

Facility Risk Management Procedure

Standard operating procedure (SOP) | FAC-SOP-001

Document type	Standard operating procedure (SOP)
Title	Facility Risk Management Procedure
Document ID	{{facility.code}}-FAC-SOP-001
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2B, criterion 2B.6 (non-negotiable)
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Keep one facility risk register covering water, fire, equipment, cleaning, signage, power and other facility risks.
2. Give every risk an owner, a rating and a review date.
3. Review the register each month at the facilities meeting.
4. Report the top risks to the governing body each quarter.
5. Close a risk only when its controls are shown to work.

Stop and get help straight away if: a high-risk item has no owner or no action, or a risk is tracked only on a separate checklist outside the register.

1. Purpose

To track all facility risks together, so the whole picture is visible and no risk falls between separate checklists [EC].

2. Scope

Applies to	Facilities staff, service heads, and the risk manager
Locations	The whole facility
When	Continuously; reviewed monthly; reported quarterly
Does not apply to	Clinical risks, which are held in the clinical risk register (see the risk management policy)

3. Definitions and abbreviations

Term	Meaning in this SOP
Facility risk	A condition or event in the buildings, systems or equipment that could cause harm, loss or service failure

Term	Meaning in this SOP
Rating	A score from likelihood times impact, using the scale in the risk policy (EC)
Control	An action or barrier that reduces the rating

4. Background and rationale

Water, fire, equipment, cleaning and signage risks are often managed in separate lists that no one reads together. An integrated register shows the total exposure and the priorities. Criterion 2B.6 requires one register, reviewed.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Facilities manager	Owens the register; runs the monthly review	Facilities risk management
Risk manager	Keeps the scoring method; reports to governing body	Risk management
Risk owners	Own each risk; deliver its controls	Competence for the area

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Integrated facility risk register (FAC-REG-001)	One register; current	Reviewed monthly
Risk scoring scale	Likelihood and impact scales from the risk policy (EC)	Current

7. Safety and infection prevention

- A risk is not reduced by being recorded. Controls must be in place.

8. Before you start

- Gather the latest service, test and audit results for each area.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Enter every facility risk.	- Collect risks from water testing, fire checks, equipment service, cleaning audits, signage surveys and the failure log. - Enter each on FAC-REG-001 with a short description and its source.	One list is only complete if every source feeds into it.
2	Score and assign.	- Score each risk for likelihood and impact. - Give each risk one owner. - Write the current controls and the planned actions with dates.	Ownership is what makes a risk move.
3	Review monthly.	- Review the register at the facilities meeting. - Check each overdue action, and each risk whose rating has changed. - Close risks only when their controls are shown to work by evidence.	A monthly review keeps the register alive.
4	Report quarterly.	- Send the top risks, with actions and owners, to the governing body. - Record the discussion and any decisions.	The governing body needs the total picture, not each list separately.

Step	Action	How to do it	Key point
5	Link to incidents and audits.	- Each incident, audit failure or failure log entry is checked for a new or changed risk. - Add or update the risk in the register within 7 days.	Incidents show risks the register has missed.

Decision points

- If a high-rated risk has no control within 30 days, the risk manager escalates it to the chief executive.

10. Special situations

Situation	What to do
New building work or change of use	Enter the risks before the change, and review again after.

11. Problems and escalation

- High-rated risks go to the chief executive at once, and to the governing body at the next meeting.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Facility risks with owner and rating	100%	Monthly	Facilities manager	Assign owner within 7 days
Overdue actions	0 over 30 days	Monthly	Risk manager	Escalate to chief executive
Incidents checked against register within 7 days	100%	Monthly	Risk manager	Review

13. Records

Record	Where it is kept	Kept for
FAC-REG-001 Integrated Facility Risk Register	Facilities and risk file	Current, plus history for {{facility.records_retention_years}} years
Quarterly report to governing body	Governance file	{{facility.records_retention_years}} years

14. Training and competence

- Risk owners are briefed on the register and their duties at appointment (EC).

15. Related documents

ID	Title	Relationship
FAC-REG-001	Integrated Facility Risk Register	The register itself
GOV-PLN-002	Quality Improvement Plan	Actions feed the plan
SOP-N16	Risk Management and Business Continuity Policy	Wider risk policy

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Scoring scale is an EC decision.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee