



Risk Management Annual Report

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[NHS Tayside Strategic Risk Management Group]

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INTRODUCTION

Within the Angus Health and Social Care Partnership (HSCP), the Integration Joint Board (IJB) Audit Committee has delegated responsibility from the IJB for ensuring a process is in place such that all relevant strategic and operational risks are accurately identified, assessed, evaluated, recorded and monitored. Reliance is also placed on the NHS Tayside and Angus Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

The Chief Officer, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the system within the organisation. In addition, IJB's are subject to the requirements of the Scottish Public Finance Manual and must operate a risk management strategy.

The management of risk is a key organisational responsibility and a strategy has been agreed that aims to control risk to an acceptable level by creating a culture of risk management that focuses on assessment and prevention rather than reaction and remedy. Angus HSCP ensures that arrangements for managing risk are fully embedded within the day-to-day management processes. However, risk extends much further than solely harm to patients, staff and the public and also concerns itself with managing the threats to the achievement of the organisational objectives and the opportunities risk analysis offers.

Angus HSCP continues to develop detailed locality operational risk management plans. This process is influenced by the Corporate Strategic Risk Management Register.

Angus HSCP is required to ensure that arrangements for managing risks are fully embedded within the day to day management processes. To support this, there is a need to ensure that a progressive, honest and open environment exists, where mistakes and untoward adverse events are identified quickly and acted upon in a positive and constructive way, without fear of blame.

Angus IJB has an approved Risk Management Policy and Strategy in place and the IJB monitors a series of corporate strategic risks using agreed methodologies. The risks monitored include service, financial, clinical care and professional governance, performance management and workforce risks. The scrutiny and management of risks is devolved to the Angus HSCP Clinical, Care and Professional Governance (CCPG) Group, chaired by the Health and Social Care Partnership's Clinical Director. Monitoring of risk performance is undertaken on a bi-monthly basis with an overview provided to Executive Management Team, NHS Tayside Clinical Quality Forum and information included in the 6 monthly performance reports to IJB.

Corporate Strategic Risk Profile - As well as review at operational management level, the Angus Clinical, Care & Professional Governance Forum receives an update report in the form of an assurance framework on the corporate clinical, care and professional strategic risks at each of its meetings. The forum provided its Annual Assurance Report to the Angus IJB Audit Committee in June 2020 and concluded that the forum fulfilled its remit during financial year 2019/20. Finance risk updates are also provided within finance reports to each IJB meeting.

CLINICAL, CARE AND PROFESSIONAL GROUP AND BOARD ASSURANCE FRAMEWORK STRATEGIC RISK PROFILE

Throughout 2019/20 the Clinical, Care and Professional Governance Group met in **April, June, August, October 2019 and January, February 2020** under the Chair of the Angus HSCP Clinical Director.

During these meetings, the group received updates in relation to progress against each of the strategic and operational risks scheduled for peer review.

It was agreed that the risk for Prescribing has improved and has now been reduced in status to a Service Level risk.

Three risks were archived during 2019/20:-

- Compliance with GDPR and data protection
- Complex and Co-existing conditions
- Enhanced Community Support

Three new risks have been identified during 2019/20:-

- Insufficient Corporate Support Capacity
- EU Withdrawal

Risk Owners are members of the CCPG. As a standing agenda item, each Risk Owner must provide an update reports on the risk status for each risk within their responsibility.

The strategic risks are reviewed throughout the year. Service risks are discussed within the annual assurance provided to CCPG and included in the annual quality assurance framework.

THE ADVERSE EVENT MANAGEMENT GROUP

It was agreed by the Clinical, Care and Professional Governance Group to establish an Adverse Event Management (AEM) Group. The role of this Group is to provide assurance in relation to, and the quality of, Adverse Event Management. The group first met on 23 April 2019 and has continued to meet on a monthly basis throughout 2019/2020. The following are standing items on the agenda.

- Review Red Events
- Review Unverified Events
- Review Verified Events
- Review all LAERs in past month including audit against AEM Checklist
- Review Learning Summaries and ensure implementation across Angus
- Outstanding Actions

Progress in the Adverse Event Management Group has resulted in improvement with a reduced number of unverified incidents and the timely completion of learning summaries.

