



FedBucks Risk Management Policy

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Approval and Authorisation

Completion of the following detail signifies the review and approval of this document, as minuted in the senior management group meeting shown.

Version	Authorising Group	Name of Approver	date
1.0	FedBucks Board	Martin Thornton	Mar 2018
2.0	FedBucks Board	Dominic Wood	Aug 2018

Change History

Version	Status	Reason for change	date	Author
2.0		QGPR remained to QA meeting	22/08/2018	D. Wood

Document References

Ref #	Document title	Document Reference/Location

Risk Management Policy Introduction

FedBucks recognises the delivery of health care and in particular, the provision of out of hours services will always involve a degree of risk, potentially such risks may be heightened during periods of demand and organisational change. The aim of this strategy is to ensure that such risks are identified, reviewed and minimised, and to ensure that those members of FedBucks who are making decisions on Risk Management are informed by detailed guidance and standard procedures.

FedBucks supports a just and fair culture and believes that staff should feel confident to report all risks, incidents and near misses openly. Learning will form the foundation of risk management within the organisation and learning outcomes will be used to improve the quality of patient care services and also to eliminate and/or reduce risk to patients, staff, and other stakeholders.

FedBucks has adopted a holistic approach to risk management, making no segregation between clinical, non-clinical, financial or other risk. All risks are managed using the same system and FedBucks will work with stakeholders, commissioners and service users to ensure that service provision is maintained and any risks are highlighted and dealt with through collaboration and joint working. FedBucks will highlight risk with its stakeholders through the risk register, maintained by the Governance Lead.

Aims of Policy

The aims of this Policy are to:

- Integrate risk management into FedBucks and our culture and everyday management practice
- Clearly define FedBucks and our approach and commitment to risk management
- Raise staff awareness, knowledge and skills of Risk Management
- Document responsibilities and a structure for managing risk
- Ensure a co-ordinated, standard methodology is adopted by every department
- Encourage and support incident reporting in a “no-blame” culture
- Ensure that the Chief Executive and Board are provided with evidence that risks are being appropriately identified, assessed, addressed, monitored and that lessons are being learned.
- Accept that whilst the provision of health care is not risk free, FedBucks will aim to minimise the adverse effects of any risks wherever possible.
- Manage risk via the Quality Assurance Committee, which may be designated as a subcommittee of FedBucks Board
- Manage risk as part of normal line management responsibilities and as part of the normal business planning process
- Undertake risk assessments to ensure that:
 - Risks are identified
 - Assessments are made of their potential frequency and severity
 - Mitigating actions are carried out where possible.

- Risks are recorded on FedBucks risk register
- Lessons are learned from the identification and assessment of risks.
- Risks are reviewed and trend analysis is completed.
- Encourage and support incident reporting in a “no-blame” culture
- Ensure that the Chief Executive, and Board are provided with evidence that risks are being appropriately identified, assessed, addressed, monitored and that lessons are being learned.
- Accept that whilst the provision of health care is not risk free, FedBucks will aim to minimise the adverse effects of any risks wherever possible.
- Manage risk via the quality, governance, patient safety and risk (QA) committee of the FedBucks Board and its’ Chair.
- Manage risk as part of normal line management responsibilities and as part of the normal business planning process

Risk Management Objectives

- To ensure FedBucks fulfils its legal and governance responsibilities
- To preserve and enhance FedBucks reputation of high quality and safe service provision and to maintain a low incident and complaints record.
- To protect the safety of all those affected by FedBucks, to protect our organisation and all those working for the organisation
- To embed the concepts and ideas of risk assessment and management into the day to day working practices of FedBucks

Specific Objectives:

- To identify and review strategic risks facing FedBucks
- To further develop training for staff on risk management and safety.
- To further develop methods of communicating information to staff relating to Governance and Risk Management performance through various media.
- To avoid where possible any Serious Incidents and mitigate their risk of occurrence
- To monitor and benchmark ourselves against other providers.
- To improve the patient experience and service quality through the learning identified by the risk management process.
- To continue to improve our quality and performance in relation to clinical effectiveness and safety outcomes
- To make the risk reporting system as accessible as possible and to promote an open and honest culture of risk reporting at all levels. Risk Management Organisation, Structure and Responsibilities

FedBucks Board

Has overall responsibility for having an effective risk management system in place and for meeting all statutory requirements and adhering to guidelines issued by the Care Quality Commission and Department of Health.

The Board will receive:

- Minutes of the Quality Assurance Committee including discussion of the FedBucks risk register.
- Details of all risks as 'Red' and/or 'Amber' (high scoring risks)
- Quarterly reports from the Governance Lead on risks, incidents and complaints.
- External assurance reports and audits such as Care Quality Commission or Thames Valley Integrated Urgent Care (TVIUC).

The FedBucks Chief Executive

Has overall accountability for corporate governance and risk management and will discharge his responsibilities through the quality, assurance (QA) committee to the Board.

The Clinical Directors and Clinical Governance Lead

The Fedbucks Clinical Director has overall responsibility for the implementation of clinical risk management, clinical effectiveness and clinical governance. The Governance lead and Urgent care clinical lead will be responsible for the day to day governance arrangements reporting risks and safety concerns to the Quality Assurance Committee. The Governance Lead will be responsible for managing the risk register and ensuring actions and risks raised are tracked and actions agreed to mitigate completed.

The Governance Lead is responsible for presenting the FedBucks Risk Register(s) to the Board.

Responsibilities include:

- Coordinating and ensuring the implementation and continued development of clinical risk management throughout FedBucks
- Identifying & interpreting new legislation and Government guidance in relation to clinical risk.
- Advising the Chief Executive, and Board Members on matters of clinical risk.
- Coordinating and obtaining assurances from the management team in relation to clinical risk management and controls.
- Liaising with the Admin and Governance Manager in monitoring all clinical risk and adverse incident reports, identifying trends and producing statistical data for the FedBucks Board and clinical teams.
- Acting as FedBucks designated Clinical Governance Co-ordinators in support to the Chief Executive and the Clinical Director. This includes implementing the essential standards of quality and safety published by the Care Quality Commission
- In conjunction with Admin and Governance Manager acting as the designated management lead for patient safety and quality
- In conjunction with Operations Management Lead acting as the designate management lead for Medicines Management
- Promoting an open and honest culture of clinical risk reporting amongst FedBucks clinicians and throughout the clinical environment.
- Identifying and reporting any clinical risks which may emerge through the Clinical Audit System.

Managers

- Managers are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated areas and scope of responsibility.
- In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, managers are responsible for reporting the risk and bringing these risks to the attention of the Governance lead and in all serious incidents the attention of the Chief Executive.
- All managers and team leaders have a responsibility to undertake risk assessments as required, to supervise activities within their area of responsibility to ensure that policies and procedures are properly applied and that areas of risk are adequately controlled.
- In the event that a member of staff identifies a risk issue to a manager, the manager will investigate and implement appropriate control measures to minimise that risk. They will also ensure this risk is properly reported via the FedBucks risk management process.
- Where the required action is outside or beyond the manager's area of expertise or their level of authority they will document their actions and recommendations before passing the matter on to the next level of management for attention.
- Managers may sit as members of the QA committee, and will ensure that the strategic direction taken by FedBucks is applicable to and takes into account each of FedBucks' risk categories.

Further responsibilities include:

- Championing the risk management process within their respective areas of responsibility.
- In conjunction with the Fedbucks Chief Executive, Fedbucks Clinical Director and Operational Lead, ensure that the FedBucks key risks are identified and addressed
- Raising staff awareness, knowledge and skills and encourage their participation in risk management.
- Ensuring that risk management is integrated within the strategic and operational planning and decision making throughout their departmental areas
- Ensuring that their departmental areas contribute towards the risk management, clinical governance and the CQC five lead question areas.
- Ensuring that their department as a whole is effective and efficient in the management of actual and potential risks
- Ensuring that FedBucks decisions in relation to risk management are carried out and all relevant policies and procedures are implemented and monitored

Governance Lead

Will work very closely with the risk management system and is responsible for receiving, logging and co-ordinating the investigation and response to all complaints, compliments and incidents received by FedBucks. They will monitor the pattern of complaints, and incidents in order to identify risks which will then be reported via the risk management system and reviewed at the QA committee meetings. The Governance Lead will be responsible for

consolidating all risks across the business (Clinical, Operational, IT, H&S) into the risk register.

