

NHS Greater Glasgow and Clyde	Paper No. 25/127
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 October 2025
Title:	Risk Management: a) Risk Management Strategy b) Risk Management Policy
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Katrina Heenan, Chief Risk Officer

1. Purpose

The purpose of the attached papers is to:

Provide the revised Risk Management Policy and Strategy for NHSGGC Board approval.

2. Executive Summary

The paper presents the Risk Management Policy and Strategy, which are due for three year review.

Engagement has been carried out across NHSGGC through groups and Committee in the review and development of these documents. The revised Risk Management documents comply with the NHSGGC Policy Framework.

Following NHSGGC Board approval the revised Risk Management Policy and Strategy will be communicated to NHSGGC employees in line with the Communications Plan.

3. Recommendations

The NHSGGC Board are asked to approve the Risk Management Policy and Strategy.

4. Response Required

This paper is presented for **approval**.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement & Communications

Engagement with the following groups has been completed as part of the review of the Risk Management Policy and Strategy –

- Risk Champions
- Risk Management Steering Group Staff Partnership Representative.
- Risk Management Steering Group
- Corporate Management Team – 4 September 2025
- Audit and Risk Committee – 18 September 2025

7. Governance Route

Following NHSGGC Board approval the Risk Management Policy and Strategy will be communicated through the implementation of the Communications Plan.

8. Date Prepared & Issued

Prepared on: 14 October 2025

Issued on: 22 October 2025



***NHS Greater Glasgow and Clyde
Risk Management Strategy 2025 – 2028***

Lead Manager:	Chief Risk Officer
Responsible Director:	Director of Finance
Approved by:	NHS Board
Updated:	
Date for Review:	December 2028
Replaces previous Version:	Risk Management Strategy V2.

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1. Introduction

At NHS Greater Glasgow and Clyde (NHSGGC) our purpose is to: *“protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service.”*

The UK Orange Book (2023)¹ and the Blueprint for Good Governance² recognises that in order for Public Sector organisations to be successful they cannot be Risk Averse. To deliver this Risk Management should be an integral part of decision making, as part of strategic planning and prioritisation, in order to be able to respond effectively to the challenges NHSGGC face. NHSGGC recognise that Healthcare cannot be a risk free environment and as such the Board seeks to ensure that risks are identified, managed and controlled in line with the Risk Appetite Statement.

The strategy sets out how Risk Management should be integrated into the way that NHS Greater Glasgow and Clyde Lead, Direct, Manage and Operate. Delivering effective enterprise risk management arrangements will provide benefits across the following four areas:–

- Strategic – supports strategic options and decision making.
- Tactical – assesses the steps to deliver the strategy.
- Operational – ensures identification and action management of potential disruption events.
- Compliance – ensures identification and action management of statutory/regulatory requirements.

The Risk hierarchy (Section 3.3) enables risks to be identified and managed at each of these levels.

The Risk Management Strategy should be read in conjunction with the **Risk Management Policy**, the **NHSGGC Risk Appetite Statement** and the **Risk Management Procedure** ([Risk Management - Corporate](#)).

2. Scope

This strategy covers all aspects of operations of NHSGGC Services and processes. Risk management is the responsibility of all staff, and managers at all levels are expected to take an active lead to ensure that risk management is embedded within their areas.

This Strategy has been written to include all Healthcare Risks within the remit of NHSGGC. Within NHSGGC there are six Integrated Joint Boards. Each Integrated Joint Board (IJB) is required to have a Risk Management Strategy and Risk Reporting arrangements in place. IJB's can adopt the NHSGGC Risk Management process or must create their own that enables escalation of risk, where applicable, in line with NHSGGC Policy. The Health and Social Care Partnerships (HSCP) must ensure that Health risks are identified and managed in line with NHSGGC Risk Policy and Processes.

3. Risk Framework

3.1. Incident vs Risk

This strategy relates to the management of Risks. In order to provide clarity the following definitions apply.

Risk –

A risk is an event that may or may not happen. There may be multiple potential causes of risk that require to be mitigated to prevent the risk from occurring. Risks are recorded in the Risk Management System.

Incident (As per NHSGGC Incident Management Policy) -

- **Accident:** an event that results in injury or ill health.
- **Near miss:** an event that, while not causing harm, has the potential to cause injury or ill health. In clinical governance it can be described as an adverse event where a harmful outcome was avoided by either chance or intervention.

3.2. Risk Culture

Effective risk management is a fundamental cornerstone of good corporate governance and internal control, and is an essential component in the delivery of the Board's corporate objectives.

The Board is committed to having a risk management and safety culture that underpins and supports the achievement of corporate objectives. The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation.

The NHSGGC Risk Management Strategy:

- Represents a major element of our healthcare governance arrangements
- Affirms our commitment to improve our capability and capacity to manage risk across all areas of clinical, staff and corporate governance
- Supports us to drive continuous improvement and have a positive impact on the quality of care, our staff wellbeing and our overall efficiency and effectiveness
- Sets how the public and key stakeholders can be assured that our risks are managed effectively

When this is carried out well, this ensures the safety of our patients, visitors, and staff, and that as an organisation the Board and management are not surprised by risks that could, and should, have been foreseen.

Risks are not necessarily to be avoided, but, where relevant, can be embraced and explored in order to improve services, and take opportunities in relation to the risk. Above all, the response to risk must be informed, proportionate and aligned to organisational risk appetite.

As reflected in the UK Orange Book¹ the Risk Culture within NHSGGC should embrace honesty, openness and transparency whilst being responsive to constructive challenge and ensuring that mechanisms are in place for effective collaboration, consultation and

cooperation. Senior Management are responsible for setting the Risk Culture by setting the tone and being an example for behaviour and culture; ensuring risks are identified, assessed and managed. Line managers shall encourage staff to identify risks to ensure there are no unwelcome surprises. Staff will not be blamed or seen as being unduly negative for identifying risks. All Staff should have an awareness and understanding of the risks that affect patients, visitors, and staff and are encouraged to identify risks.

In order to be successful NHSGGC must invite scrutiny into processes and decision making in order to deliver the best services for our Patients & Visitors and provide the best working environment and culture for our staff.

Staff will be competent at managing risk. In order to facilitate this, staff will have access to comprehensive risk guidance and advice; those who are identified as requiring more specialist training to enable them to fulfil their responsibilities will have this provided internally.

3.2.1. Learning from events

A key aspect of effective risk management is the ability to learn from events and to utilise this for effective management of risk. Although Risk Management is related to the potential for future events to occur assessments should be carried out of events that have occurred that could indicate risks or areas where additional controls or actions may be required. There are a number of areas that can be reviewed to support the identification of risks, some of these have been highlighted in Figure 1.

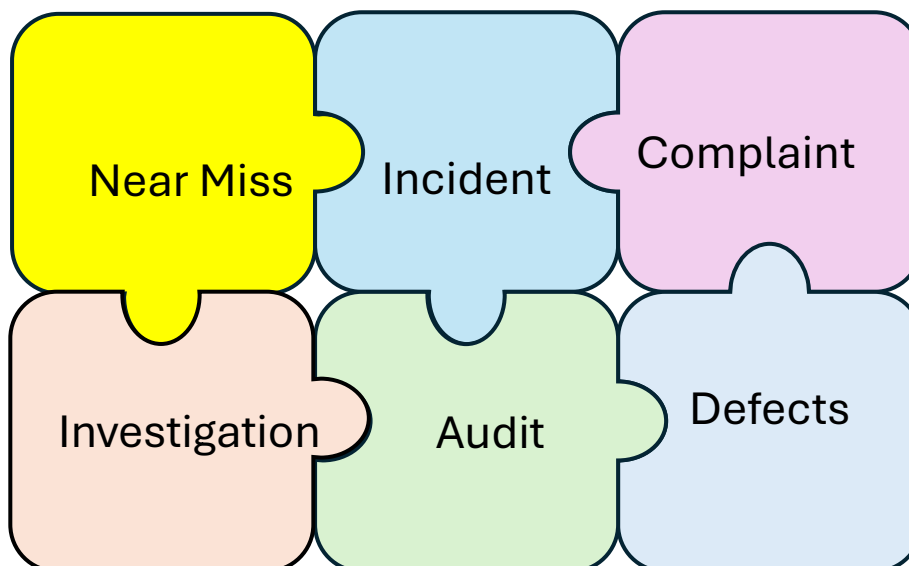


Figure 1 - Learning from Events

As part of the NHSGGC Quality Strategy Implementation Plan, a learning system will be developed. The purpose of this is to accelerate improvement and good practice to improve the quality of care for the people who use our services.

3.2.2. Business Continuity & Resilience

Business continuity is an important component of Risk Management. The purpose of a Business Continuity Plan is to ensure that an organisation is prepared in the event that a Risk to its services/delivery/operation occurs. To ensure that Risk is well managed it is important to have defined, documented and tested Business Continuity plans in place that can be acted upon immediately should they be required.

Business Continuity is managed by the Civil Contingencies Unit within NHSGGC that work with Directorates to ensure that appropriate plans are in place and are tested effectively. The NHSGGC Business Continuity plans should be referred to for further information.

3.3. Risk Hierarchy

NHSGGC has established a hierarchy structure for the management of risks. This structure will ensure that all risks across the organisation can be identified and managed. The Hierarchy structure, as noted in Figure 2, allows for the management of risks at each level within the hierarchy and provides the potential for escalation or de-escalation of Risks as required.

The five levels within the hierarchy are described in the following sections.

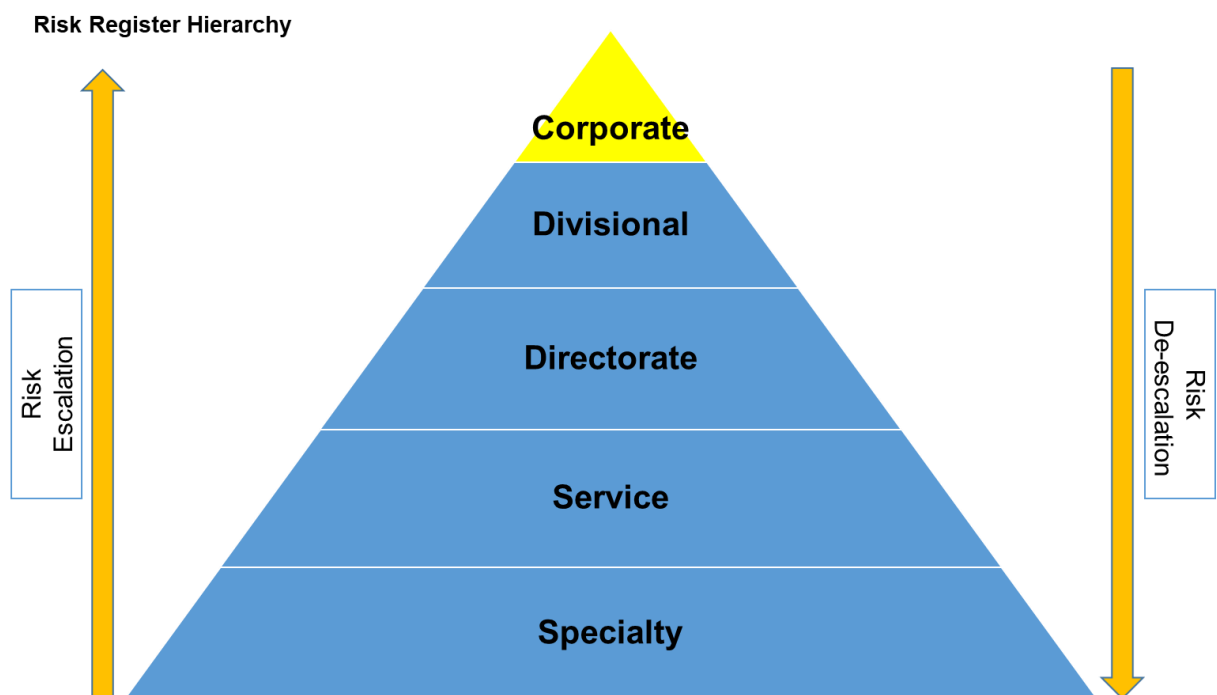


Figure 2 – Risk Hierarchy

3.3.1. Corporate Risk Register

The Corporate Risk Register contains high level risks that could impact the long term corporate objectives of NHSGGC. These risks are mostly strategic aligned to the delivery of Corporate Objectives. It may also contain escalated operational risks escalated from the underlying Divisional or Directorate risk register levels – these may be cross-cutting risks that present a short-medium term but significant threat to the organisation or multiple Directorates.

3.3.2.Divisional Risk Registers

A Divisional Risk Register contains the strategic risks for the Division and any escalated operational risks highlighted by Directorates as exceptions. Risks are escalated via the Divisional Risk Registers to the Corporate Risk Register. The requirement for a Divisional Risk Register will depend on the size, complexity and number of Directorates within an operational area. Where a Divisional Risk Register is not required, risks are escalated from directly Directorate to Corporate level.

3.3.3.Directorate Risk Registers

A Directorate Risk Register contains the strategic risks for the Directorate and any escalated operational risks highlighted by Services as exceptions. Risks are escalated to Directorate level from Service Risk Registers.

3.3.4.Service Risk Registers

Each Service holds a risk register that contains the most significant operational risks escalated from its component Specialties. Risks are escalated to Service level from Specialty Risk Registers. Depending on the size of the Service a risk register may be managed only at Directorate Level.

3.3.5.Specialty Risk Registers

Each Specialty holds a risk register for its area. These form the operational level of risk registers and includes risks that can be fully managed at a local level. The requirement for a Specialty Risk Register will depend the size, complexity and number of Specialities within an operational area. Where a Specialty Risk Register is not required, Service Risk Registers will form the bottom level of risk registers.

3.4. Risk Appetite Statement

Risk Management is an integral part of good governance and corporate management mechanisms. An organisation's risk management framework harnesses the activities that identify and manage uncertainty, allowing it to take opportunities, managed risks and not to simply avoid them. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the organisation's risk appetite.

All processes, procedures and activities carried out by the NHS Greater Glasgow and Clyde carry with them a degree of risk. It is necessary for the NHS Greater Glasgow and Clyde to agree the level of risk that it is willing to accept, based on what it considers to be

justifiable and proportionate to the impact on patients, carers, staff, members of the public and the Board.

Risk Appetite is assessed in relation to the highest impact category of the risk. Each Impact category has a Board agreed risk appetite and tolerance level that relates directly to one of the following four risk score ranges within the risk matrix.

The Risk Appetite Statement should be used as a tool by Managers to identify whether enough action is being taken to mitigate a risk or whether additional action is required. It identifies the level of Risk that the Board aims to operate within (Risk Appetite) and the levels that the Board is willing to operate within given current constraints (Risk Tolerance). The Risk Appetite Statement should be used to support the prioritisation of tasks and resources. It is developed through review, discussion and agreement with Board members on an annual basis or additional as required, in order to reflect the Board Risk Appetite Levels.

The Risk Appetite Statement will be published as a separate document and it will define the Board's appetite for each type of risk in relation to the achievement of corporate objectives. Risks throughout the organisation will be managed within the Board's approved risk appetite and, where this is exceeded, additional action will be taken to reduce the risk(s).

The Risk Appetite Statement will be reviewed and updated with the NHSGGC Board annually.

4. Risk Management Process

NHSGGC is committed to establishing, maintaining and embedding a robust and effective framework for the management of risk that supports delivery of our risk management strategy across the organisation. The framework is based on the use of a dynamic process, based on the international standard ISO 31000.

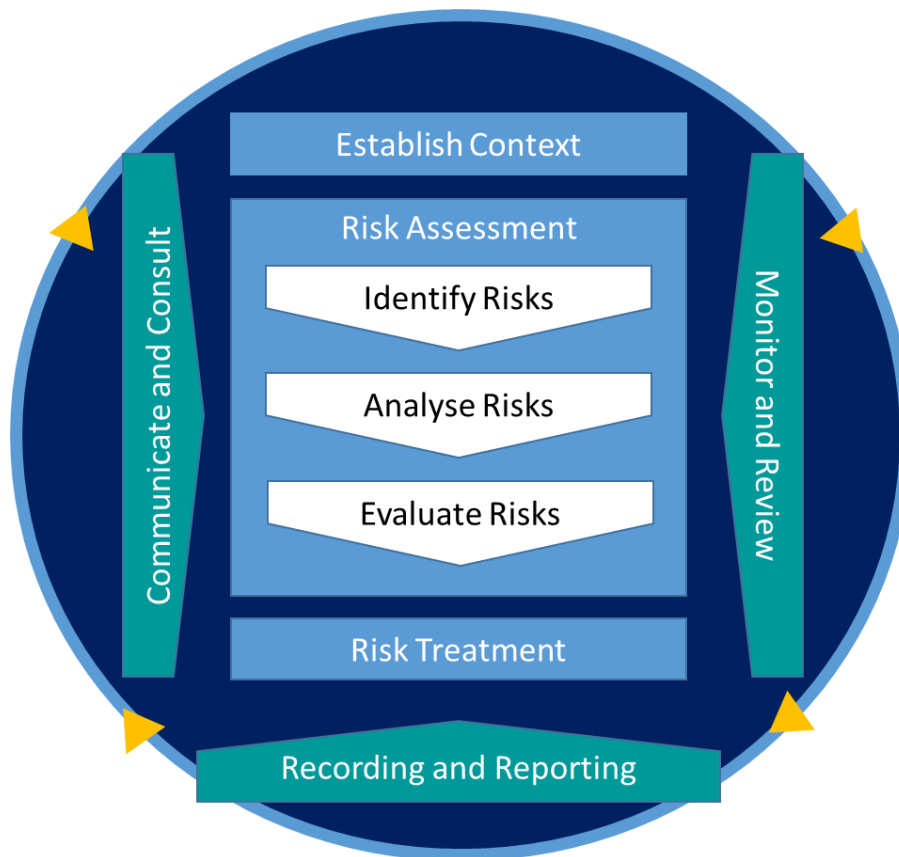


Figure 3 Risk Management Process

4.1. Establish Context

The first stage in the Risk Management process is to establish the Context, there are three main aspects to the Risk Management context –

External Context – This should capture the expectations of Stakeholders and Regulators. For example this should cover the Public Perception, Quality of Services provided, Governance/Compliance Standards and Corporate Social Responsibility.

Internal Context – This should include Corporate Objectives and capture the expectations of internal stakeholders. For example this should include Staff, financial and internal infrastructure arrangements.

Risk Management Architecture/Framework – This includes the Risk Appetite of NHSGGC as set by the Board, the risk management arrangements in place (Governance and Assurance) and the Risk Culture.

