

---

**West Dunbartonshire Health & Social Care Partnership**  
**Risk Management Policy & Strategy**

---

## CONTENTS

INTRODUCTION	2
THE VISION	3
POLICY – THE APPROACH	4
STRATEGY - IMPLEMENTING THE POLICY	4
LEADERSHIP AND ACCOUNTABILITY	6
RESOURCING	9
MONITORING	10
APPENDIX 1 RISK MANAGEMENT MATRIX	11
APPENDIX 2 RISK MANAGEMENT PROCESS	12

Document Title:	WDHSCP Risk Management Policy and Strategy	Owner:	Chief Officer
Version No.	Final v1	Superseded Version:	N/A
Date Effective:	19/08/2015	Review Date:	01/04/2020

## INTRODUCTION

---

- 1.1 *West Dunbartonshire Health & Social Care Partnership Board* is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described within its Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as *West Dunbartonshire Health & Social Care Partnership*. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The Partnership Board, the Council and the Health Board are committed to actively promoting an organisational culture that:
  - Supports human rights and social justice.
  - Values partnership working through example.
  - Affirms the contribution of staff through the application of best practice, including learning and development.
  - Is transparent and open to innovation, continuous learning and improvement.
- 1.3 The Health Board, the Council and the Partnership Board are committed to the Health & Social Care Partnership being an organisation in which staff delivering care:
  - Practice in accordance with their professional standards, codes of conduct and organisational values.
  - Are responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
  - Ensure the best possible care and treatment experience for service users and families.
  - Provide accurate information on quality of care and highlight areas of concern and risk as required.
  - Work in partnership with management, service users, carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
  - Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.
  - Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.
- 1.4 The Partnership Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the Partnership Board. The existence of the Partnership Board does not change the current or future regulatory framework within which health and social care professionals practice; the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.
- 1.5 The Council, the Health Board and the Partnership 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 VISION

- 2.1 The West Dunbartonshire Health & Social Care Partnership Board's:
- Mission is to improve the health and wellbeing of West Dunbartonshire.
  - Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
  - Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.
- 2.2 The risk management vision then is to support that mission, that purpose and those core values with appropriate and effective risk management practice will be embraced by the Health & Social Care Partnership Board and throughout the Health & Social Care Partnership as an enabler of success, whether:
- Delivering better outcomes for the people of West Dunbartonshire.
  - Protecting the health, safety and well-being of everyone who engages with Health & Social Care Partnership services.
  - For maximising opportunity, increasing performance, delivering innovation and best value.

### **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.
- A positive reputation established for the Health & Social Care Partnership.

- 2.3 In delivering this risk management vision, the Council, the Health Board and the Partnership Board will demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the Health & Social Care Partnership.
- 2.4 The fundamental measure of success for this vision will be how well the Partnership Board has been able to use its allocated resources to effectively deliver its Strategic Plan.
- 2.5 Effective communication of risk management information is essential to developing a consistent and effective approach to risk management. This policy and strategy will be promoted and made readily accessible to Health & Social Care Partnership staff and will form the basis of any risk management training provided to them by the Council and Health Board.
- 2.6 This Policy and Strategy (version 1.0) was approved by the Partnership Board at its meeting of 19<sup>th</sup> August 2015. It will be reviewed regularly to ensure that it reflects current standards; best practice and the requirements of the Partnership Board, Health Board and Council.

---

## POLICY – THE APPROACH

---

- 3.1 The Partnership Board, the Council and the Health Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions – and consequently take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.
- 3.2 In normal circumstances the collective appetite/tolerance for risk is based on a combination of assessing estimates of consequence (also described as severity or outcome) and likelihood (frequency or probability) in the context of existing control measures.