Admin and Governance Manager

The Health and Safety Lead will act as the designated 'competent person' in relation to Health and Safety as required by the "Management of Health and Safety at Work Regulations 1999" (Regulation 7). This will include the completion of regular H&S risk assessments, compilation and maintenance of a H&S Issues Log and Creation of regular H&S reports for the H&S Group and Management Meetings. The H&S Lead will be responsible for ensuring that any H&S risks are reported via FedBucks Risk Management System.

Finance Manager

Has delegated responsibility for managing the development and implementation of financial risk management, including risks associated with financial control and the detection and prevention of fraud and corruption.

The IT Manager

Has delegated responsibility to minimise corporate risks associated with all information, communication and technology systems. The post holder is responsible for electronic information security, and for the development and provision of robust IT, radio and communication systems which support the safe delivery and monitoring of FedBucks business objectives. The IT Lead will work in conjunction with the IG Lead to ensure that risks to patient data are minimised and monitored.

The Information Governance (IG) Lead

Will coordinate the annual Information Governance self-assessment and provide specialist advice in relation to Freedom of Information (FOI), Data Protection, Records Management and Information Risk Management. They are also responsible for the development and delivery of improvement plans for information governance including minimisation of IG Risk and Data Protection Risk.

All Employees

All FedBucks employees will:

- Participate, whenever required, in the risk management process
- Comply with all FedBucks Risk Management Policies and Procedures
- Work safely in compliance with Section 7 of the Health and Safety at Work Act 1974
- Not intentionally or recklessly interfere with or misuse any equipment provided for the protection of safety and health (Section 8 Health and Safety at Work etc Act 1974)
- Report any identified areas of risk immediately in accordance with the Management of Health and Safety at Work Regulations 1999 (Reg. 14) and FedBucks Risk Management Procedures and Systems.
- Provide & adhere to safe clinical practice in diagnosis and treatment in accordance with protocols.
- Be aware of emergency procedures e.g. resuscitation, evacuation and fire precaution procedures relevant to their particular role or location.
- Report concerns regarding fraud, theft or other misappropriation of FedBucks funds or assets.

- Report concerns regarding malpractice or mistreatment of patients by colleagues' using the Whistle blowing policy which is actively encouraged within FedBucks.
- Undertake mandatory, Risk Management, Health & Safety and other training as required by FedBucks

Risk Management Structure

FedBucks Board

FedBucks risk management performance will be reported, usually quarterly, to FedBucks Board Meetings via minutes from the Quality Assurance Committee & from the Management Executive and via the organisation's overall Risk Register which will be presented by Governance Lead after agreement with the FedBucks CEO.

Quality Assurance Committee

The FedBucks Board will work with its Provider Collaborative partners to monitor and review risk on behalf of the FedBucks board through the Quality Assurance Committee. In particular, links with the relevant Thames Valley Integrated Urgent Care (TVIUC) groups / committees will be established, with the FedBucks Clinical Lead or Clinical Lead – Urgent Care, attending TVIUC meetings. The aim is to monitor performance and risk with regards to:

- Complaints,
- Legal Claims,
- Adverse Incidents,
- Health and Safety
- Quality outcomes and
- Key performance indicators.

Each of the above areas will be assessed with regard to identified risk which will then be reviewed and updated or downgraded as appropriate. Action plans will also be developed at these meetings to mitigate risk. Minutes will be used to record and update the risk registers accordingly via the Risk Management System.

Corporate Governance Lead

The Governance Lead will consolidate governance and risk across the whole organisation including, Clinical, Operational, Finance/Commercial and HR. They will discuss the front-line operations of the organisation and will identify and discuss risk at a procedural level by location or department. They will feedback to the relevant management, clinical or operational lead, according to the risk.

The Governance Lead would discharge their responsibility by reporting to the QA and the Board.

Risk Management Audit and Reporting

FedBucks carries out a range of Risk Management audits throughout the year, which will be assigned as follows:

Governance Lead

- Monthly report on Adverse Incidents via the QA Committee
- Monthly report on Complaints via the QA Committee
- Quarterly overview of incident and complaints trends for the Board
- Quarterly overview of all Amber and Red Risks for the Board

- Annual self-assessment against Care Quality Commission Essential Standards of Quality and Safety.

