



Argyll & Bute Health & Social Care Partnership

Risk Management Strategy

1. Introduction

The Integration Joint Board (IJB) recognises that the planning and delivery of health and social care services involves having to manage risk. The IJB is responsible for the operational oversight of Integrated Services, and through the Chief Officer is responsible for the operational management of these services. Caring for people, managing staff, facilities and finances are all, by their nature, activities that involve risk. These risks are present on a day-to-day basis throughout the organization, they cannot be avoided but they can be managed to an acceptable level. This Risk Management Strategy describes the risk management arrangements for Argyll & Bute Health & Social Care Partnership, and forms part of the wider framework for corporate governance and internal control.

Argyll & Bute Health & Social Care Partnership Integration Joint Board is responsible for the strategic planning and reporting of a range of health and social care services delegated by NHS Highland Health Board and Argyll & Bute Council (described within the Integration Scheme (March 2015)). The Council and the Health Board discharge the operational delivery of those delegated services through the partnership arrangement referred to as *Argyll & Bute Health & Social Care Partnership*. The Integration Joint Board is responsible for the operational oversight of the Partnership.

The Integration Scheme requires:

- *The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect Argyll and Bute Integration Joint Board's delivery of the Strategic Plan.*
- *The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to Argyll and Bute Integration Joint Board.*

2. Vision

The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.

In order to achieve this the IJB has set out a number of Strategic Objectives, as outlined in the Strategic Plan 2016/17 – 2018/19, which are designed to deliver the National Outcomes for Adults, Older People and Children.

The risk management vision is to support the aims of integration, the IJB's Strategic Objectives, and the key values with appropriate and effective risk management practice. Good risk management practice will be embraced by

the IJB and throughout the Health & Social Care Partnership as an enabler of success, by meeting the following objectives:

- promote awareness of risk and define responsibility for managing risk within the IJB, and throughout the management structure of the Partnership;
- establish communication and sharing of risk information through all areas of the IJB;
- initiate measures to reduce the IJB's exposure to risk and potential loss;
- ensure risk management is part of the organisation's governance and operational management and should be integrated into all processes and activities
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- Establishing integrated risk registers.

This strategy takes a holistic approach to risk management and the scope applies to all risks, whether relating to the provision of care, our buildings, staff safety and wellbeing, financial risks and opportunities or threats.

These risks will be split into two broad categories:

Strategic risks represent the most significant risks that impact on the IJB's ability to deliver on its strategic objectives.

Operational risks are those risks that impact on, or arise from, the activities of an individual service area or team operating within the scope of the IJB's activities. These tend to be more front-line in nature and the management of these risks, would typically be led by local managers and team leads. Sometimes operational risk may impact across a number of areas or be interconnected with other risks and, because of this, require more strategic leadership, they would then be escalated to strategic risks.

The measure of success for this vision will be how well the IJB has been able to use its allocated resources to effectively deliver its Strategic Plan.

3. Risk Management Process & Framework

The following framework provides the foundation and arrangements to embed risk throughout the organisation at all levels. The framework ensures that information about risk is taken from the risk management process and is adequately reported and used as a basis for decision making and accountability at all levels.

The framework has been designed by understanding the needs of the organisation and the context within which it is established. This includes the

aims of integration, our Strategic Objectives, our regulatory framework and the relationship with the Council and the Board.

The Risk Management Process follows BS/ISO 31000:2009 Risk Management – Principles and Guidelines and the associated Code of Practice in BS/ISO 31100.

3.1 Responsibility, Accountability, Assurance and Governance

3.1.1 Responsibility & Accountability

3.1.1.1 Integration Joint board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks which could impact on the Board's Strategic Objectives and delivery of the Strategic Plan. The majority of risks will be reported through the Strategic Risk Register, also the Chief Officer will ensure that key risks from the Operational Risk Registers that require to be brought to the IJB's attention are reported;
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like

3.1.1.2. Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB. The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to Argyll and Bute Integration Joint Board.

3.1.1.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

3.1.1.4 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the risk management processes as outlined in (*Argyll & Bute HSCP Risk Management Process - Guidance for Managers*) are actively promoted across their teams and within their areas of responsibility.
- Maintaining a risk register for their service.

