
To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 15 March 2024

Report by: Strategic Lead and Improvement Manager

Heading: Revised IJB Risk Management Framework: 2024 review

1. Summary

- 1.1. This paper provides an update to the IJB's Audit, Risk and Scrutiny Committee on the completion of a scheduled review of the IJB's Risk Management Framework, incorporating the IJB's Risk Policy and Risk Strategy, which was last revised and approved in March 2021.
- 1.2. The Risk Management Framework was scheduled to be reviewed in 2023 however this was paused to enable the completion of the internal audit of the IJB's risk management arrangements by Azets, and the reflection of any recommendations received within the updated framework. One important recommendation was identified which required articulation of the IJB's risk appetite within the framework, and one good practice recommendation sought further clarification on risk escalation processes. These have been reflected in the revised version to be considered by the Committee.
- 1.3. The report sets out a summary of the key changes which have been made to the Risk Framework, which is provided in full as an Appendix for the Committee's review.

2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the summary of changes made to the IJB's Risk Management Policy and Strategy and the next steps identified (Sections 4 and 5);
- Note that the next review date for the Risk Management Policy and Strategy will be March 2027 (Section 5); and
- Approve the revised Risk Management Policy and Strategy (Appendix 1).

3. Background

- 3.1. The IJB's Risk Management Framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This framework forms a key strand of the IJB's overall

governance mechanisms and is encapsulated within the IJB's Risk Management Policy and Strategy. It sets out how risks and issues should be identified, managed and reported and it informs the development of this report and supporting appendix. The policy and strategy is underpinned by supporting written and online risk management guidance and training for HSCP staff.

- 3.2. A significant breadth of work has been undertaken to implement the IJB's Risk Management Policy and Strategy since the last version was approved in March 2021. Regular updates on the progress made have been provided to the Audit, Risk and Scrutiny Committee through ongoing risk reporting. This includes, but is not limited to, the establishment of an HSCP-wide Risk Network; the development of a Risk Management Guide for staff and supporting training; the strengthening of risk monitoring and recording; and enhanced partnership working with NHSGGC and Renfrewshire Council.
- 3.3. The IJB's risk management arrangements were subject to an internal audit review by Azets in Spring 2023, with the recommendations received in June 2023. In total there were 7 recommendations, the details of which have provided in previous updates to the Committee and IJB.
- 3.4. The majority of recommendations related to good practice improvements which could further enhance operational risk monitoring arrangements within the HSCP. Two recommendations were related to the IJB's Risk Management Policy and Strategy; (i) one important recommendation requiring the identification and inclusion of a statement setting out the IJB's risk appetite; and (ii) one good practice recommendation requiring further information on risk escalation procedures, which will also be captured in supporting guidance for staff. Section 4 below sets out a summary of the key changes made, incorporating these recommendations.

4. Updated Risk Management Strategy and Policy: summary of key changes

- 4.1. The previous update to the Risk Management Strategy and Policy in 2021 included a range of material changes to ensure that the policy reflected updated processes and that the documentation used reflected the needs of the IJB and HSCP. The review undertaken in 2024 has resulted in mostly minor changes which are captured within the full Risk Management Policy and Strategy attached at Appendix 1. In summary, these changes include:
- The overview included within the Risk Management Policy has been updated to include a **description of the overarching roles of the IJB and HSCP**, to provide contextual clarity for the wider document.
 - The description of the IJB's **risk tolerance** has been refined to reflect the difference between 'very high' risks within the IJB's control and those which are not controllable. Where very high risks are not controllable, and the IJB is required to tolerate these, the updated Policy notes that these will continue to be reported to the IJB for awareness and oversight.

- The Policy now includes an **overview of how issues will be assessed** as well as risks, noting that whilst the Policy and Strategy refer to ‘risk management’ this is intended to cover both risks and issues.
 - A clearer **description of risk escalation** between operational risk registers and the IJB’s strategic register has been provided in section 4.2.10, reflecting the good practice recommendation identified by Azets.
 - The **risk governance diagram and description** have been updated to reflect updated group names and roles and responsibilities.
 - Throughout the document, **terminology has been reviewed and updated** where required to enhance the clarity of the document and ensure all processes, roles and governance reflect current practice.
- 4.2. One material change has been made to the previous version of the Risk Management Policy and Strategy to reflect the recommendation by Azets to include **a statement on the IJB’s risk appetite**. The HSCP issued a survey to IJB members in February 2024 to capture differing views on what the IJB’s risk appetite should be in relation to key risk categories, and the results were analysed and used to define an overall risk appetite position for the IJB, and separate risk appetite statements for each category of risk included (strategic, financial, operational, reputational, people and projects and programmes). These have now been captured within Section 3 of the Risk Policy.