Admin and Governance Manager

- Six Monthly H&S Workplace inspections
- Ad Hoc H&S inspections where Risks or Incidents are reported
- Annual Fire safety inspections

Risk Management Assessment and Acceptance of Risk

In accordance with governance best practice and legislative requirement FedBucks will formally risk assess and record all significant risks. Assessments will be recorded via the FedBucks Risk Management System and will be monitored by the Governance Lead.

Any approved user of the Risk Management System may complete a risk report either in response to an untoward incident, an identified hazard / risk, a scheduled audit or as part of a business case for a new development, service or programme. The latter approach will be particularly encouraged to develop a pro-active method of risk management best practice. Fedbucks aim is that risk assessment should become an integral part of everyday activity.

FedBucks should have a pre-emptive approach to reducing risk and adverse incidents rather than a reactive approach. With this aim in mind managers must consider the potential risks involved in all activities and particularly so for any new initiative, activity or plan and report them accordingly. When a risk is reported, appropriate managers or Directors will be notified. Risks will be graded according to the Risk Rating Algorithm:

Severity X Likelihood = Risk Rating.

See table below:

Probability	Risk Magnitude				
Certain 5	5	10	15	20	25
Very Likely 4	4	8	12	16	20
Likely 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Very Unlikely 1	1	2	3	4	5
Cost / Time Impact	Very Low 1	Low 2	Medium 3	High 4	Very High 5

Guidance on the severity level of risks is provided via the Risk Scoring Matrix. Risks scored as amber or red will automatically be passed to the relevant line manager then onto Director lead and if necessary onto the CEO and the Board for consideration. Risks may be debated by the QA committee and a decision taken as to the acceptability of the risk and the recommended mitigation measures / actions or escalation process if necessary.

Risks rated as a yellow (moderate) risk grading will receive priority relevant to their score. Such risks will generally be managed at service management level. Green rated risks are considered to be low risk and FedBucks will endeavour to minimise these.

All risk assessments will be subject to ongoing review. An action plan of all outstanding actions arising from FedBucks Risk Registers will be maintained using the Risk Management System. The Board will review this action plan and all high risks on the FedBucks Risk Register at every meeting. Any developments or updates pertaining to these risks will be added to the Risk Register by the system administrator and risk ratings adjusted accordingly.

The FedBucks Board is accountable for reviewing the highest-level Amber and Red Risks. Some of these risks will be identified by the Board as Corporate Risks which may cause harm to the organizations as a whole and will be marked as such on the FedBucks Risk Register.

Training, Education & Staff Engagement

It is essential that all staff receive such training and awareness of risk management as is relevant to their area of work. Such training may take place in a formal environment such as a classroom, it may be online or on-the job training with a supervisor.

It is the responsibility of Line Managers and Supervisors/ Team Leaders with support from the HR manager to ensure that all mandatory training is undertaken and that systems are in place to ensure that non-attendances or non-completion of training can be identified and managed.

All training will be documented to verify that training was delivered and fully completed. Training records will be centrally held on the training record and on the member of staff's personnel file held by HR.

FedBucks recognises the importance of training and education in increasing awareness of risk and safety issues. All staff will receive information, instruction, training and supervision in relation to Health and Safety, Manual Handling, Complaints and Adverse Incident Reporting and Data Security as provided through FedBucks' Training Programme.

Managers will provide advice at a local level; in particular, they will emphasise the need for open communication and seek further professional advice when required.

Fedbucks communicates with stakeholders and staff through FedBucks website, e-mail, publications, line managers and team leaders. In order to achieve successful risk

management, it is essential that all levels of FedBucks staff are informed and engaged. Only then can it be said that FedBucks has a positive risk aware culture.

