Risk Management Strategy and Policy

Date: April 2024

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Document Information

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Board of Directors		26th June 24	
Links or overlaps with other policies:			
Information Governance Policy			
Health and Safety Policy			
Incident Reporting and Management Policy			
We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership. We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V1.0	Active	TBC	Full policy review, Merge Risk Strategy, reflect structural and governance changes and update consequences table	Risk Group/ Board

1. Introduction

1.1. Torbay and South Devon NHS Foundation Trust (hereby referred to as the Trust) recognises that good risk management awareness, practice and recording at all levels ensures risks are managed systematically and consistently across all areas of the Organisation and where identified, risk factors can be reduced to a tolerable level (defined by our risk appetite). In turn, this will result in improved safety and quality of care for our patients/clients and the minimisation of risks for staff and visitors.

1.2 A comprehensive risk management policy will not in itself ensure good risk management, that is achieved through consistent implementation of an agreed framework underpinned by an organisational culture which promotes risk management. As such, it is important that risk

management is seen as an effective tool by corporate staff and clinicians alike to drive performance and ensure safety.

1.3   Furthermore, an effective culture maximises the likelihood that risks and concerns are identified within the organisation. This policy seeks to ensure that risks are escalated to and managed at the right level; with such review underpinned by effective accountability and performance arrangements.

1.4   This Policy describes Torbay and South Devon Foundation Trust's approach to risk management and its appetite for doing so; this policy will be reviewed annually.

2. Statement/Objective

2.1. An effectively planned, organised and controlled approach to risk management is an essential component of successful corporate governance for any NHS organisation. The NHS Providers Code of Governance states that:

"Section D: Audit, risk and internal control
1. Principles
1.1 The board of directors should establish formal and transparent policies and procedures to ensure the independence and effectiveness of internal and external audit functions and satisfy itself on the integrity of financial and narrative statements.
1.2 The board of directors should present <u>a fair, balanced, and understandable assessment of the trust's position and prospects.</u>
1.3 <u>The board of directors should establish procedures to manage risk, oversee the internal control framework, and determine the nature and extent of the principal risks the trust is willing to take to achieve its long-term strategic objectives."</u>

The introduction to the Code further states that:
"Corporate governance is the means by which boards lead and direct their organisations so that decision-making is effective, risk is managed, and the right outcomes are delivered."

2.2. The intention of this policy is therefore, to detail and scope the Trust's risk management arrangements, affirm the importance of risk management to the Trust, promote a culture that actively encourages risk management and ensures that decisions are taken with due regard to the relevant level of risk and that risk management is an integral part of our daily practice and management systems.

3. Roles & Responsibilities

3.1. As noted in section 2 above, the Board hold overall accountability for the creation and oversight of an appropriate internal control framework, though in practical terms this is delegated to the Executive to scope, maintain and implement the Board must oversee and approve the overarching principles of risk management, including this policy.

3.2. The Trust's risk management framework is multi-faceted and articulated throughout the Trust's governance framework, including but not limited to the: Constitution, Standing Orders, Standing Financial Instructions, Delegations (matters reserved), Terms of Reference for Board Committees and Executive governance groups.

3.3. The Board receives Trust's risk portfolio (presented principally through the Board Assurance Framework (BAF) and Organisational Risk Map(ORM) as well as oversight of the Datix Risk Register) and seeks assurance from its sub-committees that its strategic objectives are being delivered; each sub-committee reviews the Datix Risk Register (with escalated reporting focussing on very high and high scored risks lodged in our risk management system- DATIX) relevant to their allocated BAF objectives, ensuring detailed review of particular areas of risk, such as quality, finance, people, transformation and digital. This is further described below.

3.4. The Chief Executive and the Executive Committee, composed within the scope of the CEO's delegated authority to "*exercise all powers of the Trust, which have not been retained as reserved by the Board of Directors or delegated to an executive committee or sub-committee, on behalf of the Board of Directors*", oversee the day to day operation and adherence to the Risk Management framework and have delegated specific functions for review and validation.

Board and Staff Responsibilities	
Board of Directors Tier 1	Responsible for: • articulating the key risk management priorities for the organisation; • protecting the reputation of the organisation; • providing leadership in risk management; • determining our risk appetite; • ensuring our approach to risk management is consistently applied; • ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately; and endorsing risk related disclosure documents.
Board Committees Tier 1 & 2	Responsible for: • Reviewing risk and BAF objectives as outlined within their Terms of Reference. • Escalating concerns to the Board as appropriate
Chief Executive Tier 1 & 2	Is ultimately accountable for ensuring that there is a comprehensive risk management system in place and is responsible for: • ensuring that management processes fulfil the responsibilities for risk management; • ensuring that full support and commitment is provided and maintained in every activity relating to risk management; • planning for adequate staffing, finances and other resources, to ensure the management of those risks which may have an adverse impact on the staff, finances or stakeholders of the Trust; • ensuring an appropriate corporate level risk register CLR Template is prepared and regularly updated and receives appropriate consideration; and, • ensuring that the governance statement, included in the annual reports and accounts, appropriately reflects the risk management processes in operation across the organisation..
Executive Committee & Directors Tier 1 & 2	Have specific delegated responsibilities in relation to risk management, all directors must ensure that appropriate risk management processes are in place within their area of responsibility, and are responsible for: • ensuring the existence of an effective risk management culture is continually promoted; • ensuring that all relevant risks are identified and managed appropriately; • the maintenance of their area risk register, and to ensure that all relevant risks are added to the risk management system; • ensuring that the culture of their area of responsibility is such that staff are encouraged to participate in the risk management processes; • ensuring the performance management of risk management processes within their area of responsibility is linked to the performance and accountability framework for testing and assessing risk management priorities; • identifying relevant staff for risk management training; and

	• ensuring that they review and update the Board Assurance Framework (BAF) and the controls and assurances in place,
Care Group Directors / Assistant Directors/ Senior Managers/ Division Leads/ Department Heads/ Managers/ Matrons <mark>Tier 3</mark>	Are responsible for the identification, recording, assessing and mitigating of risks within their areas of responsibility They are responsible for: • ensuring that the culture of their directorate is such that staff are encouraged to participate in the risk management processes; • ensuring their general risk assessment is reviewed and up to date; • escalating risks, onto the risk management system; • escalating, where appropriate to the relevant line manager; • the maintenance of a directorate risk register, and to ensure that all relevant risks are added to the risk management system; • ensuring, as a minimum, that on a quarterly basis the overall risk position for their area is considered. This must include a review of multiple low level risks that could contribute to a bigger issue / risk e.g. failed inspection; • monitoring corporate level risks to understand higher level risks with the organisation; and • identifying relevant staff for risk management training.
All Staff (Including Bank and Agency staff) **Tier 4**	All staff have a personal responsibility to: • familiarise themselves with this policy; • report all unidentified or potential risks to their line manager/supervisor; and • record incidents and near misses on the incident reporting system.
The Senior Information Risk Owner (SIRO)	The SIRO for the organisation is responsible for: • ensuring our approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff; • providing a focal point for the resolution and/or discussion of information risk issues; and • ensuring the Board is adequately briefed on information risks.
Director of Corporate Governance	The Director of Corporate Governance is the lead for corporate governance, risk management and the Board Assurance Framework (BAF) and is responsible for: • ensuring that an effective risk management system is in place within the organisation which meets all statutory requirements and best practice guidance issued by the Department of Health and Social Care, as delegated by the Chief Executive; and • managing the strategic development and implementation of organisational risk management.
Risk Officer	The Risk Officer reports directly to the Corporate Governance Manager and in turn the Director of Corporate Governance. The Risk Officer will offer assistance, training and support to all involved in risk management and ensure the risk management system is kept up to date and is used in accordance with this policy and procedures across the organisation. The Risk Officer is responsible for: • the maintenance of a fully effective risk management system which supports the strategic direction of the Trust; • the day to day administration of the risk management system; • producing reports documenting progress of risks under various remits; • keeping an overview of all risks being entered on the system so as to report on any trends forming within the management of reported risks;

	• providing training and support to the Risk Handlers e.g. online training, drop in sessions and workshops on risk management and the risk management system; • providing training and support to all responsible for inputting on the risk management system; • attending key meetings to ensure the recording and actioning of risks discussed and reporting on these to the Risk Group; • ensuring maintenance and development of the Corporate/High Level Risk Register and the BAF; • providing input to the creation of and review of risk related documents; • receiving and collating information on risks within the organisation, monitoring new developments in risk management, developing knowledge and expertise and acting as a liaison point for risk management issues, both within the organisation and with external bodies; and • monitoring proposed developments and initiatives and checking they are compliant within good risk management practice.
Risk Handler/Risk Owner	The risk handler/risk owner will enter risks onto the risk management system and ensure these risks and their associated actions are reviewed by the Risk and Action Owners ensuring they remain current and up to date and is responsible for: • co-ordination and maintenance of their areas risk register entries, using the risk management system. • being the central contact point for the collation and escalation of key risks within their area; • being the distribution point within their area for the cascade of any information about risk management; • liaising throughout, and to lead within, their area on all aspects of risk management; and • receiving additional appropriate training on risk management and the risk management system via drop in sessions and workshops.
Chairs of operational meetings	Chairs of meetings should ensure that records of meetings are completed to include explicit identifiable detail of the risks discussed (Datix ID No.) and of the actions agreed to be taken. Chairs should regularly seek assurance that the corresponding entries on Datix are updated to reflect the discussion of individual risks at their meetings.

3.5. The success of the framework is however derived in its implementation. As such, <u>all staff have a responsibility to familiarise themselves with this Risk Management Policy</u> and to comply with the processes contained herein.

3.6. In the first instance, staff should report any risk they become aware of to their line manager/supervisor as soon as possible and take all necessary actions to reduce the risk, in accordance with this policy.

3.7. All staff should be able and feel confident to raise concerns via their normal line management structure and this regard new risks, or those which they perceive to have changed. However, we recognise that this may not always be the case; in that event risks or concerns can also be raised though the Risk Officer (tsdft.risk@nhs.net) or through the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy (H30).

4.   Risk Management Procedure: DATIX (Trust Risk Management System)

4.1   As outlined, risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed. A risk is the threat that an event or action will adversely affect the ability to achieve our strategic objectives.

In the first instance, each risk raised will be recorded on the risk management system (Datix) by the Risk Owner with the support of a Risk Handler allocated to their team (as described in section 3.4), where applicable.

The Risk Handler for the area, local team, department, division or care group will be responsible for adding and arranging the review of risks, ensuring they are assessed and managed in accordance with this policy. The Risk Owner will be responsible for the risk and for ensuring that the Risk Handler, if applicable, is carrying out their role effectively.

There will be some risks that cannot be dealt with at the local level; these risks should be escalated through the risk management system as soon as it is clear that the risk cannot be controlled locally.
These will include:
- Any risk that cannot be managed within the area, local team, department, division, care group or directorate.
- Any risk where the necessary adjustments cannot be funded from within the area, local team, department, division, care group or directorate's budgets,
- Any risk that has a current risk score of 13 or more in accordance with the risk scoring matrix Appendix 3.

4.2   **Identifying Risks**

Risks can be identified through various means, including but not limited to:
- Audit recommendations.
- External recommendations and scoping of the environment (economic, environmental and social).
- Fault reports.
- Incident reports.
- Learning.
- Process reviews.
- Risk assessments.
- Regulatory review and intervention.
- Recommendations from medical examiners.

4.3   **Assessing Risks**

It is essential that all staff be alert to risks on an on-going basis to ensure that we respond to any emerging issues. Risk assessments can be done through a specific planned process at all levels. The type of assessment will vary dependant of the type of risk but all will follow the process as laid out in Appendix 6

4.4   **Risk Scoring**

Risks are scored using a potential 'Consequence' score multiplied by a potential 'Likelihood' score.
- Consequence table (Appendix 1),
- Likelihood table (Appendix 2),
- Risks must be scored using the Risk Matrix (Appendix 3) for the following:
  - Initial Risk Score (when first identified).

- Current Risk Score (once controls are put into place to reduce the Initial Risk Score).
- Target Risk Score (the level aimed for to either mitigate the risk or reduce it to a tolerable level) post completion of actions.

4.5 Recording Risks

All risks that cannot be addressed immediately should be recorded on the risk management system. This process is explained in the how to guides on ICON and training on the HIVE.

4.6 Review cycle for Risks in Datix

Training on how to review a risk in Datix is available on the HIVE. Review periods are defined by the severity of risk and the current scoring.

Very High- 20-25 Ideally monthly but no longer than 3 months.
High – 13-19: No longer than 3 months
Moderate– 6-12: No longer than 4 months
Low – 1-5: No longer than 6 months

4.7 Action Plan

An action plan is required to mitigate all risks that cannot be resolved immediately. These are to be recorded on the risk management system within the risk record for any risks with a current score of 13 or more. This is not limited to a single action plan/point as multiples may be required to reach the desired residual score.