5. **Next steps**

- 5.1. Should the Audit, Risk and Scrutiny Committee approve the updated Risk Management Policy and Strategy at today’s meeting, the updated policy and agreed changes will be cascaded through the HSCP’s Risk Network and will also be reflected in an updated version of the online risk training and guidance document available for all HSCP staff.
- 5.2. The HSCP’s approach to managing operational risk will also continue to be refined, reflecting the findings of the internal audit in 2023, with an ongoing focus on embedding good practice in risk management across HSCP services and in the approach to identifying and escalating identified risks and issues to the IJB.
- 5.3. This Risk Management Policy and Strategy will be reviewed in 3 years, with the outcome of that review and any required changes brought to the Audit, Risk and Scrutiny Committee for consideration in March 2027.
- 5.4. Over this three year period, there will be further consideration given to the implementation of the IJB’s risk appetite statements using the current identified position as a baseline. This will include assessment of how individual risk appetite statements influence one another and how they support, and are reflect in, the IJB’s decision-making processes.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – The risk framework guidance and training for staff will be further updated to reflect decisions made at this meeting.
3. **Community Planning** – No implications from this report.

4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – This paper and attachments provide an update to the IJB's Risk Management Framework.
11. **Privacy Impact** – No implications from this report.

List of Background Papers – N/A

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Renfrewshire Integration Joint Board

Renfrewshire
Health and Social Care Partnership

Risk Management Policy and Strategy

Version 4: March 2024

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Policy: The Risk Management Approach

The IJB vision for risk management

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

1 Overview of this policy and the IJB's approach to Risk Management

- 1.1 The Integration Joint Board (IJB), through ongoing implementation of the following risk management strategy and policy, has an established Risk Management Framework, (which covers risk policy, procedures, process, systems, risk management roles and responsibilities). This framework seeks to deliver the IJB vision for risk management, set out above, and is also intended to be flexible to meet the needs of the IJB and the operational services which have been delegated to it. In doing so, the following roles and responsibilities are highlighted:
 - The IJB is responsible for the monitoring and oversight of strategic risks – those which impact on the delivery of the IJB's Strategic Plan and Medium-Term Financial Plan.
 - The HSCP is responsible for undertaking actions (agreed by the IJB) which mitigate or address strategic risks and is also responsible for monitoring and addressing operational risks. Where appropriate, the HSCP will escalate operational risks to the IJB where these have strategic impact.
- 1.2 Renfrewshire IJB is committed to a culture where, in delivering the IJB's Strategic Plan, the HSCP's workforce is encouraged to develop new initiatives, improve performance, and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.3 In doing so, the IJB aims to provide safe and effective care and treatment for patients and clients. This includes the provision of a safe environment for everyone working within the Health and Social Care Partnership and others who interact with the services delivered.
- 1.4 The services provided under the IJB's direction through Renfrewshire HSCP are delivered in a highly complex governance environment. This includes the necessity for the HSCP to embed and contribute to the risk governance arrangements set out by NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council, as partner organisations, in addition to the IJB's own approach. Each partner organisation has its own, separate, risk governance approach and differing levels of risk tolerance. Consequently, it is essential that these linkages and dependencies are robustly managed and that the IJB's risk framework appropriately blends aspects of these arrangements as it is appropriate to do so.
- 1.5 Recognising this complexity, the IJB believes that appropriate and proactive application of good risk management is essential in enabling the early identification, management and monitoring of risks which impact on the way in which integrated services are delivered and funded. In doing so, risk management will help to prevent or help to 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.
- 1.6 Taking this into consideration, the key benefits of effective risk management can include:

- 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 to reach a particular goal or reward.
- Robust planning processes based on known and potential threats and opportunities.
- Enhanced achievement of objectives and targets (through the reduction in the likelihood of risks becoming and issues and their resultant impact).
- Higher levels of morale and productivity (by addressing those risks which impede effective service delivery and impact on staff experience).
- Better use and prioritisation of resources.
- Higher levels of patient and/or service user experience and satisfaction with a consequent reduction in adverse incidents, claims and/or litigation (through the mitigation of events which could impact on the quality of service provision).
- The maintenance and strengthening of a positive reputation for the IJB.
- Strategic risks are overseen at the appropriate level within the IJB by the Audit, Risk and Scrutiny Committee, and operational risks are managed by the HSCP as part of a coherent approach to overseeing all strands of risk management activity (including operational, project-based and strategic risks).
- The effective management of risk-related dependencies and linkages with NHSGGC and Renfrewshire Council.