Monitoring and Review

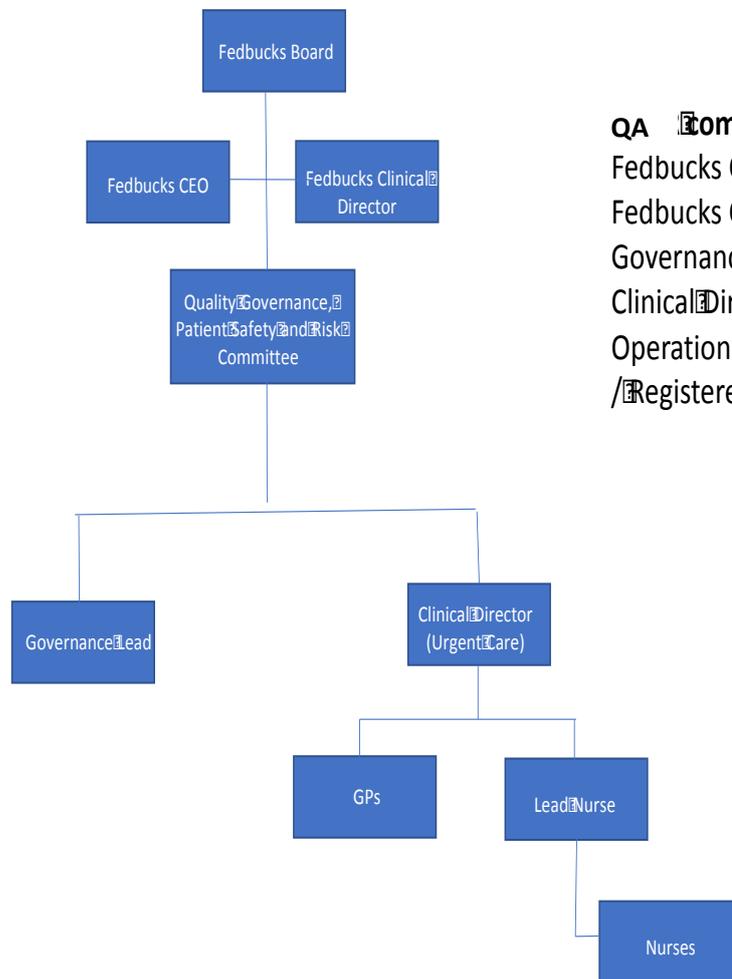
Monitoring

Monitoring of adherence to the Risk Management Policy is the responsibility of Departmental Managers with support from the Governance Lead. Non-reporting of identified risks, particularly those relating to Health and Safety, is dangerous and may result in disciplinary action.

Review

The Risk Management Policy will be reviewed every 3 years unless changes to legislation, guidance or procedure occur. It will be approved by the FedBucks Board and communicated to staff in line with FedBucks policy.

Governance Structure



QA Committee members
 Fedbucks Clinical Director
 Fedbucks CEO
 Governance Lead
 Clinical Director
 Operations Manager - Urgent Care
 / Registered Manager



Appendix 1 - Definitions

Area	Definition
Hazard	Something that has the potential to cause injury, loss, damage or harm.
Risk	The likelihood that the identified hazard will occur resulting in injury, damage, loss or harm.
Risk Assessment	The process by which hazards are identified and risk rated using tools implemented by FedBucks for use by all employees. Assessments can be either general or specific, but will be undertaken by competent persons who have received the appropriate degree of information, instruction and training.
Risk Management	The identification, quantification, control, mitigation, review and audit of any risk that threatens the services delivered or assets of FedBucks. This includes Health & Safety, clinical care & patient experience, property, vehicles & equipment and relationships with stakeholders.
Risk Matrix	The tool that is used to “score” each risk and determine its place on the Risk Register, levels of priority are determined through the 5x5 matrix and this will provide a priority list for managers to use within their respective area of control.
Risk Register	The register is the recording tool for all identified risks and will be held centrally, maintained by the Clinical Governance leads and Complaints/Patient Care Managers

Acceptable Risk	FedBucks accepts that no system can be totally risk free and that there are occasions when FedBucks will have to accept a degree of risk in the course of its undertakings. Work practices, procedures and equipment will be assessed so as to identify the significant hazards and risks and ensure that controls are implemented to eliminate or reduce the risks to the lowest reasonably practicable level.
Organisational Risk	Any potential threat or occurrence that could prevent FedBucks from delivering its aims, achieving its objectives or developing projects to improve its services within the economic, human, environmental and technological boundaries.
Clinical Risk	Any potential threat or occurrence related to the diagnosis, treatment and / or outcome of patient care where the likelihood is that the identified hazard causes harm or distress to the patient.
Financial Risk	Any potential threat or occurrence that could prevent FedBucks from effectively managing its finances, meeting its statutory financial duties and operating within the appropriate control systems.
Near Miss	Any general, clinical or financial incident which has the potential to prevent FedBucks from delivering on its objectives, notwithstanding the fact that no adverse consequences occurred from the specific incident.
Significant Lapse	FedBucks definition for 'Significant Lapse' "is any area which, following a risk assessment, scores a risk rating of 15 and above"

