
Report To:	Inverclyde Integration Joint Board	Date:	10 August 2015
Report By:	Brian Moore Chief Officer Designate Inverclyde Health & Social Care Partnership	Report No:	IJB/10/20 15/LB
Contact Officer:	Lesley Bairden	Contact No:	01475 712257
Subject:	AUDIT AND RISK MANAGEMENT STRATEGY - UPDATE		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a position statement on the Internal and External Audit function for the IJB, along with an associated Risk Management Strategy.

2.0 SUMMARY

- 2.1 This provides the background to and current issues relating to the Internal and External Audit function and associated Risk Strategy, required to support the Integrated Joint Board for Inverclyde's Health and Social Care Partnership.
- 2.2 The scope of internal audit covers:
- The IJB Strategic Plan and planning process
 - The Financial Plan, underpinning the Strategic Plan
 - Relevant issues raised from either partner internal auditors
- 2.3 The scope of External Audit will, in the main, be the review and sign off of the IJB Annual Accounts.
- 2.4 Work remains ongoing to identify who will provide the Internal Audit function, with Grant Thornton providing the External Audit function to the IJB.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. Note the contents of this report
 2. Agree to receive detailed proposals on the function, membership and frequency of the Audit Committee at the next meeting of the IJB
 3. Agree to receive updates as outstanding issues are clarified, with updates to be reported to each meeting of the IJB

Brian Moore
Chief Officer Designate

Lesley Bairden
Chief Financial Officer Designate

4.0 BACKGROUND

- 4.1 For the last 18 months the IJB Chief Financial Officer Designate along with other finance officers from NHS Greater Glasgow and Clyde and the six Councils coterminous with the Board have been working closely to ensure appropriate financial arrangements are in place to support the IJB and HSCP as part of the Technical Finance Working Group.
- 4.2 The outputs from the Technical Finance Working Group (TFWG) are an agreed set of specimen documents and policies which each IJB can then customise and draw upon as required. This approach allows consistency between partnerships and continuity for NHSGGC.
- 4.3 One aspect of this work is a specimen risk policy, which was developed by risk professionals from NHSGGC and coterminous Councils, as a sub group of one work stream.

5.0 AUDIT ARRANGEMENTS

- 5.1 As described above and in more detail in the Draft Financial Regulations report, elsewhere on the agenda, the TFWG have produced and recommended a number of guidance papers. In specific relation to audit, work remains ongoing to develop papers on:
 1. Financial Governance Checklist
 2. Internal & External Audit Arrangements
 3. Annual Accounts (national issue)
- 5.2 It is recognised that as the legal status of the IJB is akin to a Local Authority, Council Internal Audit Services are better placed to service the IJBs; however this is for local determination. This may cause particular issue within Inverclyde as the available resource of the Internal Audit Service will mean limited capacity to take on additional work, as well as issues around separation of duties and independence. Work remains ongoing to develop a solution, reflecting a risk based approach as adopted within Inverclyde.
- 5.3 The IJB will need to consider the remit, membership and frequency of its Internal Audit committee cycle; a pragmatic approach would be to meet in advance of each IJB main meeting, which may be reviewed as the business of the Board develops. A terms of reference will be developed for approval.
- 5.4 An initial indication of the work expected to be involved is:
 - Planning arrangements – strategic plan
 - Reporting arrangements – progress reports on audit plan delivery
 - Arrangements or any additional work such as risk management support, advice and support, co-ordination of the annual governance statement along with any required investigations

The responsibility for internal audit of all operational matters will remain with the partner organisations.

- 5.5 A national short life working group is currently reviewing a number of technical aspects relating to the content and presentation of the IJB annual accounts. This is being led by CIPFA and will seek the views of Audit Scotland.

- 5.6 Grant Thornton has been appointed to provide the external audit function for IJBs, as yet the associated cost and / or any opportunities for a shared approach with other IJBs, in the longer term, is to be determined.
- 5.7 The outcome of the above will be reflected in revised versions of the Financial Regulations for the IJB as each issue is resolved and approved by the IJB Audit Committee.

6.0 RISK STRATEGY

- 6.1 The Integration Scheme refers to a risk management policy to be made available to the IJB, with a specimen Risk Management Policy and Strategy included at Appendix 1 for information. As stated above this has been developed as part of the TFWG outputs and provides a starting point for each IJB and will require revision to reflect Inverclyde's IJB.
- 6.2 The IJB is required to maintain a risk register, reflecting its strategic activities and taking, taking cognisance of significant issues from each partner's own risk registers, which are updated annually.
- 6.3 The internal audit functions, set out at 2.2 above does not include any support for risk management. As with internal audit this may cause particular issue within Inverclyde Council as the available resource of the Internal Audit Service will mean limited capacity to take on additional work. Discussion is ongoing to determine a solution.