FTF INTERNAL AUDIT SERVICE RISK MANAGEMENT REPORT AN05/20

Internal Audit Report AN05/20 - Risk Management published in June 2019 stated that “the review was intended to assist management by identifying key areas to be taken forward as part of the process and therefore no audit opinion was expressed”. In addition, the report included commendation to the IJB for its “progress and the priority given to risk management and that an adequate Risk Management Framework is in place”.

The Internal Audit report highlighted 4 areas where there were weaknesses in control or design in some areas of established controls – required action to avoid exposure to significant risks in achieving the objectives for the area under review, and 2 areas that merit attention (Green) where they were described as generally areas of good practice. In total there were 8 recommendations for Angus HSCP to progress.

In response to this report, an Improvement Action Plan has been developed, the main focus of which is to increase risk appetite and include reference to risk in all Forums. Processes are required to be agreed by all relevant Partners to identify / escalate, evaluate, record and monitor shared risk and to improve the flow of reassurance from the Partner bodies to Angus HSCP on risks controlled by their Partners. The risk Policy and Strategy should be updated and presented for approval to the Angus IJB.

Ongoing plan – Tayside work is taking place to update the Risk Policy and Strategy. Angus representation is included in this work. All Angus HSCP services will consider risk within their Clinical Governance Groups and provide an assurance on service risk management on an annual basis to the Angus HSCP Clinical Care and Professional Governance Group.

RECENT WORK AND IMPROVEMENTS

Development of a quality assurance framework which encompasses all the standards across health and social care, while allowing service specific standards to be included in addition to the core standards.

From April 2019 to March 2020, there were 76 events recorded as ‘near misses’. This is a significant reduction from 164 covering the period April 18 to October 2019 which was reported in last year’s annual report. This is following improvement actions by the Adverse Event Management Group to improve recording within the Datix system.

A Tayside-wide short-life working group was established, this is chaired by the Chief Finance Officer from Dundee HSCP to review the Tayside Risk Management Policy and Strategy. The draft revised document was scheduled for final review by the end of March 2020. Unfortunately, this has been delayed as a result of COVID-19 and it is anticipated that this will now be concluded via a virtual format.

The IJB was commended by the internal auditors following the publication of AN05/20 Risk Management for its progress and the priority given to Risk Management.

ESTABLISHMENT OF GETTING IT RIGHT FOR EVERYONE

During the last 12 months, a Tayside-wide Getting it Right for Everyone (GIRFE) Group was established to review the governance arrangements and measures that are reported through the Health and Social Care Partnerships, NHS Tayside Clinical Quality Forum and the NHS Tayside Care Governance Committee. The outcome and agreement was to refresh the GIRFE Framework to reflect the legislation and arrangements of the Health and Social Care Partnerships.

This review considered the current measures in the three HSCPs and explored further the measures required to be included in the Framework.

The Framework was refreshed and a GIRFE Workshop was held in January 2020. It was agreed that it would be beneficial to establish a steering group with senior representation from the three HSCPs to progress requirements. This included consideration how the hosted services could provide assurance to all HSCPs and the parent bodies.

RISK MANAGEMENT WORK PLAN

Each year, all Standing Committees and Sub Committees are required to produce an annual work plan. While the work plan for risk management is not a statutory requirement, it is recognised as being an element of good practice in providing assurances to the Audit and Risk Committee.

The work plan is largely cyclical, rather than being specific to individual financial years and has been prepared accordingly.

Monitoring and follow up will be undertaken through reporting to the Chief Officer, the NHS Tayside Strategic Risk Management Group and the Angus IJB Audit Committee on a 6 monthly frequency through provision of and inclusion in the Risk Management mid-year and Annual Reports.

A formal work plan is required to be developed for 2021/22 and will come to Angus IJB Audit Committee for approval and be monitored through CCPG.

CONCLUSION

The Blueprint for Good Governance highlights that two primary functions include “assessing risk” and “holding to account”. As part of those functions the IJB is required to:

- Approve risk management strategies and ensure they are communicated to the organisation's staff
- Identify current and future corporate, clinical, legislative, financial and reputational risks
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated
- Monitor, scrutinise, challenge and then if satisfied, support the Executive Management Team's management of the organisations activities in order to ensure that the organisation's aims, objectives, performance standards and targets are met
- Agree the organisations risk appetite

Internal Audit Report AN05/20 - Risk Management published in June 2019, categorised the Risk Management systems and processes within Angus HSCP and commended the IJB for its progress and the priority given to risk management and that an adequate risk management framework is in place.