

Risk Management Policy February 2023

Document governance and management

Document owner/author/lead	Director of Strategy and Performance
Version number	V2
Current version referred for approval to	Council February 2023
Date of next review	February 2025
Date of equality impact assessment (mandatory)	December 2019
Date of privacy impact assessment (if required)	N/A
Date of environmental impact assessment (if required)	N/A

Change log – for minor changes to spellings, sentences etc. Use when policy is not being put forward for approval.

Officer name	Date of change	Description of change	Confirm upload of revised document

Contents

1. Introduction 3

2. Principles..... 3

3. Roles and responsibilities 4

3.1 Council and committee..... 4

3.2 Audit and Assurance Committee 4

3.3 Executive Management Team 4

3.4 Operational Management Team 5

4. Risk Management processes..... 5

4.1 Risk identification and review 5

4.1 Monitoring risks and management actions 6

5. Risk Appetite 6

1. Introduction

The SSSC recognises that risk is inherent in all aspects of delivering public protection services. These risks relate to our staff, registrants, users of services, their families or carers, employers and the wide range of stakeholders we work with, as well the systems and facilities we use.

This policy is designed to manage the risks of the SSSC and support the identification, evaluation and control of risk to ensure, as far as possible, that they are eliminated or reduced to a level that is acceptable to the Council.

By undertaking risk management, we will better manage the successful delivery of our objectives by both preparing for and understanding the implications of adverse events. We will also be better able to provide assurance to our stakeholders that we are managing risks and appropriately maximising business and public value opportunities.

The policy describes the SSSC approach to risk management, details the roles and responsibilities of the of the Council, Audit and Assurance Committee, Executive Management Team (EMT) and Operational Management Team (OMT). It outlines key parts of the risk management process and identifies the main reporting procedures. It also describes the methods used to evaluate the effectiveness of the internal controls and approach to risk.

2. Principles

- The Council is accountable for overseeing risk management.
- The Council adopts an open and receptive approach to solving risk problems and addressing risk implications.
- We will set our appetite for risk, maintaining a formal statement.
- We will have a dynamic approach to risk that will allow of escalation and de-escalation of risk within the tolerance and appetite set by Council.
- The Chief Executive and all managers and staff are responsible for the identification and management of risks.
- We take a prudent approach to the recognition and disclosure of both the financial and non-financial implications of risks.
- Managers are responsible for ensuring good risk management practice within their functional areas.
- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the relevant programme board, EMT, Audit and Assurance Committee or Council as appropriate.

3. Roles and responsibilities

3.1 Council and committee

The Council is accountable for the oversight of the management of risk. The responsibility for overseeing the management of strategic risk is delegated to the Audit and Assurance Committee.

The Council sets the tone and influences the culture of risk management at the SSSC. This includes determining:

- whether the SSSC is 'risk taking' or 'risk averse' as a whole or any relevant individual issue
- the risk appetite of the SSSC
- what types of risk are acceptable and which are not
- the appropriate level of risk exposure for the SSSC
- the standards and expectations of staff with respect to conduct and probity in relation to risk management.

The Council is also responsible for:

- agreeing the strategic risks of the organisation and reviewing these annually
- delegating strategic risk monitoring and management to Audit and Assurance Committee
- satisfying itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively.

3.2 Audit and Assurance Committee

The Audit and Assurance Committee is a committee of the Council and is responsible for:

- reviewing the Strategic Risk Register and any associated management plan
- making recommendations to Council on the removal or additions of strategic risks
- advising Council and Chief Executive of the adequacy of the identification and management of strategic risk
- providing assurance to Council on the adequacy and effectiveness of the SSSC arrangements for risk management
- producing an annual report for the Council and Chief Executive as Accountable Officer, including advice on the effectiveness of the SSSC risk management.

3.3 Executive Management Team

The Executive Management Team is the senior management team of the SSSC and are responsible for:

- developing and implementing procedures on risk management and ensuring staff understand these
- identifying, monitoring and evaluating the strategic risks faced by the SSSC for consideration by Audit and Assurance Committee
- reviewing risk in relation to performance and budget to achieve strategic outcomes
- delegating the operational management of risk to Heads of Service and ensuring they understand their responsibilities in relation to risk
- ensuring Directorates undertake the requirements set out in this policy.

3.4 Operational Management Team

The Operational Management Team oversee the day-to-day operational management of the SSSC. They are responsible for:

- ensuring operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate
- identifying, monitoring and evaluating department risks, maintaining a risk register and ensuring risks are controlled and escalated where necessary
- undertaking monthly reviews of their department risks, include those contributing to the Directorate Risk Register
- escalating risks to EMT through the monthly directorate meeting to be reviewed as part of the Assurance Report process
- ensuring risk is appropriately documented month to month, including any escalated risks or changes to risk assessment.

4. Risk Management processes

4.1 Risk identification and review

Departments will review department risks on the Directorate Risk Register in line with the SSSC Risk Management Procedure. Departments and Directors will identify new operational risks for discussion at monthly performance review meetings.

Any new, emerging or escalated risks and associated management actions will form part of the Assurance Report to EMT monthly. EMT will consider the actions and identify if the consequences will lead to an impact on the strategic risks or create the emergence of a new strategic risk. EMT will also consider the actions required in the report.

EMT will consider the strategic risk register at each monthly meeting and provide a report on new, emerging or escalated risks to the Audit and Assurance Committee. EMT will also agree any further actions to be undertaken to manage strategic risk.

Any member of staff can identify a risk and raise it with their operational manager for assessment for the directorate risk register. Where a member of staff has identified a risk which they feel has not been taken seriously enough, they should raise it with

their director, and as a last resort where it is potentially very serious, through the SSSC's Whistle-Blowing Policy.

The SSSC Health and Safety Policy outlines the requirements in relation to risk assessments and health and safety risk. Please refer to this policy for further guidance.

4.1 Monitoring risks and management actions

Heads of Service are responsible for monitoring and managing their risk registers in line with the SSSC Risk Management Procedure.

Strategic risk is monitored through the Assurance Report on a quarterly basis and is reported to Council with recommendations from the Audit and Assurance Committee.

The Audit and Assurance Committee prepares an annual report to Council on its activity, including oversight of risk. Development sessions are held to ensure that Council Members understand their collective responsibilities for oversight of risk where necessary. In addition, the Council considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the EMT will consider and update in-year changes to the residual risk scores and update the Audit and Assurance Committee accordingly.

5. Risk Appetite

The Council is responsible for preparing a Risk Appetite Statement which is reviewed annually. The EMT is responsible for developing risk tolerance for individual risks in support of the overall Risk Appetite Statement.



Scottish Social Services Council
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Tel: 0345 60 30 891
Email: enquiries@sssc.uk.com
Web: www.sssc.uk.com

If you would like this document in a different format, for example, in larger print or audio-format, or in another language please contact the SSSC on 0345 60 30 891.

We promote equality by removing unlawful and unfair treatment on