1.6. The IJB purposely seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes. This approach considers how risks will be responded to, enabling flexibility dependent on the nature of the risk to (i) **avoid or terminate** a risk by changing strategies or plans; (ii) **treat** the risk by taking action to reduce it; (iii) **transfer** the risk to a partner or third party; or (iv) **accept** the risk.

1.7. Risks are assessed on the basis of the likelihood that they will occur, and the expected scale of impact they would have should they materialise:

| Likelihood | Consequent Impact | | | | |
|------------|-------------------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 |
| 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |

- 1.8. In addition to ongoing assessment and mitigation of risks, the IJB also monitor emerging issues. Issues are simply risks which have occurred and these are assessed in a very similar way to risks. The impact of each issue is considered, alongside a priority rating. The impact of these issues is assessed as follows:

| Impact | Issue Rating |
|--------|---------------|
| 1 | Insignificant |
| 2 | Minor |
| 3 | Moderate |
| 4 | Major |
| 5 | Extreme |

2. The IJB's Risk Tolerance

- 2.1. In normal circumstances, the IJB's tolerance for risk is as follows:

- Any low risk is acceptable without any further action to prevent or mitigate the risk.
- Any moderate risk is tolerable, and any control measures implemented or introduced to mitigate the must be cost effective.
- Any high risk may be tolerable, providing the IJB is assured of the adequacy and effectiveness regarding the control measures in place to mitigate the risk. Any further control measures implemented must be cost effective in relation to the high risk.
- Any very high risk which is controllable is deemed unacceptable and measures should be taken to avoid/terminate, transfer or mitigate a very high risk to a more tolerable position. However, it is recognised that the IJB may be required to tolerate very high risks outwith its control.

- 2.2. A combination of factors may converge to produce a very high risk for which the IJB may have limited control (such as demographic change and financial pressures). These will be regularly reported to the IJB ensure awareness and oversight. The number of 'controllable' very high risks that the IJB wishes to tolerate may change over time, either increasing or reducing. This will depend on the IJB's ongoing assessment of identified risks.

- 2.3. Experience throughout the COVID pandemic has shown that in exceptional circumstances or periods of crisis it is necessary to flex the above approach for risk management and for the IJB to increase its risk tolerance to manage a range of very high risks over a period of time. Any such requirements will be supported by the implementation of additional risk management reporting as required by the IJB. These additional processes will reflect and link with any further governance implemented by the IJB's partner organisations.

3. The IJB's Risk Appetite

- 3.1. In addition to the IJB's risk tolerance set out above, further work has been undertaken to determine the IJB's risk appetite and document this in this updated version of the Risk Policy and Strategy. The levels of risk appetite, and the different categories which have been considered as part of this assessment, are set out in the table below:

| Level of Risk Appetite | Risk Categories considered |
|---|--|
| <ul style="list-style-type: none"> • Averse: Avoidance of risk and uncertainty is the key objective. | <ul style="list-style-type: none"> • Strategic: Risks arising from identifying and pursuing a strategy which is poorly defined, uses inaccurate data or fails to support the delivery of objectives and commitments |
| <ul style="list-style-type: none"> • Minimal: Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit not a key driver. | <ul style="list-style-type: none"> • Financial: Risks relating to financial management, financial constraints and/or failure to obtain value for money from the resources deployed |
| <ul style="list-style-type: none"> • Cautious: Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake. | <ul style="list-style-type: none"> • Operational: Risks arising from internal processes or operational pressures which can impact on service quality and outcomes and the ability to services as expected / required, potentially resulting in poor value for money. |
| <ul style="list-style-type: none"> • Open: Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. | <ul style="list-style-type: none"> • People: Risks arising from leadership, engagement, culture and behaviours and/or from unavailability of capacity and capability. This can also include risks relating to industrial action. |
| <ul style="list-style-type: none"> • Eager: Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk. | <ul style="list-style-type: none"> • Reputational: Risks arising from adverse events (for example issues in service delivery or a lack of innovation) which can damage reputation and impact on trust and relations. |
| | <ul style="list-style-type: none"> • Project and programmes: Risks that change programmes are not aligned to strategic priorities and do not safely and successfully deliver their requirements and intended benefits. |

- 3.2. The appetite positions set out in this paper were captured using a survey mechanism with IJB members. Overall, the IJB demonstrates a **cautious** appetite for risk, whilst promoting the pursuit of opportunities that will benefit delivery of the Strategic Plan and the IJB's associated Medium-Term Financial Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients, staff and the IJB. However, recognising that within the IJB's overall risk position, the IJB's risk appetite differs across each of the risk categories considered, the following risk statements have been developed:

- The IJB has adopted a cautious stance for **strategic** risks.
- The IJB has adopted a minimal stance for **financial** risks.
- The IJB has adopted a cautious stance for **operational** risks.
- The IJB has adopted a minimal stance for **people** risks.
- The IJB has adopted a minimal stance for **reputational** risks.
- The IJB has adopted an open stance for **project and programme** risks.

