk management procedures?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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B4 (b) If yes, please identify job title and background:

B5 (a) Is there a documented process for risk assessment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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B5 (b) Please identify the risk categories covered by the assessment process:

Health & Safety	Yes	No	Don't Know
Clinical risk	Yes	No	Don't Know
Financial	Yes	No	Don't Know
Corporate issues	Yes	No	Don't Know
Human Resources	Yes	No	Don't Know
Operational	Yes	No	Don't Know
Occupational Health	Yes	No	Don't Know

B5 Identify factors included / considered within your risk assessment process:

(c) Please tick as many boxes as necessary

Hazard identification:	Yes	No	Partial
Injury / ill health	Yes	No	Partial
Property damage / loss	Yes	No	Partial
Corporate reputation	Yes	No	Partial
Claims / compensation	Yes	No	Partial
Legislation	Yes	No	Partial
Public / political perception	Yes	No	Partial
Level of significance	Yes	No	Partial
Level of tolerability	Yes	No	Partial
Existing controls	Yes	No	Partial
Effectiveness of existing controls	Yes	No	Partial
Contributory Factors:	Yes	No	Partial
System failures / errors	Yes	No	Partial
Human / Behavioural influences	Yes	No	Partial
Normal & emergency conditions	Yes	No	Partial
Monitoring & Review	Yes	No	Partial

B6 Who completes the risk assessments?

	Clinical	Health & Safety	Corporate
Trained Assessors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Departmental Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominated Representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7 What is the mechanism for managing risk performance managed?

Internal audit programme	<input type="checkbox"/>
Review schedule	<input type="checkbox"/>
Approval of risk treatment plans	<input type="checkbox"/>
Self regulation	<input type="checkbox"/>
None at all	<input type="checkbox"/>

B8 Does the risk assessment process link into any other processes, if so please identify:

	Yes	No	Partial
Risk Registers	Yes	No	Partial
Adverse incident reporting & management	Yes	No	Partial
Assurance Framework	Yes	No	Partial
Clinical Governance Programme	Yes	No	Partial
Business Planning	Yes	No	Partial
Corporate Objectives & Strategic Profile	Yes	No	Partial
Claims management	Yes	No	Partial

Thank you for taking the time to complete this questionnaire, please return in the envelope provided.