

Greater Glasgow NHS Board

Board Meeting
22nd October 2002

Board Paper No. 02/75B

Director of Finance

Risk Management Strategy

Recommendation:

The NHS Board is asked to approve the attached Risk Management Strategy.

Background:

The Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) was introduced by the Scottish Executive Health Department on 1 April 2000 as a means of sharing financial risk. Willis Scotland Ltd have been appointed by Scottish Executive Health Department to manage the scheme for an initial period of three years.

The scheme applies to all NHS bodies in Scotland and covers both clinical and non-clinical risk. NHS bodies contribute to a financial risk pool from which claims are met. This pool has three elements.

New scheme – clinical

New scheme – non-clinical

Residuals pool -known clinical negligence claims before 1 April 2000.

The contribution of each body takes account of a number of factors including the effectiveness of steps taken or being taken to reduce the recognised risk factors and thereby reduce the incidence and cost of claims.

To determine the effectiveness of the steps taken, risk management standards have been set and the performance of each body will be assessed against these standards by the scheme managers. There are three levels of risk management standards and for each one achieved and maintained, the organisation's contribution to the risk pool will be discounted on the following basis.

Level 1	10%
Level 2	15%
Level 3	20%

The NHS Board is currently seeking the Level 1 standard and the scheme managers have indicated that they will carry out their formal assessment of the Board's arrangements on Thursday 12 December 2002.

The contribution in respect of NHS Greater Glasgow for 2001/2002 was £1,001,883. While there are financial benefits in achieving the risk management standards, it is equally important to demonstrate that the NHS Board's corporate governance arrangements provide for the proper management of risk in its various forms.

DRAFT RISK MANAGEMENT STRATEGY

One of the key requirements of the Level 1 standards is that the organisation should have a formal Risk Management Strategy which has been approved by the Board. The attached Risk Management Strategy has been prepared with assistance from our internal auditors, Deloitte and Touche, and the scheme managers; it also draws on earlier work undertaken by our external auditors, PricewaterhouseCoopers. The Strategy was discussed in draft form at a seminar for Non Executives on Tuesday, 1 October 2002 and was subsequently approved by the NHS Greater Glasgow Audit Committee on the same date.

The NHS Board is now asked to approve this Risk Management Strategy.

Alan Lindsay
Head of Control and Support Systems
0141 201 4771

GREATER GLASGOW NHS BOARD

RISK MANAGEMENT STRATEGY

(Version 7 –1 October 2002)

Approved by the NHS Board:

Amended:

Review date: 31 March 2003

Responsible Officer: Head of Control and Support Systems

Greater Glasgow NHS Board

Risk Management Strategy

SUMMARY

What is the Risk Management Strategy?

The Risk Management Strategy explains how the NHS Board will adopt a structured approach to identify and manage risks across all of its activities, both clinical and non-clinical.

Why do we need it?

We need to ensure that

- all risks which could adversely affect the quality and delivery of patient care to the residents of Greater Glasgow are identified and minimised.
- The services, finances and reputation of the NHS Board are protected.

How will we achieve this?

All risks will be identified and prioritised via a series of events and workshops involving directors, managers, staff, partners and stakeholders . Action plans will be prepared to address the risks identified and responsibility for implementing actions will be clearly assigned. Progress towards implementation of action plans will be monitored and reported.

Who will implement the Strategy and Action Plans?

The Chief Executive carries overall responsibility for the management of risk within the organisation and he will be supported in this by the Risk Management Group. The organisational arrangements (e.g. committee structure, system of internal control) will also help to deliver the Strategy. Most importantly however, all staff within the organisation have a role to play in managing risk. The Strategy is intended to encourage and facilitate participation by all.

When will things change?

The Strategy was formally approved by the Board on and takes effect from that date. It is unlikely however that you will notice radical change as many of the existing processes and groups already identify and address risk with varying degrees of formality. The Strategy provides the framework to ensure that risk management is carried out in a structured, proactive and visible manner.

Greater Glasgow NHS Board

Risk Management Strategy

1 Introduction

1.1 This document sets out the strategy of the Greater Glasgow NHS Board for the management of risk.

1.2 Risk can be defined as

the possibility that a given course of action will not achieve its desired and intended outcome but instead some undesired and undesirable situation will develop.

or

the chance of something happening that will have an impact on the objectives of the NHS Board.

2 Statement of Philosophy

2.1 Greater Glasgow NHS Board recognises that the success of this Risk Management Strategy will require risk management to be embedded within its organisational procedures and activities. Implementation of this strategy will allow the development of a co-ordinated and effective risk management programme for all services and activities. The NHS Board believes that by approaching the management of risk in a strategic and organised manner, the implications of risks can be reduced to an acceptable level.

2.2 The principle aim of the NHS Board is to promote and protect the health of residents of Greater Glasgow ensuring delivery of high quality services. In performing this role, the NHS Board is required to focus on

- Health promotion
- Health improvement
- Needs assessment
- Service development
- Resource allocation
- Resource utilisation
- Performance management of Trusts' implementation of the Local Health Plan
- Public health protection

with the underlying aim of equity.

2.3 In order to achieve these aims, the NHS Board will take a systematic approach to identify and assess organisational risks, clinical and non-clinical. The systems established will deliver prompt intervention to eliminate or control those risks identified. This will ensure

- i. Risks affecting the quality and delivery of patient services are minimised
- ii. The services, reputation and finances of the Board are protected.

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Risk Management Strategy

3 Objectives

- 3.1 The objective of the Risk Management Strategy is to adopt a structured approach for all staff to identify and manage risks across all activities.
- 3.2 This Risk Management Strategy is issued by the Chief Executive (CE) for application throughout the Board. It aims to provide a framework for the development of a co-ordinated and consistent system for the identification, assessment, control and monitoring of risks that apply to the Board as an organisation and its activities. The strategy sets out the underlying principles for risk management within the Board and provides the context for a more specific Action Plan. Implementation of the Action Plan will involve corporate action led by the CE. The identification, assessment and mitigation of risk in all its forms will be integral to the work of the Board. Effective risk management is also the responsibility of everyone in the organisation, and will result in a corporate culture that is positive about risk management.

As appropriate, detailed procedures for the assessment, control and monitoring of particular areas of risk will be developed. Such documents will collectively describe Board's risk management strategy.

Guiding principles and values

Responsibility for the management of risk in the Board is one that is shared throughout the organisation, reflecting the specific roles of the Board, management and staff. All three groups are accountable for their own decisions and action working collectively and/or individually as appropriate. To assist in the process of risk management the following fundamental principles have been identified for application throughout all organisational arrangements:

- The Board will provide guidance and support in the proactive use of risk management techniques to assist in the achievement of quality outcomes
 - The Board will seek to create a supportive environment in which staff take responsibility for developing their skills and knowledge appropriate to their roles and responsibilities
 - The Board will work to establish a culture which encourages staff to be open about risks taken and mistakes made so that learning and improvement can take place. This will include arrangements for non-threatening discussion of incidents arising from human errors, with the sole purpose of identifying what can be done to prevent problems recurring
 - The Board will seek to ensure that organisational learning is cascaded through training activity and/or improvements to processes and procedures.
- 3.3 Arrangements have been put in place to ensure compliance with all relevant statutory provisions and guidance, in particular, the NHS (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2000, MEL75 (1998) Clinical Governance and Health and Safety at Work Act 1974.

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Risk Management Strategy

4 Roles and Responsibilities

4.1 Board and Audit Committee

As overall corporate governance responsibility rests with the Board, it requires to review and approve the risk management strategy and receive regular assurance that appropriate arrangements have been implemented to manage the organisation's clinical and non clinical risks and that these arrangements are working effectively. Where there is doubt as to the efficacy of the system, it is incumbent upon the Board to make arrangements to investigate the matters and ensure that corrective action is taken.

In terms of assurance, the Board has delegated the responsibility for receiving regular reports on significant risks and management thereof to the Audit Committee and Chief Executive.