7.0 OTHER ISSUES

- 7.1 There remains ongoing discussion as to the requirement for indemnity insurance for the IJB and whether this is required over and above the existing insurance of each partner organisation.
- 7.2 Scottish Government advice is that IJBs should join CNORIS (Clinical Negligence and Other Risks Indemnity Scheme) for the operation of the Board itself. The cost per IJB will be a flat rate of £3,000 and for those IJBs coterminous with NHSGGC this cost has been absorbed by the Board. This will provide indemnity for the Board Members and the low cost of the premium reflects the perceived risk. Appendix 2 summarises the levels of cover provided.

8.0 IMPLICATIONS

8.1 Finance

The financial implications within this report cannot yet be quantified. The treatment of costs relating to Internal Audit Services, if provided by the Council, is ongoing as part of a wider discussion relating to support costs. This will also include treatment of costs associated with facilitating the IJB. There will be costs associated with employing external auditors and the sum is not yet known. As the position is clarified all one off and recurring cost implications will be reported.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
TBC					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect	Annual Net Impact £000	Virement From	Other Comments
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		from			
TBC					Internal Audit External Audit Risk Management Support and Facilitation of IJB

Legal

8.2 There are no specific legal implications arising from this report.

Human Resources

8.3 There are no specific human resources implications arising from this report.

Equalities

8.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

8.5 There are no repopulation issues within this report.

9.0 CONSULTATION

9.1 The Council’s Chief Financial Officer, Director of Finance NHSGGC and the Council’s Chief Internal Auditor have been consulted.

10.0 BACKGROUND PAPERS

10.1 There are no background papers for this report.

[Relevant Local Authority
Logo Here]



[Area] Integration Joint Board

Risk Management Policy and Strategy

Version No.	1.0	Review Date:	00/00/0000
Date Effective:	00/00/0000		

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Version No.	Final Draft	Superseded Version:	N/A
Date Effective:	00/00/0000	Review Date:	00/00/0000

Policy – the risk management approach

1.1 The **[Area]** Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the Joint Board aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the Joint Board and others who interact with the services delivered under the direction of the Joint Board.

1.3 The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

1.4 The Joint Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 In normal circumstances the Joint Board's appetite/ tolerance for risk is as follows:

[IJB to insert here the normal level of risk that will be acceptable, unacceptable and tolerable – for example, low or green risk shown in the matrix here could be 'acceptable.']

This can be seen clearly in the following matrix:

[IJB to insert the matrix it will use]: Example:

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

1.6 The Joint Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the Joint Board.

1.7 The Joint Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the Joint Board.

1.8 The Joint Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

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Strategy - Implementing the policy

1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
- establish communication and sharing of risk information through all areas of the Integration Joint Board;
- initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

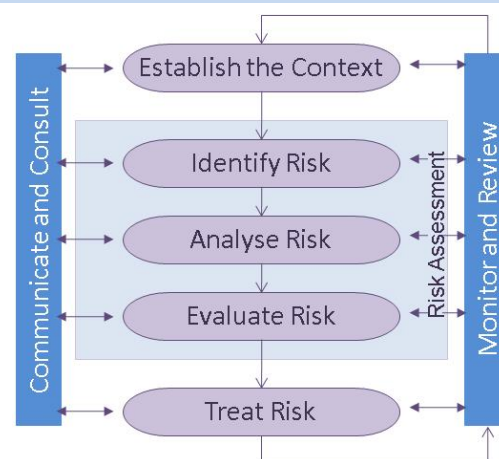
1.5 All risks will be analysed consistently with an evaluation of risk as being **[IJB to agree evaluations] Examples, low/ mod/ high/ very high/ red/ amber/ yellow/ green?]. [IJB to agree what level of risk will be referred to as 'significant' and therefore be subject to closer scrutiny by the Board]. Examples, 'high and above' or risks scoring >nn.**

1.6 This document represents the risk management framework to be implemented across the Joint Board and will contribute to the Joint Board's wider governance arrangements.

