RISK MANAGEMENT POLICY

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POLICY – the risk management approach

East Dunbartonshire Health & Social Care Partnership Board (HSCP Board) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

In doing so the HSCP Board aims to work with EDC and NHSGG&C to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the HSCP construct and others who interact with the services delivered under the operational oversight of the HSCP Board.

The HSCP Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

The HSCP Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the HSCP Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;

- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;

- high achievement of objectives and targets;

- high levels of morale and productivity;

- better use and prioritisation of resources;

- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and

- positive reputation established for the HSCP Board.

- robust planning processes based on consideration of known and potential threats and opportunities

The HSCP Board's risk management matrix identifies levels of risk using a 'likelihood/consequence' scale. Full risk matrix can be viewed at **Appendix 1.**

The HSCP Board promotes the pursuit of opportunities that will benefit the delivery of the

Strategic Plan 2022-25 (1).pdf and associated financial plans.

Opportunity-related risk is evaluated in the context of the anticipated benefits for patients, clients and the HSCP Board.

The HSCP Board will receive assurance reports not only on the adequacy but also the

Likeli-hood	Consequent Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to its wider governance arrangements. As part of

these monitoring arrangements, updates on identified risks and mitigating actions will be brought to the Performance, Audit and Risk Committee and the full IJB on an agreed basis.

The HSCP Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

At the time of updating this Policy (May 2023), the IJB is moving into recovery from the Covid-19 pandemic. This framework is also intended to provide flexibility, and the approach to managing risk will be reviewed regularly to ensure that it supports recovery and renewal activity.

Implementing the policy

1. Introduction

1.1   The primary objectives of this policy will be to:

- promote awareness of risk and define responsibility for managing risk within the HSCP Board and the constituent organisations;

- establish communication and sharing of risk information through all areas of the Health & Social Care Partnership;

- ensure mechanisms are in place for participation and engagement in partner organisations risk governance structure and effective joint management of risk where this is appropriate.

- initiate measures to reduce the HSCP Board's exposure to risk and potential loss; and,

- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

- Enable a proactive and flexible approach to managing risk, including but not limited to project activity, operational service delivery and through joint activity with partners.

1.2   This policy takes a positive and holistic approach to risk management. The scope applies to all risks directed through the Chief Officer, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3   **Strategic risks** represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4   **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activites of an individual service area or team operating within the operational oversight of the HSCP Board's.
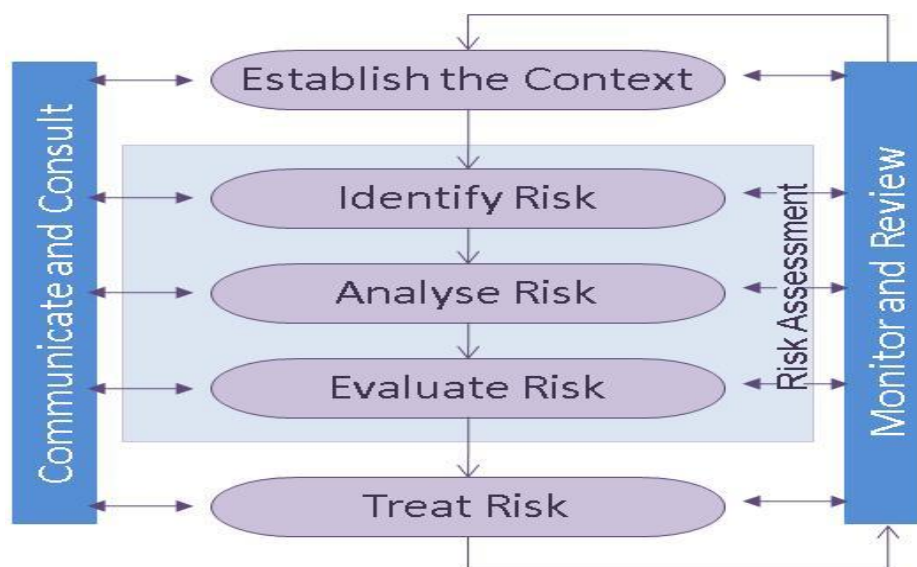
Operational Managers will retain responsibility for managing operational risks as these will be more 'front-line' in nature including the development of activities and controls to respond to these risks. Where a number of operational risks require more strategic leadership, then these can be proposed for escalation to 'strategic risk'

status for the HSCP Board. These will tend to be risks which have a high risk score, where measures to mitigate the risks at a service level have been exhausted or where risks impact across the HSCP and are not solely within one service area.

1.5 All risks will be analysed consistently with an evaluation of risk as being low/ mod/ high/ very high/ red/ amber/ green. High/very high risk (and in some cases moderate risk) will be subject to closer scrutiny by the HSCP Board.

1.6 This document represents the risk management framework to be implemented across the HSCP and will contribute to the HSCP Board's wider governance arrangements.

2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1] It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The HSCP embeds risk management linking with the operational risk management processes of EDC and NHSGGC shown in the diagram below, across all areas of service delivery and business activities.

