Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	17 August 2016
Agenda Item	11
Title	Risk Management Policy and Strategic Risk Register

Summary

The risk management policy and strategy and strategic risk register were endorsed by the Performance and Audit Committee on 29 June 2016 and remitted to the IJB.

Presented by	Candy Millard, Head of Strategic Services

Action Required

The Integration Joint Board is asked to:-
- Approve the Risk Management Policy and Strategy
- Note and comment on the Strategic Risk Register

Implications checklist – check box if applicable and include detail in report

☐ Financial   ☐ Policy   ☐ Legal   ☐ Equalities

☐ Efficient Government   ☐ Staffing   ☐ Property   ☐ IT

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 August 2016

Report by Candy Millard, Head of Strategic Services

RISK MANAGEMENT POLICY AND STRATEGIC RISK REGISTER

PURPOSE OF REPORT

1.   This report provides the Integration Joint Board with a draft Risk Management Policy and Strategy (Appendix 1) and Strategic Risk Register (SRR) (Appendix 2).

RECOMMENDATION

2.   The Integration Joint Board is asked to:-
  ▪ Approve the Risk Management Policy and Strategy
  ▪ Note and comment on the Strategic Risk Register

BACKGROUND

3.   The Integration Scheme refers to a risk management policy and strategy to be made available to the IJB. The draft risk management policy and strategy is attached as an appendix to this report.

4.   The IJB is required to maintain a risk register, reflecting its strategic activities and taking cognisance of significant issues from each partner's own risk registers, which are updated annually.

5.   The Integration Scheme states that the Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Council and NHSGGC have agreed to support the Chief Officer and the Integration Joint Board with relevant specialist advice.

6.   The IJB Chief Financial Officer working with others on the Technical Finance Working group (TFWG) published a set of specimen documents and policies which each IJB could then customise and draw upon as required allowing consistency between partnerships and continuity for NHSGGC.

7.   The Business Support Manger has worked with support from East Renfrewshire Council to customise the specimen document and policy.

8.   Towards the end of 2015 the HSCP Senior Management Team participated in a strategic risk register workshop facilitated by a specialist from a Risk and Insurance company. The output from that workshop formed the basis of the draft IJB Strategic Risk Register, with subsequent updates to reflect.

9.   The Performance and Audit Committee has received a series of reports and overseen the development of the draft IJB Risk Management Policy and Strategy and Strategic Risk Register. This has included asking for further reflection on the scoring matrix, risk tolerances and "by exceptions" reporting.

10. The draft IJB Strategic Risk Register and amendments to the Risk Management Policy and Strategy were endorsed by the Performance and Audit Committee at its last meeting on 29 June 2016 and remitted to the IJB for approval.

REPORT

Scoring and Reporting

11. The adoption of a specific risk matrix ensures a uniform way of scoring and recording risk. A number of different risk matrixes are available to support the risk management process. The draft strategy and policy includes a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below. To support consistency in scoring a "guide to terms and scoring" has been included as an appendix to the policy and strategy document.

Risk levels considering Likelihood and Severity

Likelihood	Score							
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)
Possible/could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low(Green)
Impact		Minor	1	Significant	2	Serious	3	Major	4

12. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High /Red/Unacceptable
5-10	Medium /Yellow/Tolerable
1-4	Low/Green/Acceptable

13. Taking into account the additional guidance provided regarding terms and matrix scoring it is recommended that normally only risks which score between 11-16 and rated as High /Red / Unacceptable be reported to the Performance and Audit committee by exception. The scoring matrix and "guide to terms and scoring " are both supports to applying consistent measurement of risk, however there will still be a degree of subjectivity. If the Health and Social Care Partnership Management Team considers a risk which scores below the High Risk threshold to be significant, they will bring it to the attention of the PAC by an "exception report".

Monitoring and Reporting

14.   The following monitoring and reporting process will be implemented:-

Type of Risk	Monitored by	How often	Comments
All strategic and shared risks	HSCP Management Team	Quarterly	This will include a review of risk profile
All strategic and shared risks	Integration Joint Board	Annually	
All Strategic and shared risk	Performance and Audit Committee	Bi Annually	
Unacceptable Strategic and shared risk	Performance and Audit Committee	As required	Risks identified as red / Unacceptable by Senior Management team
Key operational risks	Senior Management Team	Quarterly	

Integration Joint Board Strategic Risk Register

15.   The IJB is required to maintain a risk register, reflecting its strategic activities and taking account of significant issues from each partner's own risk registers, which are updated annually. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.