Appendix 2

Risk Scoring Matrix:

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Health and Safety: Injury (physical and Mental) to anyone (Lead: Admin & Governance Manager)	Minor injury: not requiring first aid but added to accident book e.g. minor slip, trip or fall not resulting in any injury to the person involved	Minor injury or illness = requiring first aid treatment and added to accident book e.g. minor slip, trip or fall which resulted in injury to person but nothing more than first aid required.	Moderate injury, or short term incapacity/disability - requiring medical treatment to a level beyond first aid including referral to A&E or another medical centre. Including loss of consciousness/medication error resulting in ill health. Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)	Major injury, or long term incapacity or disability - requiring invasive medical treatment and or surgery, including loss of limb, severe trauma, long term illness, medication error resulting in major ill health (this list is not	Death or major permanent incapacity including coma, paralysis, blindness (this list is not exhaustive) reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
				exhaustive). Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)	
Operational risk: Patient Experience (Lead: Head of Operations)	Slightly unsatisfactory patient experience. No injury: minor wait times, slightly inattentive staff, uncomfortable waiting environment (heat, noise, cold etc)	Unsatisfactory patient experience - poor practice possibly creating need for first aid treatment, poor cleanliness, poor attitude from staff or actual rudeness, fairly long wait time, patient unhappy with clinician attitude or clinical advice given.	Actual mismanagement of patient care - requiring more than first aid treatment (e.g. referral to A&E) actual breach of working practices or company policy, failure of staff to provide safe, clean, caring environment for patients. Patient not treated with dignity and respect. Deliberate rudeness or swearing by	Serious mismanagement of patient care - minor permanent harm to patient, total breach of working practices, total breach of company policy and procedure, gross misconduct (excluding abuse	Totally unsatisfactory patient care or deliberate harm to patient - resulting in injury, death, or major permanent incapacity or disability, complete breach of working practices and breach or law

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
			<p>staff. Unacceptably and unjustifiably long wait times. Unnecessary lengthening or the patient journey due to miss communication.</p> <p>Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)</p>	<p>or deliberate harm to the patient) probably resulting in suspension or dismissal of staff.</p> <p>Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)</p>	<p>including abuse and deliberate harm to the patient, resulting in immediate dismissal and possibly resulting in criminal investigation or police involvement.</p> <p>Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, CQC)</p>

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Operational risk: Complaint/Claim Potential (Lead: Head of Operations)	Locally resolved or non justifiable complaint: no claim made	Justifiable complaint peripheral to clinical care/management: requiring investigation but not claim made	Justifiable complaint involving lack of appropriate care / management. Investigation required. Claim below excess.	Multiple justifiable complaints. Investigations required. Claim above excess.	Multiple claims or single major claim
IT risk: Service/Business Interruption/IT and Comms (Lead: IT Lead)	Loss/interruption less than 30 minutes: minor glitch in IT system recovered immediately, no reduction in service availability or short term evacuation of premises (e.g. fire alarm)	Loss/interruption of 30 minutes to two hours. Identified error or frequently recurring error to IT or comms systems resulting in part functionality or one to two hours possible reduction in service availability or short term evacuation of premises for up to two hours backup plans executed e.g. bomb threat	Loss/ interruption over 8 hours and under 24 hours - identified error to IT or comms system resulting in part functionality for up to 24 hours, actual reduction in service availability, some patients unable to contact service for a limited period or loss of part of premises for entire day, back up plans executed, possible temporary removal to	Loss/interruption over 24 hours and under 48 hours - major error to IT or comms system resulting in loss of functionality for up to 48 hours, reduction in service availability, backup procedures in	Loss/interruption over 1 week - Total failure of IT and comms system resulting in complete loss of functionality for over 48 hours, backup plans exhausted, patients unable to contact service for an indefinite period, possible

