

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 7 DECEMBER 2022

IJB RISK ASSURANCE GROUP UPDATE

1 Recommendation

- 1.1 That the updated and attached Risk Policy and Procedures are presented to the Committee in December 2022 for review and approval.**
- 1.2 Note and comment on verbal update from Chief Finance and Business Officer on Risk Assurance Group meeting of 28 November 2022.**

2 Background / Discussion

- 2.1 At the Audit Committee meeting of 30th March 2022 the Committee agreed to the proposal to establish a Risk Assurance Group, the group Terms of Reference and the governance structure of the Risk Assurance Group.
- 2.2 The Committee agreed that an update should be provided at each meeting of this Committee.
- 2.3 The Group had the first meeting on 21st June 2022 and subsequently on the 12th September 2022. The Group met on the 28th November and a verbal update will be provided by the Chief Finance and Business Officer at today's meeting.
- 2.4 The ongoing approach for future meetings is that 2 officers will provide an update at each meeting regarding areas of medium to high risk items or on an item that has remained on the risk register for a considerable length of time.
- 2.5 Attached to this report as appendices are the updated Risk Policy and Procedures as requested by IJB Audit Committee on 12th October 2022 for presentation to the Committee in December 2022 for review and approval.

3 Equalities, Staffing and Financial Implications

- 3.1 An equality impact assessment is not required because the reason for this report is for the Committee to agree its own business planner.
- 3.2 There are no staffing and financial implications arising as a direct result of this report.

Chris Smith
Chief Finance and Business Officer

29 November 2022



Risk Management Policy

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First Produced	August 2015	Status Submitted to IJB in 2016, but not formally approved
Revision Date	April 2019	Summary of Changes Minor language amendments and removal of a range of operational and explanatory appendices. Approved by Audit Committee
Revision Date	August 2022	Minor changes to reflect reporting

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1. Introduction

The Integration Joint Board (IJB) recognises that both health and social care provision and the activities associated with caring for patients/service users, employing staff, using premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a day-to-day basis throughout the IJB.

Risk Management is as much about empowerment, supporting innovation and seizing opportunities through informed decision making as it is about defending against negative threats and preventing adverse things from happening.

The continued delivery of high quality health and social care is enhanced by the identification and management of events or activities, which could result in risk to patients/service users, staff and visitors/members of the public. The management of risk is a key responsibility of all staff employed by NHS Grampian (NHSG) or the Local Authority (LA).

The IJB through its Strategic Plan will seek to establish a culture that ensures that risk management is an integral part of everything they do. Effective risk management helps the IJB to meet objectives. This Risk Management policy forms part of the internal control and corporate governance arrangements.

Risk Management is a means of identifying, evaluating, and controlling risks and thus is a crucial task for the IJB to successfully achieve their objectives and deliver strategic plans. It is also a vital component in achieving and maintaining clinical and corporate governance.

Underpinning this policy is the IJB's integrated Risk Management framework, based on the AS/NZ 4360 "Risk Management Standard" and articulated in operational procedures. It is designed to identify and manage risks that could impede the ability of the IJB to meet its objectives.

Good risk management awareness and practice at all levels are critical factors in ensuring that the IJB is able to achieve goals. The IJB, through the Health and Social Care Partnership Senior Management Team, will actively and systematically promote and instil risk management at all levels, ensuring that relevant and appropriate training is available for staff, through NHSG and the LA's current arrangements.

This policy applies to all employees working within the Health and Social Care Partnership and the implementation of its content will require active input from management at all levels to ensure that risk management is a fundamental part of a total approach to quality, corporate, social and clinical governance and the IJB's Governance Statement.

2. Scope

This policy will establish a consistent and integrated approach to the management of risk across the IJB.

The key objectives of this policy are to provide the framework for achieving;

- The control and management of risk to achieve the objectives of the IJB;
- By implementing this policy the IJB will also achieve;
 - Production of the assurance framework to enable the Governance Statement to be signed;

- The integration of Risk Management within the IJB's strategic aims and objectives;
- Integrated governance encompassing performance and governance systems.