5   Risk Appetite and Tolerances, Accountability and Escalation

5.1   Principles of Setting Our Approach to Risk Appetite

Risk Appetite: The UK Corporate Governance Code states that 'the board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives'. Risk Appetite represents risk optimisation and is a statement of strategic intent. It is set by category (Low- Very High) and represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

Risk Tolerance: Risk tolerance reflects the envelope within which, the board are willing to allow the true day-to-day risk profile of the organisation to fluctuate while they are executing strategic objectives in accordance with the board's strategy and risk appetite; it is therefore articulated as number, setting an upper boundary; noting that the risk tolerance may at times exceed risk target, as a means to reaching the optimal risk position.

5.2   Risk Appetite Statement

The risk appetite of Torbay and South Devon Foundation Trust is grounded in the NHS Constitution and ensuring we follow our purpose, to deliver services to the people of Torbay and South Devon to allow them to live well. The NHS Constitution and the Trust's licence set out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. The Trust recognises the complex nature of health and social care provision is an inherently risky activity.

This Statement sets out the Board's strategic approach to risk-taking by defining its specific and cumulative risk appetite as well as risk tolerance boundaries, by risk category aligned to the risk

categories below (Appendix 1). It supports delivery of the Trust's strategic objectives within an envelope for risk tolerance as well as articulating the Trust's optimal (target) risk position. The analysis of these targets and operational activity against them in year is shown in the Trust's Board Assurance Framework and risk registers.

Risk accountabilities are laid out in Appendix 7, the Risk Owner will ensure that reports are generated allowing information to be assimilated at the relevant levels.

Should the risk meet the criteria to be assessed for inclusion on the Organisational Risk Map (ORM), the Risk Officer will record this within the risk's status and escalate it through the correct line of reporting as laid out in Appendix 7.

It is important to note that the escalation of a risk will not negate the responsibilities of the Risk Owner or Area, Local Team, Department, Division, Care Group or Directorate.

The Board have agreed that the Trust's risk appetite and tolerance for **year ended 31 March 2025,** being subject to annual review, is as follows:

Risk type (as defined by the scoring matrix- Appendix 3)	Risk appetite category (Low, Moderate, High, Very High)	Risk target score	Risk tolerance boundary
Clinical Safety Risk:	Low	1	Up to 5
Performance Risk:	Low -Moderate	5	Up to 12
Environmental Impact Risk:	Moderate	6	Up to 12
Financial Risk:	Moderate	6	Up to 12
Health and Safety Risk:	Low	1	Up to 5
Infection Control Risk:	Low	1	Up to 5
Information & Technology Risk:	Moderate	6	Up to 12
Service/ Business Interruption Risk	Low	1	Up to 5
Patient Experience Risk:	Low -Moderate	5	Up to 12
Workforce Risk	Moderate	6	Up to 12
EDI Risk	Low	1	Up to 5
Education risk	Low -Moderate	5	Up to 12
Strategy & Transformation Risk	Moderate	6	Up to 12
Collaboration Risk	Moderate	6	Up to 12
Communication & reputational Risk	Low -Moderate	5	Up to 12
Legal & Regulatory risk	Low	1	Up to 5

6   **Board Assurance Framework**

6.1   Board Assurance Framework > Reviewing > Consultation and Approval

The Board Assurance Framework (BAF) summarises our strategic objectives, the key risks in achieving these objectives and the controls and actions in place to prevent the occurrence of, or to mitigate the individual risks assurance(s) are recorded and linked to controls.

The Risk Group, Audit and Risk Committee and/or Board may ask for Risk Owners or action plan owners to provide reports on the progress and assurances that controls are sufficient. The framework is illustrated on the Risk Management pages on ICON.

The BAF is reviewed by the relevant Board Committee and overseen by the Audit and Risk Committee at all their meetings and then reported on to the Board.

7   Organisational Risk Map (ORM)

7.1   Organisational Risk Map (ORM or Risk Map): Reviewing > Consultation and Approval

The ORM or "Risk Map" provides an assessment of the Trust's overarching risk position and is articulated against the overarching risks logged in Datix (to which all risks logged in Datix are allocated). Using these categorises, as pillars for our assessment of risk, we then apply the relevant overarching risks logged in Datix along with their score*, the individual risks position scoring 13+ (High-Very High), the associated BAF objectives, the correlation to the agreed risk appetite and tolerance for that category and analyse these factors to create an adjusted overarching risk position.

A template Risk Map can be found at **Appendix 5.** It will be reviewed by Risk Group, Executive Committee and Board as part of the assurance reporting cycle. The Board will review the detailed Datix Risk Register twice a year; relevant Board Committees will review risks scored High and Very High as relevant to the BAF objective allocated to them at each meeting, escalating to the Board as required.

* Scored by Datix through the methodology and matrix included within this policy

8.   Datix Risk Register

8.1   <u>Datix Risk Register</u>: Reviewing > Consultation and Approval of risks logged on Datix

The Datix Risk Register is the full register of risks logged on Datix, which are scored and reviewed according to their classification, ranging from very high - low. The scoring methodology is contained within this document. It is comprised of risks that pose a threat to the day-to-day operation of the organisation and require visibility at Board level, however they are often risks that are in the process of being resolved and are not inherent e.g., *Risk: Door Access Control System Unstable- Staff Unable to Access Workspaces.*

8.2   Datix Risk Register: Escalation of Very High & High level risks

Any risk which has a current risk score of 13 or more in accordance with the Risk Scoring Matrix will be reported to the Risk Group via the line of reporting as laid out in Appendix 7.

Any strategic risk that may result in a failure to achieve one or more of our strategic objectives will be reported to the Risk Group via the lines of reporting as laid out in Appendix 7.

Risk Group will review the risks escalated to establish if the risk is being managed appropriately. If in agreement that the risk is scored correctly members will decide which risk register is most suitable for the risk:

Linked risks: These risks can clearly be linked to one of the themes on the CRR and will be visible to the Board Sub-Committee responsible for oversight of that theme e.g., Risk: *15 Ward Kitchens in Need of Update due to Age Related Deterioration- Potential Loss of Kitchen Usage.*

8.3   Projects

It is understood that projects carried out by the organisation will be managed in accordance with standard project protocols and a risk assessment will have been carried out and recorded as part of the project. It is not usually necessary for these to be recorded on the risk management system unless the project has been delivered and a threat remains to one or more of our strategic objectives.

8.4   Monitoring of the Risk Register on Datix

The risk register is monitored by the Risk Officer who in turn produces reports for the Risk Group, TMG, Audit and Risk Committee and Board of Directors.

The risk management system allows for risks to be updated and the current risk levels adjusted to show an up-to-date record of all risks and their associated action plans/points. Details on how to use the system are on the ICON Risk Management pages and show how risks are to be reviewed, along with how reports can be generated from the system.(Template located on ICON)

8.5   Training

Risk management system training and guidance is available for all Risk Owners and Risk Handlers and is available on the HIVE learning platform. This training must be completed before a login is provided. Bespoke training is also offered by the Risk Officer. Advice and guidance are offered on individual risks once they have been entered onto the system.

9   Monitoring, Auditing, Reviewing & Evaluation

9.1   This policy will be reviewed annually (or sooner in the event of a major organisational or policy change) by the Director of Corporate Governance to ensure that it is relevant and effective.

9.2   Feedback from all staff regarding this policy is encouraged and should be sent to the Risk Officer.

9.3   Regular audits of the risk registers are carried out by the Risk Officer to ensure that each Area, Local Team, Department, Division, Care Group or Directorate are adhering to this policy and to identify any gaps, threats and opportunities presented in the current process.

9.4   An audit of risk system management and the BAF will be conducted by Internal Audit on an annual basis.

10   Equality and Diversity Exceptions

10.1 None identified.

11   Distribution

11.1 This Policy is available to all staff and externally on the public website.

Appendices
1.   **Consequence Table**
2.   **Likelihood Table**
3.   **Risk Matrix**
4.   **Risk Management Structure at Trust and System Level**
5.   **Template Organisational Risk Map**
6.   **Risk Assessment Process**
7.   **Risk Management Process**
8.   **Equality Impact Assessment**

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Clinical Safety Risk *(Personalised Care/ Physical/ Psychological)*	No physical harm or Injury. Adverse event requiring no/minimal intervention or treatment Impact prevented. Any adverse event that had the potential to cause harm but was prevented, resulting in no harm. Impact not prevented – any adverse event that ran to completion but no harm occurred.	Minor cuts or bruising, resulting in: - Any safety incident that required extra observation or minor treatment and caused minimal harm to one or more persons. Affects 1-2 people.	Moderate injury resulting in: - Professional intervention. - Increase in length of hospital stay by 4-15 days. - An event which impacts on a small number of patients. - A referral to A&E. Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons. Moderate injury or illness requiring professional intervention. Affects 3-15 people.	Major injury resulting in: - Life changing injury/s. - Major injury/long term incapacity / disability (e.g. loss of limb). - Any incident /accident that could result in a RIDDOR reportable incident. Major untoward clinical / non-clinical issue leading to significant harm / death which requires investigation with executive director involvement. Increase in length of hospital stay by 15 days plus. Mismanagement of patient care with long-term effect. Affects 16 – 50 people.	Catastrophic injuries resulting in: - Multiple permanent injuries or irreversible health effects. - Any patient safety incident that directly resulted in the death of one or more persons. - Multiple Deaths / Fatalities. Major untoward clinical issue either in a single specialty which requires executive or an independent review. Or a single clinician referred to the GMC due to clinical management. An event effecting 50 people plus.
Performance Risk	Failure to meet departmental standards or KPIs.	Failure to meet Trust / local standards or KPIs.	Failure to meet National standards or KPIs.	Failure to meet professional standards or statutory requirements.	Sustained failure to meet professional standards or statutory requirements.

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Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Environmental Impact Risk	Minimal or no impact on the environment. Minor onsite release of substance. Not directly coming into contact with patients, staff or members of the public.	Minor impact on environment. Onsite release of substance contained with potential contact with patients, staff or members of the public.	Moderate impact on environment. Onsite release of substance contained with potential contact with patients, staff or members of the public.	Major impact on environment. On-site release with potential for detrimental effect leading to off-site release with potential for detrimental effect. Involvement by the Environmental Agency	Catastrophic impact on environment. Onsite/Offsite release with realised detrimental/ catastrophic effects. Suspension of Activity by Environmental Agency.
Financial Risk	Loss of £0 – 49k Some adverse financial impact (unplanned cost / reduced income / loss) but not sufficient to affect the ability of one or more Care Group of Corporate function to operate within its annual budget. Low value fraud: asset misappropriation (> £0 – 49k in single instance)	Loss of £50k – £99k Noticeable adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more Care Group of Corporate function to operate within its annual budget. Moderate value fraud: asset misappropriation (>£50 -99k in single instance)	Loss of £100k – £249k Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more Care Group of Corporate functions to operate within their annual budget. Moderate- high value fraud: asset misappropriation (>£100k - £249k in single instance)	Loss of £250k – £499k Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of the organisation to achieve its annual financial control total/ deliver services as planned. High value fraud: asset misappropriation (>£250k - £499k in single instance, or multiple instances of the same type collectively totalling that amount leading to a concern over efficacy of internal control	Loss of £500k + Significant aggregated financial impact (unplanned cost / reduced income / loss) affecting the long-term financial sustainability of the organisation/ deliver services in totality. Very high value fraud: asset misappropriation Over £500k in single instance, or multiple instances collectively totalling that amount), bribery and corruption, and financial statement fraud

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Health & Safety Risk	No physical harm or Injury. Adverse event requiring no/minimal intervention or treatment Impact prevented. Any adverse event that had the potential to cause harm but was prevented, resulting in no harm. Impact not prevented – any adverse event that ran to completion but no harm occurred.	Minor cuts or bruising, resulting in: - No lost time or time off work. Affects 1-2 people.	Moderate injury resulting in: - Time off work for up to 7 days. - A referral to A&E. - Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons. Affects 3-15 people.	Major injury resulting in: - Life changing injury/s. - Major injury/long term incapacity / disability (e.g. loss of limb). - More than14 days off work. - Any incident /accident that could result in a RIDDOR reportable incident. Affects 16 – 50 people.	Catastrophic injuries resulting in: - Multiple permanent injuries or irreversible health effects. - Any patient safety incident that directly resulted in the death of one or more persons. - Multiple Deaths / Fatalities. - Major untoward non-clinical issue either in a single specialty which requires executive or an independent review. An event affecting 50 people plus.