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
			secondary premises e.g. major gas leak	place, patients unable to contact service for a limited period or actual loss of part of premises due to serious incident, backup plans executed removal to secondary premises necessary e.g. collapsed wall	closure of the service. Including catastrophic damage to secure servers or long term loss of premises, no back up available e.g. major fire
HR risk: workforce/Organisational development (Lead: HR Manager)	Short term low staffing level temporarily reduces service quality for matter of minutes e.g. last minute	Ongoing low staffing level reduces service quality for a period of one shift e.g. unreported last minute sickness or persistent absence not covered or covered well past shift start	Actual failure to meet KPI or NQR target(s) or maintain service quality due to lack of staff - ongoing, unsafe or low staffing level(s) for more than 1 consecutive shift.	Uncertain delivery of future KPI or NQR targets or service quality in the long term due to lack of staff - unable	Non delivery of service or closure or service due to lack of staff. Very high turnover, mass walkout, long term strike.

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
	reported sickness covered past shift start time	time.	Due to poor staff retention, higher than normal sickness (possibly through pandemic) or delayed recruitment of new staff. Also, minor error due to insufficient training of staff. Reportable to commissioners.	to recruit staff, very poor staff retention or staff walkout or strike, extremely high sickness levels (possibly through pandemic). Also serious error due to insufficient training of staff resulting in breach of company policy or procedure. Reportable to commissioners and CQC.	Also critical error due to insufficient training of staff and total breach of policy or procedure resulting in injury to another person(s) or death. Reportable to commissioners and CQC.
Financial risk: Financial (Lead: Finance)	Small loss under £100	Loss greater than 0.1% of budget or between £100 and £1,000.	Loss greater than 0.25% of budget or between £1,000 and £5,000.	Loss greater than 0.5% of budget or between £5,000	Loss greater than 1% of budget or over £100,000

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Manager)				and £10,000.	
Governance risk: Inspection/Audit (Lead: Governance Lead/ Admin & Governance Lead)	Minor recommendations. Minor non- compliance with standards. No written recommendations on permanent record.	Recommendations given. Non-compliance with standards and written recommendations on permanent record.	Reduced rating. Challenging recommendations requiring urgent action. Non-compliance with core standards. Reportable to associated external or statutory agencies.	Enforcement action. Low rating. Critical report. Multiple challenging recommendations requiring immediate action. Major non- compliance with standards, possible short term closure.	Prosecution. Zero rating. Severely critical reports. Recommendations which cannot be met. Long term or permanent closure.
IT risk IG/Data Protection/Confidentiality (Lead: IT Lead)	Verbal exposure of non identifiable patient data relating to patient case to authorised	Inaccurate data entry recovered immediately with no effect to the patient	Potential breach of Data Protection (near miss) - patient data exposed to possible loss, corruption, access by unauthorised	Actual breach of Data Protection - small amount of patient data has actually been	Serious breach of Data Protection - large amounts of patient data have been lost,

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
	<p>individuals e.g. discussion of correct procedure between authorised staff relaying some details of patient's actual situation.</p>		<p>persons but no actual exposure. Data recovered or amended quickly. Inaccurate data entry resulting in distress to the patient e.g. attempt to contact deceased patient.</p>	<p>lost, corrupted, inappropriately disclosed or access by an unauthorised person. Reportable to the ICO. Possible enforcement notices or fines.</p>	<p>corrupted, inappropriately disclosed or accessed by an unauthorised person. Reportable to the ICO. Resulting in fine up to £500,000, possible prison sentences for deliberate breach and enforcement notices.</p>
<p>Marketing/Business risk: Adverse Publicity/Reputation (Lead: Marketing Mgr)</p>	<p>Verbal/Internet rumours detrimental to the company's image</p>	<p>Short term local media interest, one off article, online post or radio broadcast detrimental to the company's image.</p>	<p>Long term local media and or governing body interest (commissioners, council, local GMC) or local MP interest with more than one occurrence</p>	<p>Short term national media and or government body concern, local MP concern with</p>	<p>Long term national media interest which is likely to continue for many months. National MP concern</p>

Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
			<p>over several days. Possible local TV coverage and local radio coverage detrimental to the company's image.</p>	<p>national TV, radio and internet coverage detrimental to the company's image lasting for no more than one month.</p>	<p>(questions in the house), full TV and radio coverage, blanket media coverage and discussion, viral internet coverage detrimental to the company's image and calls for action against the company.</p>