The IJB will ensure the Aberdeenshire Health and Social Care Partnership provides appropriate training in relation to risk management to ensure this policy is implemented.

This policy applies to all employees working in an integrated way for the IJB, contractors and other third parties working within the Health and Social Care Partnership. Risk management is the responsibility of all staff, although managers at all levels are expected to take an active lead to ensure that risk management is a fundamental part of their operational area.

3. Definition of Risk and Risk Management

For the purposes of this policy the following definitions will apply: **Risk** is the “..uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. It is the combination of likelihood and impact, including perceived importance.” and **Risk management** is “...all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.”

A glossary of terms used within this policy and other risk related documentation is found at Appendix 1.

4. Duties and Responsibilities for Managing Risk within the IJB

Integrated Joint Board

The Board has a responsibility to ensure that there is a clear and appropriate management structure for ensuring that the IJB has effective systems for identifying and managing all risk, which enables risk to be identified and decisions to be taken at an appropriate level. In particular, the Board will ensure that the HSCP Audit Committee in conjunction with the Clinical and Adult Social Work Committee:-

- Approves the Risk Management Policy;
- Designates a responsible Board member/Senior Management Team representative to manage risk(s);
- Approves resource allocations in respect of risk prioritisation;
- Seeks assurance that risks identified within the Strategic Plan are being appropriately managed;
- Reviews the IJB's major risks and agree the management plans for 'Very High' risks;
- Seeks assurance that identified risks are communicated appropriately;
- Reviews the effectiveness of all Internal Controls including, financial, organisational and clinical;
- Ensures that there is effective liaison between NHSG, Aberdeen City, Aberdeenshire, Moray Councils and partner IJBs in respect of the management of risk.

Additionally to inform the annual Governance Statement made by the Chief Officer in the annual accounts the Board needs to demonstrate:

- That it has been informed through assurances about all risks not just financial.
- That it has arrived at its conclusions on the totality of risk based on all evidence presented to them.
- Be accountable for the decisions they make in addressing the risks presented to it and in the action being implemented.

Chief Officer

The Chief Officer, on behalf of the IJB is responsible for the establishment of effective arrangements for the management of risk and processes to gain an assurance that the identified management arrangements are effective.

The Chief Officer delegates the authority to develop the IJB's Risk Management arrangements as specified below:

Chief Financial Officer

The Chief Financial Officer will provide the strategic lead for financial risk and the effective co-ordination of financial controls throughout the IJB. Is professionally accountable for financial practice and development and the coordination of the internal audit function which provides the IJB with independent assurance.

Voting Members

Voting Members are responsible for ensuring that:

- This policy is robust and defensible and seeking assurances that the policy has been implemented appropriately across the IJB;
- Risks to the IJB's objectives are being controlled effectively; and
- They are satisfied of the reliability and integrity of risk management and internal control arrangements.

Senior Managers

Senior managers have responsibility for ensuring compliance with the risk management system as laid down in this policy. Specifically they are required to:

- Ensure that appropriate and effective risk management processes are in place within their designated area and scope of responsibility;
- Ensure that all staff are made aware of the risks within their work environment and of their personal responsibilities;
- Implement and monitor any identified risk management control measures within their area of responsibility ensuring that they are appropriate and adequate;
- Where appropriate capture risks onto local risk registers, using DATIX, and review these on a regular basis.
- Ensure that all staff under their jurisdiction are given the necessary information, instruction, training and supervision to enable them to work safely.

Risk Management Advisors

The Risk Management Advisors in the LA and NHSG environment will provide specialist advice, assistance and support in Risk Management.

