Dumfries and Galloway Integration Joint Board

Risk Management Strategy

Contents

Glossary of Terms

IJB	Integration Joint Board
Council	Dumfries and Galloway Council
NHS	NHS Dumfries and Galloway
Datix	NHS Dumfries and Galloway Risk Management System
Covalent	Dumfries and Galloway Council Risk Management System

1. Purpose and Scope

1.1 WHY IS MANAGEMENT IMPORTANT TO US?

The IJB's vision is:

> *'Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control'*

Risk is inevitable in any complex system and, no matter how dedicated and professional our staff are, it is impossible to completely eliminate risk from health and social care.

> *'Everyday more than a million people are treated safely and successfully in the NHS but evidence tells us……..things will and do go wrong………and when things go wrong patients are at risk of harm.'*
>
> *('Seven Steps to Patient Safety' National Patient Safety Agency 2004)*

However, we believe that a coordinated approach to risk management can help:

- protect the safety of service users, staff and visitors
- minimising significant shocks and unwelcome surprises
- ensure appropriate, defensible, timeous and best value decisions are made
- minimise risks affecting the delivery of service by the IJB
- secure the services, and finance of the IJB
- support innovation and service improvement
- create a positive reputation for the IJB

It is therefore essential that we recognise that managing risk is everyone's responsibility. We believe that tackling risk in a collective and systematic way can have a positive impact on the quality of support and the experience of support and create a framework for learning and improvement.

1.2 OBJECTIVES OF THE POLICY

The main objective of the Policy is to embed good Risk Management practices across the Partnership, to ensure the level of risk is managed within the IJBs risk appetite. Good risk management will allow the IJB to be risk aware rather than risk averse, ensuring that decisions are based on a balanced appraisal of risk, enabling acceptance of certain risks in order to achieve a particular goal or objective.

The strategy has the following objectives:

- promote awareness of risk and define responsibility for managing risk within the IJB
- to promote the open reporting of risk and sharing of risk information through all areas of IJB to aid effective risk management and encourage good practice
- initiate controls/actions to reduce the IJB's exposure to risk and potential loss, and
- establish standards and principles for the efficient management of risk, including regular monitoring and review

Effective risk management requires the consistent identification, assessment, management, monitoring and reporting of risks to the IJB.

The scope of this Strategy applies to all risks whether relating to the clinical and support environment, patient/service users and employees' safety and wellbeing, business risk, opportunities or threats.

It applies to everyone employed by Dumfries and Galloway Council and NHS Dumfries and Galloway who work under the IJB umbrella, wherever they are based, and includes permanent, temporary, locum, contracted, agency and bank staff.

1.3 *Reporting Structure*

The IJB is responsible for the strategic planning of the functions delegated to it and the risks arising from that undertaking. Risks will be a standing item on the IJB Agenda.

Strategic risks relate to the ability of the IJB to meet its desired outcomes and objectives as set out in the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risks. This may include risks relating to the functions of the IJB itself such as relationships and finance as well as specific unmanaged risks escalated by the Health and Social Care Management Board.

Tactical risks include the risk to achieving the goals of individual partners, and are managed by each partners' senior management team. Where a risk involves both partners it may need to be escalated as a strategic risk to be managed by the Health and Social Care Management Board.

Operational risks arise from the activities of an individual service area or team operating within the scope of the IJBs activities which are more front line in nature. The development of actions and controls to respond to these risks will be led by local managers and team leaders, overseen by the Chief Officer. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership these will be proposed for escalation to 'tactical' or 'strategic risk' status.

Dumfries and Galloway Council and NHS Dumfries and Galloway will report any relevant risks via reporting structures by having oversight of delivery and/or governance routes. The IJB risk register will not duplicate the detail of risk registers within Dumfries and Galloway Council and NHS Dumfries and Galloway. The IJB will however update its risk registers should there be any emerging risks that have a bearing on its activities.

Example

The provision of assistance or care to a potentially violent person is an **operational** risk. The risk could be escalated to a **tactical** level to ensure effective management such as development of standardised procedures in the Community Care setting. If it was considered that the risk was such that the involvement of another agency may be required it may be escalated to **strategic** level to allow for the involvement of other agencies such as Police Scotland.
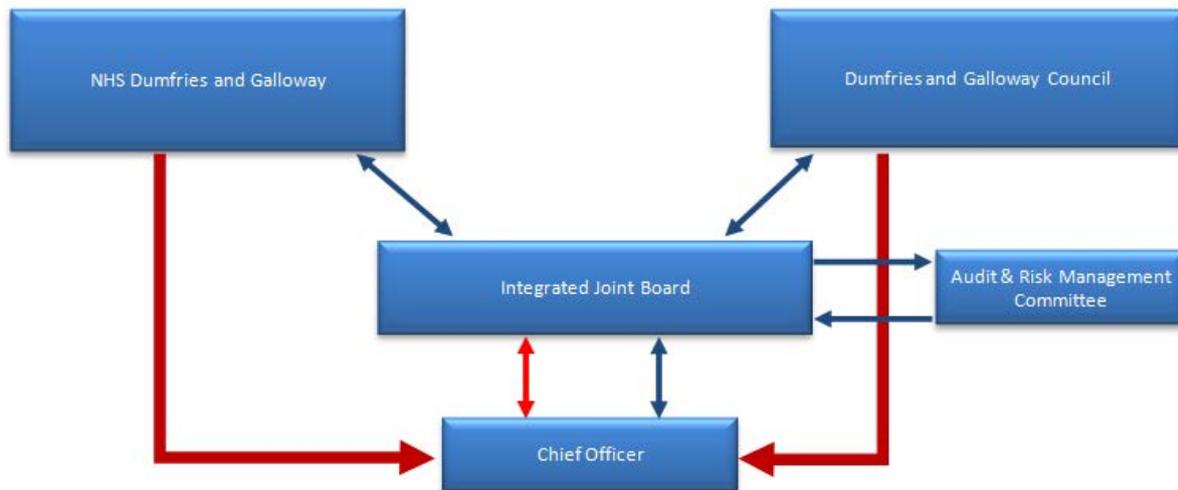
The Partnership have agreed that all staff working for or on behalf of the IJB will adhere to the risk management arrangements set out in this document. This ensures that a consistent approach is followed, particularly where staff from the two organisations are working closely together.

Wherever possible it is good practice for Partnership staff to jointly identify the risks relating to their service. NHS staff will record risks on the DATIX system, Council staff on Covalent. They will use the IJB's risk matrix. The intention is for all staff working for the IJB to be using the same system by 1st April 2017.

1.4 Framework and Requirements

Effective business planning is crucial in helping the IJB to deliver its priorities. Identifying and managing risk is a key aspect of business planning so that potential problems can be avoided or their impact mitigated.

Risk management is good practice and should be an integrated component of all IJB activities. It is required for:

- Business and team plans
- Capital schemes, projects, contracts, partnerships and grants with monetary value in excess of £1 million; and
- Policies with a direct impact on the achievement of IJB Priorities

2. Risk Management Process

2.1 Process

Risk Management is an integrated process, consisting of well defined steps which taken in sequence, support better decision making by allowing a greater insight into risks and their impact. Within the IJB the same approach will be used whether the risk relates to clinical, organisational, health and safety or financial risk.

The IJB embeds risk management practice by consistent application of the risk management process across all areas of service delivery and business activities. The risk management process is illustrated in the diagram below:
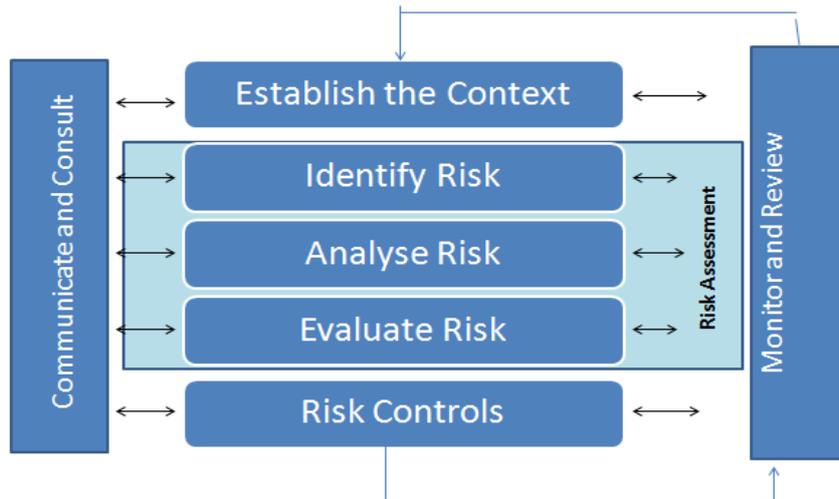
Communicate and Consult – effective communication can modify attitudes and behaviour towards risk, reducing the gap between expert knowledge and perception. Good communication builds a mutual trust between the IJB and its stakeholders, ensuring that the concerns of those affected by risk management decisions are considered as part of the decision making process.

Establish the Context – this relates to the IJB objectives as well as its internal and external environment (such as its culture and the political and regulatory environment). Risks considered at an operational level will be influenced by different contextual factors to those at a tactical or strategic level.

Risk Assessment commences with a review of events that might effect the achievement of objectives. Effective risk identification requires arrangements for gathering evidence about new issues, existing issues and important changes that may pose future risks. Risk analysis considers the causes and consequences of those events, including the likelihood that those consequences can occur. Risks are then evaluated against the IJBs risk matrix, which is detailed as follows;

Severity of occurrence (see **Appendix**)	Likelihood of Occurrence Chance of event occurring within the next year				
	Rare (Little chance of occurrence) (5-10 years)	Unlikely (probably won't occur) (2-5 years)	Possible (may occur) (annually)	Likely (probably will occur) (quarterly)	Almost certain (More likely than not) (daily / weekly)
Negligible	Low	Low	Low	Medium	Medium
Minor	Low	Low	Medium	Medium	Medium
Moderate	Low	Medium	Medium	High	High
Major	Medium	Medium	High	High	Very High
Extreme or Severe	Medium	High	High	Very High	Very High

Definitions:

Rating	Definition
Low	Risk poses no real threat of occurrence or impact. Risk should be managed by existing processes and procedures.
Medium	Risk could progress above the risk appetite without further actions. Assurance that risk controls or contingency plans are effective should be documented and evaluated. The cost of control should be proportionate.
High	Further action should be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be assigned to an appropriate Director or manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective should be documented and evaluated by the relevant Director.
Very High	Risk should be escalated to Director level and an immediate action plan drawn up. The risk and the action taken to reduce it should be taken to the IJB.

Risk Control means taking action to reduce, as far as possible, the risk of occurrence or its likely impact. Four general strategies are available; transfer, tolerate, treat or terminate the risk. Risks above the 'risk appetite' will require 'treatment'. The purpose of control is not necessarily to eliminate the risk, it may be to reduce the likelihood and / or impact should it occur.

Monitor and review – over time all systems and processes deteriorate unless subject to regular monitoring and review. Monitoring enables an organisation to learn from events.

2.2 Risk Appetite

An element of risk is inherent in all activities. An organisation's risk appetite is the amount of risk that it is willing to accept in pursuit of its strategic aims and objectives.

The IJB respects the right of patients and service users to make decisions based on their own appetite for risk. The Strategy does not interfere with that in any respect.

A risk appetite statement will be developed with the Integration Joint Board at the earliest opportunity and thereafter included as part of the Strategy. The objective is to ensure that resources are used in the most effective way to reduce the level of overall risk. The statement will provide management with an expectation of how different risks should be managed, helping to ensure that a consistent and balanced approach is taken.

2.3 Business Continuity and Emergency planning

An unexpected disruption or crisis (such as loss of premises, power, staff or fuel supplies) could affect the IJB's activities. Business continuity planning helps ensure that activities continue in the event of an emergency.

Emergency planning helps ensure the well-being and safety of the people of Dumfries and Galloway in the event of an emergency.

Each of the organisations has a statutory responsibility for Emergency Planning and Business Continuity, both of which are supported by the Resilience Team within Dumfries and Galloway Council, under a service level agreement.

2.4 Health and Safety

Each of the organisations has a statutory responsibility for the Health and Safety of its employees. Employees working on IJB activities may be managed by the other organisation, however this does not relieve each organisation of their statutory responsibilities to safeguard their staff under the Health and Safety at Work Act 1974.

2.5 Complaints

The approach being taken to handling complaints is set out in the Integration Scheme. NHS Dumfries and Galloway record all complaints in their risk management system. Dumfries and Galloway Council maintain separate systems. A principle of the complaints handling framework is shared learning.

3. Governance, Roles and Responsibilities

The IJB is a board of Governance and is responsible for defining and delivering the risk management strategy of the Partnership and ensuring that significant risks are adequately controlled.

3.1 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 and key operational risks that require to be brought to the IJB's attention
- Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities / policies and the like through the inclusion of a risk implications section on Board Papers.

3.2 Audit and Risk Management Committee

A standing Audit and Risk Management Committee, consisting of four voting and two non-voting members of the IJB, has been established. The Committee will:
- Advise on the appropriate risk appetite for the IJB
- Advise on any changes to the risk management strategy
- Consider the effectiveness of the risk management process, ensuring that significant risks are being adequately managed
- Monitor implementation of improvement action plans

3.3 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 ensure that the IJB through it's committee structure is informed of emerging risks and provided with assurances as to how these will be handled. The IJB 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.

3.4 Chief Financial Officer

The Chief Financial Officer will be responsible for ensuring financial implications and risks are considered within decision making in alignment with the financial strategy of the IJB.

3.5 Health and Social Care Management Team

Members of the Health and Social Care Management Team are accountable (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, tactical and key operational risks and escalating any matters of concern to the IJB; 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; and
- reporting back to the IJB on risk controls, actions and emerging risks.

3.6 Employees / 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 patient's/service user's/carer's/others at risk of harm; to identified hazards and implement safe working practices developed within their service areas; and to report near misses and incidents of harm so that these can be investigated and lessons learned.

3.7 Specialists

It is the responsibility of relevant specialists from the partner bodies to attend meetings as necessary to consider the implications of risks and provide relevant advice. This includes internal audit, external audit, chief legal/risk officers, (sub) committees, clinical and non clinical risk managers/advisors, and health and safety advisors.

4. Monitoring

The Integration Scheme states that information on risks will be effectively communicated through the use of a shared system to record and monitor any action being taken. This is currently under development. In the meantime each of the parties will maintain separate systems, reporting to the IJB.

The Audit and Risk Management Committee will review all strategic, tactical and operational risks rated as high or very high at each of its meetings, which will be held at least quarterly. It is expected that these risks will be kept under regular review and reported to the Chief Officer monthly.

Strategic risks rated as medium will be reviewed every six months by the Audit and Risk Management Committee and low risks at least annually.

Tactical risks rated as medium or low will be reviewed by the risk management managers group. Operational risks rated as medium or low will be maintained by the department.

5. Learning and Development

To implement this strategy and to ensure that as a system we learn, become more resilient and continuously improve the quality of care and planning, focused and effective learning and development interventions are essential to achieve:
- A workforce with the competence and capacity to manage risk and handle risk judgements with confidence;
- An organisational focus on identifying malfunctioning systems rather than people
- Organisational learning from adverse events.

Accordingly, plans will continue to be developed to promote learning from risk and to integrate what we learn into our safety, governance and improvement programmes.

6. Resources

Staff responsible for Risk in each organisation will ensure the following activities are carried out:

- Development and monitoring of strategic risks
- Education and training
- Support, advice and assistance in the assessment and control of risks
- Preparation of annual reports
- Implementation plan

The definitions of severity of impact are as follows:

Area of Impact	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme / Severe
Avoidable injury / fatalities	Minor injury not requiring first aid	Minor temporary illness or injury, first aid treatment required	Significant injury or ill-health requiring medical intervention, temporary incapacity	Single avoidable death or long term incapacity / disability	Multiple or repeated avoidable deaths or cases of long term incapacity / disability
Adverse publicity / reputation	No media coverage, little effect on staff morale.	Local Media – short term. or Minor effect on staff morale / public attitudes.	Local Media – long term. or Impact on staff morale and public perception of the organisation.	National Media or Public confidence in the organisation undermined. or Usage of services affected.	n/a
Financial loss	Damage, claims, loss, theft (£< 1k).	Damage, claims, loss, theft (£1-10k).	Damage, claims, loss, theft (£10-100k).	Damage, claims, loss, theft (£100k-1m).	Damage, claims, loss, theft (£>1m).
Budgetary impact	Negligible organisational financial cost (£< 10k).	Minor organisational financial cost (£10-100k).	Significant organisational financial cost (£100k-1m).	Major organisational financial cost (£>1m).	n/a
Service / business interruption	Interruption to service which does not impact on the delivery of client care or the ability to continue to provide service.	Short term disruption to service with minor impact on client care. / Individual service objectives only partially achievable	Some disruption in service with unacceptable impact on client care. / Unable to achieve objectives without substantial additional costs	Significant impact on ability to deliver service objectives, service may have to be discontinued	Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked.

Area of Impact	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme / Severe
Client experience / outcome	Reduced quality of client experience / outcome not directly related to service delivery.	Unsatisfactory client experience / outcome directly related to service provision – readily resolvable.	Client experience below reasonable expectations in a number of areas	Clients experience long term adverse effects	Many clients experience significant long term adverse effects as a result of poor service