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Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Infection Control & Prevention Risk	Business as usual	- Any Incident recorded for poor Infection control practices i.e cleanliness, hand hygiene practices, failure to perform HPV when requested by IP&C. - Failure to isolate a patient with an Alert organism (IP&CT will advise on level of risk) in a Moderate Risk area. - Sewage leaks. - Failure of Water supply. - Failure of Critical ventilation. - Failure of Decontamination. - Estates failure leading to closure of clinical areas. - HCAI e.g. Surgical Site Infections, CVC infections, Hospital acquired pneumonia, etc.	- Continued lack of compliance with infection control practices. - CDT infection TSDFT Hospital onset Healthcare associated. - MRSA infection (not colonisation) TSDFT Hospital onset Healthcare associated. - Failure to isolate a patient with an Alert organism in a High-Risk area.	- CDT infection >2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area. - MRSA infection (not colonisation) >2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area. - Seasonal flu cases leading to 2 ward closures in TSDFT. 4 or more cases of seasonal flu on ITU leading to cancellation of surgery and transfers out. - Norovirus cases leading to 2 ward closures in TSDFT. 4 or more cases of Norovirus on ITU leading to cancellation of surgery and transfers out. - Failure to isolate a patient with an Alert organism in a Very High Risk area.	- Pandemic, Swine Flu, Etc. CDT infection leading to death >2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area. - MRSA infection (not colonisation) leading to death >2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area. - Pandemic /seasonal Flu cases in hospital leading to cross infection and >2ward closure/and increased deaths. Staff sickness from pandemic/seasonal flu leading to low staffing levels. - Norovirus cases in hospital leading to cross infection and >2 ward closure/and increased deaths.

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
					Staff sickness from Norovirus leading to low staffing levels. - Failure to isolate >2 patient with an Alert organism in a Very High Risk area.
Information & Technology Risk	Unplanned loss/interruption of service for up to 1 hour affecting one business critical system. Loss of data from a single business critical system that takes up to 1 hour to recover. Exposure of non-personal or confidential information to those not covered by a data sharing agreement or otherwise unintended. Failure to meet departmental standards for Information Governance (IG).	Unplanned loss/interruption of service for up to 4 hours affecting one business critical system. Loss of data from a single business critical system that takes up to 8 hours to recover. Exposure of embarrassing information to unintended recipients. Failure to meet Trust / local standard for IG - GDPR Incident raised on Datix (link to legal & regulatory risk).	Unplanned loss/interruption of service for up to 8 hours affecting one business critical system. Loss of data from a single business critical system that takes up to 24 hours to recover. Exposure of commercially confidential information to unintended recipients. Failure to meet national IG standards or KPI.	Unplanned loss/interruption affecting service of one business critical IT systems for up to 24 hours. Temporary loss of data from multiple business critical systems. Exposure of a single individuals' personal information to those not covered by a data sharing agreement or otherwise unintended Failure to meet legal, professional IG/Data privacy standards or statutory requirements (link to legal & regulatory risk)	Unplanned loss/interruption affecting service of many business critical IT systems for up to 1 hour. Permanent loss of data from a single business critical system. Exposure of multiple individuals' personal information to those not covered by a data sharing agreement or otherwise unintended. Sustained failure to meet legal, professional standards or statutory requirements with regard to IG (link to legal & regulatory risk).

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Service/ Business Interruption Risk	Failure to meet agreed operational performance delivery for 1 day	Failure to meet agreed operational performance delivery for 7 or less days	Failure to meet agreed operational performance delivery over 7 days but less than a month	Failure to meet agreed operational performance delivery for more than one month but less than one quarter	Failure to meet agreed operational performance delivery for one or more quarters
Patient Experience Risk	Reduced level of patient experience not directly related to delivery of care.	Unsatisfactory patient experience, readily resolvable.	Mismanagement of patient care.

Unsatisfactory management of patient care – local resolution (with potential to go to independent review). | Serious concerns re patient experience for a particular patient or about a particular clinical service / clinician which required executive director involvement in investigation and onward action.

Unsatisfactory management of patient care with long term effects.

Significant result of misdiagnosis. | Totally unacceptable patient experience that would lead to an investigation by the CQC e.g. Mid Staffordshire.

Totally unsatisfactory patient outcome or experience.

Incident leading to death. |
| **Workforce risk** | Clinical: Business as usual staffing levels: Normal staffing ratios maintained, no red flags, acuity and dependency expected within area

Non-clinical: Short term reduced staffing level/levels of competence temporarily reduces service quality(1 day | Clinical: patient safety and quality compromised delivery/impact on a/more than one service due to staffing levels, red flags identified in all areas, acuity and dependency elevated above expectation for area. Staffing escalation plan reviewed and actioned | Clinical: clinically unsafe/unable to deliver a service due to staffing levels, red flags identified in all areas, acuity and dependency elevated above expectation for area. Staffing escalation plan in effect

Non-clinical: Ongoing low staffing level/levels of | Clinical: significant clinical risk and inability to deliver more than one service due to staffing levels, red flags identified in all areas, acuity and dependency elevated above expectation for area. Staffing escalation plan in effect | Clinical: significant clinical risk and inability to deliver all essential services due to staffing levels, red flags identified in all areas, acuity and dependency elevated above expectation for area. Staffing escalation plan in effect |

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
	or less delay in service provision) Low levels of sickness and absence rates, low staff retention	Non-clinical: Ongoing low staffing level/levels of competence, reduces service quality (2 -7 days) Sickness and absence rates, staff retention reducing/ pattern of low morale becoming prevalent.	competence, reduces service quality (8-30 days) Increasing sickness and absence rates, low staff retention and staff morale	Non-clinical: Ongoing low staffing level/levels of competence, reduces service quality (1 month – 6 months) Sustained levels of sickness (sickness rate of 4% - 6%); Loss of key staff, lower staff morale, growing empathy fatigue	Non-clinical: Ongoing low staffing level/levels of competence reduces service quality (in excess of 6 months) Sustained levels of sickness (sickness rate of 6% or more); Loss of several key staff, low staff morale, persistent empathy fatigue impacting on staff and service
Equality, Diversity & Inclusion risk	Locally resolved diversity or inclusion complaint	Justified complaint in regard to non-compliance with diversity and inclusion policy and procedures- litigation unlikely	Justified complaint in regard to non-compliance with diversity and inclusion - litigation possible	Justified complaint in regard to non-compliance with diversity and inclusion - litigation expected	Clear non-compliance of diversity and inclusion legislation – litigation expected or received
Education risk	High levels of attendance at mandatory/key training beginning to decrease	Moderate levels of attendance at mandatory/key training	Poor staff attendance for mandatory/key training / minor errors arising due to insufficient training; OR identified staff not attending mandatory/ key training for a fixed agreed period due to organisational requirements	No staff attending mandatory/ key training for a fixed agreed period due to organisational requirements	No staff attending mandatory training /key training on an ongoing basis
Strategy & Transformation Risk	New programmes: Key stakeholders largely supportive/strategy	New programmes: 20% of key stakeholders unhappy with proposals/strategy	New programmes: 20% -50% of key stakeholders unhappy with proposals/strategy	New programmes: 50% of key stakeholders unhappy with proposals/strategy	New programmes: Active organised resistance to proposals/ strategy