Risk Owners

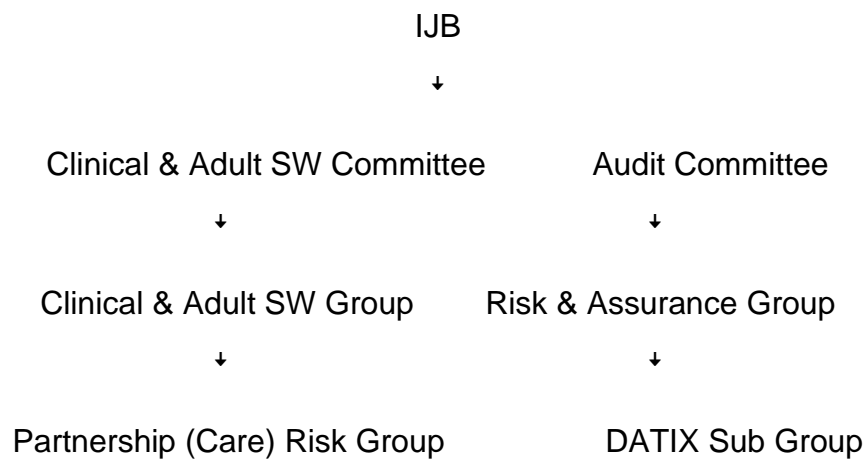
A Risk Owner is a person charged with the management of a specific risk or risks, with responsibility for ensuring that the risk is managed and mitigated.

This includes identifying the controls in place to mitigate the risk, evidencing that the risk is being managed effectively and identifying any further actions required to mitigate or eliminate the risk. It is the risk owner's responsibility to ensure that risks are appropriately monitored and reported.

Staff

All staff working for the LA and NHSG have a responsibility for identifying actual or potential risks and reporting and/or escalating issues in accordance with this Policy and any related or associated procedures and/or guidance.

Committees and Management Groups with responsibility for Risk



In addition the Senior Management Team will be informed regularly of risks

Appendix 1: Glossary of Risk Terms used in this and supporting documentation

Term	Definition
Acceptable Risk	An everyday risk, minor in nature, occurring on a routine basis.
Adverse Event	An undesirable incident such as a clinical mishap, accident or organisational event that led to harm or loss. See Occurrence.
ALARP	As Low As Reasonably Practicable (ALARP). Once each risk has been identified and assessed, an action plan must be devised to reduce the risk in line with ALARP taking into account the IJB's risk tolerance, proportionality and value for money.
Assurance	Stakeholder confidence in our service gained from evidence showing that risk is well managed.
Assurance Framework	An Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving objectives.
Blame	Inappropriate attribution of responsibility to an individual for an adverse event.
Contingency	An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.
Control Measure	Something done to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both.
Consequence	The outcome or impact of an event.
Controls	Controls are the available systems and processes which help to minimise the risk in question. Arrangements designed to reduce the likelihood or consequence of a risk.
Current Risk Level	The level of risk as last assessed taking into account context and existing controls
DATIX	An electronic occurrence recording system which consistently records and analyses information on the organisation's key risks.
Governance	The system by which the IJB is directed and internally controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of clinical, corporate and staff governance.
Governance Statement	A statement by the accountable officer within the published Annual Report, on the effectiveness of the IJB's systems of internal control, for which risk management is a key component.
Horizon scanning	The systematic review of internal and external activities to enable the early identification of emerging or changing risks.
Incident	Any event or circumstance arising during the IJB's care or service provision that could have or did lead to unintended or unexpected harm, loss or damage.
Likelihood	Description of probability or frequency
Mitigation	Measures taken to control or reduce the risk