2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

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3. Application of good risk management across the IJB activities

- 3.1 Standard procedures (3.1.1 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.
- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Categorisation of risk under the headings below:
- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
 - Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.
- 3.1.4 Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 3.1.5 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.6 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the Joint Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Joint Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.8 Reporting of strategic risks and key operational risks to the IJB on a **[IJB to agree frequency]** basis.
- 3.1.9 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by **[the Senior Management Team – IJB to agree]**
- 3.1.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

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Realising the risk management vision

4. Risk management vision and measures of success

[IJB to insert local risk management vision statement here]

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

4.1 In working towards this risk management vision the Joint Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

4.2 The measures of success for this vision will be:

[IJB to insert local measures of success here]

Examples:

- *good financial outcomes for the Joint Board*
- *successful delivery of the strategic plan, objectives and targets*
- *successful outcomes from external scrutiny*
- *fewer unexpected/ unanticipated problems*
- *fewer incidents/ accidents/ complaints*
- *fewer claims/ less litigation*

Risk leadership and accountability

5. Governance, roles and responsibilities

5.1 Integration Joint board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*A 'risk implications' section on relevant board papers could facilitate this*).

5.2 Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

5.3 Chief Financial Officer

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

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5.4 Senior Management Team **[or other name to be agreed by the IJB]**

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

5.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

5.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

5.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the individual partner bodies.

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Resourcing risk management

6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Board will be resourced through the Senior Management Team's arrangements (referred to in 5.4).
- 6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

8. Risk management training and development opportunities

- 8.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9. Monitoring risk management activity

- 9.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.
- 9.3 **[IJB to agree here, how and how often 9.2 should be undertaken]** Example: Quarterly or six monthly; all strategic and shared risks and key operational risks.

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- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

Communicating risk management

11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Board at its meeting of **[00/00/0000]**.
- 11.4 This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

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Appendix 1 Risk Matrix

[JB to insert its chosen risk matrix here]

Note, the common matrix currently used across the majority of partners within the NHS GGC wide area is a 5x5 matrix.

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CNORIS

Confirmation of Cover 2015/16

The following organisations are covered by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) for all Health Services in Scotland and for Health and Social care services covered by Integration schemes.

NHS Ayrshire & Arran

East Ayrshire Integrated Joint Board

North Ayrshire Integrated Joint Board

South Ayrshire Integrated Joint Board

NHS Borders

NHS Dumfries & Galloway

NHS Education

NHS Fife

NHS Forth Valley

NHS Grampian

NHS Greater Glasgow & Clyde

NHS Health Scotland

NHS Highland

NHS Lanarkshire

NHS Lothian

Mental Welfare Commission for Scotland

National Services Scotland

National Waiting Times Centre

NHS Orkney

NHS Quality Improvement Scotland

Scottish Ambulance Service

NHS Shetland

The State Hospital

NHS Tayside

NHS Western Isles

NHS 24



Mrs Deirdre Evans
CNORIS Scheme Director
NHS National Services Scotland
May 2015

Purpose of this Guidance Note

There will be occasions when CNORIS scheme members are required to confirm the extent of cover available to them under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). This guidance note sets out the cover for the listed Members, and can be provided to external organisations as Members see fit. This guidance is effective from 1 April 2015 until 31 March 2016 inclusive.

Introduction

In my capacity as CNORIS Scheme Director, I can confirm that with effect from 1 April 2015, the bodies listed herein are admitted Members of CNORIS, which has been created by authority of the Scottish Ministers.

CNORIS is subject to scheme rules and governed by the National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2015.

Cover

General:

CNORIS provides indemnity to Member organisations in relation to Employer's Liability, Public / Product Liability and Professional Indemnity type risks (inter alia). The level of cover provided is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. The Scheme will provide "Indemnity to Principal" where required. CNORIS also provides cover in relation to Clinical Negligence.

Work Experience and Student Placements:

CNORIS provides indemnity to Member organisations in relation to their legal liability associated with work experience recruits of whatever age acting on behalf of the Member organisations. CNORIS will similarly provide indemnity to member organisations in relation to their legal liability associated with students working with the Member organisation on placement from an educational establishment.

Volunteers:

CNORIS provides indemnity in relation to legal liability of Member organisations associated with volunteers of whatever age acting directly on behalf of the Member organisation. For the avoidance of doubt, no cover is provided in relation to voluntary organisations.

Further Information

For further information please contact

Irene A Hallett
CNORIS Scheme Manager
NHS Central Legal Office
NHS National Services Scotland
Anderson House
Breadalbane Street
Bonnington Road
Edinburgh EH6 5JR
Tel: 0131 275 7549
Mob: 07814 632164
Email: irenehallett@nhs.net