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
	Delivery: Insignificant cost increase or schedule slippage on projects or improvements Negligible reduction in scope or quality of programme design/ delivery or innovation Minor delay to milestones (< 2 weeks) with negligible effect on related deliverables/ programme	Delivery: Above 5 per cent over project or improvement budget Schedule slippage Minor reduction in quality/scope. Delay to critical milestones (2-4 weeks) but overall project is recoverable,. Plans in place for majority of milestones	Delivery: 5–10 per cent over project or improvement budget Schedule slippage: leading to service delay/improvement Reduction in scope or quality Delay to critical milestones (1-3 months) but overall project is recoverable. Plans in place for critical milestones	Delivery: 10–25 per cent over project or improvement budget Schedule slippage: leading to significant service delay/improvement Failure to meet secondary objectives. Critical milestones missed >3 months). Plans in place to manage and mitigate impact of slippage/interdependencies	Delivery: Incident leading to more than 25 per cent over project or improvement budget Schedule slippage : leading to lack of certainty for delivery in whole or part Key objectives not met Milestones missed that will have a significant impact on the deliverability of the project and are not recoverable
Collaboration Risk	Key stakeholders largely supportive/strategy: optimal for service delivery/design Shared visions and objectives in place- requires minimal adjustments. Minimal staffing capacity and funding constraints Shared reporting and governance in place	20% of key stakeholders unhappy with proposals/strategy Shared visions and objectives in place - require minor adjustments Minor staffing capacity and funding constraints Shared reporting and governance in place – minor adjustments required	20%-50% of key stakeholders unhappy with proposals/strategy Poorly defined shared vision or objectives Sanctions possible due to lack of collaboration Moderate staffing capacity and funding constraints	Engagement with stakeholders is breaking down:50% of key stakeholders unhappy with proposals/strategy Disagreement on some shared vision or objectives Sanctions likely due to lack of collaboration	Failure to engage stakeholders / Active organised resistance to proposals/ strategy No agreement on shared vision or objectives. Sanctions certain due to lack of collaboration Staffing capacity and funding are insufficient to continue

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	**Minimal**	**Minor**	**Moderate**	**Major**	**Catastrophic**
			Shared reporting and governance requires attention	Staffing capacity and funding are insufficient in certain areas Inconsistent shared reporting and governance- major review required	No shared reporting and governance
Communication & Reputational Risk	Complaint / Rumours. Derogative posts on Social Media, (Facebook/Twitter/Instagram). Potential for public concern. Informal/locally resolved complaint.	Local media coverage, short-term reduction in public confidence. Shared derogative posts on Social Media, (Facebook/Twitter/Instagram). Elements of public expectation not being met. Overall treatment/service substandard. Formal justified complaint Minor implication for patient safety if unresolved.	Local media coverage. Long-term reduction in public confidence. Sustained postings of derogative posts on Social Media, (Facebook/Twitter/Instagram. Justified complaint involving lack of appropriate care. Major implications for patient safety if unresolved.	National media coverage with <3 days service well below reasonable public expectation. Petition raised on Change.org or other social media platform. Multiple justified complaints leading to Independent review. Noncompliance with National standards with significant risk to patients if unresolved.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House.) Total loss of public confidence. Multiple justified complaints - Single major claim - Inquest/ ombudsman inquiry
Legal & Regulatory Risk	Locally resolved complaint Minor non-compliance with standards	Justified complaint peripheral to patient care Litigation unlikely Non-compliance with standards	Justified complaint involving a lack of patient care Litigation/enforcement action possible Reduced rating	Multiple justified complaints Litigation/enforcement expected Low rating Enforcement action	Multiples claims or single major claim Litigation/prosecution certain Zero rating

Appendix 1 to TSDFT Risk Management and Strategy Policy- Potential Consequences

Potential Consequences
Choose the Risk Type from the rows below, then select the Consequence from the column.

Consequence (Impact) Score and Examples of Descriptor

Score >	1	2	3	4	5
Risk Type	Minimal	Minor	Moderate	Major	Catastrophic
	Minor recommendations from regulator, inquiry or other oversight body Fines, damages, or costs below £100,000: where covered by NHSR insurance Fines, damages, or costs below £10,000: where not covered by NHSR insurance	Recommendations given Fines, damages, or costs: £100,000 - £499,000: where covered by NHSR insurance Fines, damages, or costs: up to £10,000 - £25,000: where not covered by NHSR insurance	Challenging recommendations Non-compliance with core standards or legislation Fines, damages, or costs: £500,000-£2,500,000: where covered by NHSR insurance Fines, damages, or costs: £25,000 - £100,000: where not covered by NHSR insurance	HSE intervention Critical report from regulatory body Major non-compliance with core standards or legislation Fines, damages, or costs: £2,500,000 - £10million: where covered by NHSR insurance Fines, damages, or costs: £100,000 - £1million: where not covered by NHSR insurance	Prosecution Severely critical report from regulatory body Loss of contracts Public Inquiry Trust put into Special Administration/Suspension of CQC registration Fines, damages, or costs above £10 million: where covered by NHSR insurance Fines, damages, or costs: above £1million: where not covered by NHSR insurance

Appendix 2 - Assessment of Likelihood of a Risk

Qualitative and Quantitative Measures of Likelihood:

What is the likelihood of the consequence described in the consequence table, actually happening? A frequency based score will be appropriate in most circumstances, except in the case of time-limited projects or objectives, where the probability or chance of reoccurrence based score could be used.