Consequence Scoring		Likelihood Scoring	
1	Negligible	1	Rare
2	Minor	2	Unlikely
3	Moderate	3	Possible
4	Major	4	Likely
5	Catastrophic	5	Almost Certain

The magnitude or rating of a given risk is established using a two-dimensional grid or matrix, with consequence as one axis and likelihood as the other (Appendix 1). For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

- 1–3 Low risk.
  - 4–6 Moderate risk.
  - 8–12 High risk.
  - 15–25 Extreme risk.
- 3.3 The Partnership Board, the Council and the Health Board promote the pursuit of opportunities that will benefit the delivery of the Health & Social Care Partnership Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for different service user groups and their anticipated periods of realisation.
- 3.4 The Partnership Board's Audit Committee will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the Partnership Board.
- 3.5 The Partnership Board, Council and Health Board - through the following risk management strategy - have established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

---

## STRATEGY - IMPLEMENTING THE POLICY

---

### Introduction

- 4.1 The primary objectives of this strategy are to:
- Promote awareness of risk and define responsibility for managing risk within the Health & Social Care Partnership.
  - Establish communication and sharing of risk information through all areas of the Health & Social Care Partnership.

- Initiate measures to reduce the exposure to risk and potential loss by the Health Board, Council and the Partnership Board.
  - Establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 4.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 4.3 *Strategic risks* represent the potential for the Partnership 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.
- 4.4 *Operational risks* represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities. The Chief Officer will have responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the Partnership Board.
- 4.5 All risks will be analysed consistently with an evaluation of risk based on likelihood (scored 1 to 5) multiplied by consequent impact (scored 1 to 5) as follows:
- 1–3 Low risk.
  - 4–6 Moderate risk.
  - 8–12 High risk.
  - 15–25 Extreme risk.
- 4.6 All risks assessed as extreme risk will be viewed as significant and therefore subject to closer scrutiny by the Partnership Board's Audit Committee.
- 4.7 This document represents the risk management framework to be implemented across the Health & Social Care Partnership; and which will contribute to the wider governance arrangements, including those described within the West Dunbartonshire Health and Social Care Partnership Board Financial Regulations.

### **Risk management process**

- 4.8 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. 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.
- 4.9 Risk management practice should be embedded by the consistent application of the risk management process (shown in Appendix 2) across all areas of service delivery and business activities.

### **Application of good risk management**

- 4.10 Standard procedures will be implemented across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

- 4.11 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.
- 4.12 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 4.13 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.
  - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment; Social Care; Customer Service; Employee Health, Safety & Well-being; Business Continuity/ Supply Chain; Information Security; and Asset Management.
- 4.14 An appropriate ownership of risk: specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 4.15 Consistent application of the risk matrix here in to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place.
- 4.16 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 cost effective measures to bring it to a level where it is acceptable or tolerable for the Partnership Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Partnership Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Partnership Board is confident in the Health & Social Care Partnership's ability to achieve the benefits and manage/ contain the associated risk.
- 4.17 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.
- 4.18 Reporting of strategic risks and key operational risks (within a strategic risk register) will be presented to the Partnership Board's Audit Committee for scrutiny and Partnership Board for approval on an annual basis.
- 4.19 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Chief Financial Officer of the Health & Social Care Partnership.
- 4.20 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.

---

## LEADERSHIP AND ACCOUNTABILITY

---

### Health & Social Care Partnership Board

- 5.1 Members of the Partnership Board are responsible for:
- Oversight of the these risk management arrangements.

- Receipt and review of reports on strategic risks and any key operational risks that are formally brought to their attention.
- Ensuring they are aware of any risks linked to formal reports and recommendations from the Chief Officer and other officers of the Health & Social Care Partnership.

5.2 Strategic risk registers will be presented to the Partnership Board's Audit Committee for scrutiny and the Health & Social Care Partnership Board for approval on an annual basis

### **Chief Officer**

5.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health & Social Care Partnership.

5.4 The Chief Officer will 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. This will then be presented to the Partnership Board's Audit Committee for scrutiny and the Partnership Board for approval on an annual basis; and then shared with the Council and Health Board.

5.5 The Chief Officer will ensure that the approved strategic risk register is provided to both of the Council and the Health Board to enable them to take account of its content as part of their overall risk management arrangements. 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 Partnership Board, Council and Health Board any substantive developments in-year that lead to a substantial change to the strategic risk register in-year.