4.2 Chief Executive

The Chief Executive has overall executive responsibility for risk management arrangements, leading the risk management systems and ensuring that responsibilities delegated to other executive directors and staff at all levels within the organisation are discharged in an effective manner. These responsibilities will include ensuring that:

- risks are identified and assessed across all activities and formally recorded in the Board-wide risk register. This approach will encompass existing mechanisms related to normal corporate risks, as well as processes specifically required to meet the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) standards;
- the risk register is reviewed on a regular basis (at least quarterly or sooner in the event of occurrence of a significant event e.g. change in legislation, internal restructuring);
- action plans are agreed for all significant risks and monitored to ensure appropriate action is taken; and
- the Board and Audit Committee receive regular assurance that the risk management process is working effectively and action is being taken to address those risks which are categorised as significant in terms of likelihood and occurrence.
- The Risk Management Group actively co-ordinates all actions and components of the Risk Management strategy.

Whilst the Chief Executive, as Accountable Officer, has responsibility for ensuring that the organisation has an effective framework of internal control, the responsibility for implementation of the risk management strategy is a shared responsibility at all levels of staff within the Board.

4.3 Executive Directors

The implementation of specific Risk Management policies and procedures has been delegated to the following Executive Directors of the Board:

- Clinical Risk: Director of Public Health
- Business and Financial Risk: Director of Finance

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Whilst such specific responsibilities have been delegated, all Executive Directors will be required to:

- identify and assess risks in their respective areas and formally document these in the risk register;
- implement appropriate action to manage the identified risks and report such action to the Chief Executive for all key risks;
- update the risk register on a regular basis; and
- ensure that all staff within their area are aware of their individual responsibilities for managing risk.

4.4 *Staff*

All staff have a responsibility within their own job roles and as Board employees to play a full part in the risk management process by:

- initiating action to prevent or reduce the adverse effects of risk
- managing risks until they become acceptable to the organisation
- identifying and recording any problems associated with the management of risk
- initiating, recommending or providing solutions to minimise risk
- communicating and consulting internally, and externally as appropriate, in relation to the management of risk within the organisation.

5 **Implementation**

5.1 In terms of implementing the risk management strategy, the Board will adopt two separate but linked programmes to address the requirements of the CNORIS scheme and to address the corporate governance requirements for a NHS Board.

5.2 *CNORIS*

The Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) became operational in April 2000. Quality is the driving force behind CNORIS, and is the primary benefit that will result from the successful integration of risk management systems into service delivery. CNORIS also provides a framework that assists organisations to ensure that such systems are fully embedded within the work that they do, and that underpins the normal activities of the organisation. A set of standards covering clinical and non-clinical areas has already been produced by CNORIS. The Board's Risk Management Strategy will ensure that the applicable standards set under CNORIS are achieved and maintained.

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5.3 *Corporate Governance*

The Board recognises the need for a broader consideration of risks in the context of their relationship to change, opportunities and controls. This highlights the need to examine not only the threats to the financial performance of the organisation, but also to the strategies, service objectives and reputation of the Board. This will involve a review of the corporate control processes and systems against acknowledged best practice and the highest possible standards of risk management. Any identified 'gaps' between the existing systems, protocols and procedures will be addressed to provide objective assurances as to the integrity and completeness of the internal control framework.

5.4 The Board is committed to the development of work practices that promote a positive attitude towards risk management throughout the organisation. A manual will be developed and maintained of all policies, procedures and guidelines in support of the Risk Management Strategy. Each document will incorporate the date of implementation and periodic review, and to whom it has been issued. The system for circulating Circulars, Safety Action Notices and Hazard Warning Notices will be reviewed periodically to ensure information is disseminated appropriately.

5.5 Risk Management is a pro-active and iterative process incorporating:

- Identification of risks
- Assessment of the impact and likelihood of occurrence
- Control of the risk
- Elimination, reduction or transfer of the risk.