Level / Score	Matrix Description	Detailed Description	Frequency	Odds / Probability	% Chance of Occurrence / Reoccurrence
1	Rare	Highly unlikely, but it may occur in exceptional circumstance. It could happen but probably never will.	Not expected to occur for years	May occur = 1 in 1000 chance	1 - 5 %
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.	Expected to occur at least annually	Could occur at some time = 1 in 100 to 1 in 1000	6 – 25%
3	Possible	The event might occur at some time if other factors precipitate or as there is a history of casual occurrence.	Expected to occur at least monthly	Might occur at some time = 1 in 10 to 1 in 100	26 – 50%
4	Likely	If the activity continues without controls in place, there is a strong possibility the event will occur as there is a history of frequent occurrences.	Expected to occur at least weekly	Will probably occur in most circumstances = 1 in 10 to evens odds	51 – 75%
5	Almost Certain	Very likely, the event is expected to occur in most circumstances if the activity continues without controls in place. Or may already be happening.	Expected to occur at least daily	Is expected to occur in most circumstances = evens to certain odds	76 – 100%

Appendix 3 – Risk Scoring Matrix

Risk scoring = consequence x likelihood (C x L)

Likelihood/ Probability of Risk Occurring	Impact				
	1 Minimal	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

Risk scoring categorisation	
Very high	20-25
High	13-19
Moderate	6-12
Low	1-5

Appendix 4:
Risk Management Structure at Trust and System Level
The risk management structure mirrors the System Recovery Programme risk framework and NHS Devon risk escalation approach

Tier	TSD Foundation Trust	System (for info)	Criteria for Escalation
T0- Wider System Level	**ICB Board Assurance Framework (BAF)** The BAF serves as the key document to assure the ICB that risk management is in place to address the risks to the organisations principle objectives. System Recovery Risks will be reported by ICB exec to SIAG as per the SIAG reporting framework.		
T1-Corporate & System Recovery Level	**Board, Sub Committees of the Board** High Level Risk monitored by the Board and Senior Executive team Risk will have a wide impact and pose a threat to the organisation objectives. These are risks which cannot be managed at a Care Group level.	**System Recovery Board Risk Log** High Level Recovery Programme Risk monitored by the Senior Executive team engaged in the recovery programme. Risk will have a System Recovery Programme wide impact. These are risks which cannot be managed at a programme level.	Risks scored 20 and over will be escalated to Tier 0
T2-Executive & Programme Level	**Board, Sub Committees of the Board, TMG and Risk Group** All new risks above 13 should be discussed at Risk Group and have action plans in place. Risk above 13 are escalated to Tier 1 as they will pose a threat to the organisation objectives.	**Programme Area Risk Logs:** • **F&PB Risk Log** CIP risks will be escalated to Programme leads as per the existing scoring method. • **Elective Care Board Risk Log** • **Unscheduled Care Board Risk Log** Programme Areas will hold a risk log to manage risks identified, or relevant to, specific areas of the recovery programme. This will include risk that have been removed (transferred) from the System Recovery Board Risk Log.	Risks scored 13 and over will be escalated to Tier 1
T3- Divisional, Care Group & Strategic Scheme Level	**Divisional IGG and Care Group IGG** Groups will hold a risk register to manage risks at a strategic scheme/ group level. A risk score below 12 can still be escalated to Tier 2, if it is likely to rise in score	**Strategic Scheme / Group Risk Logs** Groups will hold a risk log to manage risks at a strategic scheme/ group level. This will include risks that have been removed (transferred) from the Programme Risk Logs	Risks scored 12 and over will be escalated to Tier 2
T4- Specialty/ Service & Working Group Level	**Specialty/ Service & Working Group Risk Registers** Risks relating to specific specialties & services	**Risk and Issues logs** Risks relating to specific workstreams and workgroups will be discussed and escalated where required to the Strategic Scheme Risk Log. These risks may be highly detailed.	Risks scored 6 and over will be escalated to Tier 3

Appendix 5 to TSDFT Risk Management and Strategy Policy– Organisational Risk Map (ORM or Risk Map) Template

Risk type	OPERATIONAL RISKS FROM DATIX				STRATEGIC RISK OVERSIGHT			OVERARCHING PROFILE	
	Overarching Risks in Datix	Relevant risks scoring 13 and above on Datix	Risk score*	Risk appetite	Risk target score	Risk tolerance	Associated BAF objective	Analysis & commentary	Adjusted overarching risk position
Clinical Safety Risk:									
Performance Risk:									
Environmental Impact Risk:									
Financial Risk:									
Health and Safety Risk:									
Infection Control Risk:									
Information & Technology Risk:									
Service/ Business Interruption Risk:									
Patient Experience Risk:									
Workforce Risk									
EDI Risk									
Education Risk									

Risk type	OPERATIONAL RISKS FROM DATIX				STRATEGIC RISK OVERSIGHT			OVERARCHING PROFILE	
	Overarching Risks in Datix	Relevant risks scoring 13 and above on Datix	Risk score*	Risk appetite	Risk target score	Risk tolerance	Associated BAF objective	Analysis & commentary	Adjusted overarching risk position
Strategy & Transformation Risk									
Collaboration Risk)									
Communication & reputational Risk:									
Legal & Regulatory risk									

*Scoring: *Organisational level risk are scored by Datix through the methodology and matrix included within this policy, to create a blended risk profile.*
Risk scoring categorisation: Very high - 20-25, High - 13-19, Moderate - 6-12, Low   - 1-5
Analysis & commentary: other contextual aggravating and mitigating factors)
Adjusted overarching risk position: Categorised low to very high noting the Datix score, analysis and inherent risk factors

Appendix 6 - Risk Assessment Process

A risk assessment always seeks to answer some simple, related questions: What could go wrong? How badly could it go wrong? Who might be affected? How often might this happen? Is there a need for action?

A risk assessment can be performed by completing the mandatory fields within the electronic risk register entry form on the DATIX Web. This record can be held as a 'draft' risk entry on the electronic system prior to approval. This record can be held as a 'draft' risk entry on the electronic system prior to approval.

The Health and Safety Team have a risk assessment template that can used to help conduct a risk assessment. The process for that is below and the template can be found in the General Risk Assessment Form

Risk assessments must:
   a. Clearly and succinctly describe the risk. The description should be written in a cause and effect style, e.g. "There is a risk that patients will fall resulting in moderate harm".

   b. List all controls currently in place; things that reduce the likelihood of the risk happening.

   c. List all the gaps in controls; things that should be in place that are not (these will indicate what your actions should be).

   d. Score the risk using the risk matrix; what is likely to happen and how likely is this to occur? It is important that the risk score is based on the actual risk. Using the example above, the scoring is based on how likely it is that a patient will fall resulting in moderate harm, it is NOT assessing how often patients fall over as that is a different risk. A simple way to do this is always trying to agree the impact first and then consider the likelihood. Doing it this way focuses on the risk being the likelihood of the impact that you have identified as opposed to the likelihood of any event with varying impacts.

   e. State what actions are required to fill the gaps to reduce the likelihood of the risk happening.
Risk assessment follows 5 simple steps:

Step 1 – Identify the Hazards

First you need to work out how people could be harmed. Consider the following:

•   Map or describe the activity to be assessed

•   Walk around your workplace and consider what could cause harm

•   Ask your colleagues - they may be aware of things that are not obvious to you

•   Talk to your Safety Representatives

•   Check manufacturer's instructions for equipment you may have in your work area

•   Consider Hazard Data Sheets for chemicals you use

•   Have a look back over your incident forms and sickness absence records as they often help identify hazards and trends

•   Also consider long term hazards such as noise, chemicals, stress, etc as well

•   Use the Health and Safety Inspection Checklist to help you identify hazards

Step 2 - Decide who might be harmed and how

For each hazard you must consider who might be harmed; this helps you identify the best way of managing the risk.