3.3. It is recognised that the IJB's appetite may change depending on developments in the wider operating context change in future (for example a significant change in the IJB's financial context). Consequently, these risk appetite statements will be reviewed as part of future revisions to this policy and strategy.

4. Oversight and monitoring

4.1. The responsibility for monitoring risk management arrangements for the IJB are within the remit of the IJB Audit, Risk and Scrutiny Committee. The Committee will receive assurance reports 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 IJB. As part of these monitoring arrangements, updates on identified strategic risks and issues and mitigating actions will be brought to the Committee and the full IJB on an agreed basis. This approach is set out in the Risk Management Strategy below.

Risk Management Strategy

1. Introduction

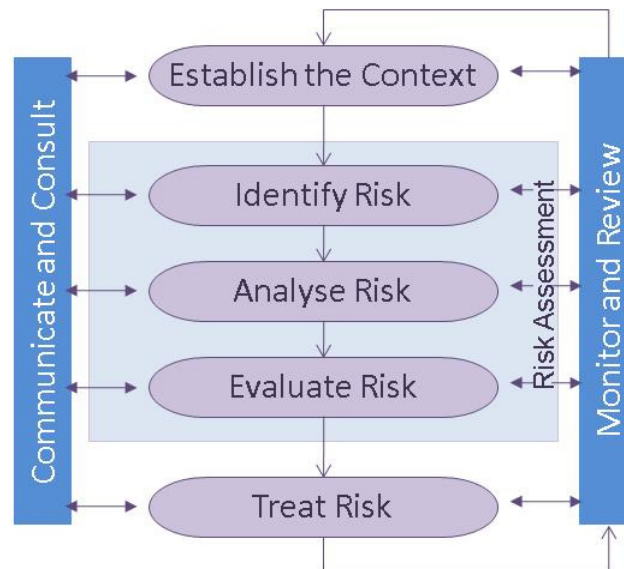
- 1.1. The primary objectives of this updated strategy will be to:
 - Continue to promote awareness of risk and define responsibility for managing risk within the IJB.
 - Maintain communication and sharing of risk information between the IJB and HSCP.
 - Ensure measures continue to be taken to reduce the IJB's exposure to risk.
 - Ensure mechanisms are in place for participation and engagement in partner organisations' risk governance structures and the effective joint management of risk where this is appropriate.
 - Continue to ensure standards and principles for the efficient management of risk, including regular monitoring, reporting and review are in place and continually developed as necessary to ensure good practice.
 - Enable a proactive and flexible approach to managing risk (and any subsequent issues), depending on prevailing circumstances and reflecting the need to manage risks emerging from a range of sources, including but not limited to project activity, operational service delivery and through joint activity with partners.
- 1.2. While this strategy and the accompanying policy typically refer to 'risk management', this should be interpreted as covering both risks and any subsequent issues identified through the application of the processes and mechanisms set out.
- 1.3. This strategy takes a positive and holistic approach to risk management. The scope applies to all risks and issues, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 1.4. This document represents the risk management framework to be implemented across the IJB and contributes to the IJB's wider governance arrangements.

2. Realising the risk management vision and measuring its success

- 2.1. The vision for risk management is set out above in the Risk Management Policy. In working towards this vision, the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making of the IJB and operations of the HSCP.
- 2.2. The measures of success for this vision will be:
 - Good financial outcomes for the IJB
 - Successful delivery of the objectives within the strategic plan
 - Positive feedback arising from external scrutiny processes
 - Fewer unexpected or unanticipated problems
 - Fewer incidents, accidents or complaints
 - Fewer claims or less litigation

3. The risk management process

- 3.1. Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst also proactively identifying and managing adverse effects. It is proactive 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.
- 3.2. The IJB and HSCP embed risk management practice through consistent application of the risk management process shown in the diagram below, across all areas of service delivery and business activities. This process aligns with industry standards.



4. Applying the risk management process effectively across IJB activities

- 4.1. The application of the agreed risk management processes is based on standard procedures, implemented across all areas of activity under the direction of the IJB to achieve consistent and effective implementation of good risk management. Full application of the process will ensure that risk management information is used to guide major decisions where possible in the same way that cost benefit analysis is used.
- 4.2. The standard procedures are as follows:
- 4.2.1. Risks are identified using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration. This will be supported through the implementation of mechanisms for managing risks (and subsequent issues) which arise through different avenues (for example through change projects or through operational delivery). These mechanisms are set out in Section 5, Risk Leadership and Accountability.
- 4.2.2. Risks are categorised under agreed and consistent headings:

There are three core types of risk identified through application of this policy: Strategic (IJB), Operational and Change/Transformation. Operational and Change/Transformation risks will typically be managed by the HSCP on a day-to-day basis but may at times have strategic impacts and consequently require IJB oversight. The three types of risks are described below, along with examples of the risks that could be captured under each. These risks will also be categorised using

appropriate sub-categories including Infrastructure, Clinical, Financial, Strategic, Change, Operational and Legal/Regulatory:

- **IJB / Strategic Risks:** these are risks which represent the potential for the IJB to achieve (opportunity) or fail to achieve (threat) either financial sustainability or its desired outcomes and objectives as set out within the Strategic Plan. The nature of these risks will typically require strategic leadership in the development and application of activities and controls to manage the risk. This includes risks such as those that may arise from Political, Economic, Social, Technological, Legislative and Environmental factors. Such risks at the time of the latest review include:
 - Financial sustainability and our budgetary position (Financial).
 - The impact of current and future legislation, such as the impact of the Health and Care (Staffing) (Scotland) Act and the creation of the National Care Service Bill (Legal/Regulatory).
 - Workforce risks and the ability to attract and retain the right volume and skill mix within services (Operational).
- **Operational / Partnership Risks:** these are risks which 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 IJB's activities. The HSCP, along with partner bodies, will retain responsibility for managing operational risks as these are more 'frontline' in nature and controls and actions in response will typically be led by local managers and team leaders. However, where operational risks impact across multiple service areas or require more strategic leadership, then these can be proposed through risk governance processes to be escalated to the IJB risk register. This includes risks that may arise from or impact on:
 - Clinical and Social Care and Treatment (Clinical).
 - Patient and service user experience (Operational).
 - Employee Health, Safety & Wellbeing (Operational).
 - Workforce planning (Operational).
 - Business Continuity (Infrastructure/Operational).
 - Supply Chain (Operational).
 - Information Management, Security and Governance and Asset Management (Infrastructure).
 - Property and Accommodation (Infrastructure).
 - Information and Communications Technology (Infrastructure).
- **Change / Transformation Risks:** these are risks which represent the potential for impact (opportunity or threat) within, or arising from, the implementation of change or transformation. Anything related to the ability

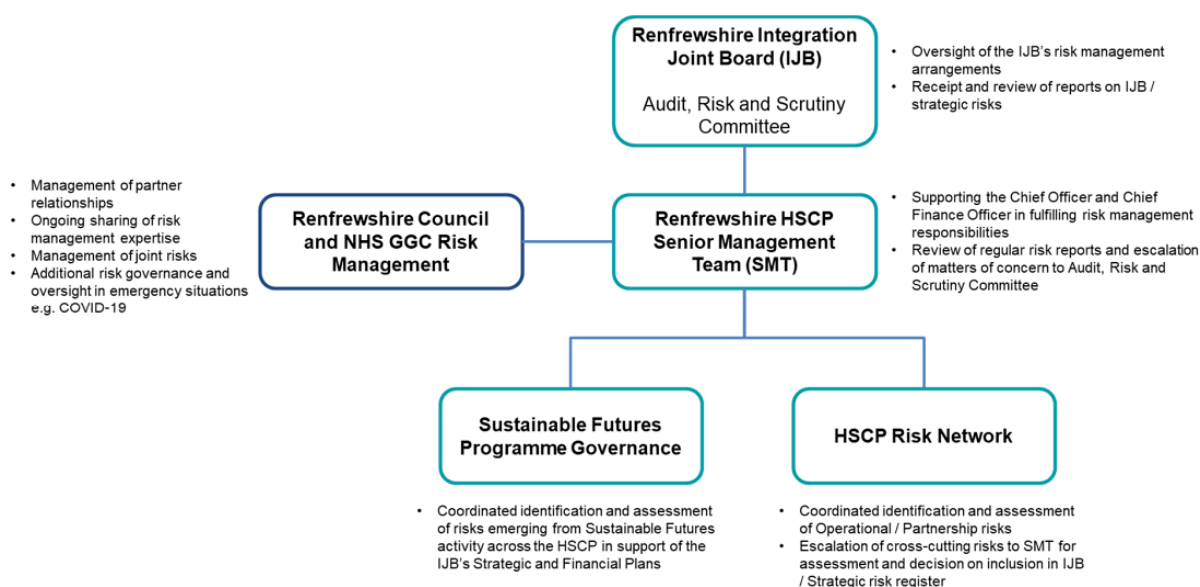
to implement / deliver or support change across the partnership should be noted under this risk type. This includes risks that may arise from or impact on project-based activity.

- 4.2.3. Risks have clear and appropriate ownership in place. Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development and implementation of any new risk controls required. These individuals will be responsible for developing necessary mitigation plans and for reporting on the progress made in managing specific risks.
- 4.2.4. Risks are managed through consistent application of a standard risk matrix (referenced in 1.7 in the Risk Policy). This matrix will be used to analyse risks in terms of likelihood of occurrence and potential impact at the point they are identified and at regular future intervals, considering the effectiveness of risk control measures in place. All risks will be assessed consistently using a scoring system of 1 to 5, enabling risks to be assessed as low, moderate, high, or very high.
- 4.2.5. Risk responses are proportionate to the assessed level of risk. This means that risks may be terminated; transferred to another partner or third party (examples of this typically include holding relevant insurance, or transferring responsibility to an external provider through existing or additional contractual arrangements or other agreements); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk.
- 4.2.6. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (i) worthwhile pursuing and (ii) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 4.2.7. Strategic risks are captured in the IJB's risk log. The risk response for operational risks is appropriately described within any mitigation or preventative actions within HSCP risk logs. In most cases the response will be to treat risks, with acknowledgement that in some cases it is our partner organisations who have the responsibility to do so. On very few occasions will the IJB accept a risk where no control or influence can be exerted. These will be considered as appropriate.
- 4.2.8. Risk registers are maintained 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. An updated IJB risk register template is provided in Appendix 1.
- 4.2.9. IJB / strategic risks and key operational risks are reported to the IJB at each meeting of the Audit, Risk and Scrutiny Committee.
- 4.2.10. Clear procedures are in place for the movement and escalation of risk between the IJB's risk register, which is focused on strategic risks, and operational / partnership risk registers held by the HSCP. Escalation is dependent upon the operating context at the time and the nature / scale of the risk presented. This is a professional judgement taken by those involved in managing risk at the service and HSCP level. For example, where a risk is identified by a number of services through the HSCP's Risk Network, this will be escalated to SMT for review (for example staffing recruitment and retention issues). Where this has an impact on the ability to deliver on the IJB's strategic objectives this will warrant subsequent inclusion on the IJB's risk register.

- 4.2.11. Clear procedures are in also in place for the participation and involvement of officers, where appropriate, in the risk planning and governance structures in place within NHS Greater Glasgow and Clyde and Renfrewshire Council. This includes escalation of relevant risks through the risk management structures established within both NHSGCC and Renfrewshire Council.
- 4.2.12. Risk information is routinely reported within and across teams and a commitment to a 'lessons learned' culture is maintained, ensuring organisational learning from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.
- 4.2.13. In the event of exceptional circumstances which may increase the range and number of very high risks observed, due to a factor or several factors outwith the IJB's control (such as the COVID-19 pandemic), additional procedures will be put in place to ensure that the IJB has effective oversight of emerging risks. These additional procedures will be agreed between the Chief Officer, IJB Chair, Vice Chair and Chair of the Audit Risk and Scrutiny Committee and will determine the content and frequency of additional risk reporting as is deemed necessary as part of an effective response to the circumstances arising.

5. Risk Leadership and accountability

- 5.1. Robust governance structures will be maintained to ensure the identification, management and oversight of IJB / strategic risks and Partnership / operational risks. This governance structure will incorporate the ongoing development of relationships with Renfrewshire Council and NHS Greater Glasgow and Clyde risk management colleagues. The current governance structure is set out in the diagram below:



- 5.2. Specific roles and responsibilities within the risk management governance structure set out above are detailed in the following table:

| Stakeholder(s) | Roles and Responsibilities |
|--------------------------------------|--|
| Integration Joint Board (IJB) Audit, | On behalf of the Integration Joint Board, the Audit, Risk and Scrutiny Committee is responsible for: |

| | |
|-----------------------------|--|
| Risk and Scrutiny Committee | <ul style="list-style-type: none"> • Oversight of the IJB's risk management arrangements. • Receipt and review of reports on IJB / strategic risks that require to be brought to their attention. • Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities, policies and other relevant activities. • Agreeing, with the IJB Chair and Vice Chair, any necessary changes to risk management arrangements in exceptional circumstances. |
| 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 risk that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or upon the reputation of the IJB. |
| Chief Finance Officer (CFO) | The Chief Finance Officer (CFO) will be responsible for promoting arrangements to identify and management key business and financial risks, risk mitigation and insurance. |
| Senior Management Team | <p>The Head of Strategic Planning and Health Improvement is responsible for:</p> <ul style="list-style-type: none"> • Working with the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities. • Arranging professional risk management support, guidance and training from partner bodies. • Supporting the Senior Management Team's receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Audit, Risk and Scrutiny Committee. • Ensuring that the standard procedures set out in Section 4 of this strategy are actively promoted across the service areas within the remit of the IJB. |
| HSCP Risk Network | <p>In support of the above role of the Senior Management Team and the Head of Strategic Planning and Health Improvement, nominated service risk leads are responsible for:</p> <ul style="list-style-type: none"> • The identification of emerging partnership / operational risks and ongoing assessment and mitigation of these in line with assigned risk ownership. • Regular review of partnership / operational risks through own service management teams and provision of updates through the Risk Network. • Identification and escalation of partnership / operational risks to the wider Senior Management Team for consideration and inclusion within the IJB / strategic risk register as appropriate. |

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| Sustainable Futures Programme Governance | <p>The Sustainable Futures Programme Board will have overall responsibility for:</p> <ul style="list-style-type: none"> • Ensuring risks at a project and programme level are consistently identified and monitored. • Enabling the identification of dependencies and overlaps between ongoing projects. • Providing overall risk management oversight and ensuring emerging strategic risks are escalated to the Audit, Risk and Scrutiny Committee. |
| Individual Risk Owners | <p>It is the responsibility of each risk owner to ensure that:</p> <ul style="list-style-type: none"> • 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. • Wider risks are regularly reviewed to ensure linkages are identified and managed from an early stage. |
| All persons working under the direction of the IJB | <p>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 and maintain safe working practices within their service areas. This approach requires everyone to understand:</p> <ul style="list-style-type: none"> • The risks that relate to their roles and activities. • How their actions relate to their own safety and that of their patients, service users, clients and the public. • 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 is a key part of the IJB and HSCP's culture. |
| Partner Bodies | <p>It is the responsibility of relevant specialists from the partner bodies (such as internal 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</p> |

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| | <p>liabilities they retain in relation to the activities under the direction of the IJB.</p> <p>There is a joint responsibility on the IJB, Renfrewshire Council and NHS Greater Glasgow and Clyde to ensure partnership working as part of risk management. This includes engagement with the relevant risk officers and participation within current and future risk governance structures.</p> |
| Senior Information Risk Owner | Responsibility for this specific role will remain with the individual partner bodies. |

6. Risk management resourcing and capability

- 6.1. Much of the work on continuing to develop and embed the risk management framework for the IJB will be resourced through the governance arrangements set out in 5.1 above.
- 6.2. Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Finance Officer.
- 6.3. Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 6.4. To effectively implement this policy and strategy, it is essential for people 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.
- 6.5. Training is an important element of this and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. This includes the supporting risk management online training and guidance which is currently available to all staff members. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required.
- 6.6. Notwithstanding the above, wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, recognising that the majority of risk-related courses/ training can be delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Monitoring activity and performance

- 7.1. The IJB operates in a dynamic and challenging environment. This has been reinforced by experience through the pandemic and its resultant impact on service delivery models across health and social care. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. This system also needs to be flexible to enable a robust and effective response to exceptional circumstances.
- 7.2. Oversight of risk management activity will be undertaken through regular review of the IJB's risk profile at Senior Management Team level. Review of the risk profile will be undertaken in advance of each IJB meeting unless a different frequency is agreed within certain circumstances.