5.6 The identification of risks is critical to the successful application of this strategy. It is only when risks have been identified can the necessary systems and processes be developed/strengthened to manage the risk. The approach must therefore incorporate all of the following characteristics:-

- Proactive identification - helps mitigate/eliminate potential risk;
- Retrospective review - helps avoid similar risks in the future;
- Incident reporting;
- Analyse trends;
- Blame-free culture – positive attitude towards risk management.

5.7 An effective risk management programme throughout the Board requires the active participation of all stakeholders, partners and staff. The Board will ensure a suitable working environment for all of its staff, as well as other individuals or groups involved in the work of the Board. Positive support will be extended to all staff to take personal responsibility for their actions and their immediate work area. All employees, individually and collectively, have a responsibility for risk management. Staff will be actively encouraged to identify risks and to report incidents and near misses using the extant incident reporting systems. In addition, all staff will be asked to:-

- Take action to prevent or reduce the adverse effects of risk;
- Manage any obvious risks (where it is sensible and possible to do so) until the risk reduces to an acceptable level;
- Identify and record problems as they relate to the management of risk;
- Initiate, recommend or implement solutions to minimise risk, as required;
- Communicate and consult appropriately in relation to the management of risk within the organisation.

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The Staff Forum will be used as an effective mechanism for ensuring that such messages are communicated appropriately. All new staff will be made aware of their responsibilities as part of the induction programme, and risk awareness sessions will be run to ensure that a positive attitude towards effective risk management is reinforced.

- 5.8 In order to ensure the effectiveness of risk management practices, a programme of performance measures will be developed to provide evidence and audit assurance. The Board's Internal Auditors will validate these measures as part of their ongoing programme of work. As well as the periodic update by the Chief Executive to the Board on Risk Management issues, such indicators will be reported through the Audit Committee as part of the wider corporate governance framework of the organisation. Furthermore, the important role of internal audit and their annual work programme will continue to provide a key source of independent assessment of corporate risks. This will ensure that the assurance processes are integrated with normal operational activities to avoid duplication, omission or inefficiencies.
- 5.9 However, a distinction must be maintained between the responsibility for day-to-day risk management activities and the controls assurance framework that needs to be in place as part of the wider corporate governance framework. The controls assurance framework is used to provide the Board with the necessary assurances that risk management arrangements are being effectively delivered. Accordingly the Head of Board Administration will be responsible for ensuring the appropriate design, implementation and monitoring of all workplace systems. These will include:-

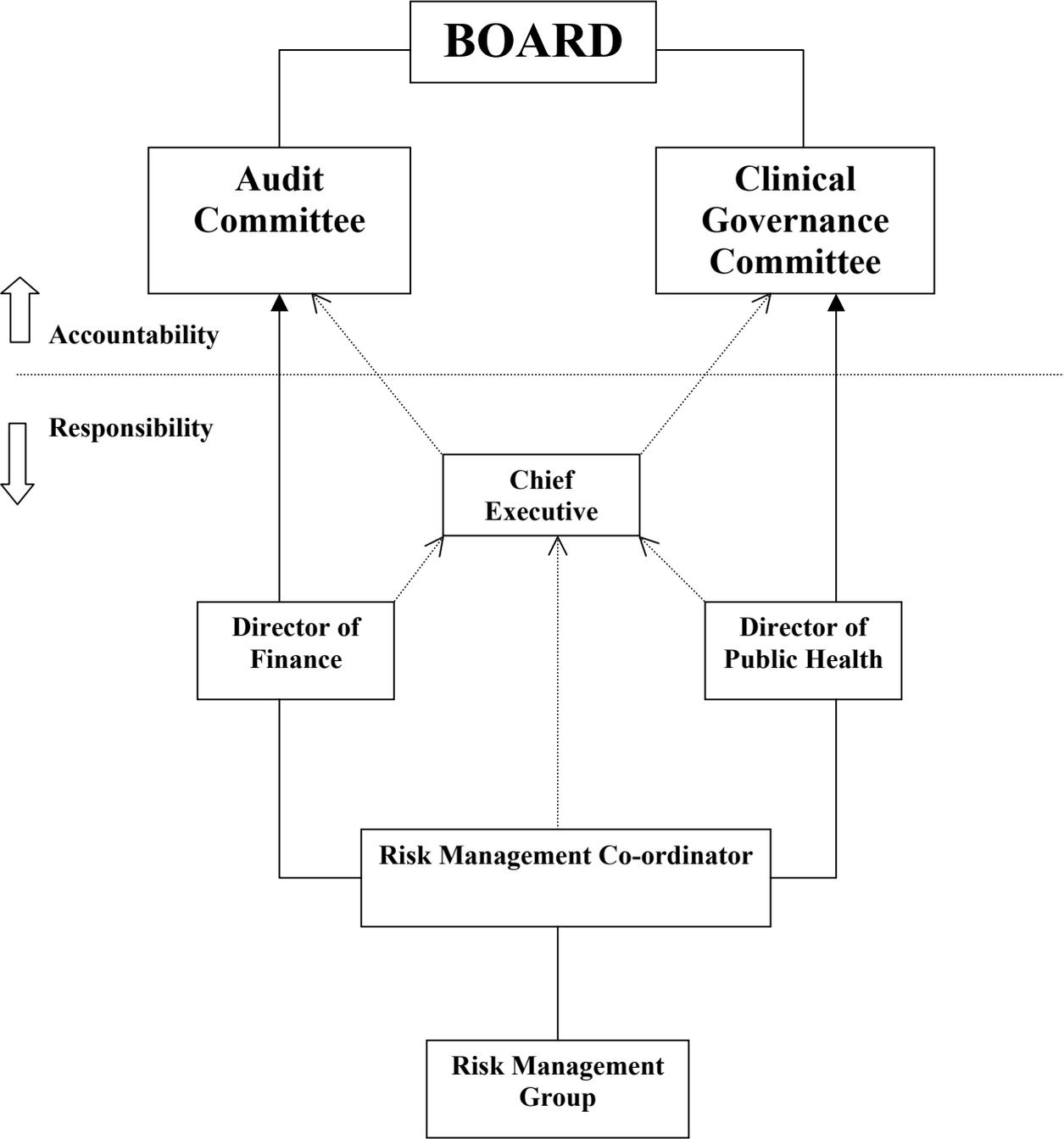
Health & Safety at Work –	HR systems
<ul style="list-style-type: none">➤ First Aid➤ SHAW➤ RIDDOR➤ COSHH➤ Security➤ “Towards a Safer, Healthier Workplace”➤ Manual Handling	<ul style="list-style-type: none">➤ Induction➤ Training➤ Personal Development➤ Occupational Health➤ Personnel Policies and Procedures

6 Approval and Review

- 6.1 This strategy was approved by the NHS Board on
- 6.2 It will be reviewed on an annual basis and represented to the Board in the form of an annual report on Risk Management as part of the review of the NHS Board's arrangements for corporate governance. If required, more frequent reviews will be undertaken in the light of alterations to procedures arising from legislative changes, internal restructuring, adoption of good practice from elsewhere or any other cause.

Annex 1

Risk Management Structure



Greater Glasgow NHS Board

Risk Management Strategy

Annex 2

Remits and Membership of Committees

Audit Committee

Health and Clinical Governance Committee

Risk Management Group

Greater Glasgow NHS Board

Risk Management Strategy

NHS GREATER GLASGOW AUDIT COMMITTEE REMIT

Objectives

To ensure that in respect of the four Trusts and Board that make up NHS Greater Glasgow:

1. audit mechanisms and process are in place;
2. activities are within the law and regulations that govern the NHS in Scotland and;
3. an effective internal control system is maintained.

Composition

1. The Committee shall be appointed by the full Board and given a remit, including advice on the conduct of its business.
2. The Board shall nominate a minimum of nine Members. The Convener will be appointed from one of the four Members drawn from the Board. The Chairs of each of the Trusts' Audit Committee shall be members. The Chairman of the Board shall not be a Member but shall have the right to attend meetings. As the Committee is responsible for the regularity of spend for NHS Greater Glasgow, other Board Members shall also have the right to attend.
3. A quorum shall consist of five Members, of whom three must be Members of Greater Glasgow NHS Board.
4. The Committee shall be able to require the attendance of any Director or member of staff.
5. The Head of Board Administration (or authorised nominee) shall perform the functions of Secretary to the Committee.
5. The external auditor shall normally attend at least one Audit Committee meeting each year, as shall the Director of Finance. The Committee shall have a discussion with the external auditors at least once a year, to ensure that there are no unresolved issues of concern. The Chief Internal Auditor shall normally attend the Committee's meetings.
7. Both the Chief Internal Auditor and the External Auditor shall be offered the opportunity to hold discussions with the Committee without the Director of Finance, Executive Directors or other Board staff being present.
8. The Board's Standing Orders, so far as applicable and unless otherwise specified, shall be the rules and regulations for the proceedings of the Committee.

Remit

The Committee shall systematically review the scope and performance of the Trusts' Audit Committee process (and receive the Minutes of their meetings). In addition, it has responsibility for ensuring the regulation of all Health Board specific financial processes and procedures. In this context it shall be responsible for:-

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Internal Control and Corporate Governance

- Sharing of best audit practice throughout NHS Greater Glasgow and lessons learned/highlighted from Audit Reports.
- Gain maximum benefit from all Trusts and Board sharing the same internal and external auditors.
- Review of the Board's system of internal control and make recommendations to the Board regarding the Statement of Directors' Responsibilities in respect of Internal Financial Control.
- Review of Standing Financial Instructions and, where necessary, recommend changes to the Board.
- Evaluation of the Board's control environment and decision making process and report thereon to the Board at least annually.
- Review of the operational effectiveness and efficiency of the Board, including the commissioning of specific value for money and quality of service reviews.
- Approval of changes to financial procedures.
- Review of cases where the requirement to obtain competitive quotations and tenders is waived.

Review of Fraud and Corruption

- Review annually a report by the Director of Finance on the level of suspected and detected fraud and corruption within the Board, and on arrangements for prevention and detection.
- Review additions to the Register of Fraud.

Internal Audit

- Ensuring an effective internal audit service is provided.
- Reviewing the internal audit strategy and plan.
- Receiving internal audit progress reports.
- Reviewing the action taken in respect of audit recommendations.
- Reviewing the internal audit annual report.

External Audit

- Monitoring the performance of external audit to ensure receipt of a cost effective service.
- Reviewing external audit reports and management letters.
- Ensuring so-ordination between internal and external audit.
- Ensuring recommendations by external audit including those contained in value for money reports have been implemented as agreed.

Annual Accounts

- Review schedules of losses and compensations.
- Review accounting policy and recommend changes thereto, particularly in respect of the consolidated accounts of NHS Greater Glasgow.
- Review of Annual Accounts prior to consideration by the Board and make recommendations in respect of their approval by the Board.
- Review the External Audit Management letter in relation to NHS Greater Glasgow's consolidated accounts.
- To progress with individual Trust matters affecting controls assurance and constituent financial accounts remaining unresolved against Internal and External Audit recommendations.

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Risk Management Strategy

Risk

- Approve the Risk Management Strategy
- Review at least annually the arrangements for risk management.
- Ensure mechanisms are in place to comply with the requirements of Clinical Negligence and Other Risk Indemnity Scheme (CNORIS).

Other

- To consider and report on any other matters referred to it by the Board.
- To consider any items placed on the agenda by either the Convener of the Committee, the Chief Executive or any Member.

Frequency

- The Committee will meet as required.

Reporting Arrangements

- The Committee will report to the Board by the submission of the Minutes of the meetings.