CONCLUSIONS

16.   The Risk Strategy and Policy and Strategic Risk Register support the work of the Integration Joint Board. The draft documents for approval have been subject to discussion and scrutiny at the Performance and Audit Committee.

RECOMMENDATIONS

17.   The Integration Joint Board is asked to:-
- Approve the Risk Management Policy and Strategy
- Note and comment on the Strategic Risk Register

REPORT AUTHOR AND PERSON TO CONTACT

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July 2016

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BACKGROUND PAPERS

Integration Joint Board Risk Management Policy and Strategy

PAC PAPER – JUNE 2016

PAC PAPER – 16 MARCH 2016

KEY WORDS

Risk; Risk Management; Strategic Risk Register

East Renfrewshire Integration Joint Board

Risk Management Policy and Strategy

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

<u>CONTENTS</u>

Appendix 1 Risk Matrix

Appendix 2 Guide to Terms and Scoring

Policy – the risk management approach

The East Renfrewshire 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.

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.

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.

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.

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

Risk matrix with score and tolerance ratings

Risk Score	Overall rating
11-16	High /Red/Unacceptable
5-10	Medium /Yellow/Tolerable
1-4	Low/Green/Acceptable

The table below shows risk levels considering Likelihood and Severity

Likelihood	Score								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible/could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low(Green)	
Impact		Minor	1	Significant	2	Serious	3	Major	4

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.

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.

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).

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 activites 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 as follows:
High /Red/Unnaceptable, Medium /Yellow/Tolerable and Low/Green/Acceptable

Risks identified as High/Red/Unaccepatble will be subject to an exceptions report presented to the Performance and Audit Committee and the IJB.

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 effects[1] 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.

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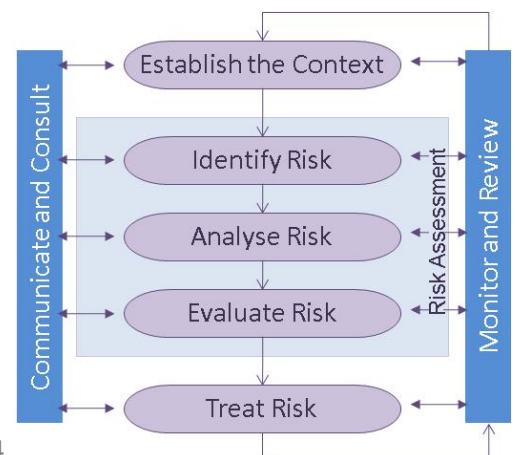
[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

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 and guide to terms and scoring 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 annual basis and to the PAC on a bi annual basis linked to the Strategic plan and perfromance reporting

3.1.9 Operation of a procedure for movement of risks between strategic and operational risk registers will be facilitated by the Senior Management Team.

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.

Realising the risk management vision

4. Risk Management Vision and Measures of Success

4.1 Vision Statement

To ensure that risk management is clearly and consistently integrated in the culture of East Renfrewshire Integrated Joint Board.

4.2 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.

4.3 The measures of success for this vision will be:

- *successful delivery of the strategic plan, outcomes and targets*
- *good financial outcomes for the Joint Board*
- *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.

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.

5.4 Senior Management Team

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.

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 All strategic and shared risks and key operational risks will be considered by the Senior Management team every quarter.

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.

Appendix 1 Risk Matrix

Risk matrix

Likelihood	Score							
Certain	4	Low		Medium		High		High
Likely / probable	3	Low		Medium		Medium		High
Possible/could happen	2	Low		Low		Medium		Medium
Unlikely	1	Low		Low		Low		Low
Impact		Minor	1	Significant	2	serious	3	Major	4

Appendix 2 Guide to Terms and Scoring

RISK CRITERIA FOR IMPACT

Factor	Score	Effect on Service	Embarrassment/reputation	Personal Safety	Personal privacy infringement	Failure to provide statutory duties/meet legal obligations	Financial	Effect on Project Objectives
Major	4	Major loss of service, including several important areas of service and /or protracted period. Service Disruption 5+ Days	Adverse and persistent national media coverage Adverse central government response, involving (threat of) removal of delegated powers Officer(s) and/or Members forced to resign	Death of an individual or several people	All personal details compromised/ revealed	Litigation/claims/fines from Departmental £250k + Corporate 500k+	Costing over £500,000 Up to 75% of Budget	Complete failure of project/ extreme delay – 3 months or more
Serious	3	Complete loss of an important service area for a short period Major effect to services in one or more areas for a period of weeks Service Disruption 3-5 Days	Adverse publicity in professional/municipal press, affecting perception/standing in professional/local government community Adverse local publicity of a major and persistent nature	Major injury to an individual or several people	Many individual personal details compromised/ revealed	Litigation/claims/fines from Departmental £50k to £125k Corporate £100k to £250k	Costing between £50,000 and £500,000 Up to 50% of Budget	Significant impact on project or most of expected benefits fail/ major delay – 2-3 months
Significant	2	Major effect to an important service area for a short period Adverse effect to services in one or more areas for a period of weeks Service Disruption 2-3 Days	Adverse local publicity /local public opinion aware Statutory prosecution of a non-serious nature	Severe injury to an individual or several people	Some individual personal details compromised/ revealed	Litigation/claims/fines from Departmental £25k to £50k Corporate £50k to £100k	Costing between £5,000 and £50,000 Up to 25% of Budget	Adverse effect on project/ significant slippage – 3 weeks–2 months
Minor	1	Brief disruption of important service area Significant effect to non-crucial service area Service Disruption 1 Day	Contained within section/Unit or Directorate Complaint from individual/small group, of arguable merit	Minor injury or discomfort to an individual or several people	Isolated individual personal detail compromised/ revealed	Litigation/claims/fines from Departmental £12k to £25k Corporate £25k to £50k	Costing less than £5,000 Up to 10% of Budget	Minimal impact to project/ slight delay less than 2 weeks

RISK CRITERIA FOR LIKELIHOOD

Factor	Score	THREATS-DESCRIPTION	INDICATORS
Certain	4	More than 75% chance of occurrence	Regular occurrence Circumstances frequently encountered – daily/weekly/monthly
Likely	3	40% - 75% chance of occurrence	Likely to happen at some point in the next 1-2 years Circumstances encountered a few times per year.
Could happen	2	10% - 40% chance of occurrence	Only likely to happen 3 or more years
Unlikely	1	Less than 10% chance of occurrence	Has rarely happened/ never before

OUTCOME IMPROVEMENT PLAN							

Officer Name:
Date:

OUTCOME	ACTION REQUIRED	BY WHEN	RESPONSIBILITY ASSIGNED TO:	RESOURCE IMPLICATIONS	OUTCOME TARGET	RISK ASSESSMENT (After Controls)	PROGRESS TO DATE
			-				

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GUIDANCE NOTES ON COMPLETING A BEST VALUE OUTCOME IMPROVEMENT PLAN							
OUTCOME	**ACTION REQUIRED**	**BY WHEN**	**RESPONSIBILITY ASSIGNED TO:**	**RESOURCE IMPLICATIONS**	**OUTCOME TARGET**	**RISK ASSESSMENT (After Controls)**	**PROGRESS TO DATE**
Most council services can be seen in terms of **inputs, outputs** & **outcomes**. **'Inputs'** are what goes into a service - money, staff resources, buildings etc. **'Outputs'** are what the service produces. And **'Outcomes'** are what happens as the result of a service or can be summed up as the end benefit to the user. The relationship between these principles can be summarised below using Library opening hours as an example:	1. You should break down your Outcome into a number of tasks that are required to achieve it.	Insert e.g. 14-mar-98	1. Please include the name of the officer responsible.	Consider & state implications for staffing, cost	1. Coherent & balanced set of SMART performance targets based around the needs of **customers, citizens, employees** & other **stakeholders**.	1. This should show the level of risk after control measures have been put in place.	1. Please use key below to highlight individual status of targets:
	2. One Outcome may have a number of Actions Required, these should be listed and the rest of the columns completed for each of them.		2. State where the outcome target will be monitored (use key):		2. A good target should :	2. You will need to undertake a risk assessment of each "Action Required" and complete the Risk Assessment Form found on the attached spreadsheet. Make sure that both the Action Required and	**(A) = Targets ACHIEVED on time (GREEN)**
Input' - Increasing library open hours by one hour.			**(CAB) = Cabinet Sub-Cttee**		• Relate to a service or corporate objective;	For more detailed guidance, please refer to the toolkit guide "Risk, Managed"	
Output' - A more accesible library service.			**(DG) = Directors Group**		• Be **achieveable** but also **stretch** the organisation (Demanding)		**(B) = Targets BEHIND schedule (RED)**
Outcome' - Taxpayers are more culturally aware.			**(DMT) = Directorate Level**		• Be of a **manageable** number;		• Provide explanotary notes detailing why;
			(UMT) = Unit Level		• Both **Long** (typically 3-5 yrs) & **Short** -Term (the year ahead);		• Strike through the original 'by when date' & insert new target date
			(EXT) = Externally		• Financial & non-financial;		
					• Be under **continuous** review, not set in stone;		**(C) = Targets achieved that were previously behind schedule (CAUGHT - UP) (BLUE)**
					• **Related** & **cascaded**, so that the whole organisation/directorate/ service/unit/ **understands** the **links** between targets, & where **responsibility** lies for improvement.		• Provide explanotary notes detailing circumstances
					• Have a clear, stable definition so that achievement can be compared over time;		
					• Be easily understood		2. Finally record date of update in the footer & save version
					• Have the commitment of authority members, customers, citizens, employees & other stakeholders.		
					• Be readily measurable.		