Once the Risk context has been determined this supports the identification of risks for documenting in the Risk Register.

Risks should be set against what the organisation is aiming to achieve – corporate objectives. In this stage of the risk management process it is important to ensure there is a common understanding of what those objectives mean at a team, service and organisational level.

It is important to ensure that the risks identified are aligned to the objectives for that area. For example the Corporate Objectives will have different deliverables for each of the Division, Directorates, Services and Specialties within these areas. Risks should be identified (and assessed) at the correct level to ensure the appropriate action is identified.

4.2. Risk Assessment

Risk Assessment is the overall process that identifies, analyses and evaluates the risks as set out in the context. The output from the Risk assessment process should be used to inform decision making in addition to the identification of any additional actions required.

4.2.1.Risk Identification

The Risk should be detailed to explain the possible causes that could result in the risk occurring (the event) and the subsequent impacts should the risk occur.

There are a number of tools and techniques available to support with Risk Identification. These are detailed within the Risk Procedure ([Risk Management - Corporate](#)).

4.2.2.Risk Analysis

Risk are assessed in terms of likelihood and impact following the set criteria and definitions for the scoring of risks. Risk are analysed in two ways - Initial Risk Score and then Current Risk score.

The Initial Risk score is the likelihood and impact of the risk occurring with no controls in place.

The Current Risk score is like likelihood and impact of the risk occurring with the controls in place.

4.2.3.Risk Evaluation

The Risk scores are then evaluated against the Risk Appetite and Tolerance Levels and should the Risk be out with the Appetite or Tolerance levels then a decision should be made on Risk Treatment to be undertaken.

4.3. Risk Treatment

The purpose of this step in the process is to select and implement the appropriate management response to a risk. There are four management responses we can apply to manage a risk, known as the four T's: Terminate, Treat, Transfer or Tolerate.

Once a decision has been made to Treat then actions should be identified to reduce the Current Risk Score to within Appetite, which would usually align to the Target Score.

4.4. Monitor and Review

This step involves the ongoing review of the effectiveness of the risk, the adequacy of risk controls and treatment methods in order to understand any changes to the risk profile.

Ongoing management and review of a risk is essential to ensure it is reduced to within an acceptable level. The review of the controls should ensure that the controls are operating effectively and whether there are any changes to the controls in place. A re-assessment to update the current score must be made using the risk assessment matrix. This will show whether the risk has increased, decreased or stayed the same. Review frequencies for NHSGGC Risks have been detailed in the Risk Management Procedure.

4.4.1.Risk Escalation

The Risk Hierarchy as noted in section 3.3 allows for the escalation and de-escalation of Risk as required. A flow diagram and guidance note have been developed to detail the process for the escalation or de-escalation of risk.

Reasons for escalating risks –

- Risk impacts more than the area where the risk is currently managed.
- Risk impact exceeds Manager's authority or capability to manage effectively.
- All possible controls and actions have been implemented but are not sufficient to manage the risk.
- The risk has breached the Risk Appetite Level following implementation of controls and further mitigations.

Escalation Checklist –

- Is the risk currently recorded on Risk Management System?
- Have all possible risk actions been implemented?
- Is the current risk score 16 (High) or higher based on current controls?
- Does the risk exceed organisational risk appetite and/or Tolerance?
- Have all alternative sources of risk mitigation and control been considered?
- Is there insufficient current resource (i.e. budget/service/people resource) to mitigate the risk further?
- Does the risk have an impact or a dependency beyond the risk owner and management team (i.e. does the risk affect multiple services/sectors/directorates)?
- Will escalating the risk contribute to further risk mitigation and reduction of the risk score?
- Is there agreement on the risk score?
- Has the risk owner provided sufficient evidence to justify the risk score?
- Is there sufficient supporting evidence to demonstrate the risk owner cannot mitigate the risk without escalation?
- Is there sufficient evidence to demonstrate all possible controls and mitigations available at the current level have been implemented?
- Is there sufficient evidence to demonstrate wider impacts / dependencies across other Services/Sectors/Directorates or an organisation-wide impact?

Note - No to the above answers should require the risk to be reviewed further at the current level prior to escalation.

Risk Escalation/ De-escalation -Process

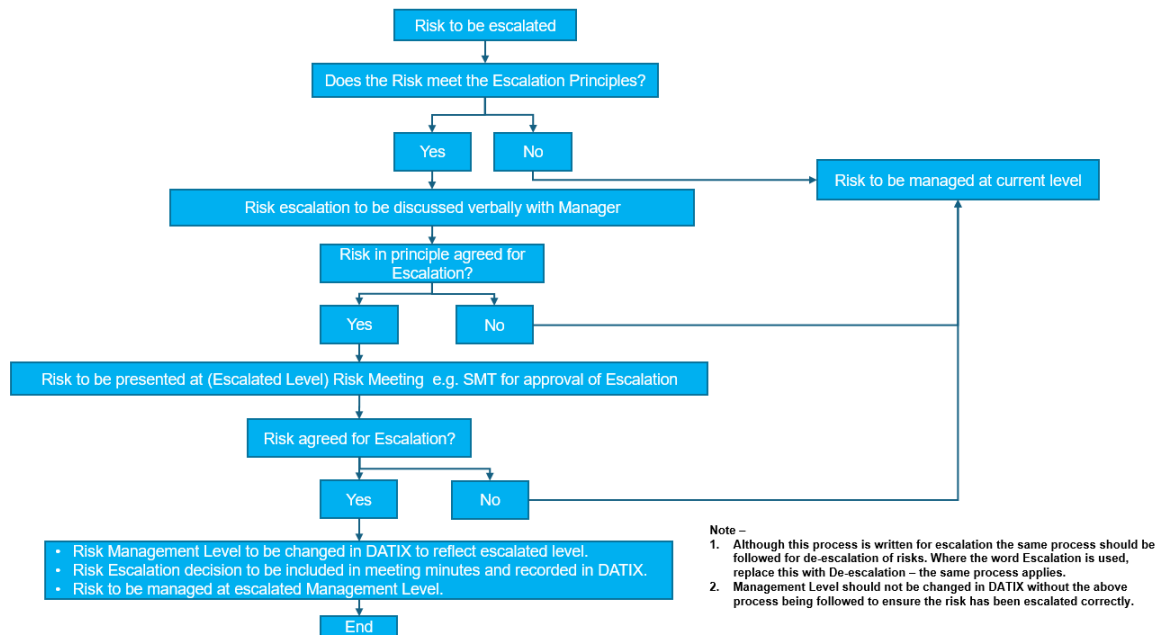


Figure 4 Risk Escalation or De-escalation Procedure

4.5. Communicate and Consult

Communication of the risk management process is essential to assist relevant stakeholders to understand NHSGGC's risk profile and inform decision making as well as prioritisation of resources. Effective communication also supports assurance at each governance level throughout the organisation. The Risk Owner is responsible for the communication of the risk identified to areas that could be impacted by the risk. The Risk Management Policy details the Governance arrangements in place for the reporting of Risks, to ensure communication and consultation.

