

Risk Management Strategy

Date: September 2022

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Document Information

Date of Issue:	21 January 2017	Next Review Date:	September 2025
Version:	3.0	Last Review Date:	September 2022
Author:	Director of Corporate Governance		
Directorate:	Corporate		
Approval Route			
Approved By:		Date Approved:	
Risk Group		06/09/22	
Audit Committee		08/09/22	
Trust Board		28/09/22	
Links or overlaps with other strategies/policies:			
Risk Management Policy			
Information Governance Policy			
Health and Safety Policy			
Incident Reporting and Management Policy			
(Others listed within this document)			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V1.1	Draft	31/01/2018	Minor updates	Risk Group
V1.2	Draft	30/06/2019	Minor updates	Risk Group
V1.3	Draft	16/06/2020	Minor updates	Risk Group Audit Committee Trust Board
V1.4	Draft	21/07/2020	Changes to financial risk matrix Additional text 1.1. and 1.2 Introduction section	Risk Group Audit Committee Trust Board
V2	Draft	15/06/2021	Minor updates	Risk Group/Audit Cttee
V3.0	Draft	07/06/2022	Minor updates/ review Tone change	Risk Group/Audit Cttee

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, we will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

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1. Introduction

- 1.1. Strategic risk management is the process of identifying, assessing and managing the risks and uncertainties, affected by internal and external events or scenarios that could inhibit an organisation's ability to achieve its strategy and strategic objectives.
- 1.2. For the purposes of this Risk Management Strategy, risks are considered as occurrences or opportunities that would impact on the delivery of activities, the quality of outputs, the achievement of strategic goals or reputation.
- 1.3. Torbay and South Devon NHS Foundation Trust recognises that good risk management awareness and recording at all levels ensures that risks are managed systematically and consistently across all areas and where identified risk factors can be reduced to a tolerated level. This will result in improved safety and quality of health and social care and minimise the risks to staff, patients, clients, carers, families, service users and visitors.
- 1.4. We recognise that risk management is an essential component in fulfilling its responsibilities effectively and responsibly. This risk strategy specifies our philosophy and prime objectives and approach for the management of risk.
- 1.5. Good risk management is the responsibility of all staff and we recognise the importance all staff have to ensure risks are assessed and where applicable recorded and managed.

2. Scope

- 2.1 In recognising that clinical, health and social care is inherently complex and risky, all aspects of the provider and corporate business are within the scope of this strategy.
- 2.2 This strategy applies to all staff working in the organisation, including permanent, temporary, bank workers, agency staff and contractors.
- 2.3 This strategy applies to all risks that jeopardise the strategic objectives of the organisation. These include, but are not limited to:
 - **Clinical/ Safety risk** – any issue that may have an impact on the achievement of high quality, safe and effective care for patients, clients, service users and the safety of staff.
 - **Performance risk** – any non-compliance or repeated failure to meet internal standards or targets through to a gross failure to meet professional standards or national standards or targets.
 - **Environmental Impact risk**– any risk that could affect the environment for example spillage or escape of clinical or toxic waste.
 - **Financial risk** – any risk that could impact the organisation financially. For example where scheduled savings cannot be made, or litigation claims or fines from external regulators such as the Information Commissioner's Office.
 - **Health and Safety risk** – any risk that could put a person at risk of harm in accordance with health and safety legislation in its various forms throughout the organisation.

- **Infection Control and Prevention risk** – any issue with infection compliance, isolation, decontamination and cleanliness.
- **Information and Communications Technology risk** - any issue that may have an impact on the digital information held or IT systems used by the organisation.
- **Information Governance risk** - any risk where the data protection act is not being adhered to, this is linked to the requirements of Data Security and Protection Toolkit. This includes quality of data, breaches of confidentiality and data losses.
- **Operational risk** – any issue that may have an impact on the achievement of operational performance e.g. referral to treatment standards.
- **Patient/user experience risk** - any unintended or unexpected incident which could have or did lead to harm for one or more patients, clients, service users receiving health/social care. It is a specific type of adverse event.
- **Reputational risk** – any risk that could have an impact on our reputation for example negative media coverage including social media.

3. Statement of Intent

Our purpose is to provide safe, high quality health and social care at the right time, in the right place to support the people of Torbay and South Devon to live their lives to the full.

4. Aims

The main aim of this strategy is to ensure a holistic and integrated approach to risk management across the organisation. This will be summarised where appropriate using ORCA (Objectives, Risks, Controls and Assurance) and under the following key areas:

4.1 Developing Risk Management

- Develop and define an integrated approach to managing risk across all of the Trust's activities.
- Facilitate a single database for all risks to be centrally managed by the individual risk owners and associated action point holders.
- Ensure that all risks are identified, assessed, minimised or mitigated and wherever practicable eliminated.
- Promote stakeholder and staff involvement in risk management.
- Protect patients, clients, service users, carers, staff, contractors, partners and others who come into contact with the organisation, together with safeguarding the organisation as a whole along with its reputation.

4.2 Embedding Risk Management Systems and Processes

- Link the whole of risk management throughout the organisation to the strategic objectives, the Board Assurance Framework (BAF) and corporate level risks.
- Provide direction and ensure the Board of Directors ('the Board') are aware of all significant risks and provide a commitment to effective risk management and mitigation within the organisation.

- Embed risk registers across all directorates, integrated service units, service areas and departments across the organisation.
- Introduce and maintain cost effective risk control measures to eliminate or reduce risk to an acceptable level by risk assessment / action plans, cost benefit analysis and evaluation and ongoing regular monitoring.
- Initiate a systematic and consistent approach to learning and promoting continuous improvement.

4.3 Ensuring Compliance with International Standards and Best Practice Guidance

- Satisfy all mandatory and statutory duties and undertakings.
- Ensure the health and safety of all those who work for us.
- Achieve and improve performance against all external and internal regulated risk management activities.

4.4 Ensuring the Organisation is Risk Aware and That Staff are Appropriately Trained / Skilled in Risk Management

- Provide stakeholders with an understanding of the organisation's purpose and intentions and how risk management is utilised to help achieve these.
- Raise awareness of risks and their management through a programme of communication and training.
- Foster an environment whereby all staff understand their role in suitable and sufficient risk assessments and risk management.

4.5 Ensuring that we are a Learning Organisation

- Ensure learning from experiences e.g. incidents, near misses, complaints, concerns, compliments, comments, PALS enquiries and any legal issues.
- Develop a reflective, supportive, challenging and open culture that encourages all staff to report incidents, accidents and near misses without reprisal and to share learning and best practice.
- Monitor and review learning to ensure it is acted upon and that best practice is adopted across the organisation where applicable.

5. Risk Management Structure and Accountability

- 5.1. We recognise that responsibility for risk cannot simply be attributed to one person and is therefore an integral part of the normal management process. Responsibilities are laid out in appendices 1 and 2 of the [Risk Management Policy](#).
- 5.2. The authority and responsibility for the establishment, maintenance, support and evaluation of the risk management processes and this strategy within the organisation is invested in the Board. The Board is responsible for all internal controls in the organisation, and for agreeing the annual governance statement which forms part of the annual report and accounts.

The Board must have a sound understanding of the principal risks facing the organisation and receive assurances via the BAF, corporate level risk registers, annual internal audit report and performance reports that the appropriate risk management policies and risk standard operating procedure (SOP) are operating efficiently and effectively.

6. Ensuring we are Risk Aware and Staff are Appropriately Trained and Skilled in Risk Assessments and Risk Management

- 6.1. Our holistic approach to risk management will be applied to training. The Risk Officer will continue to train all Risk Handlers in risk awareness and how to use the Datix Risk Module (DRM) before a login is provided.
- 6.2. [Training Material](#) for the DRM is available electronically to all staff via the intranet site (ICON) and in the HIVE. The Risk Officer will make themselves available to aid and assist with additional training to ensure a good level of continuity across the organisation.
- 6.3. A governance framework will drive senior management reviews of department, Integrated Service Unit/s (ISU) and directorate risk registers. Risk management interactive sessions have been designed to reinforce why risk assessment and risk management is an important part of Trust business. [Risk Management](#) pages are available via ICON to assist staff in understanding the Trust's approach to risk management.
- 6.4. We will make available adequate training for staff in risk assessment and management.

7. Risk Assessment Process and Escalation

- 7.1 The risk assessment process is a systematic process and to be effective it will be holistically applied strategically and operationally to all systems, processes and services. This process and escalation procedure is outlined within the [Risk Management Policy and Risk Management Standard Operating Procedure](#).

8. Implementation of the Risk Management Strategy

- 8.1 To be effective this strategy must be communicated widely. The implementation objectives are to:
 - Raise awareness and develop a culture where all risks are identified understood and managed.
 - Ensure an appropriate system and organisational structure is in place for the identification and control of risks.
 - Provide assurance that key processes are in place to provide reliable information and enable management to make appropriate decisions.
 - Embed risk assessment and risk management into all our activities, including day to day and future ongoing management of the Trust.

9. Monitoring, Auditing, Review and Evaluation of this Strategy

The Chief Finance Officer through the Director of Corporate Governance is responsible for auditing, reviewing and evaluating the effectiveness of this strategy on an annual basis.

(e)quality impact assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Risk Management Strategy	Version and Date	V3.0 September 2022	
Policy Author		Risk Officer			
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 <input checked="" type="checkbox"/>	Other, please state...		<input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EqIA and must be referred to the equality leads below					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers¹; travellers²; homeless³; convictions; social isolation⁴; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 language⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible⁶?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy⁷?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 EqIA, please refer to the equality leads below					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@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 user² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives⁶ Consider both physical access to services and how information/ communication is available in an accessible format⁷ Example: a telephone-based service may discriminate against people who are deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy