



Integration Joint Board  
Audit and Risk Committee

24<sup>th</sup> June 2019

This Report relates to  
Item 7 on the Agenda

# Risk Management Update

*(Paper presented by Maureen Stevenson)*

*For Discussion and Noting*

<b>Approved for Submission by</b>	Katy Lewis, Chief Finance Officer
<b>Author</b>	Maureen Stevenson, Patient Safety and Improvement Manager
<b>List of Background Papers</b>	
<b>Appendices</b>	Appendix 1 - Risk Management Annual Report 18/19

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Risk Management Update
<b>Meeting:</b>	Audit and Risk Committee
<b>Date:</b>	24 <sup>th</sup> June 2019
<b>Submitted By:</b>	Maureen Stevenson, Patient Safety and Improvement
<b>Action:</b>	For Discussion and Noting

### 1. Introduction

- 1.1 This report provides an update on risk management activity.
- 1.2 The Annual Risk Management Report for the NHS is appended to this paper. The purpose of the report is to:
  - Summarise the key activities and achievements relating to risk management undertaken between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019
  - Highlight the progress in the ongoing development of our risk management arrangements
  - Outline the risk management objectives for the coming year

### 2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
  - **Discuss and note the NHS Risk Management Annual Report, as attached in Appendix 1.**
  - **Discuss and note the overall update on risk management arrangements and the scheduled risk workshop.**

### 3. Background

- 3.1 This paper is advised by the Scottish Government Audit Committee handbook, the IJB's Risk Management Strategy and the Audit and Risk Committee Terms of Reference.
- 3.2 The IJB Audit and Risk Committee should receive assurance from critically reviewing governance and assurance processes on which the Board places reliance. One of the assurances the committee is asked to review is around risk and risk management. The attached NHS Risk Management Annual Report is prepared for, and reviewed by NHS Dumfries and Galloway Audit and Risk

Committee and is being shared with the IJB Audit and Risk Committee for information.

- 3.3 This paper provides high level information on risk management activity, specifically giving assurance to the Committee that risk has been continuously reviewed and managed by NHS Dumfries and Galloway during 2018/19.

#### **4. Main Body of the Report**

- 4.1 The NHS Risk Management Annual Report can be found in **Appendix 1**.
- 4.2 The Patient Safety and Improvement Team continues to work with Managers across the Partnership to clarify and enhance risk management governance arrangements to ensure risks are identified, shared, reviewed and managed effectively
- 4.3 Governance arrangements across IJB are currently being reviewed by the Chief Officer; this will include a review of Risk Management arrangements.

#### **IJB Risk Register**

- 4.4 The Audit and Risk Committee agreed at its December meeting to approve the three risks which were developed through the Health and Social Care Senior Management Team (HSCSMT).
- 4.5 The 3 risks identified include:
1. Failure to develop an adequate and effective Strategic Plan
  2. Sufficiency or stability of resource to meet the needs set out in the Strategic Plan
  3. Failure to make progress against the nine National Health & Wellbeing Outcomes
- 4.6 It was agreed that a further review of the IJB Risk Register would be undertaken with the Chair and the Vice Chair of the Committee emailing all IJB members for their comments and input. These comments have been collated and will form part of the discussions in the risk workshop following this Committee.
- 4.7 The self assessment following the Audit Scotland review has been completed and approved by the IJB. It has been agreed with the Chief Officer that we will undertake a further review of IJB risks linked to this review.
- 4.8 The Audit and Risk committee has scheduled a risk workshop to further understand and assess IJB risks. This will include the information from the self assessment and the comments from the wider input of all IJB members.

#### **Internal Audit Recommendations Status update**

- 4.9 One outstanding action in relation to risk remains outstanding, relating to the implementation of the risk strategy. We have been aware that the risk strategy requires to be updated, particularly in relation to operational and tactical risks and to

reflect where and how they are reported. This is scheduled to be completed by the September Committee.

## 5. Conclusion

5.1 The workplan to fully embed risk management within the IJB was discussed and agreed at the March Audit and Risk Committee, with all aspects completed other than the final action relating to the workshop being held on the 24th June 2019.

5.2 Key dates:

- 21<sup>st</sup> February 2019 - Email from Chair and Vice Chair to all IJB members to advise of IJB risks – **COMPLETE**
- 11<sup>th</sup> March 2019 - IJB Audit and Risk Committee Update – **COMPLETE**
- 3rd April 2019 – Draft Self Assessment presented to IJB – **COMPLETE**
- 15<sup>th</sup> April 2019 – Audit Scotland Workshop – **COMPLETE**
- 24<sup>th</sup> June 2019 – IJB Audit and Risk Committee, updated risks, updated risk management strategy (potential workshop)

## SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

### 6. Resource Implications

6.1. Not applicable.

### 7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. Managing Risk and protecting the safety of our staff, patients and communities are core to delivering the IJB Vision and the 9 national outcomes, in particular:

- People using health and social care services are free from harm
- People who work in health and care services feel engaged with the work that they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and care services

### 8. Legal & Risk Implications

8.1. There are no legal and risk implications identified.

### 9. Consultation

9.1. Consultation is ongoing with NHS Dumfries and Galloway between the Patient Safety and Improvement, Risk Executive Group, Risk Steering Group and Audit and Risk Committee

### 10. Equality and Human Rights Impact Assessment

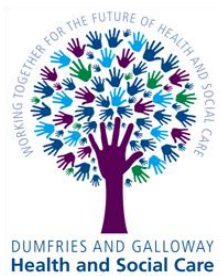
10.1. No equality impact assessment required.

### 11. Glossary (also for the main report)

<b>ACP</b>	Anticipatory Care Planning
<b>CTG</b>	Cardiotocography
<b>H&amp;SCP</b>	Health & Social Care Partnership
<b>H&amp;SCSMT</b>	Health & Social Care Senior Management Team
<b>HAI</b>	Healthcare Associated Infection
<b>HCGC</b>	Healthcare Governance Committee
<b>HIS</b>	Health Improvement Scotland
<b>IM&amp;T</b>	Information Management & Technology
<b>KPIs</b>	Key Performance Indicators
<b>MCQIC</b>	Maternity and Children Quality Improvement Collaborative
<b>NHS GGC</b>	NHS Galloway Greater Clyde
<b>NMAHP</b>	Nursing, Midwifery and Allied Health Professional
<b>PSG</b>	Patient Safety Group

<b>SAE</b>	Significant Adverse Event
<b>SAER</b>	Significant Adverse Event Review
<b>SIS</b>	Scottish Improvement Skills
<b>SPSP</b>	Scottish Patient Safety Programme

## Dumfries and Galloway Integration Joint Board



### DIRECTION

**(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)**

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	