5. Risk Management Annual Report

On an annual basis the Chief Risk Officer will produce a report summarising the changes to the Corporate Risk profile over the previous year. The report will also include the progress made against Risk Management Objectives set for that year and identify objectives for the following year in order to deliver the Risk Management Strategy.

This Annual Report will be presented to Corporate Management Team and Audit & Risk Committee. The report will include a summary statement from the Director of Finance on the performance of Risk Management within NHSGGC.

6. Resources and Support for Risk Management

Learning and Development

To implement this strategy, focused and effective learning and development support is essential to achieve:

- A workforce with the confidence, competency and capacity to manage risk and make appropriate risk based decisions
- An organisational focus to target underlying systems and process weaknesses

Training and guidance documents will continue to be developed and implemented to meet training needs and promote risk management learning and development across NHSGGC.

Provision of Support and Information

The availability of timely and accurate risk information is necessary for the implementation of this strategy.

Accordingly, NHSGGC will:

- Promote the development of systems to support the Risk Management Strategy,
- Develop, through the Chief Risk officer, relevant supporting risk management information and ensure they are up to date and easily accessible,
- Develop risk management training information to educate managers on managing risk and the use of the Board's Risk Management system and
- Promote continuous improvement and sharing of good practice.

Glossary of Terms

Assurance – Stakeholder confidence in our service gained from evidence showing that risk is well managed.

Corporate Risk Register – A Board level risk register, which covers strategic risks for NHSGGC.

Governance Statement – A statement by the accountable officer within the published Annual Report, as required by the Scottish Public Finance Manual. The statement should be informed by work undertaken throughout the period to gain assurance about performance and risk management, providing an insight into the organisation's risk profile and its responses to identified and emerging risks.

Health and Social Care Partnerships (HSCPs) – Are partnerships between local Council and Health Board, led by the Chief Officer (see below), to deliver the IJB Strategic Plan and to integrate the planning for community health social care services including risk management. This work is led and directed by a separate legal body the Integrated Joint Board. There are six IJB within Greater Glasgow & Clyde.

Integration Joint Boards (IJBs) is a body corporate model that leads the planning of health and social care services, through the provision of delegated funds from local Council and NHSGGC. IJB's are responsible for the creation of a single strategic plan to deliver the required outcome. Each IJB appoints a Chief Officer to lead the delivery of the strategic plan.

Control – A process, policy, practice, device or other action that is used to modify a risk. Controls are in place and not future actions.

Impact – a description of the consequences should a risk occur.

Incident – Is the term used for adverse events that include:

- **Accident:** an event that results in injury or ill health.
- **Near miss:** an event that, while not causing harm, has the potential to cause injury or ill health

Issue – An event that has happened and is currently affecting the organisation in some way and needs to be actively dealt with and resolved.

Likelihood – a description of the probability that a risk may occur.

Partnership - Way of working where staff at all levels, and their representatives, are involved in developing and putting into practice the decisions and policies which affect their working lives.

Risk – An uncertain event, or set of events, which, should it occur, will have an effect on the organisation's ability to achieve its objectives.

Risk Appetite – the level of risk the organisation is aiming to accept in pursuit of its objectives.

Risk Architecture – All of the risk management arrangements within an organisation – sets out lines of communication and reporting, delegation and roles / responsibilities.

Risk Assessment – The systematic process to identifying risks and evaluating their potential likelihood and impact.

Risk Champion – The person / role with responsibility in an individual Directorate for maintaining lines of communication with the Chief Risk Officer, administering the risk register process locally and co-ordinating risk management activities.

Risk Culture – The reflection of the overall attitude of every part of management of an organisation towards risk.

Risk Escalation – the process of escalating a risk to the next management level within the Risk Hierarchy, or further.

Risk Lead – The person / role responsible for managing a risk on a day-to-day basis, assessing the risk score and updating the management plan, reviewing the risk on a regular basis.

Risk Management – The integrated approach (culture, processes and structures) to the identification, assessment, control and monitoring of risk.

Risk Register – A tool used to capture, manage and monitor risks. Includes all information required about that particular risk and is intended to be used both as a management tool and a conduit for risk reporting.

Risk Owner – The person / role with accountability for ensuring the effective management of a risk

Risk Tolerance - is the level of Risk that NHS Greater Glasgow and Clyde is willing to operate, given the current constraints (e.g. funding). (Note - Tolerance is not the same as a Tolerated risk).

Terminate – this is the decision to stop the activity associated with the risk, thereby avoiding the risk altogether. This is similar to a preventative control and may involve substitution of a hazard.

Treat – this involves action to implement additional risk controls in order to mitigate the likelihood and/or impact of a risk. The majority of risks will be within this category and will result in action taken to reduce the risk to within Appetite.

Transfer – this involves transferring the consequences of the risk, either partially or entirely, to a third party. The most common form of risk transfer is insurance.

Tolerate – this is the decision to accept the risk, and any potential consequences, at its current level without further intervention. This decision could be taken when the Current Risk score is within Appetite requiring no additional action to be taken. Or the cost of taking action is disproportionate the potential reduction in risk. It is not appropriate to simply Tolerate a risk to avoid taking action. The NHSGGC Risk Appetite Statement should be referred to in order to make a decision to Tolerate a risk.

Senior Management Teams – the Chief Executive, Deputy Chief Executive, Chief Operating Officer, Directors, Chief Officers, Assistant Directors and Heads of Service.

References

1. The UK Orange Book. The UK Orange Book Management of Risks, Principles and Concepts 2023
2. The BluePrint for Good Governance,

Risk Management Policy

Lead Manager:	Chief Risk Officer
Responsible Director:	Director of Finance
Approved by:	Audit and Risk Committee
Date approved:	<<date>>
Date for Review:	December 2028
Replaces previous version: [if applicable]	V2 13 December 2022

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1. Introduction

This Policy provides the framework for effective Risk Management within NHS Greater Glasgow and Clyde (NHSGGC) and should be read along with the Risk Management Strategy and Risk Appetite Statement ([Risk Management - Corporate](#)).

The UK Orange Book – Management of Risk, Principles and Concepts (2023) highlights that in order for Public Sector organisations to be successful they cannot be Risk Averse. In order to be effective Risk Management should be integrated into the way that NHSGGC Lead, Direct, Manage and Operate. NHSGGC recognises that Healthcare cannot be a risk free environment and as such the Board seeks to ensure that risks are identified, managed and controlled in line with the Risk Appetite.

1.1. Policy Statement

NHSGGC is committed to providing a safe, high-quality and effective Healthcare environment for all patients, visitors and staff. This commitment is underpinned by a proactive and integrated approach to Risk Management, which is embedded into our operations, decision-making and strategic planning.

Effective risk management is fundamental to achieving NHSGGC objectives, enhancing patient safety, fostering a positive staff experience, and promoting continuous organisational learning and improvements. Our Policy places patients, visitors and staff at the heart of all our risk management activities ensuring their safety and wellbeing are paramount.

1.2. Aims

This Policy aims to:

- Embed Risk Management: Integrate Risk Management Principles and practices into everyday activities, process and culture of all departments and at all levels of the organisation.
- Learn from events: Use established systems for reporting of near misses, adverse events and incidents to identify preventative measure to further reduce risk.
- Improve Culture: Foster an open, just and learning culture where staff feel safe and encouraged to report concerns, speak up about risks and contribute to solutions.
- Promote organisational learning: Encourage the systematic sharing of lessons learned from incidents and processes across the organisation, ensuring that improvements are sustained and disseminated.
- Drive reform: Utilise Risk Intelligence to inform strategic planning, policy development and service redesign promoting a culture of continuous improvement and innovation.
- Ensure patient safety and focus: Prioritise the safety, healthcare experience and wellbeing of patients, visitors and staff in decision making and action planning, ensuring their voices are heard and needs are met.

- Staff collaboration: Ensure that the Risk Management process continues to work in partnership with staff.

2. Scope

This Policy applies to all individuals working for or on behalf of NHSGGC, including Permanent Staff, Temporary Staff, Volunteers, Students and Board Members. It covers all aspects of operations, clinical, non-clinical and all environments in which healthcare services are delivered or supported.

This Policy has been written to include all Healthcare Risks within the remit of NHSGGC. Within NHSGGC there are six Integrated Joint Boards (IJB's), with each IJB required to have Risk Management Risk Reporting arrangements in place. IJB's can adopt the NHSGGC Risk Management process or must create their own that enables escalation of risk, where applicable, in line with NHSGGC Policy. The Health and Social Care Partnerships (HSCP) must ensure that Health risks are identified and managed in line with NHSGGC Risk Policy and Processes.

3. Roles and Responsibilities

The following sections detail the roles and responsibilities within NHSGGC.

NHS Board –

- Responsible for gaining assurance of the overall effectiveness of the Risk Management Framework.
- Ensure that there is clear accountability for managing risks.
- Determine, agree and continually assess the Risk Appetite and ensure decision making aligns to this.
- Agree the frequency and scope of Risk Management discussions to ensure discussions on Corporate Risks are integrated and managed effectively.
- Identify additional or new Risks that could impact the delivery of NHSGGC Objectives.
- Assess compliance with the Blueprint for Good Governance on an annual basis.

Audit and Risk Committee –

- Provide oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk
- Evaluate and approves strategies and frameworks in respect of risk management on behalf of the NHS Board.
- Critically challenge the information presented to evaluate the effectiveness of controls and actions delivered.
- Obtain assurance from Risk owners on the effective arrangements in place to manage risk in line with the Risk Appetite.

Governance Committees –

- Provide oversight, scrutiny and subsequently approve updates in respect of corporate risks aligned to each committee.
- Challenge and ensure controls are effective and mitigation actions are aligned to Delivery Plan and Corporate Objectives.
- Ensure risk management is considered as part of the strategic planning and operational business at each Committee, throughout papers and presentations.

Corporate Management Team -

- Responsible for the provision of Assurance to the Board of the implementation and effectiveness of Risk Management with NHSGGC.
- Management of the NHSGGC Corporate Risk Register. Ensure that the Corporate Risk Register contains the highest Strategic Risks.
- Considers risk appetite within NHSGGC (for Board approval).
- Responsible for the identification and management of any Corporate Risks within their individual area. Ensuring controls are in place, effective and where actions are required they are identified and managed to completion.
- Has accountability for implementation of risk management arrangements in their area(s) of responsibility in accordance with the Risk Management Strategy and supporting guidance.
- Ensures that Risk Management is embedded into operational management and decision making.
- Provide Assurance to the Chief Executive, through the production of Assurance Statements and associated internal control checklists that appropriate Risk Management arrangements are in place within their area.
- Embed a strong risk culture through the organisation through leadership and behaviour.

Risk Management Steering Group (RMSG)–

- Review and endorse the Risk Management Strategy and Risk Appetite Statement.
- Review progress in implementing the Risk Management Policy, Risk Management Strategy and Risk Appetite Statement.
- Ensure the Board's Corporate Risk profile is adequately maintained and used to support organisational decision making and prioritisation.
- To monitor the adequacy of the risk management processes undertaken by Departments, including the manner in which risks are identified and managed.
- Reviews the Risk Management Annual Objectives and Performance Report, monitoring progress against delivery.
- Ensure roles and responsibilities relating to risk management are explicit and align with organisational management arrangements and governance structures.
- Identifies additional Risks that should be considered as Corporate Risks.
- Is accountable to the Audit and Risk Committee, with the RMSG Chair being accountable to the Chief Executive, for the implementation of the Risk Management Strategy and supporting processes.
- Carry out "deep dive" reviews on selected Corporate Risks as directed by ARC and/or CMT.
- To monitor levels of Risk Management training and identify any potential gaps.

- Agree an annual Risk Management Work Plan and monitor progress against its implementation.
- Share intelligence and respond to emerging risk themes. This will include organisational learning, sharing good practice and developing, testing and refining processes through structured implementation of improvement actions.

Chief Executive -

- As Accountable Officer the Chief Executive has overall accountability for ensuring risk management arrangements are in place, embedded and integrated into normal management systems.
- Drive a strong risk culture throughout the organisation, through the communication of values and behaviours.
- Seek assurance from the Executive Team on the Assurance of Implementation of Risk Management Strategy across NHSGGC, through Annual Assurance Statements.
- Ensure allocation of appropriate resources for risk management.

Director of Finance -

- Director of Finance - Lead executive responsible for corporate risk management arrangements and the Risk Management Strategy.

Executive Medical Director -

- Executive Medical Director - Lead executive responsible for clinical risk management arrangements, and for the NHSGGC Policy and Procedure for Managing Significant Adverse Events (Clinical) and the Clinical Governance Policy through established schemes of delegation.

Executive Nurse Director -

- The Executive Nurse Director is responsible for ensuring risk management arrangements are in place to support the delivery of the Quality Strategy.

Corporate Service Governance Director –

- The Corporate Services Governance Director is responsible for ensuring that effective Governance arrangements are in place to enable the implementation of the Risk Management Policy and Strategy.

Chief Officers -

- Responsible for ensuring effective Risk Management arrangements are in place for managing Health Risks within their operational area in line with NHSGGC Risk Policy and Strategy.
- Creates a Risk Management Strategy and Risk Appetite Statement for the management of risk within the IJB.
- Responsible for identification and management of risk in relation to the delivery of NHSGGC Objectives.
- Escalates risks where required within the Risk Hierarchy, ensuring the Corporate Management Team are aware of risks that may impact the delivery of Objectives.

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- Ensures that Risks for Hosted Services i.e. those services hosted by a lead HSCP on behalf of others are identified and managed effectively in line with NHSGGC Risk Policy and Strategy.
- Provides the Chief Risk Officer with information on the effectiveness of Risk Management and identifies any areas for improvement
- Provides Assurance to the partner bodies on the effectiveness of the management of risk,

Chief Risk Officer –

- Has responsibility for development of the Risk Management Strategy, Risk Appetite Statement and supporting processes
- Provides advice and guidance to Risk Owners to ensure risks are properly identified, understood and managed across all levels of NHSGGC
- Reports on the NHSGGC risk profile to various levels of governance, including CMT, ARC and other standing committees
- Reviews and updates the Risk Management Strategy and Risk Appetite Statement in line with established review cycles.
- Drives an improving risk culture through risk education and awareness to embed risk management into day-to-day management.
- Provides managerial and professional leadership for risk management across NHSGGC activities.

Directors and all Senior Managers (Risk Owner) -

- Has accountability for ensuring the effective identification and management of individual risks in accordance with the Risk Management Strategy and ensuring effective controls are identified and in place within their area.
- Is responsible for the management and regular review of risk within their operational area, including where required the escalation of risk.
- Assurance Statements - completing an annual assurance certificate, following review of the associated internal control checklist for their area of responsibility, for the purposes of the Board's statutory financial reporting and assurance to ARC.

Risk Lead -

- Has responsibility for managing a risk on a day-to-day basis, assessing the risk score, ensuring effective controls are in place, updating the management plan, reviewing the risk and updating the risk management system on behalf of the Risk Owner.

Risk Champion -

- Has responsibility within a Division or Directorate area for coordinating risk management activity to ensure compliance with the Risk Management Policy and Strategy. This includes the management of a Divisional or Directorate Risk Register.
- Encourages an improving risk culture within the Division or Directorate.
- Through engagement with Risk Lead ensures Corporate Risks for their area are managed effectively with regular update and action management.
- Maintaining lines of communication with the Chief Risk Officer in order to communicate information through their Division or Directorate.

- Provides the Chief Risk Officer with information on the effectiveness of Risk Management and identifies any areas for improvement.

4. Risk Management Arrangements

4.1. What is a Risk?

A risk can be defined as ‘the effect of uncertainty on objectives’ (*ISO31000 Risk Management Standard*). It is any uncertain event which can have an impact on an organisation’s ability to achieve its objectives – either reducing the likelihood of achievement or stopping it altogether. Not every perceived problem is a risk. In this context we can understand the risk to be “uncertainty that matters.”

Another important distinction to make is that between a risk and an issue or an incident – or in other words, an uncertainty and a certainty. A risk is an event that may or may not happen. An issue or incident is something that is currently happening or has already happened. Issues or incidents should not be recorded and treated as risks.

4.2. What is Risk Management?

Risk Management is a systematic way of dealing with that uncertainty which involves the identification, assessment, evaluation and management of risk. Risk management activities are designed to reduce uncertainty in support of delivering corporate objectives. An effective, structured and consistent system of risk management will draw together all types of risks and enable a co-ordinated, interrelated view of the NHSGGC risk profile.

Risk identification must be linked to the delivery of objectives and goals to ensure that the risks are identified at and managed at the correct level. E.g. Corporate Objectives should be distilled into Directorate and area objectives to ensure they are clear and deliverable at each level. Identifying risks at the correct level will help to ensure effective management.

An effective system of risk management will deliver a range of benefits including:

- Enhances strategic planning and prioritisation of resources.
- Ensures that decision making is informed and risk-based in order to mitigate threats to the achievement of corporate objectives.
- Provides assurance to internal and external governance groups that risks are being effectively controlled.
- Helps to ensure compliance with legislation, regulations and other mandatory obligations.
- Raises awareness of the need for everyone to adopt consistent risk management behaviours and actions in our everyday business.
- Empowers all staff to make sound judgements and decisions concerning the management of risk and risk taking.

- Anticipates and responds to changing political, environmental, social, technology and legislative requirements and / or opportunities.
- Prevents injury and / or harm, damage and losses.
- Supports organisational resilience.

This Policy will ensure an effective system of risk management will be achieved by:

- Clearly defining roles, responsibilities and governance arrangements for individuals and teams within NHSGGC.
- Incorporating risk management in NHS Board, Standing Committee and CMT reports to support decision making.
- Demonstrating and reinforcing the importance of effective risk management principles in our everyday activities.
- Providing a structure for maintaining risk registers at all levels that are linked to the organisation's corporate objectives
- Providing a reporting structure to enable Committees to seek assurance that controls relied on to mitigate risks are effective.

4.3. Other Areas of Risk Management

Risk Management should be embedded effectively across all areas of the organisation in order to identify risks that could impact the delivery of objectives.

There are a number of areas where risks are identified and managed through specific assessments. Often these are task or process based assessments and focus on the risks that people could be harmed from operations. The following list gives some examples of these types of assessments and are led by the subject matter lead for these areas. The process for risk identification for these individual Risks are managed via separate Policies and Processes, these policies should be referred to for further information.

- Security Risk Assessments.
- Transport Risk Assessments.
- Fire Risk Assessments.
- Environment Risk Assessments (Aspects and Impacts, Spillage Risk Assessments).
- Clinical Risk Assessments.
- Health and Safety (Manual Handling, Control of Substances Hazardous to Health, task based risk assessments, Display Screen Equipment).

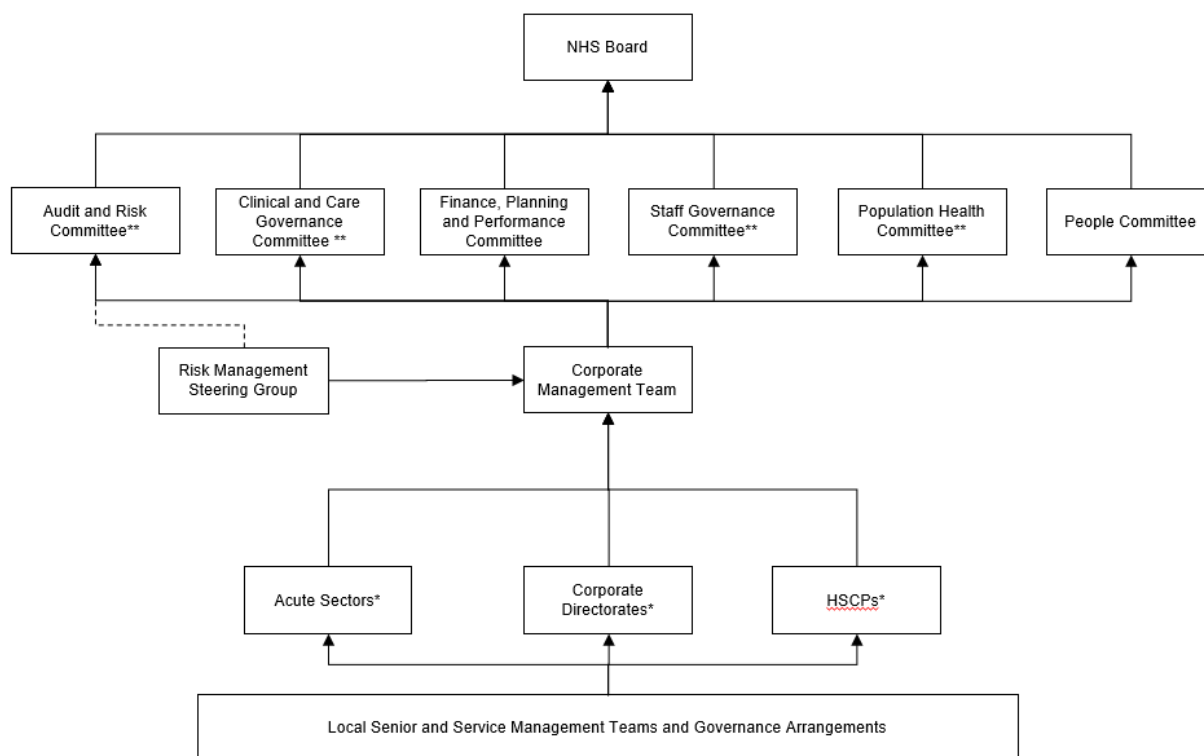
In order to drive consistency of process NHSGGC staff may decide to use the NHSGGC Risk Policy or elements of it in line with other duties that they carry out e.g. The Healthcare Charity.

4.4. Assurance

To assist the Board in meeting its governance requirements in respect of the management of risk, the following assurance will be provided:

- The Chief Risk Officer, supported by Senior Management teams, will provide monthly reporting on the Corporate Risk Register to the CMT. This allows the Chief Executive and the Senior Management Teams to evaluate assurances for the risks contained within the NHSGGC corporate risk register, through engagement and discussion at the monthly CMT review.
- The RMSG will provide assurance to the NHSGGC Audit and Risk Committee on risk management arrangements through the development of an Annual Risk Management report.
- Each Corporate Risk has been assigned to a Standing Committee to ensure adequate oversight. These risks are presented to each occurrence of the Standing Committee for review and scrutiny, with decisions recorded in the minutes of the meeting.
- The Corporate Risk Register is reviewed by the Audit and Risk Committee quarterly.
- Twice a year the Corporate Risk Register is reviewed by the full Board.
- Once a year the Risk Appetite Statement is reviewed by the full Board.
- Each Directorate is responsible for the identification and management of Risks within their area. To provide assurance that this is in place Directors are required to complete Annual Assurance Statements detailing Risk Management arrangements. These Statements are provided to Audit and Risk Committee on an annual basis.
- To provide confidence to patients, staff and the public that this is the case, NHSGGC will include an assessment of the effectiveness of the risk management arrangements within the Governance Statement in its published annual report and accounts.

The arrangements as noted above have been reflected in Figure 1.



* Report to Risk Management Steering Group in relation to risk processes.

** Standing Committees routinely review relevant risks from the Corporate Risk Register

Figure 1 – Risk Management Governance Arrangements.

This process, as summarised in figure 1, will ensure that risk management is firmly embedded as a Board responsibility and that assurances can be provided at all levels on the overall effectiveness of the risk management processes across NHSGGC.

5. Review

This Policy will be reviewed every 3 years, unless required by additional circumstances.

6. References

6.1. Communication and Implementation Plan

This Policy will be located on StaffNet and communication to the organisation will be provided. In addition guidance and training material, in different formats, will also be provided to support the implementation.

6.2. Monitoring

This Policy will be monitored by the Risk Management Steering Group, through the Annual

report.

6.3. Impact Assessment

Impact assessment has been carried out and no additional actions have been noted. Impact assessment is available as a separate document.