Near Miss	An undesirable incident that by chance or design did not result in harm or loss.
Occurrence Recording	System to report and learn from adverse events and near misses.
Occurrence	An adverse event or near miss.
Partnership	Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives.
Patient Safety	The identification, analysis and management of patient-related risks and incidents, in order to make patient care safer and minimise harm to patients.
Proactive Risks	Risks that are identified before they cause an event or incident
Reactive Risks	Risks that are identified following an event, such as an incident, complaint or audit.
Reduce risk	Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.
Residual Risk Rating	The remaining risk that exists following implementation of the proposed measures or controls to reduce the risk.
Risk	Risk is the “..uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. It is the combination of likelihood and impact, including perceived importance.”
Risk Appetite	Extent to which we are willing to take or avoid a risk.
Risk Assessment	This is a proactive process in which information is collected about an event, process, organisation or service in order to identify where risk may exist. The information gathered allows an assessment of the consequence and likelihood of harm.
Risk Assessors	Those who possess the knowledge, skills and experience to undertake a risk assessment.
Risk Control Measure	An action undertaken to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both.
Risk Register	A database of risks that face the IJB at any one time. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made.
Risk Escalation	The process of delegating upward, ultimately to the IJB, responsibility for the management of a risk deemed to be impossible or impractical to manage locally.
Risk Level	The classification of a risk expressed as a combination of its likelihood and severity of consequence.
Risk Management.	Risk management is “...all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress”

Risk Owner	Someone with the necessary competence and capacity and is responsible for the management of a particular risk or risks.
Risk	The chance of loss or harm expressed as a combination of its likelihood and severity of consequence.
Root Cause Analysis	Structured techniques to establish the true systematic causes of an event as opposed to its apparent causes.
Severity	Most predictable consequence to the individual or organisation were the circumstances in question to occur.
Shared Risk	A risk with impact (consequences) on more than one area of the IJB and/or partners and/or a risk that can be caused by another party.
Significant Risk	Broadly, any risk that could adversely affect achievement of the IJB's objectives or present a large loss with no clear opportunity for control.
System Failure	The most likely cause of an adverse event. Typically due to a flaw or flaws in the design or operation of a system of work rather than an individual's actions or inaction.
Target Risk Level	This is the target risk level and is currently optional
4Ts	Treat Tolerate Transfer Terminate
Treat	Control measures or processes to reduce the risk by addressing the causes, impact and/or likelihood of the risk. Control measures must be proportionate to the risk and provide value for money.
Tolerate	After assessing the Impact and Likelihood of the risk and assessing the control measures required to further reduce the risk, it may be decided that the risk will be accepted without further mitigation
Transfer	Some risks can be transferred to another body or organisation, e.g. insurance, outsourcing. Care needs to be taken that the risk is actually transferred. Some risks cannot be transferred e.g. reputation
Terminate	Although unusual there may be occasions when the residual risk is considered unacceptable and the only acceptable course of action is to cease all or part of an activity e.g. Field trips to high risk places



Aberdeenshire
Health & Social Care
Partnership

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Risk Procedures

October 2019

For help and advice on this document please contact:
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Document Control

Owner	Chris Smith, Chief Finance and Business Officer
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Change History

Version	Date Published	Changed By	Changes
Draft	October 2019	Lynn Boyd	New document
Version 1	October 2019	Lynn Boyd	Approved by Audit Committee & SMT
Version 2	August 2022	Lynn Boyd	Minor updates

1 Risk Management Policy

A joint Risk Management Policy was developed for the three Health and Social Care Partnerships in Grampian in August 2015. This policy has been updated to reflect the position in Aberdeenshire Health and Social Care Partnership in April 2019 and subsequent updates.

The policy reflects the scope, definition of risk and risk management and duties and responsibilities for managing risk as well as a glossary of risk terms and can be accessed by contacting the Service & Development Manager

2 Introduction

Aberdeenshire Health and Social Care Partnership (HSCP) operates in an environment where it continually requires to balance expenditure and workforce pressures against the need to meet statutory duties and deliver high quality services in the most efficient and effective manner. Failure to pay proper attention to the likelihood and consequences of risks can cause serious problems. Financial cost, service disruption, bad publicity, workforce shortages and threats to public health are among the most obvious.

These risk procedures are drawn up in line with the Risk Policy in order to ensure that areas of high risk are identified, appropriate remedial action is considered and where appropriate, financial provision is made to implement risk reduction measures. Regular consultation and liaison with IJB and Audit Committee Members, the senior management team and operational staff will achieve this.

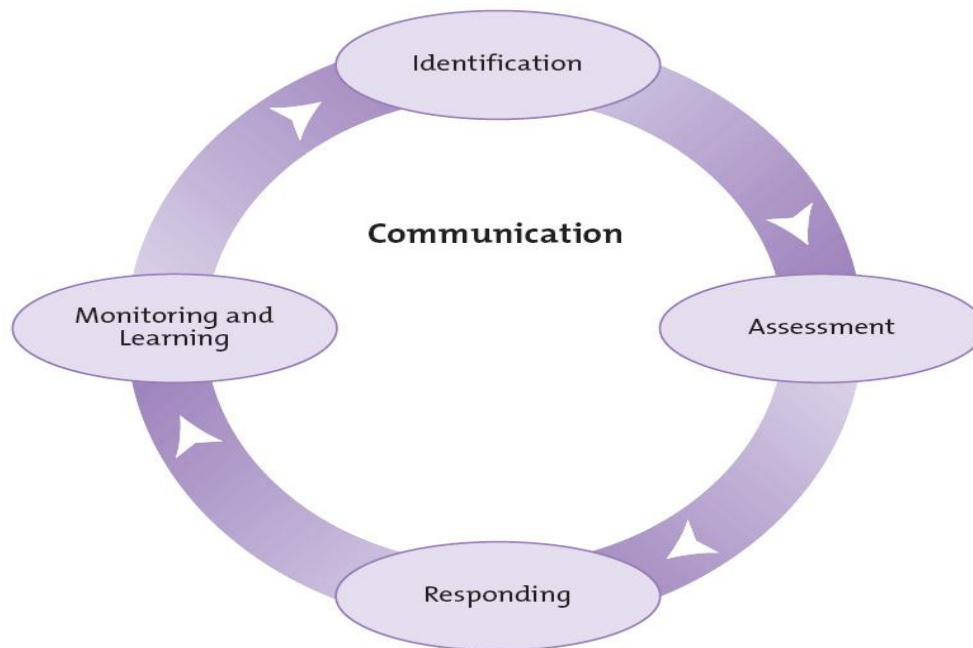
On a day to day basis the HSCP requires to manage risks that impact on its strategic plan (and associated strategic delivery plan priorities) and operational activities. Effective risk management enables delivery of quality customer focused services in support of this.

Risk management is the process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling them and/or responding to them. It is not an end in itself. Rather, risk management is a means of minimising the costs and disruption to the HSCP caused by undesirable events. The aim is to reduce the frequency of risk events occurring (wherever this is possible) and minimise the severity of their consequences if they do occur. Even when the likelihood of an event occurring (such as a severe storm) cannot be controlled, steps can be taken to minimise the consequences by having effective and robust Business Continuity Plans in place.

A systematic assessment of risk needs to be undertaken when judging all strategic and service delivery options available to the HSCP. The effective management of risk is therefore a critical part of delivering the HSCP's priorities.

3 Risk Management Process

Risk Management Cycle



Identification

- Identification of the risks inherent in business processes, systems and services requires the HSCP to identify where and how they are exposed to events or situations which could cause a financial loss or negatively impact the IJB's reputation, patients/clients or employees.
- Material risks inherent in business processes, systems and services must be identified, understood and clearly documented on Datix.
- Services should consider engaging widely with staff at this stage.

Assessment

- Assessment of the risks requires the HSCP to consider the probability of a risk occurring and assess what the impact would be.
- Risks require to be assessed using the agreed Risk Assessment Matrix (i.e. low, medium, high, very high).

Responding

- Responding requires the HSCP to determine appropriate mitigation techniques to reduce its risk exposure to an acceptable level.
- Mitigation techniques include improving the business process, accepting, controlling, transferring or eliminating the risk.