3. Application of good risk management across the HSCP activities

Standard procedures (3.2 – 3.10) have been implemented across all areas of activity that are under the strategic and operational oversight of the HSCP Chief officer in order to achieve consistent and effective implementation of good risk management. A risk management flowchart can be found at **Appendix 2**.

3.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.2 Identification of risk using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration.

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[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

3.3 Categorisation of risk under the headings below:

- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes (responsibility of HSCP Board). At the time of writing such risks include:

  - Financial sustainability

  - Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties.

- Operational Risks: such as risks that may arise from or impact on clinical care and treatment, social care, patient and service user experience, employee health, safety & well-being, business continuity/ supply chain, information security and asset management (responsibility of EDC & NHSGGC), workforce planning, property and accommodation, project change based activity.

3.5 Appropriate ownership of risk. Specific risks are owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required. These individuals will be responsible for developing necessary mitigation plans for reporting on the progress made in managing specific risks.

3.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix being utilised is attached in Appendix 1.

3.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with effective measures to bring it to a level where it is acceptable or tolerable for the HSCP Board in keeping with its appetite/tolerance for risk. In the case of opportunities, the HSCP Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the HSCP Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.

3.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.7 Reporting of strategic risks and key operational risks to the HSCP Board, EDC and NHSGG&C when necessary.

3.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Chief Officer and Senior Management Team.

3.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

3.10 Risk escalation - If significant risks have been identified that are deemed impossible or impractical to manage at a local Management Team level, then they should be reported for review by the Chief Officer and/or Head of Service. Assessment and improvement should then be monitored through inclusion in the HSCP Corporate Risk Register; the NHS Greater Glasgow & Clyde Corporate Risk register and EDC

Corporate Risk register, where appropriate. The nature of risks which may need to be escalated include:
- Significant threat to achievement of Council or health plan objectives or targets
- Assessed to be a substantial or intolerable risk
- Widespread beyond local area
- Significant cost of control far beyond the scope of budget holders
- Potential for significant adverse publicity.

VISION – for effective risk management

4.   Risk management vision and measures of success

The HSCP Board's vision statement:

> *Appropriate and effective risk management practice will be embedded throughout the HSCP as an enabler of success, whether delivering better outcomes for the people of East Dunbartonshire, protecting the health, safety and well-being of everyone who engages with the HSCP or maximising opportunity, delivering innovation and best value, and increasing performance.*

4.1   In working towards this risk management vision the HSCP Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making.

4.2   Examples of the measures of success for this vision include:
- good financial outcomes for the HSCP Board
- successful delivery of the Strategic Plan
- meeting or exceeding targets outlined in the performance management framework
- successful outcomes from external scrutiny
- effective engagement of service users and carers
- fewer unexpected/ unanticipated problems
- fewer incidents/ accidents/ complaints

RISK - leadership and accountability

5.   Governance, roles and responsibilities

5.1   HSCP Board (IJB and Performance Audit and Risk Committee)

Members of the HSCP Board are responsible for:
- oversight of the HSCP's risk management arrangements;

- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the HSCP Board's attention; and
- ensuring Board members are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/policies and the like.
- Agreeing, with the IJB Chair and Vice Chair, any necessary changes to risk management arrangements in exceptional circumstances.

5.2 Chief Officer

The Chief Officer has overall accountability for the HSCP's risk management arrangements, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the HSCP.

The Chief Officer will keep the Chief Executives of the HSCP's constituant bodies (EDC and GGC) informed of any significant existing or emerging risks that could seriously impact the HSCP Board's ability to deliver the outcomes of the Strategic Plan or the reputation of the HSCP.

5.3 Chief Finance & Resources Officer

The Chief Finance & Resources Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The Chief Finance & Resources Officer will also be responsible for financial decisions relating to the IJB's risk management arrangements.

5.4 Senior Management Team

Members of the Senior Management Team are responsible for:

- supporting the Chief Officer and Chief Finance & Resources Officer in fulfilling their risk management responsibilities;
- securing risk management support, guidance and training for HSCP staff;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Chief Officer and HSCP Board, EDC and NHSGGC; and
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Operational Heads of Service

In support of the Senior Management Team the Operational Heads of Service are responsible for:

- The identification of emerging partnership/operational risks and ongoing assessment and mitigation of these in line with assigned risk ownership.
- Regular review of partnership/operational risks through Heads of Service Group and core governance groups, and provision of regular reports to the wider Senior Management Team via agreed arrangements.

- Identification and escalation of partnership/operatinoal risks to the wider Senior Management Team for consideration and inclusion within the IJB/Corporate Risk Register as appropriate.

5.6 Core Service Governance Groups

Core Groups are in place to ensure the safe and effective delivery of services within the remit of the IJB. They have responsibility for ensuring relevant risks are identified, managed and escalated as appropriate across the following areas:-

- Clinical and Care Governance
- Health and Safety
- Property and Assets
- Information Management and Governance

5.7 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed monthly not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.
- Risks are regularly reviewed to ensure linkages are identified and managed from an early stage.

5.8 All persons working within the HSCP

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patients, services user's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and

- understand that good risk management is a key part of the HSCP culture.