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Risk Management Strategy

NHS GREATER GLASGOW AUDIT COMMITTEE MEMBERSHIP

Professor G C A Dickson	Vice Principal & Pro Vice Chancellor (Operations) Glasgow Caledonian University
Mrs E Smith	Chairman, South Glasgow University Hospitals NHS Trust
Cllr D McCafferty	Leader West Dunbartonshire Council
Cllr J Handibode	Chair, Social Work resources Committee South Lanarkshire Council
Cllr D Collins	Convener, Personal Social Services East Renfrewshire Council
Mr C Scott	Audit Committee Chairman, Greater Glasgow Primary Care NHS Trust
Mr A Haseeb	Audit Committee Chairman Yorkhill NHS Trust
Mr I Irvine	Audit Committee Chairman North Glasgow University Hospitals NHS Trust
Mr J Thomson	Audit Committee Chairman South Glasgow University Hospitals NHS Trust

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NHS GREATER GLASGOW HEALTH AND CLINICAL GOVERNANCE COMMITTEE REMIT

Objectives

1. To ensure that clinical governance mechanisms are in place and effective throughout the NHS Greater Glasgow, including public health at the Board.
2. To ensure that the principles and standards of clinical governance are applied to the health improvement activities of the NHS Board.

Composition

1. The Committee shall comprise 2 non-executive Members from the Greater Glasgow NHS Board, the Chairs of each Trust Clinical Governance Committee and shall have the power to co-opt up to 2 additional Lay Members from outwith the membership of the Greater Glasgow NHS Board.
2. The Chair, Chief Executive, Director of Public Health, Nurse Adviser of Greater Glasgow NHS Board, and Trust Medical Directors, Trust Directors of Nursing and the Chair of the Area Clinical Effectiveness Committee shall be ex-officio Members of the Committee (without voting rights) in order to bring together the professional support required for the Committee to perform its functions.
3. The Trust Chief Executives shall be invited to attend all meetings.
4. The quorum of Meetings of the Health and Clinical Governance Committee shall be 4 voting Members.

Remit

Greater Glasgow Wide

1. The Committee shall systematically review the scope and performance of the Trusts' clinical governance processes and shall have the right (invested in those Committee Members without Trust affiliation) to examine certain aspects of these by receiving reports or taking evidence from those in Trusts responsible for clinical governance.
2. The Committee shall act for the Board in ensuring that the clinical professions
 - (a) engage in effective professional practice;
 - (b) operate so as to support the delivery of high quality care for the population of the Board's area - best met through systematic review of clinical practice;
 - (c) review practice in a systematic manner across Greater Glasgow and identify area-wide issues and consider differences in practice and the reasons for such differences;
 - (d) engage in continuing professional development.

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3. The Committee, in conjunction with Trust Clinical Governance Committees, shall identify and monitor issues of common concern for the purpose of setting priorities to be addressed on an area-wide basis.
4. The Committee shall be authorised by the Board to take whatever action is considered necessary to ensure high professional standards are maintained and shall respond promptly to any adverse reports from staff, patients or the public which question the clinical integrity of any of the Board's activities.
5. The Committee shall participate with other groups as required, such as the Area Clinical Effectiveness Committee and other representative bodies, in discharging its responsibilities.

GGNHS Board Staff

6. The Committee be responsible for oversight of clinical professions employed by the Board as defined in NHS Circular MEL (1978) 75 and MEL (2000)29.
7. The Committee shall oversee the preparation of broadly based performance plans for Board clinical staff (including public health staff at Greater Glasgow NHS Board) prepared on a departmental basis and critically review activity against these plans annually.

Frequency

The Committee will meet 4 times a year, co-ordinating these meeting times with Trust Clinical Governance Committee meetings.

Reporting Arrangements

The Committee shall report its proceedings to the Board, by the submission of the Minutes of meetings and ad hoc papers.