Consider people by job title or group e.g. nurses, drivers, patients, maintenance staff, contractors, visitors and others who may not be present all the time.

Step 3 - Evaluate the Risks and Decide on Precautions

Having considered the hazards, you can then decide what to do about them. Consider the consequences of the harm caused if the risk is realised, and probability of the both the likelihood and severity. The law requires you do everything 'reasonably practicable' to protect persons from harm.

First, consider what you are already doing; think about what controls you already have in place and how your work is organised. Compare this with good practice and see if there is more you should be doing to bring yourself up to standard.

Use the scoring matrix to evaluate the risk assuming the controls are in place.

When controlling risks use a hierarchy of control measures to reduce the risk:

1)   Elimination or avoidance - get rid of the hazard completely

2)   Substitute or reduce – for instance diluting or switching a chemical to a less hazardous one

3)   Separation and isolation - prevent access to the hazard

4)   Control - provide training, instruction and supervision and organise work to reduce exposure to the hazard

Step 4 - Record your Findings and Implement them

Record the risk in the Trust's risk management system (Datix), with the exception of Health and Safety who have a General Risk Assessment Form to record your findings for the risk assessment. Remember it is putting the results of your risk assessment into practice that makes the difference.

When listing any further actions that are required remember to include clear, realistic timescales, a person responsible for completing the action and prioritise in order to tackle the most important things first.

Step 5 - Review and update your Risk Assessment

Risk assessments must be fit for purpose and line managers must ensure that the risk assessment is relevant to the work activity and work environment. It is important to review and update your risk assessments whenever there is a change in the work process, environment, workplace, following an incident or change to legislation.

NHS Unclassified

Appendix 7

PROCESS: Mechanism

PROCESS: Oversight

Risk Management Process for Risks

Risks 13+
Risk marked as "Corporate Level Risk." and added to the Datix Risk Register.
Reviewed regularly in line with Risk Management Policy.

Risks 13+
Risk Group agree with risk and score.
Panel decide if the risk should be linked to an existing corporate level risk or added to the Datix risk register as a stand-alone risk.

Risks 13+
Risk Group do not agree with risk and score.
Risk Group to refer back to Care Group IGG/ Executive lead* and recommend the risk narrative and score

Risks 13+
Received by the Care Group IGG/Executive lead*
If validated, marked as "Validated Potential Corporate Level Risk" are presented at Risk Group

Risks 1-12 received by
Divisional IGG/ Executive lead* to validate 1-5 & 6-12, noting 13+ risks

If validated (1-12), the risk is added to the Risk Register as a "Non-Corporate Level Risk"

Divisional IGG/ Executive lead* does not agree with risk and score (1-12).
Divisional Lead to discuss with Risk Owner and agree upon the risk narrative and score.

NOTE: changes to the validation status on Datix must be undertaken by the Risk Officer Email: tsdft.risk@nhs.net

Risk entered on datix as 13+
Risk is marked as "Potential Corporate Level Risk being validated" by the risk officer.
Risk Officer contacts Risk Owner and Care Group Divisional Lead / Executive Lead to inform them that this risk will require validation at Care Group IGG via datix messaging function.

Risk entered on datix at 6-12
Risk is marked as "Non-Corporate Level Risk".

Risk entered on datix as 1-5
Risk is marked as "Non-Corporate Level Risk.

* NOTE:

Risks raised by professional services that do not fall within a specific Care Group will require validation by the Executive Lead Director (this process in under review and may be delegated to Executive Lead deputies.)

Board and Sub-Committees
Organisational Risk Map monthly and 2) Datix Risk Register, bi-annually

The Datix Risk Register feeds into the Organisational Risk Map and Board Assurance Framework for discussion at Board. Relevant Board Sub-Committees review Datix Risk Register as it pertains to their allocated BAF objectives

ExCo
Receive1) Organisational Risk Map monthly and 2) Datix Risk Register, bi-annually - reporting on the Care Group Risk Registers, noting any themes and exceptions.

Monthly Risk Group & TMG
Risk group decide which risks will be added to the Datix Risk Register and review as a whole.

TMG: No validation function. Role is reviewing risk registers (12 and Over) for all Care Groups and Professional Services; noting all risks opened and closed in the month.

Monthly Care Group IGG Meetings and Professional Services Forum
Care Group Risk registers for all Divisions and Professional Services received monthly & discussed. Noting creation or closure of risk and validation status recommended to Risk Group

Monthly Divisional IGG and Professional Services meetings
Divisional and Professional Services risk register received monthly – all risk

Appendix 8

(E)quality Impact Assessment (EqIA) *(for use when writing policies)*
Please contact the Equalities team for guidance:
For South Devon & Torbay ICS, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation
[1] **Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user**
[2] **Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them**
[3] **Consider any provisions for those with no fixed abode, particularly relating to impact on discharge**.
[4] **Consider how someone will be aware of (or access) a service if socially or geographically isolated**
[5] **Language must be relevant and appropriate, for example referring to partners, not husbands or wives**
[6] **Consider both physical access to services and how information/ communication in available in an accessible format**
[7] **Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy**

Policy Title (and number)	Risk Management Policy		**Version and Date**	V1.0 April 2024
Policy Author		Risk Officer/ Corporate Governance Manager		

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?				
Patients/ Service Users ☐	Staff ☒		Other, please state… ☐	

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☒	Gender Reassignment	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Disability	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender	Yes ☐ No☒	Pregnancy/Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.	

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion	
Is inclusive language[5] used throughout?	Yes ☒ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☒ No☐ NA ☐
Does the policy encourage individualised and person-centered care?	Yes ☐ No☐ NA ☒
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒ NA ☐

EXTERNAL FACTORS	
Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☒
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)	
To set out Torbay and South Devon NHS Foundation Trust's expectations and procedures on Risk Management.	
Who was consulted when drafting this policy? Members of Risk Group and Audit Committee	
Does this document require a service redesign or substantial amendments to an existing process? *PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below*	Yes ☐ No☒

ACTION PLAN: Please list all actions identified to address any impacts		
Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Risk Officer	**Signature**	AA
Validated by (line manager)	Corporate Governance Manager	**Signature**	SF