5.9 Partner Organisations

It is the responsibility of relevant specialists from the partner organisations, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner organisations to ensure partnership working as part of risk management as they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the HSCP Board.

5.10 Senior Information Risk Owner

The constituent Bodies, EDC and NHSGGC, will continue to undertake a senior information risk owner role.

RESOURCING - risk management

6. Resourcing the risk management framework

6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the HSCP Board will be resourced through the Chief Officer and Senior Management Team.

6.2 The HSCP will continue to secure risk management training/education delivered through resources already available to the HSCP from the EDC and NHSGG&C (risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

7.1 Where risks impact on a specific constituent body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that body.

7.2 Financial decisions in respect of the HSCP's risk management arrangements will rest with the Chief Finance & Resources Officer.

LEARNING - Training and development

8. Risk management training and development opportunities

8.1 To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the HSCP Board and in developing risk management maturity. The Senior Management Team will regularly review risk

management training and development needs of staff and source the relevant training and development opportunities required.

MONITORING - activity and performance

9.   Monitoring risk management activity

9.1   The HSCP Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. This system also needs to be flexible to enable a robust and effective response to exceptional circumstances.

9.2   Monitoring will include review of the HSCP's risk profile at Senior Management Team level.

9.3   The risk register will be reported to the HSCP Board on a six monthly basis, the Performance Audit and Risk Committee at each meeting and/or as individual risks arise that require a HSCP Board response.

9.4   It is expected that constituent bodies will use HSCP Board risk reports to keep their own organisations updated on the management of the risks, highlighting any HSCP risks that might impact on the constituent organisation.

10. Monitoring risk management performance

10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives. This will include regular monitoring of (i) the number of risks which materialise (become issues); (ii) the number of risks closed; and (iii) the actual severity of the risks against previous assessments.

10.2 Key risk indicators will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, monitoring PIs (Performance Indicators) can provide assurance that key financial and other risks are under control.

10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

10.4 Reviewing the HSCP Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the HSCP Board, inform subsequent revisions of this Policy and Strategy and drive continuous improvement in risk management across the HSCP.

COMMUNICATING - risk management

11. Communicating, consulting on and reviewing the risk management framework

11.1 Effective communication of risk management information across the HSCP is essential to developing a consistent and effective approach to risk management.

11.2 Copies of this Policy will be widely circulated via the Senior Management Team to Service Managers and will form the basis of any risk management training arranged for staff.

11.3 The Policy will be sbmubmitted to the Performance, Audit and Risk Committee for approval at its meeting of 20th June 2023.

11.4 The Policy will be submitted to the HSCP Board at its meeting of **29th June 2023**.

This Policy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the HSCP Board's business environment.

Risk Event	Provides a brief description of the potential risk to the organisation either strategic or operational
Cause	Provides deals of single or multiple causes that could resulti in possible risks
Effect	Describes the impact on the organisation, service user, carers, the public, other services and organisations
Control measure	Details the specific supports/controls/actions that are identified as mitigating/removing potential risk
Residual Likelihood	5X5 Likelihood risk score predicting possible risk occurring prior to implemented action
Residual Impact	5X5 Impact risk score predicting possible risk occurring prior to mitigation action
Priority Ranking	Total score and ranking using a visual Red, Amber, Green (RAG} system. Prior to mitigation action
Strategy for risk	Describes approach to be undertaken e.g. tolerate or treat risk
Action	Agreed specific actions to be implemented to mitigate/remove risk
Acceptable Likelihood	5X5 Likelihood risk score predicting possible risk occurring following implemented action
Acceptable Impact	5X5 Impact risk score predicting possible risk occurring following implemented action
Priority Ranking	Total score and ranking using a visual Red, Amber, Green (RAG} system. Following implemeted action

Example - 5X5 Risk Scoring Matrix

		Impact				
		Trivial	**Minor**	**Moderate**	**Major**	**Extreme**
Probability	**Rare**	Low	Low	Low	Medium	Medium
	Unlikely	Low	Low	Medium	Medium	Medium
	Moderate	Low	Medium	Medium	Medium	High
	Likely	Medium	Medium	Medium	High	High
	Very likely	Medium	Medium	High	High	High

Scrutinise effectiveness of clinical risk and patient safety matters

Scrutinise effectiveness of Financial Governance and risk management

Review matters relating to occupational safety, H&S and environment

Clinical & Care Governance Group

Perf., Audit & Risk Committee

Joint H&S Group

* Provision of strategic risk information to HSCP Board

** Provision of technical and operational risk information to GGC & EDC Chief Executive

H&SC staff participate in mandatory training

HSCP Corporate Risk Register shared

H&SC staff assess duties and working environment

SMT aggregate and encompass service registers into a Corporate Risk Register, reviewed monthly

* HSCP Board

** Incorporated in NHSGGC and EDC Corporate Risk Registers

Risk register developed/updated for each service identifying risks, control measures and actions

Team leads review and update service risk registers quarterly

Service action plans developed/updated and implemented

Incident occurs

Service assesses and takes action if necessary

Service records and closes incident on GGC/EDC system

Service updates risk register monthly