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Risk Management Strategy

GREATER GLASGOW NHS BOARD HEALTH AND CLINICAL GOVERNANCE COMMITTEE

MEMBERSHIP

Chairman

Professor Michael Farthing

Members

Mrs Hazel Brooke	(Chairman, Yorkhill Trust Clinical Governance Committee)
Councillor Daniel Collins	(Member, GGNHSB)
Professor Lewis Gunn	(Co-opted Lay Member - Emeritus Professor)
Mr Peter Hamilton	(Co-opted Lay Member - Convenor, Local Health Council)
Mr Ian Irvine	(Chairman, North Glasgow Trust Clinical Governance Committee)
Mrs Agnes Stewart	(Chairman, South Glasgow Trust Clinical Governance Committee)
Mr Bob Winter	(Chairman, Primary Care Trust Clinical Governance Committee)

Ex-officio Members

Professor D L Hamblen	(GGNHSB Chairman)
Mr Tom Divers	(GGNHSB Chief Executive)
Dr Harry Burns	(GGNHSB Director of Public Health and Chairman Area Clinical Effectiveness Committee)
Ms Sue Plummer	(GGNHSB Nurse Adviser)
Dr W G Anderson	(Medical Director, North Glasgow Trust)
Dr Brian Cowan	(Medical Director, South Glasgow Trust)
Mr Morgan Jamieson	(Medical Director, Yorkhill Trust)
Dr Iain Wallace	(Medical Director, Primary Care Trust)
Mrs Ros Crocket	(Director of Nursing, Primary Care Trust)
Miss Maureen Henderson	(Director of Nursing, South Glasgow Trust)
Miss Margaret Smith	(Director of Nursing, North Glasgow Trust)
Miss Brenda Townsend	(Director of Nursing, Yorkhill Trust)

Invited to attend

Mr Jonathan Best	Chief Executive, Yorkhill Trust
Ms Maggie Boyle	Chief Executive, North Glasgow Trust
Mr Robert Calderwood	Chief Executive, South Glasgow Trust
Mr Tim Davison	Chief Executive, Primary Care Trust

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Risk Management Strategy

RISK MANAGEMENT GROUP REMIT

Overall Responsibilities

The Risk Management Group has overall responsibility for ensuring an effective risk management programme exists to deliver in a proactive way the requirements set out in the Risk Management Strategy. Fundamental to that responsibility is ensuring the active participation of all stakeholders, partners and staff throughout the NHS Board.

The resultant programme will be an appropriate mix of

1. The proactive identification of risks through specific awareness raising events including workshop ensuring this issue is identified in the remit of relevant specific groups.
2. The sensible management of any obvious risks through either planning and monitoring and the incorporation of explicit risk assessment in policy and other development proposals submitted to the NHS Board.
3. Ensuring that due process exists to formally record and track recommendations made in respect of risks identified. Such performance monitoring and co-ordination of action plans will be a key role of the Risk Management Group.

Specific Responsibilities

- 1 To co-ordinate risk management within the NHS Board. This will include
 - i. identifying the entire risk portfolio of the NHS Board, develop and maintain a risk register and prioritise risks within the organisation;
 - ii. focusing on risk and pool information and expertise to support a cohesive organisation wide strategic framework;
 - iii. encouraging and fostering greater awareness of risk management throughout the organisation at all levels;
 - iv. liaising with specialist risk management groups within the NHS Board e.g. communicable disease, infection control, safety etc and to ensure that the appropriate issues are regularly discussed by the relevant groups;
 - v. liaising with external risk management groups including NHS Trusts;
 - vi. providing advice to managers on aspects of risk management.
- 2 To prepare action plans to address all risks identified and to ensure that responsibility for every required action is clearly assigned.
- 3 To monitor and report on progress against action plans.

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- 4 To provide composite risk management reports to the Executive Group, the Audit Committee and the NHS Board.

Frequency of Meetings

The Group will meet monthly and as required.

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RISK MANAGEMENT GROUP MEMBERSHIP

Director of Finance (Chair)
Head of Board Administration
Assistant Director of Finance
Head of Control and Support Systems
Head of Internal Audit
Director of Public Health
Consultant in Public Health Medicine
Emergency Planning Officer
Pharmaceutical Prescribing Adviser
Local Partnership Forum Representative
Assistant Director of Planning and Community Care
Assistant Director of Health Promotion
Nurse Adviser