- Controls, gaps in control, assurances and gaps in assurance must be tested regularly and the results documented.
- Where control and assurance weaknesses are identified, action plans must be produced and tracked to completion. Action plans should be shared and owned as widely as possible within the Service. Datix will be used to enable this process.

Monitoring & Learning

- Monitoring risk requires the HSCP to regularly review its risks and controls to check they have not changed, and to ensure that how these are being managed remains appropriate.
- Significant incidents and events (including “near misses”) require to be reviewed by Services to ensure that the risks identified are understood and properly documented. A “near miss” is an incident or event that did not result in injury, damage or loss but had the potential to do so.

Communication (Reporting)

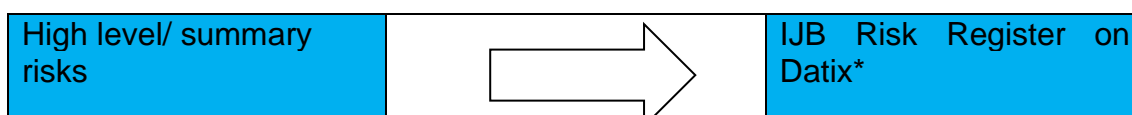
- It is important to formally report on risks and controls using Datix, so that they receive the right level of management attention.
- The risks and controls must be regularly reported to management and key stakeholders – via the HSCP Risk and Assurance Group, The Clinical and Adult Social Work Group (and its sub group - the Partnership (clinical & care) Risk Group) and if appropriate Senior Management Team

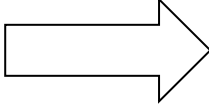
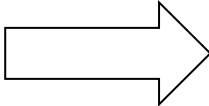
Datix

Datix is an electronic risk management tool being rolled out across the HSCP. Datix allows all HSCP staff to record incidents and near misses. In addition Datix has a suite of modules to capture complaints, safety alerts and also to capture risk registers. All risk issues will be captured on Datix to ensure consistency and sharing.

4 Risk Register

The Risk Register process is used by the HSCP to identify, assess, manage, monitor and report on its strategic and operational risks. Using Datix, it captures information on the risks arising from key processes, systems and activities. It enables the HSCP to assess both its inherent and residual risk exposure and determine its approach to managing risk. The HSCP’s Risk Register hierarchy is shown in the table below.



Shire wide operational risks, North, Central, South & Strategy & Business Service risks		HSCP Risk Register on Datix*
Day to day operational business risks		Service/location Risk Register on Datix*

*Note – all risks appear on the Datix Risk Register and can be refined by searching etc.

IJB Risk Register

- The IJB requires that the IJB Risk Register be maintained and reviewed quarterly by the Audit Committee and where appropriate Clinical and Adult Social Work Committee and assurance sought annually as a minimum by the IJB.

HSCP Risk Register

- Below the IJB Risk Register, HSCP strategic and operational risks are maintained and reviewed by the Risk and Assurance Group, the Clinical and Adult Social Work Group, its sub group - the Partnership (clinical and care) Risk Group and assurance sought by the Senior Management Team.

Service Operational Risk Registers

- Service Operational Risk Registers are owned and maintained by Services and should be updated annually as a minimum. Risks at operational level should be closed as issues are resolved. Detailed risk registers should be linked to a risk held on Datix.

Project Risk

- Risk Registers should be maintained for all formal projects. The review of the Risk Register should be an agenda item for each meeting of the Project Board. Detailed risk registers should be linked to a risk held on Datix.