- 7.3. It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of identified risks, highlighting and IJB risks that might impact on the partner organisation.
- 7.4. Measuring, managing and monitoring risk management performance is also key to the effective delivery of objectives. This will include regular monitoring of (i) the number of risks which materialise (become issues); (ii) the number of risks closed; and (iii) the actual severity of the risks against previous assessments.
- 7.5. Measures will be linked where appropriate to specific risks to provide assurance of the performance of certain control actions. 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.
- 7.6. Performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 7.7. The IJB's risk management arrangements will be reviewed on a regular basis as part of a 'Plan, Do, Study, Act' review cycle to ensure the IJB's risk management priorities and activities are robust. This will inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

8. Communicating risk management

- 8.1. Effective communication of risk management information is essential to developing a consistent and effective approach to risk management.
- 8.2. Copies of this policy and strategy will be widely circulated via the Senior Management Team to service managers and will form the basis of any risk management training arranged for the IJB.
- 8.3. Implementation of this policy and strategy will be supported by the refinement of additional guidance and training currently available for staff within the HSCP, setting out their roles and responsibilities in supporting the management of risk across the organisation, and providing clear guidance on how they can raise risks through their service management arrangements.
- 8.4. The communication of this policy and strategy will be included within the Partnership's Communication and Engagement Strategy, when this is developed and subsequently updated.
- 8.5. The Policy and Strategy (version 4.0) will be submitted to the Integration Joint Board Audit, Risk and Scrutiny Committee for approval at its meeting of 15 March 2024.

Appendix 1

Renfrewshire Integration Joint Board

Risk and Issue Register

Introduction and Background

This document has been prepared in advance of each IJB Audit, Risk and Scrutiny Committee, to support Renfrewshire Integration Joint Board (IJB), and members of the IJB's Audit, Risk and Scrutiny Committee in the application of the IJB's Risk Management Policy and Strategy. It sets out those Strategic Risks and Issues currently identified which have the potential to prevent the IJB from achieving its desired outcomes and objectives, and the mitigating actions put in place to manage these risks and issues. **Further information on the IJB's approach can be found in Renfrewshire IJB's Risk Management Policy and Strategy.**

Approach to assessing risks

All risks identified are assessed considering (i) the likelihood of the risk materialising; and (ii) the consequent impact of said risk should it materialise. To reflect the range of eventualities this assessment provides a score of between 1 and 5 for each of these criteria (where 1 is least likely and low impact, and 5 is very likely and very high impact). This enables each risk to be provided an overall score where the likelihood and impact ratings are multiplied together, and a RAG (Red, Amber, Green rating applied) as per the matrix below. Risk scores guide the IJB's response to particular risks identified.

Approach to assessing issues

The same applies regards impact, however for issues, the priority and the resolution is considered instead of likelihood. Issues are simply risks which have occurred and they have a rating of between 1 and 5 where 1 is low/no impact ranging to 5 extreme impacts.

Risks

| Likelihood | Risk Consequence Impact Rating | | | | |
|------------|--------------------------------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 |
| 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |

Issues

| Impact | Issue Rating |
|--------|---------------|
| 1 | Insignificant |
| 2 | Minor |
| 3 | Moderate |
| 4 | Major |
| 5 | Extreme |

Renfrewshire IJB
Current Risk and Issue Summary

| Risk or Issue Ref | Risk or Issue Type | Summary Description | Current Risk / Issue Score and ROYG Rating | Risk or Issue Movement |
|-------------------------|--------------------------|---------------------|--|---------------------------|
| | | | | |
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Renfrewshire IJB Risk Register

| RSKTBC Financial Sustainability | | | | | |
|---|------------|------------------|---------------------|-----------------------------------|---------------------------|
| Risk Statement | Risk Owner | Risk Description | Movement | Reason for Movement if applicable | |
| | | | | | |
| | | | Risk Code | Category | Risk Management Approach |
| | | | RSKTBC | | Treat / Transfer / Accept |
| | | | Current Likelihood | Current Impact | Current Evaluation |
| | | | 05 | 05 | 25High |
| | | | Previous Likelihood | Previous Impact | Previous Evaluation |
| | | | 05 | 05 | 25 High |
| Mitigating / Preventing Actions Complete or Ongoing | | | Assigned to | Date | Status |
| | | | | | |
| Mitigating / Preventing Actions Planned | | | Assigned to | Date | Status |
| | | | | | |

| ISSTBC Issues regards attracting & retaining staff | | | | | |
|---|-------------|-------------------|---------------------------------|-----------------------------------|---------------------------|
| Issue Statement | Issue Owner | Issue Description | Movement | Reason for Movement if applicable | |
| | | | No Change / Increase / Decrease | | |
| | | | Issue Code | Category | Issue Management Approach |
| | | | ISSTBC | | Treat / Transfer / Accept |
| | | | Current Impact | Current Evaluation | |
| | | | 05 | Extreme | |
| | | | Previous Likelihood | Previous Evaluation | |
| | | | 05 | Extreme | |
| Mitigating and Recovery Actions Complete or Ongoing | | | Assigned to | Date | Status |
| • | | | | | |
| Mitigating / Recovery Actions Planned | | | Assigned to | Date | Status |
| • | | | | | |