### **Chief Financial Officer**

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

### **Health & Social Care Partnership Senior Management Team**

5.7 Members of the Senior Management Team are responsible for:

- Supporting the Chief Officer and Chief Financial Officer in fulfilling their responsibilities.
- Receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Chief Officer.
- Ensuring that the standard procedures set out in this strategy are actively promoted across their teams and within their areas of responsibility.

### **Individual Risk Owners**

5.8 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 in place to manage the risk are proportionate to the context and level of risk.



## **All staff working within the Health & Social Care Partnership**

- 5.9 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.
  - How their actions relate to their own, their services users and public safety.
  - Their accountability for particular risks and how they can manage them.
  - 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.
  - That good risk management should be a key part of the Health & Social Care Partnership's culture.

## **Health Board and Council**

- 5.10 The Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Partnership Board and its Audit Committee are provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.
- 5.11 The Health Board or the Council retain the rights and responsibilities of being the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will ensure that staff working within the Health & Social Care Partnership have the appropriate skills and knowledge to provide the appropriate standard of care. The Chief Officer has delegated responsibilities, through the Chief Executives of the Council and the Health Board, for the professional standards of staff working within the Health & Social Care Partnership. The Chief Officer, relevant lead health professionals and the Council Chief Social Work Officer will work together to ensure appropriate professional standards and leadership.
- 5.12 The Council and the Health Board continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the Partnership Board. Liabilities arising from decisions taken by the Partnership Board are equally shared between the Council and the Health Board.
- 5.13 The Council's Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Partnership Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968.
- 5.14 The Health Board Chief Executive, as the accountable officer, is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. The Health Board's Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance. The Chief Officer will be supported by and receive appropriate professional advice from professional leads nominated by the Health Board who relate to and are supported by the Health Board's Medical Director and Director of Nursing.
- 5.15 The Council and Health Board will take account of the strategic risk register and relevant risk reports to keep their own organisations updated on the management of the risks, highlighting any local risks that might impact on the wider organisation.

## **Senior Information Risk Owner**

- 5.16 Responsibility for this specific role will remain within the Council and the Health Board.

---

## RESOURCING

---

### Resourcing the risk management framework

- 6.1 The Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Health & Social Care Partnership Board and its Audit Committee is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.
- 6.2 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.
- 6.3 Where risks impact on a 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.
- 6.4 Financial decisions in respect of the these risk management arrangements will rest with the Chief Financial Officer.

### Risk management training and development opportunities

- 6.5 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 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.
- 6.6 Training is important and is essential in embedding a positive risk management culture and in developing risk management maturity. 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.
- 6.7 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 the Council and Health Board corporately (notably their dedicated risk managers/ risk management specialists).

---

## MONITORING

---

- 7.1 The Health & Social Care Partnership 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.
- 7.2 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.
- 7.3 Key risk indicators (KRIs) will be identified and 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 budget monitoring performance indicators can provide assurance that key financial risks are under control. The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

- 7.4 The strategic risk register will be presented to the Partnership Board's Audit Committee for scrutiny and the Health & Social Care Partnership Board for approval on an annual basis; and then shared with the Council and Health Board.
- 7.5 The Chief Officer will ensure that the approved strategic risk register is provided to both of the Council and the Health Board to enable them to take account of its content as part of their overall risk management arrangements. 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 Partnership Board, Council and Health Board any substantive developments in-year that lead to a substantial change to the strategic risk register in-year.
- 7.6 The Chief Officer and Chief Financial Officer will reviewing the these risk management arrangements on a regular basis to provide assurance to the Partnership Board and its Audit Committee, the Council and the Health Board. Such a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activitie; inform subsequent revisions of this policy and strategy; and drive continuous improvement in risk management across the Health & Social Care Partnership.

## APPENDIX 1 RISK MANAGEMENT MATRIX

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1–3	Low risk
4–6	Moderate risk
8–12	High risk
15–25	Extreme risk