5 Risk Ratings

The risk rating is a function of the frequency and severity of a risk crystallising. In order to derive the impact of a risk crystallising the HSCP applies the following calculation:

- Identify the greatest impact from the Risk Assessment Matrix. The HSCP have adopted the NHS Scotland Core Risk Assessment Matrices as these link to Datix descriptors (see page 11)
- Assess the likelihood of the risk crystallising within the next 12 months using the matrix.
- Plot the impact and likelihood ratings on the grid to give the Risk Rating.
- If the risk scores as either Major or Extreme then it will be considered to be outside the IJB Risk Appetite. Wherever possible an action plan should be put in place to reduce the Residual Risk to within the Risk Appetite.
- **Risk Appetite and Tolerance** - Risk appetite can be defined as 'the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives'.
- While risk appetite is about the pursuit of risk, **risk tolerance** is about what an organisation can actually cope with.

The Institute of Risk Management

6 Risk Management Governance & Reporting

Reporting

The risk register will be provided quarterly for review by the Audit Committee, the Risk and Assurance Group and annual assurance provided to the IJB.

The risk register is accessible to both Aberdeenshire Council's Risk Management Steering Group and NHS Grampian's Risk Committee.

Additional reporting will be undertaken as required.

The Aberdeenshire Partnership Risk Group primarily reviews clinical and practitioner risks and incidents across the Partnership, whereas the Risk and Assurance Group reviews financial, asset and workforce risks. The groups will both inform, add and review relevant risks from the Risk Register.

Appendix 1

NHS Scotland Core Risk Assessment Matrices



Risk Matrices as at
March 2013.pdf

Risk Register Minimum Review Schedule



RiskRegisterMinimum
ReviewSchedule.pdf

Appendix 2 Aberdeenshire Council Impact Classification Table for Risks and Risk Issues

Impact	Financial	Customer/Citizen/Staff	Reputation
	<i>Potential or actual direct financial loss in any one event/incident.</i>	<i>Actual or potential impact arising from either operational failure or management failure which leads to an inability to: Provide a quality of service; or Execute our services; or Comply with laws, regulations or policies and procedures.</i>	<i>Actual or potential impact to the external reputation of Aberdeenshire Council. This includes the views held by any legislative or regulatory body.</i>
Major (4)	£100,000 or more.	<ul style="list-style-type: none"> Affecting more than 25% of a Service's customers/citizens or staff. Total failure of major 3rd party supplier. Loss of key system for a period of time resulting in a failure to meet critical process deadlines. Management failure at Corporate level. 	<ul style="list-style-type: none"> High likelihood of (or actual) formal censure by a legislative or regulatory body. Concerted, widespread or recurrent critical coverage of the Council or for a specific event in the media.
Significant (3)	Between £99,999 and £50,000	<ul style="list-style-type: none"> Affecting between 5% and 25% of a Service's customers/citizens or staff. Partial failure of major 3rd party supplier. Loss of key system for a period of time resulting in a significant operational or customer/citizen impact. Management failure at a Service level. 	<ul style="list-style-type: none"> Any event, which may affect our standing with a legislative or regulatory body. An event that may (or has) damage (d) relations with consumer bodies, trade associations etc. Individual press reports in national media that Corporate Communications consider being of material concern to the Council.
Important (2)	Between £49,999 and £10,000	<ul style="list-style-type: none"> Affecting up to 5% of a Service's customers/citizens or staff. Partial failure of major 3rd party supplier. Loss of key system that causes a minor operational or customer/citizen impact. Management failure at a unit or supervisory level. 	<ul style="list-style-type: none"> Any event that may (or has) tarnish(ed) our reputation with any significant customer/citizen group, 3rd party, legislative or regulatory body. Actual adverse comment in local press or the equivalent that corporate Communications consider to be of material concern to the council.
Minor (1)	Less than £10,000	<ul style="list-style-type: none"> Affecting a small number of customers/citizens or staff. Deteriorating performance of a non-critical 3rd party supplier. Loss of non-key system, which causes a minor operational, or customer/citizen impact. Management failure at a unit or supervisory level 	<ul style="list-style-type: none"> Any event that may tarnish our reputation with any significant customer/citizen group, 3rd party, legislative or regulatory body. Threat of adverse comment in local press or the equivalent that corporate Communications consider to be of material concern to the council.