RISK REGISTER

	Health & Social Care Partnership Integration Joint Board
	IJB Strategic Risk Register

| **Completed by:** | **Management Team** | | | | | **Date originated:** | **09/11/2015** | **Date reviewed:** | **01/08/2016** | | | | | |

No	Risk (Threat/Opportunity to achievement of business objective)- *include the consequence of the risk in this description*	Risk Control Measures currently in place *(need to be SMART e.g. detail of what type of training took place with dates in evidence column)*	Assessment of Risk [As it is now]			Proposed Risk Control Measures *(should be SMART with detail included)*	Assessment of Residual Risk [With proposed control measures implemented]			Responsible Officer	Timescale for completing proposed control measures	Evidence held (detail)	Where held
			Likelihood (Probability) [L]	Impact (Severity) [I]	Risk Score [L x I]		Likelihood (Probability) [L]	Impact (Severity) [I]	Residual Risk Score				
1	**Death of Service User / Patient** Risk of death of a service user as a result of HSCP action / inaction. Consequences could include: - impact on service user & family - may be perceived to have failure - poor workforce morale - increased complaints	Line manager checks as part of periodic supervision Quality assurance framework The HSCP has clear & effective policies & procedures in place Risk assessments for service users are carried out by staff as and when required Preparation for, and response to, statutory inspection reports	2	4	8	The Heads of Children and Families and Health and Community Care will review learning and development plans re Service user / Patient preventative action by March 2017	1	4	4	Head of Health and Community Care/Head of Children and Families	Mar-17	Review outcome	Head of HCC and H of C and F

Risk Score / Overall Rating:
11-16 High
5-10 Medium
1-4 Low

No	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description	Risk Control Measures currently in place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk [As it is now]			Proposed Risk Control Measures (should be SMART with detail included)	Assessment of Residual Risk [With proposed control measures implemented]			Responsible Officer	Timescale for completing proposed control measures	Evidence held (detail)	Where held
			Likelihood (Probability) [L]	Impact (Severity) [I]	Risk Score [L x I]		Likelihood (Probability) [L]	Impact (Severity) [I]	Residual Risk Score				
2	**Financial Sustainability** Risk of been unsustainable due to one of the following causes: 1) Unable to deliver in full the existing savings to ensure a clear starting point for the IJB. 2) Unable to influence future funding to recognise demographic & other pressures, or realise future efficiencies & savings 3) Implications if current practice of risk sharing for prescribing ceases or changes from hosted services funding structure The Consequences include: - Inability to deliver core services in current way - Possibly having to review eligibility criteria - Unable to focus on prevention, therefore conflicting with legislation "	The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and report as well as periodically at DMT The Financial Strategy will set out funding expectations and scenarios. The HSCP will influence budget setting process with each of our partners A CFO network has been created allowing discussion and decision making forum for wider issues impacting on partnerships A new format for monitoring savings will be implemented for 2016/17 and a formal 4 weekly finance report will be presented to DMT.	2	4	8	1.The HSCP's CFO will publish a financial Strategy for period 2016/17 – 2018/19 to the August IJB. 2 Financial reporting to the IJB and P&AC will continue to be developed improving the detail and transparency of financial matters. 3 The use of dedicated IJB seminars will continue to address any specific issues	2	3	6	Chief Financial Officer	1. August 2016 IJB 2. Ongoing 3. As required	Financial strategy Budget Monitoring papers and notes of meetings Seminar papers	CFO

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3	**Failure of a Provider** Risk of an operational or financial failure of a key provider, possibly due to operating under same economic & financial pressures as the partnership, including: - living wage - sleepover payments - fixed workplace - recruitment & retention - market mix & company structure (e.g. another Southern Cross) Consequences could include: - disruption to service delivery - implementing contingency plans - increased cost pressures - impact on individuals & families	1.The Commissioning Manager/ Head of Strategic Services have in place a commissioning process to mitigate the risk of a failure provider. 2.The Commissioning Manager / Head of Strategic Services has developed a public social partnership approach to service commissioning 3.Provider forums are in place for the care homes and meet on a quarterly basis 4. The commissioning manager periodically carries out Market Analysis linked to the committee cycle	3	3	9	1 As part of the work plan to refresh current Frameworks we will be able to: - Build fair work practices into the ITT (tender issued)and evaluate this specifically 2 Contract management meetings with stakeholders will allow the HSCP to manage areas of identified risk with providers	2	3	6	Head of Strategic Services	1.Spring 2019; 2.Autumn 2016	Minutes of meetings with stakeholders and committee papers	Commissioning Team

Risk Score | Overall Rating
11-16 | High
5-10 | Medium
1-4 | Low

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4	**Governance Framework Failure** The legislation creating the IJB requires a new approach to governance covering all areas of strategic & operational performance & compliance. There is a risk of gaps in implementing the framework or it not being understood due to lack of clarity of roles & responsibilities. Consequences could include operational failures, perception of non performance, lack of confidence, pressure from stakeholders, and impact on reputation.	1 The HSCP currently has an Interim Care Governance framework in place 2 A significant program of service development and improvement has been introduced and is currently monitored by the DMT on a weekly basis 3 The HSCP currently participates in a program of Audit & Inspection cycles 4 The HSCP currently has an interim Strategic Risk Register and process in place 5. Care Governance proposal agreed by IJB	2	3	6	1 . Chief Officer HSCP Autumn 2016 2. DuringSummer 2016 the HSCP Chief Officer will produce an IJB SRR and Risk policy for IJB endorsement	2	2	4	Chief Officer HSCP	1. Autumn 2016 2 Summer 2016	Minutes of meetings and memorandum of understanding	CO PA, e

Risk Score / Overall Rating: 11-16 High; 5-10 Medium; 1-4 Low

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5	GP Capacity 1.Potential lack of GP capacity locally to manage the increasing numbers of frail elderly people in East Renfrewshire who are being managed at home and in care homes. 2.If practices generally feel that they do not have the capacity to accept new patients then they can apply to close their list. If several practices close their list though this puts under greater pressure those practices who's list remains fully open "	1.The HSCP has made available funding for the Nursing Home LES to be offered to two of the newly built care homes in East Renfrewshire. This is additional to core funding. 2 We will support local practices to encourage patients from out with the practice's contracted catchment area to register with a GP more local to them.	2	3	6	. We will support the development of GP clusters to consider what quality measures will be implemented (March 17)	2	3	6	Clinical Director	Apr-17	Minutes of meetings, GP data	PA service

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6	**Workforce planning and change** Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements	A ll staff will be developed and supported through application of PRD / EKSF process Use of PRD and succession planning Leadership development programme an Integrated learning and development plan with strong focus on practice development	3	3	9	1. Development of workforce plan with support from East Renfrewshire Council and NHSGGC linked to strategic plan and service redesigns. 2.By Sept 2016 we will Refocus the learning and development team to meet requirements of HSCP changes 3.we will Improve partnership workforce planning working with providers by March 2010	2	3	6	Head of Strategic Services	1.01/03/2017…….2. Sept 16…… 3. March 2010	learning and development strategy------workforce plan	L and D team, Head of Service PA

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7	**CHCP to HSCP Transition** Risk of distancing from 'parent' organisations, possibly caused by: - lack of ownership within parents due to conflicting pressures - being seen as too close to one or other parent - a lack of confidence in the partnership's ability to deliver Consequences include: - Resources & finances do not match our delegated responsibilities - Lack of visibility - HSCP retrench into silo working	Chief Officer will attend and participate the corporate management team meeting of both parent organisations. (weekly ERC and Monthly NHS) The Chief Officer will periodically attend one to one meetings with both NHSGG&C and ERC Chief Executives (Monthly ERC an Bi Monthly NHS) The Chief Officer will attend and participate in budgetary decision making discussion held by both with both NHSGG&C and ERC The Convenor for Social Work will brief East Renfrewshire Council on a regular basis . We will periodically review resources at our weekly DMT to ensure they match delegated authority . We publish a 6 Monthly report on	2	3	6	1.We will present the HSCP Annual Report to Council and NHS GG &C	2	2	4	Chief Officer HSCP	1. 31/10/2016	Annual reports, Minutes of meetings	CO's PA, ERC Website

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