3.1.1.5 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 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.

3.1.1.6 All persons working under the direction of the IJB

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 patient's, their services user's/ client'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 IJB's culture.

3.1.1.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (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 bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

3.1.2 Assurance and Governance

The IJB provides assurance to both the Health Board and the Council on the key risks relating to planning, development and provision of health and social care services in Argyll and Bute.

The IJB has delegated certain aspects of risk governance to the Clinical and Care Governance Committee and the Audit Committee. Each committee has a responsibility for providing assurance to the Board in respect of the areas detailed below.

3.1.2.1.Audit Committee

The Audit Committee, through internal audit, external audit and other assurance sources will provide independent objective assurance to the IJB on the extent to which the risk management arrangements are in place and are effective.

3.1.2.2 Clinical and Care Governance Committee

The Clinical and Care Governance Committee provides assurance to the IJB that all key risks in clinical care and patient safety are identified and managed effectively. This requires the committee to use the Strategic Risk Register to consider risks that may require further scrutiny (for example, risks evaluated as very high) and seek assurance from individual risk owners regarding the management of these risks, including the adequacy of existing control measures and progress against any actions required for improvement.

3.2 Integration into organisational processes

Risk management should not be a stand-alone function, but should be integrated into day to day management processes.

Each Head of Service will establish a risk register in line with this policy. Each Head of Service will also identify key staff who will assume responsibility for risk within their area, and ensure that roles and responsibilities are clearly understood and adhered to.

The IJB expects staff to identify and report risk in line with this policy, as appropriate. Line Managers are responsible for ensuring that staff are enabled to identify learning needs and supported to participate in appropriate risk management related activities.

The Strategic Risk Register will be reported to the IJB six monthly, demonstrating the changes in the risk profile of the Partnership. Key risks will be considered on an ongoing basis.

3.3 External communications and reporting

The IJB will ensure that the Strategic Risk Register will be reported annually to the NHS Highland Board and Argyll & Bute Council, or whenever requested. Also individual risks will be escalated/reported as necessary

3.4 Monitoring, review and continuous improvement

The Audit Committee is responsible for reviewing the effectiveness of the risk management approach.

The Audit Committee may commission internal audit to review the risk management approach to provide assurance to the Board that the risk management system in place is robust and in line with this strategy (is effective in implementing this policy.)

The Health & Social Care Partnership operates in a dynamic and challenging environment. Therefore a suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

The Chief Officer will jointly prepare an annual Strategic Risk Register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks.

The Chief Officer will formally review the risk register on a six monthly basis. The Chief Officer is responsible for drawing to the attention of the Audit Committee, the IJB, Council and Health Board any substantive developments in-year that lead to a substantial change to the strategic risk register in-year.

The Chief Officer will review these risk management arrangements on a regular basis and drive continuous improvement in risk management across the Health & Social Care Partnership.

3.5 Resourcing the Risk Management Strategy

The Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the IJB and its Audit Committee are provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

Much of the work on developing and leading the ongoing implementation of the risk Management framework will be undertaken as part of routine activity within the Health & Social Care Partnership.

Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

Where risks impact specifically on either the Council or Health Board and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that organisation.

Financial decisions in respect of these risk management arrangements will rest with the Chief Officer and the Chief Financial Officer.

3.6 Training and development

To implement effectively this policy and strategy, it is essential for staff to have the competence and capacity for managing risk and handling risk judgements. The IJB will ensure that managers are provided with relevant training to ensure they have the abilities to manage risk. Training will be provided in:

- The risk management process
- Risk assessment
- Incident management
- Incident investigation and analysis
- Risk Register process

The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required from the Council and Health Board.

Wherever possible the Chief Financial Officer will ensure that any locally identified risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered

through resources available from corporate services provided by the Council and Health Board.

3.7 Process

The risk management process is an integral part of how we manage risk, how we embed risk management in our culture and practices and integrate it with our business processes. Further details and guidance can be found in the following document

Argyll & Bute HSCP Risk Management Process - Guidance for Managers.